Fifty-second Annual Report
of the
National League
of
Nursing Education
1946
Annual Report
of the
National League
of Nursing Education

and Record of Proceedings
of the Fiftieth Convention

1946

NATIONAL LEAGUE OF NURSING EDUCATION
1790 Broadway, New York 19, New York
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The president and executive secretary are members ex officio of all committees.
Committee composed of representatives of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing

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262 Madison Avenue  
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Teachers College, Columbia University  
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* Lay member

(Continued on next page.)

The president and executive secretary are members ex officio of all committees.
COMMITTEE ON POSTGRADUATE NURSING EDUCATION

(Continued)

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Committee composed of representatives of the American Association of Industrial Nurses, the American Nurses' Association, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses, the National League of Nursing Education, and the National Organization for Public Health Nursing

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*Lay member

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Joint Tuberculosis Nursing Advisory Service
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COMMITTEE ON CURRICULUM

The Subcommittee on Tuberculosis Nursing of the NLNE Committee on Curriculum is serving as the Committee on Curriculum of the Joint Tuberculosis Nursing Advisory Service. (See page 12.)

The presidents and executive secretaries of the NLNE and NOPHN are members ex officio of all committees of the Joint Tuberculosis Nursing Advisory Service.
FIFTY-SECOND ANNUAL REPORT

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Washington 14, D. C.

Ruth Sleeper
Massachusetts General Hospital School of Nursing
Boston 14, Mass.

The president and executive secretary are members ex officio of all committees.
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  M. E. P. DAVIS, First Vice President
LOUISE DARCHE, Secretary  SOPHIA PALMER, Second Vice President
LUCY L. DROWN, Treasurer

Officers elected* in the years following have been:

1894 New York, N.Y., January 10-11.
  President, Linda Richards; Vice President, Irene Sutcliffe; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

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

  President, M. Adelaide Nutting; Vice President, M. E. P. Davis; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1897 Baltimore, Md., February 10-12.
  President, Mary Agnes Snively; Vice President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1898 Toronto, February 10-12.
  President, Isabel McIsaac; Vice President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1899 New York, N.Y., May 5-6.
  President, Isabel Merritt; Vice President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1900 New York, N.Y., April 30-May 2.
  President, Emma J. Keating; First Vice President, Isabel Merritt; Second Vice President, Sophia Palmer; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1901 Buffalo, N.Y., September 16-17.
  President, Mrs. Lystra E. Gretter; First Vice President, Lucy L. Drown; Second Vice President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

  President, Ida F. Giles; First Vice President, Mrs. Lystra E. Gretter; Second Vice President, Jane A. Delano; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

*This list was corrected in 1943 giving officers elected at each convention in accordance with the proceedings printed in the Annual Reports.
1903 Pittsburgh, Pa., October 7-9.
President, Georgia M. Nevins; First Vice President, Ida F. Giles; Second Vice President, Jennie Cottle; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1904 No elections or convention.

President, Annie W. Goodrich; First Vice President, Georgia M. Nevins; Second Vice President, M. Helena McMillan; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1906 New York, N.Y., April 25-27.
President, Maud Banfield; First Vice President, Annie W. Goodrich; Second Vice President, C. Q. Milne; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1907 Philadelphia, Pa., May 8-10.
President, Mary Hamer Greenwood; First Vice President, Maud Banfield; Second Vice President, Florence W. Henderson; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

1908 Cincinnati, Ohio, April 22-24.
President, Mrs. Isabel Hampton Robb; First Vice President, Mary H. Greenwood; Second Vice President, Martha M. Russell; Secretary, Georgia M. Nevins; Treasurer, Anna L. Alline.

President, M. Adelaide Nutting; First Vice President, Mrs. Isabel Hampton Robb; Second Vice President, Lauder Sutherland; Secretary, M. Helena McMillan; Treasurer, Anna L. Alline.

1910 New York, N.Y., May 16-17.
President, Mary M. Riddle; First Vice President, Annie W. Goodrich; Second Vice President, Francina Freese; Secretary, M. Helena McMillan; Treasurer, Mary W. McKechnie.

President, Mary C. Wheeler; First Vice President, Mary M. Riddle; Second Vice President, Francina Freese; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

1912 Chicago, Ill., June 3-5.
President, Mary C. Wheeler; First Vice President, Mary M. Riddle; Second Vice President, Mary A. Samuel; 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, Clara D. Noyes; First Vice President, Louise M. Powell; Second Vice President, Helen Scott Hay; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

1914 St. Louis, Mo., April 23-29.
President, Clara D. Noyes; First Vice President, Lila Pickhardt; Second Vice President, Ellen Stewart; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.
President, Clara D. Noyes; First Vice President, Sara E. Parsons; Second 
Vice President, Mary C. Wheeler; Secretary, Isabel M. Stewart; Treasurer, 
Mary W. McKechnie.

1916  New Orleans, La., April 27-May 3.  
President, Sara E. Parsons; First Vice President, Anna C. Jammé; Second 
Vice President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, 
Mary W. McKechnie.

President, S. Lillian Clayton; First Vice President, Sara E. Parsons; Second 
Vice President, Grace Allison; Secretary, Effie J. Taylor; Treasurer, 
M. Helena McMillan.

1918  Cleveland, Ohio, May 7-11.  
President, S. Lillian Clayton; First Vice President, Anna C. Jammé; Second 
Vice President, Louise M. Powell; Secretary, Laura R. Logan; Treasurer, 
M. Helena McMillan.

President, S. Lillian Clayton; First Vice President, Anna C. Jammé; Second 
Vice President, Louise M. Powell; Secretary, Laura R. Logan; Treasurer, 
M. Helena McMillan.

1920  Atlanta, Ga., April 12-17.  
President, Anna C. Jammé; First Vice President, Louise M. Powell; Second 
Vice President, Isabel M. Stewart; Secretary, Mrs. Alice H. Flash; Treas-
urer, Bena M. Henderson.

1921  Kansas City, Mo., April 11-14.  
President, Anna C. Jammé; First Vice President, Laura R. Logan; Second 
Vice President, Carrie M. Hall; Secretary, Martha M. Russell; Treasurer, 
Bena M. Henderson.

President, Laura R. Logan; First Vice President, Carrie M. Hall; Second 
Vice President, Amy M. Hilliard; Secretary, Martha M. Russell; Treasurer, 
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President, Laura R. Logan; First Vice President, Caroline E. Gray; Second 
Vice President, Mary M. Roberts; Secretary, Ada Belle Mc Cleery; Treas-
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President, Laura R. Logan; First Vice President, Carrie M. Hall; Second 
Vice President, Mary M. Pickering; Secretary, Ada Belle Mc Cleery; Treas-
urer, Marian Rotman; Executive Secretary, Blanche Pfefferkorn.

President, Carrie M. Hall; First Vice President, Mary M. Pickering; Second 
Vice President, Marion L. Vannier; Secretary, Ada Belle Mc Cleery; Treas-
urer, Marian Rotman; Executive Secretary, Blanche Pfefferkorn.

1926  Atlantic City, N. J., May 17-23.  
President, Carrie M. Hall; First Vice President, E. M. Lawler; Second 
Vice President, Marion L. Vannier; Secretary, Ada Belle Mc Cleery; Treas-
urer, Marian Rotman; Executive Secretary, Blanche Pfefferkorn.
1927 San Francisco, Calif., June 6-11.
President, Carrie M. Hall; First Vice President, Mary M. Pickering; Second Vice President, M. Helena McMillan; Secretary, Ada Belle McCleery; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

1928 Louisville, Ky., June 4-9.
President, Elizabeth C. Burgess; First Vice President, Shirley C. Titus; Second Vice President, Elsie M. Lawler; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

1929 Atlantic City, N. J., June 17-21.
President, Elizabeth C. Burgess; First Vice President, Shirley C. Titus; Second Vice President, Elsie M. Lawler; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1930 Milwaukee, Wis., June 9-14.
President, Elizabeth C. Burgess; First Vice President, Elsie M. Lawler; Second Vice President, Anna D. Wolf; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1931 Atlanta, Ga., May 4-9.
President, Elizabeth C. Burgess; First Vice President, Effie J. Taylor; Second Vice President, Julie C. Tebo; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

President, Effie J. Taylor; First Vice President, Nellie X. Hawkinsion; Second Vice President, Julie C. Tebo; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

1933 Chicago, Ill., June 12-16.
President, Effie J. Taylor; First Vice President, Nellie X. Hawkinsion; Second Vice President, Julie C. Tebo; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

President, Effie J. Taylor; First Vice President, Nellie X. Hawkinsion; Second Vice President, Julie C. Tebo; Secretary, Stella Goosnay; Treasurer, Marian Rottman Fleming; Executive Secretary, Claribel A. Wheeler.

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President, Nellie X. Hawkinsion; Vice President, Elsie M. Lawler; Secretary, Stella Goosnay; Treasurer, Marian R. Fleming; Executive Secretary, Claribel A. Wheeler.

President, Nellie X. Hawkinsion; Vice President, C. Ruth Bower; Secretary, Stella Goosnay; Treasurer, Marian R. Fleming; Executive Secretary, Claribel A. Wheeler.

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

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

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   Wheeler.

   President, Stella Goostray; Vice President, Phoebe M. Kandel; Secretary,
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   Wheeler; Acting Executive Secretary, Adelaide A. Mayo.

1943 Chicago, Ill., June 15-17.
   President, Stella Goostray; Vice President, Phoebe M. Kandel; Secretary,
   Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide
   A. Mayo.

1944 Buffalo, N. Y., June 5-8.*
   President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary,
   Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide
   A. Mayo.

1945 New York, N. Y., May 31-June 2.†
   President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary,
   Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide
   A. Mayo.

1946 Atlantic City, N. J., September 23-27.
   President, Ruth Sleeper; Vice President, Phoebe M. Kandel; Secretary,
   Anna D. Wolf; Treasurer, Lucile Petry; Executive Secretary, Adelaide A.
   Mayo.

*Biennial meeting with ANA and NOPHN; League not officially in convention; elections by mail.
†No convention; elections by mail.
ORGANIZATIONS WITH WHICH THE NLNE HAS ASSOCIATIONS

American Association of Industrial Nurses, Inc., 299 Madison Avenue, New York 17, N. Y.
American Association of Medical Social Workers, 1129 Vermont Avenue, N.W., Washington 5, D. C.
American College of Surgeons, 40 East Erie Street, Chicago 11, Ill.
American Committee for Nursing Scholarships, Taylor Hall, Bryn Mawr, Pa.
American Committee on Maternal Welfare, Inc., 24 West Ohio Street, Chicago 10, Ill.
American Council on Education, 744 Jackson Place, Washington 6, D. C.
American Dietetic Association, 620 N. Michigan Avenue, Chicago 11, Ill.
American Hospital Association, 18 East Division Street, Chicago 10, Ill.
American Journal of Nursing Company, 1790 Broadway, New York 19, N. Y.
American Library Association, 520 North Michigan Avenue, Chicago 11, Ill.
American Nurses' Association, 1790 Broadway, New York 19, N. Y.
American Psychiatric Association, 9 Rockefeller Plaza, New York 20, N. Y.
American Red Cross Nursing Service, Washington 13, D. C.
American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
American Society for the Control of Cancer, 350 Madison Avenue, New York 17, N. Y.
Association of Collegiate Schools of Nursing, 2053 Adelbert Road, Cleveland 6, Ohio Council on Medical Education and Hospitals of the American Medical Association, 555 North Dearborn Street, Chicago 10, Ill.
Harmon Association for the Advancement of Nursing, 140 Nassau Street, New York 7, N. Y.
Maternity Center Association, 654 Madison Avenue, New York 21, N. Y.
National Association of Colored Graduate Nurses, 1790 Broadway, New York 19, N. Y.
National Association for Practical Nurse Education, 250 West 57th Street, New York 19, N. Y.
National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.
National Council on Rehabilitation, 1790 Broadway, New York 19, N. Y.
National Education Association of the United States, 1201 16th Street, Washington 6, D. C.
National Foundation for Infantile Paralysis, Inc., 120 Broadway, New York 5, N. Y.
National Nursing Council for War Service, 1790 Broadway, New York 19, N. Y.
National Society for Medical Research, 25 E. Washington Street, Chicago 2, Ill.
National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.
National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
Special Libraries Association, 31 East 10th Street, New York 3, N. Y.
PROCEEDINGS OF THE
FIFTIETH CONVENTION OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
IN ATLANTIC CITY, NEW JERSEY,
SEPTEMBER 22-27, 1946

ADVISORY COUNCIL MEETING

SUNDAY, SEPTEMBER 22—9:00 A.M.-5:00 P.M

An open session of the Advisory Council was held in the ballroom of the
Ritz-Carlton Hotel in Atlantic City on Sunday, September 22, 1946. Calling
the meeting to order at 9:27 A.M., Ruth Sleeper, chairman, welcomed the
group and spoke briefly of the significance of the Biennial Convention for
nursing and nursing education.

Response to the roll call* was made by the presidents of state leagues in
Arkansas, California, Connecticut, District of Columbia, Georgia, Louisiana,
Maryland, Michigan, Mississippi, Missouri, Montana (Anna T. Beckwith for
the president), Nebraska, New Jersey, Ohio (Helen Shank for the presi
dent), Rhode Island, Texas, Virginia, Washington, and Wisconsin. The
presidents, or their representatives, of several other state leagues arrived
after the roll call.

REPORTS OF STATE LEAGUES

At the invitation of the chairman, those present supplemented their state
leagues' annual reports as they appeared in the preprint with additional com-
ments. The other reports were accepted by title.

Mrs. Wright, of Arkansas, and Mrs. Sledge, of California, commented that the
memberships of their leagues in 1946 were the largest ever recorded for them.

Elizabeth S. Bixler, of Connecticut, emphasized the importance of the study groups
that were mentioned in the printed report, saying that 158 head nurses and super-
intendents had enrolled and were now using in their schools the teaching methods
that had been discussed. She added, also, that since the printed report was written,
the Connecticut league had started working on affiliations, lengthening the psychi-
atric affiliation to three months.

*Bylaws—Article XI, Sec. 2. A quorum of the Council of State Leagues [Advisory
Council] shall be ten members other than the officers.
Alice C. Stone, of the District of Columbia, added these remarks to the printed report: "The recruitment program in the District of Columbia has been sponsored by the Nursing Information Bureau, and the league has co-operated with it. We don't know the full results of our program yet. I don't think we have reached the hundred per cent mark for the students we had hoped to get. The Program Committee and the Curriculum Committee have been working on clinical teaching. As we got along in our program we felt that probably one of the greatest barriers to further progress in our clinical teaching program was the great turnover in the head nurses in our various schools and hospitals, so the league recently has appointed a committee to study personnel practices in the schools of nursing affecting the faculty members of the schools, such as head nurses and other faculty members. That is a new committee, and we have asked them to make a survey of the present practices and to make recommendations."

Julia Miller, of Georgia, told of a psychiatric institute planned for the Georgia league.

"Since the report was printed," Harriet Mather, of Louisiana, said, "we have had an institute on measurement and educational guidance, and this aroused much interest in prenursing tests. Several schools have started to use them, and several more are going to do so in the near future. At the institute, curricular readjustments were adopted for recommendation to the State Board of Nurse Examiners, including planning and clinical instruction. A minimum basis for faculty qualifications to be reached in three to five years was recommended to the State Board. The Louisiana league was responsible, also, for two institutes on the integration of social and health aspects of nursing.

"Our membership was the largest we have had—240 members, of whom 46 are new this year."

To the report of the Maryland league, Marion Watkins added that three prenursing test centers and dates have been established in various parts of Maryland.

The Michigan league, said Ada Hawkins, was sponsoring four institutes in the fall on the practical nurse problem, inviting practical nurses to one meeting, the league to one, the Council to another, and the American Nurses' Association to the fourth.

Affiliations for small schools and the practical nurse are the two main problems upon which the Mississippi league is working, Beatrice Giroux said.

The difficulty of finding persons skilled as chairmen and committee members, Louise Knapp, of Missouri, reported, had led the Missouri league to think that one of the services the league might render would be to hold an institute outlining how to assume responsibility and things that need to be done, thereby interesting the younger members in league activities.

Anna T. Beckwith, of Montana, told how the size of the state hinders committees from getting together.

In Nebraska, Blanche Graves said, practically all the students entering the schools this fall have been pretested, thanks to the activity of the state league's Committee on Measurement and Educational Guidance.

Attention was drawn by Jessie M. Murdoch, of the New Jersey league, to the activities of the Committee on Psychiatric Nursing and of the Ways and Means Committee, as reported in the preprint.
In the printed report of the North Dakota league, an effort to establish a film pool had been mentioned. Alma Norum now reported that since the report was written, films had been purchased and were being stored at the State Teachers College’s library.

Helen Shank added to Ohio’s report, “Since the report was written, the Committee on Curriculum has completed additional studies in eye, ear, nose, and throat, and in orthopedic nursing and pharmacology. The one on eye, ear, nose, and throat will soon be released to the schools. We have also completed arrangements for a two-day institute in the fall on nursing school organization and curriculum planning, with Miss MacDonald, of the Committee on the Administration of the Accrediting Program, and Miss Giroux as our speakers.”

The Rhode Island league’s membership was increased by 23 per cent, Margaret C. Kelleher reported, due to the activity of the Committee on Membership. It held two more meetings than were mentioned in the preprint, and it looked forward to a two-day institute in October on “The Prospective of the Future in Nursing.” Its enrollment campaign for schools of nursing was assisted by the Blue Cross, that in May sponsored advertisements and placed its public relations representative at the league’s disposal and raised funds. It was not possible, however, for the Blue Cross to keep its guarantee that the state would get the hundred students needed for fall classes, but each school did get some applicants, and there were responses from over 268 young people. The Rhode Island league felt that the campaign was very worthwhile because it afforded an opportunity of placing the nursing profession before the community in a more desirable way than ever before.

“I want to add just one thing to the Texas league’s report,” Lucy Harris said, “and that is our program for recruiting student nurses. Like most leagues, we did not have any money, but we did have a plan for a publicity program, so we appealed to the Texas Hospital Association, the Texas Nurses’ Association, the Texas Medical Association, and the State Public Health Association. We had a meeting of those groups, and our paramount problem was getting money for publicity programs. The Texas Hospital Association offered to get the money for us, and they did it by writing to all hospitals in the state and asking for voluntary contributions. They got enough money for us to put on a recruitment program and paid all the expenses for it. We had publicity through the usual channels of radio, newspaper, and speakers before scientific organizations. I think the most interesting thing is that the Hospital Association came to our aid in raising the money for it.” In reply to a question about how many applicants responded, Miss Harris said a report had not yet been received.

Lois M. Austin added two items to Virginia’s printed report: an institute was held last fall on “Guidance and the Clinical Program,” and the state league prepared a pamphlet for recruiting purposes, giving information to schools in Virginia.

Katherine J. Hoffman reported on the interest the Washington league has had in recruitment. Since the report was printed, the Standards Committee has set up job specifications and standards for schools of nursing in line with the program which the state association has been carrying out, and the league plans to devote a major part of its programs this coming year to standardization in nursing procedures.

The Wisconsin league, too, has been active in a recruitment program, Sister Mary Augusta stated, to get publicity for the spring classes. Another of its projects is a study of the practical nurse problem. Wisconsin has provisions for schools for the training of attendants, and at the present time there is one such school being organized.
ALABAMA

Members as of August 1, 1946: 41
New members in 1945: 5
No local leagues.

Committees: Committee on Curriculum—Sister Carlos, Chairman
Committee on Membership Campaign—Linna Denny, Chairman
Committee on Psychiatric Nursing—Bertha McElderry, Chairman
Committee on State Board Problems—Helen Stockton, Chairman

The Alabama League functions as the department of education of the State Nurses Association.

Activities: The annual meeting was held in Birmingham on November 28, 1945; Dr. Frances O. Triggs, Ph.D., was the principal speaker. Last spring the league sponsored an orthopedic clinic in Birmingham from March 28 through April 2, conducted by Miss Lois Olmsted. The league had a one-day meeting in May on ward administration, conducted by Sister Valeria Kearney. The Committee on Psychiatric Nursing was very active in the State Institution and was influential in having the board of directors of the institution make some badly needed improvements and improve the nursing staff.

ARKANSAS

Members as of August 1, 1946: 33
New members in 1945: 2
No local leagues.

Committees: Committee on Curriculum—Sister M. Thomasina, Chairman
Committee on Membership Campaign—Myrtle Horton, Chairman
Committee on Psychiatric Nursing—Mary Emma Smith, Chairman
Committee on Measurement and Educational Guidance—Marian E. Carpenter, Chairman
Committee on State Board Problems—Sister M. Kevin, Chairman

The Arkansas league functions as the department of education of the State Nurses' Association.

Activities: The Arkansas League of Nursing Education has revised the constitution and bylaws to include non-nurse members.

Instead of meetings being held in Little Rock, it has been planned that meetings and workshops will be held at nursing centers throughout the state at frequent intervals to make for a more effective program and more active membership.

The Committee on Curriculum, working with a consultant from the State Board of Nurse Examiners and one from the Nursing Division of the State Department of Health, is making a critical evaluation of the needs and trends of nursing education within the state.

The Committee on Psychiatric Nursing, working with the Committee on Mental Hygiene of the State Nurses' Association and the State Board, is making a study of needs and hopes to recommend affiliation for students and graduates in that field. A league workshop on psychiatric nursing has been planned for midsummer to include both nurses and non-nurse groups.

A special committee is working out recommended staff in-service programs for hospital nursing staffs, at the request of the Arkansas Hospital Association.

A recommendation from the State Nurses' Association has been received that the league give such assistance as is possible to the Arkansas General Federation of
Women's Clubs in its announced project of seeking establishment of a degree course at the University of Arkansas.

The annual meeting of the league will be held on October 31, 1946, and is to be a joint meeting with the State Nurses' Association and the State Organization for Public Health Nursing.

CALIFORNIA

Members as of August 1, 1946: 420
New members in 1945: 71

Local leagues: South Section (Los Angeles)—Vivian Campbell, President
North Section (San Francisco)—Elizabeth Turnbull, President
North Valley Section (Sacramento)—Ethel Muhs, President

Committees: Committee on Curriculum—Elizabeth Lawton, Chairman
Committee on Membership Campaign—Mary Cameron, Chairman
Committee on Psychiatric Nursing—Margaret McMurray, Chairman
Committee on Measurement and Educational Guidance—Kathryn Burke, Chairman

The California league functions as the department of education of the State Nurses' Association.

Activities: The California League of Nursing Education has been greatly delayed in outlining the program for the coming year due to the continued postponement of the annual meeting which, according to the bylaws, must be held in conjunction with the California State Nurses' Association's convention. Again and again convention plans were well developed, only to be cancelled due to insufficient hotel and meeting space. Since, to date, convention plans probably will not materialize until late in the year, the election of officers and voting on changes of bylaws was carried out by mail and board action.

An intensive program for student recruitment is now being planned through the California League of Nursing Education.

The Committee on Measurement and Educational Guidance has been very active. League sections, through their local committees, have been actively interested in State Board problems, particularly in the use of the State Board Test Pool.

The Committee on Membership Campaign has been very successful in renewal memberships as well as new memberships.

Other committees have not functioned on a state level too well, due to constant change in the committees and pressure of work and lack of sufficient time for meeting and making plans.

New committees will be considered at the next board meeting in May and we hope to be successful in activating all committees.

COLORADO

Members as of August 1, 1946: 131
New members in 1945: 13
No local leagues.

Committees: Committee on Curriculum—Florence L. Gloege, Chairman
Committee on Membership Campaign—Charlotte Stack, Chairman
Committee on Psychiatric Nursing—Stella Ackley, Chairman
Committee on Measurement and Educational Guidance—
Committee on State Board Problems—
The Colorado league functions as the department of education of the State Nurses’ Association.

Activities: During the past year the activities of the Colorado State League of Nursing Education have been carried out largely through the functioning of standing and special committees.

A workshop in nursing education at the University of Denver for administrators, instructors, and supervisors was conducted from June 25 to July 12, 1946. The attendance at, and response to, this program for advanced study greatly exceeded the expectations of the planning committee. A survey of the nursing organizations in Colorado indicates that it will not be expedient to sponsor such a program for the Summer of 1947, however.

In co-operation with the Colorado State Nurses’ Association, the league sponsored an institute on rheumatic fever in November, 1946. For some time the nursing schools in Colorado have felt a definite need to expand the educational opportunities offered their students by arranging for a more extensive program of university affiliation. The league, through its Committee on University Relationships, has undertaken to secure a well-qualified person to make a study of the possibilities in this state for such an expanded affiliation and to make recommendations on its establishment. To date it has not been possible to fulfill this goal, but the efforts of the committee will be continued.

Work has been started on improving the current practices in administering psychometric examinations to students admitted to Colorado schools, but this project has not been completed.

In anticipation of the activities of the Colorado State League of Nursing Education for the coming year, the problems of reconversion of the nursing education curriculum to a peacetime program seem to be of paramount importance. This organization hopes to evaluate practices which have existed in the past few years, in an attempt to establish suggestions for the basic course in Colorado schools which will be superior to those in existence prior to the period of the “accelerated course.”

CONNECTICUT

Members as of August 1, 1946: 236

New members in 1945: 83

No local leagues.

Committees: Committee on Curriculum—Jean Barrett, Chairman
Committee on Membership Campaign—Ruth Raymond, Chairman
Committee on Education of Nurses in Care of the Child—Helen Halffors, Chairman
Committee on Psychiatric Nursing—Mrs. Janet Nusinoff, Chairman
Committee on Measurement and Educational Guidance—Faye Abdellah, Chairman

The Connecticut league functions as the department of education of the State Nurses’ Association.

Activities: During 1945, because of O.D.T.’s regulations, no large meetings were held by the Connecticut League of Nursing Education, but regional meetings proved to be quite successful.

On November 15, 1945, the league held its annual meeting in conjunction with the Connecticut State Nurses’ Association. At this meeting it was voted to revise the bylaws to permit the inclusion of lay members. The registration for the combined meetings was larger than at any such meeting previously held in Connecticut.

The Connecticut league has several very active committees. The Committee on Curriculum divided its work among four subcommittees. The Subcommittee on Clinical Teaching formulated objectives for a clinical teaching program, outlining its scope and the teaching facilities needed for a successful program. The Subcommittee on the Care
of the Child developed plans to aid head nurses in incorporating the development of the normal child in pediatric nursing. The Subcommittee on Psychiatric Nursing held a series of institutes in the four mental hospitals of the state to acquaint instructors with the educational program in the mental hospitals. The Subcommittee on the Integration of Social and Health Aspects of Nursing in the Basic Curriculum constructed outlines of content material and teaching methods. These have been submitted to the schools for criticism, after which they will be revised and circulated for use.

The Committee on Measurement and Educational Guidance has continued its program in the preparation of pre-tests in medicine and surgery, obstetrics, operating room, and public health nursing. One institute was held on the interpretation and use of the pre-nursing test services.

The Planning Committee has held two meetings of directors of the schools of nursing in the state. As a result of the discussion at these meetings, the Committee on Curriculum planned an ambitious program for the Winter of 1946. A series of study groups on teaching methods in medicine and surgery, pediatrics, and nursing arts was held. These conferences were helpful to the young head nurses and assistant supervisors of our schools who, through force of circumstances, had not had sufficient preparation for their teaching responsibilities.

The Connecticut league is still young, being in its third year, but it is actively concerned with the problems of nursing education in the state and is attempting to plan programs that will be of help to the schools.

DELAWARE

Members as of August 1, 1946: 54
New members in 1945: 3
No local leagues.

Committees: Committee on Curriculum—Margaret Milano, Chairman
Committee on Membership Campaign—Bertha Schranck, Chairman
Committee on Psychiatric Nursing—Mrs. Elizabeth Miller, Chairman

The Delaware league functions as the department of education of the State Nurses' Association.

Activities: A Board of Directors meeting was held on February 20, 1946, to plan for the 1946 meetings. It was decided to continue to meet in rotation on the fourth Wednesday of every month at the local hospitals and, this year, at the headquarters of the Visiting Nurse Association. Each hospital was represented on the Program Committee and was responsible for planning the program for the meeting to be held at its institution.

The joint annual meeting of the Delaware league and the State Nurses' Association was held in January, and the first regular meeting of the league was held on March 27 at the Wilmington General Hospital. At the March meeting Miss Anna Makim, director of nursing of the Wilmington General Hospital, formerly a major in the army, discussed some of the problems confronting nurse administrators of the Army Nurse Corps in the South Pacific. The program included, also, a field trip through the contagious disease unit of the hospital.

The May meeting was held at the headquarters of the Visiting Nurse Association, with Miss Ruth Hubbard, of the Philadelphia Visiting Nurse Association, as guest speaker.

The projects of the Delaware league for 1946 are: (1) further investigation of the possibility of preclinical work sponsored by Delaware University; there have been meetings with the college's planning committee and with the directors of schools of nursing; (2) continued participation in extension work for graduate nurses at the University of Pennsylvania; "Trends in Nursing" is the subject of a course being offered at present; (3) an institute on the organization of the nursing school
committee, as outlined in the March issue of the American Journal of Nursing; a date in December is the earliest available time for this; (4) editing and printing the Delaware league’s constitution and bylaws.

DISTRICT OF COLUMBIA

Members as of August 1, 1946: 160
New members in 1945: 48
No local leagues.

Committees: Committee on Curriculum—Ethel J. Odegard, Chairman
Committee on Membership Campaign—Gladys Jorgenson, Chairman
Committee on Psychiatric Nursing—Edith Haydon, Chairman
Committee on Measurement and Educational Guidance—Sister Maurice Sheehy, Chairman
Committee on State Board Problems—Ethel J. Odegard, Chairman

The District of Columbia league functions as the department of education of the State Nurses’ Association.

Activities: Since the last report the District of Columbia league has returned to the plan of having monthly program meetings. It was thought that this would be stimulating for the members and, also, that monthly programs would allow for greater continuity of group thinking and planning. This has proven to be so.

Since the Fall of 1945 the following programs have been presented: the executive director of the District Board of Nurse Examiners, Miss Ethel J. Odegard, discussed standards for schools of nursing; Sister M. Olivia Gowan reported, upon her return from Brazil, on nursing in Brazil; Miss Agnes Dix, of the Catholic University, discussed organization of clinical teaching in schools of nursing; the executive director of the District of Columbia Graduate Nurses’ Association, Miss Edith Beattie, reported on the implications of pending legislative measures; Sister Florence Ribson, of Elmira, gave an interesting review of the history and philosophy of clinical teaching; Miss Loretta Heidgerken read a worthwhile and timely paper on visual education.

The theme for the league for 1946 centers around clinical teaching. All the committees have been very active and will have full reports during the coming year.

Plans are afoot for a summer picnic and a Christmas party.

FLORIDA

Members as of August 1, 1946: 65
New members in 1945: 16
No local leagues.

Committees: Committee on Curriculum—Alice Mustard, Chairman
Committee on Membership Campaign—Mrs. Ethel Clarke, Chairman
Committee on Psychiatric Nursing—Mrs. Etelka Young, Chairman
Committee on State Board Problems—Delcia Carson, Chairman

The Florida league functions as the department of education of the State Nurses’ Association.

Activities: The Florida league and the Florida State Nurses’ Association held a joint meeting at the Seminole Hotel on November 19, 1945. The afternoon session was given over to the league’s program. The majority of those present expressed their approval of a resumption of the annual institute on mental hygiene and psychiatric nursing at the Florida State Hospital. This will be worked out later by the Committee on Mental Hygiene and Psychiatric Nursing. The question regarding curriculum revision was discussed and referred to the Committee on Curriculum for further study. The problem of organizing local leagues, also, was discussed. It was voted to bring this up again at
the annual meeting in May. Miss Mildred Bradley gave a paper on the plan of ward teaching in the school of nursing. Following this we had a very fine demonstration of a ward teaching program by a group of student nurses from the Florida Sanitarium School of Nursing.

A very interesting meeting was held on May 7 in Miami in connection with the Florida State Nurses' Association.

GEORGIA

Members as of August 1, 1946: 136
New members in 1945: 47
Local leagues: Atlanta—Genevieve Garron, President
Local representatives: Augusta—Not appointed yet.
   Columbus—Tressa L. Kenipp
   Macon—Mrs. Irma Marsh
   Milledgeville—Mrs. Irma Marsh
   Savannah—Louise Lenhard

Committees:
   Committee on Curriculum—Timoxena Sloan, Chairman
   Committee on Membership Campaign—Jane Murray, Chairman
   Committee on Education of Nurses in Care of the Child—Velma Clark, Chairman
   Committee on Psychiatric Nursing—Mrs. Myra Bonner, Chairman
   Committee on Measurement and Educational Guidance—Carrie Spurgeon, Chairman
   Committee on State Board Problems—Ruth Babin, Chairman

The Georgia league functions as the department of education of the State Nurses' Association.

Activities: The membership goal for the current year, set for the Georgia League of Nursing Education by its Committee on Membership Campaign, is 150 members. For the first four months of the calendar year the membership was 120, a marked increase over the first four months in 1945. The constitution and bylaws, which have been revised, published, and circulated, include provision for lay membership, and one lay member has been accepted.

A great deal of information has been sent to area representatives of the league, and it is hoped that local leagues will develop.

In Atlanta, chairmen of committees in six clinical areas were appointed early in 1946. Two of these committees—the Committee on Nursing Arts and the Committee on Medical and Surgical Nursing—have been very active. Others are making plans for the coming year.

The president of the Georgia league has served as chairman of the recruitment committee for student nurses. Information has been carried into practically all the high schools and colleges in the state. At present a student nurse recruitment-poster contest is being sponsored by this committee. Hospital administrators have shown interest in, and given financial support to, the recruitment program. The executive secretary of the Georgia State Nurses' Association has carried practically the entire responsibility for initiating this program.

New committees have been appointed to co-ordinate better the state activities with those of the national organization.

The president of the Georgia league accepted invitations to speak on the subject of counseling and placement at the meeting of the Tennessee State Nurses' Association in Nashville, Tennessee, and at the meeting of the Southern Division of the American Nurses' Association in Oklahoma City.

The Committee on Curriculum of the Georgia league made a study of the State
Board’s curriculum requirements for schools of nursing and made excellent recommendations to this body.

Miss Lois Olmsted, NLNE consultant of the Joint Orthopedic Nursing Advisory Service, spent the month of February in the state of Georgia visiting every school of nursing as well as other agencies. Her recommendations have proved very helpful to members of our organizations.

The Committee on Measurement and Educational Guidance has supplied all schools in the state with information on the Pre-nursing and Guidance Test Service. Schools have been informed, also, of achievement tests available in certain areas in the basic course. This committee brought Miss Ruth W. Jessee, field representative of the national Committee on Measurement and Educational Guidance, to Georgia on May 3-4 for a two-day institute on test construction and analysis and use of test results. Nurse members from all southeastern states were invited.

A committee on the study of, and recommendations for, faculty qualifications has been appointed.

It is desirable that all nursing organizations work jointly on at least one program each year. The league is taking an active part in the programs of the State Planning Committee. Projects mentioned by this committee as the most urgent at present are: (1) survey of nursing needs, and (2) personnel policies and practices and legislation.

ILLINOIS

*Members as of August 1, 1946: 629*

*New members in 1945: 59*

*Local leagues:*
- Chicago—Mrs. Florence Finette, President
- Eastern Illinois—Ruth Rees, President
- Western Illinois—Marguerite Brooks, President
- South Central Illinois—Sarah Savage, President

*Committees:*
- Committee on Curriculum—Sallie Mernin, Chairman
- Committee on Membership Campaign—Mrs. Lena D. Dietz
- Committee on Education of Nurses in Care of the Child—Harriet Drexheimer, Chairman
- Committee on Psychiatric Nursing—Rose Bigler, Chairman
- Committee on Measurement and Educational Guidance—Frances Thielbar, Chairman
- Committee on State Board Problems—Elizabeth Odell, Chairman

The Illinois league functions as the department of education of the State Nurses’ Association.

*Activities:*
The work of the Illinois league has been carried on by the state board of directors appointed to act for the membership, our state committees, and our local leagues.

The president of the league was asked to serve on a special subcommittee appointed by the Department of Registration and Education to advise Vernon L. Nickell, state superintendent of public instruction, relative to the schools of nursing recommended for approval under the G.I. Bill of Rights. This committee had as chairman Miss Ella Van Horn, co-ordinator of the nursing committee of the State Department of Registration and Education, and as members, Sister M. Cornelia and your president.

The Division of Maternal and Child Hygiene of the State Department of Health invited the league to send representatives to a meeting called for the purpose of advising the division on problems in the field of nursing education.

Our state league was represented by the president on the board of directors of the Illinois State Nurses’ Association, the executive committee of the State Nursing Council for War Service, and on the Council’s Procurement and Assignment Committee. Our
board members attended a number of meetings of related organizations to which attendance by a board member was invited.

The annual meeting of the state league was held on November 29-30 in Chicago at the Knickerbocker Hotel. The Committee on Program, under the leadership of Miss Henrietta Froehlke, and the Committee on Arrangements, with Miss Senta Brandt as chairman, provided us with an excellent program in a most desirable setting, the latter so difficult to achieve these days. There were four program sessions—one on the ANA's Professional Counseling and Placement Service, Inc., the speakers Miss Ella Best, Miss June Ramsey, and Miss Bertha G. Byrne; the second on functional activities of the league, the speaker Miss Adelaide A. Mayo; the third on the postwar curriculum in nursing education, the speaker Ralph W. Tyler, chairman of the Department of Education, University of Chicago, followed by discussants; the fourth on postwar plans for nurses, the speakers Miss Adelaide A. Mayo, Miss Frances Thielbar, Mrs. R. Louise McManus, and Miss Leila Given.

The president of the state league attended the meeting of the Advisory Council in New York on January 20. The sessions were very helpful.

On February 5 a meeting was called in Chicago for members of the league board, chairman of state committees, and local league presidents. The purpose of the meeting was to plan for the work of the year. Reports were given by the state board officers and state committee chairmen, and Miss Nellie X. Hawkinson, and Miss Margaret Carrington, members of the national Board, brought us messages relative to the work of the national Board. We heard, also, from Miss Harriet Smith, chairman of the national Committee on Revision, and from Miss Wilma Stevens, chairman of the national Committee on Membership Campaign.

We have appreciated our opportunity to bring to the members of the Illinois league news of the league and educational material through the May, 1946, issue of the Illinois State Nurses' Association's Bulletin.

Names of nurses qualified and willing to serve on the Nurse Examining Committee of the State Department of Registration and Education have been procured by our Committee on State Board Problems and submitted by our State Board to the Illinois State Nurses' Association.

We have appointed a special committee to study salary standards of employment for faculty members.

Our committees are active at present in making plans for our annual meeting, which we will hold with the State Nurses' Association next November in Springfield.

In very large measure, the most important work of the state league is now carried on by the local leagues through their individual boards and through the medium of their excellent program meetings.

**INDIANA**

*Members as of August 1, 1946: 176*

*New members in 1945: 24*

*No local leagues.*

*Committees:* Committee on Curriculum—Olive Dickhaut, Chairman  
Committee on Membership Campaign—Jesse L. Groves, Chairman  
Committee on Measurement and Educational Guidance—Dotaline Allen, Chairman

The Indiana league functions as the department of education of the State Nurses' Association.

*Activities:* Between the annual meeting in 1943 and the annual meeting in February, 1946, regular meetings of the Indiana State League of Nursing Education were not held, due to the transportation difficulties and additional educational responsibilities assumed by the members. A representative was sent to the Advisory Council meeting of the National League in January of this year.
In March, at the board meeting of the new officers elected in February, the following objectives were set up for the year: (1) to establish an educational program that will be accessible to all members; and (2) to increase membership. An educational program was planned. It was hoped that a two-day institute might be held in June under the auspices of the national Committee on the Administration of the Accrediting Program.

In early September a workshop of 10 to 12 days’ duration will be held to help meet the needs of young head nurses. Ward management and clinical teaching will be the topics under discussion. The activity will be conducted at one of the colleges and credit may be offered for work done.

Three regional meetings, in the southern, central, and northern parts of the state, are planned for the remainder of the year.

IOWA

Members as of August 1, 1946: 296
New members in 1945: 23
Local leagues: Des Moines—Helen Cromwell, President
Sioux City—Lucille Hickey, President

Committees: Committee on Curriculum—Jessie Wortman, Chairman
Committee on Membership Campaign—Anne Anderson, Chairman
Committee on Education of Nurses in Care of the Child—Mrs. Thelma Sneed, Chairman
Committee on Psychiatric Nursing—Sister M. Stella, Chairman
Committee on Measurement and Educational Guidance—Sister M. Barbara Ann, Chairman
Committee on State Board Problems—Louise E. Alfsen, Chairman

The Iowa league does not function as the department of education of the State Nurses’ Association.

Activities: In January, 1945, the Iowa League became the sponsoring agency for the 16 trainee courses which were given throughout the state. The courses were taught in 5 states by 2 out-of-state trainers, and 434 trainees registered.

The Committee on Curriculum arranged for a series of conferences in the Spring of 1945 for supervisors and head nurses in obstetrical, pediatric, and medical-surgical nursing, and for a series of institutes in the fall on orthopedic nursing, the latter to be conducted by Miss Carmelita Calderwood. Both the conferences and the institutes were unusually well attended and both proved to be very stimulating activities for league and non-league participants. During November the Des Moines local league sponsored a course on principles of teaching, conducted by Mrs. Deborah Jensen.

In March, 1946, the state league held a three-day institute for directors of the Iowa schools on student clinical rotation plans, conducted by Mrs. Deborah Jensen. It has been found that the frequent regional institutes and conferences which have been held throughout the year are a very effective means of increasing membership in the state league and of making league membership more meaningful for those who are already members.

The Committee on Measurement and Educational Guidance reports a very active year in offering Pre-Nursing Guidance Test Service to the Iowa schools. A number of schools in the state have used also the League’s achievement tests in anatomy, microbiology and chemistry, and others are planning to use the tests in the near future.

The state league’s bylaws are being revised to conform to those of the National League and will include provision for lay membership. A local league in Sioux City will soon become a reality.

A special committee of the league has been active in assisting in the revision of the Iowa Nurse Practice Act to include examination and licensure of the practical nurse.
Kansas

Members as of August 1, 1946: 95
New members in 1945: 30
No local leagues.

Committees: Committee on Curriculum—Sister Stella Crookham, Chairman
Committee on Membership Campaign—Patricia McKinley, Chairman
Committee on Psychiatric Nursing—Anna T. Lownie, tentative Chairman
Committee on Measurement and Educational Guidance—Winifred Wolfe, Chairman

The Kansas league functions as the department of education of the State Nurses' Association.

Activities: The Kansas league did not hold a regular meeting in the Fall of 1945, but a meeting will be held in October, 1946. Election of officers was conducted by mail. The constitution and bylaws are being completely re-written.
A one-day institute was held in January, 1946. Attendance was good and interest was great. The group expressed the desire for more frequent institutes.
The league maintains a page, or section, in the Kansas Nurse, the official publication of the Kansas State Nurses' Association.
The National League of Nursing Education's pretesting service is being used by several schools. The state league's Committee on Measurement and Educational Guidance is active in promoting the extension of this service to all schools.

Kentucky

Members as of August 1, 1946: 80
New members in 1945: 12
No local leagues.

Committees: Committee on Curriculum—Sister Agnes Miriam
Committee on Membership Campaign—Mrs. Heath Altsman
Committee on Education of Nurses in Care of the Child—
Committee on Psychiatric Nursing—Nettie Bealer

The Kentucky league does not function as the department of education of the State Nurses' Association.

Activities: The Kentucky league held its annual meeting jointly with the Kentucky State Nurses' Association and State Organization for Public Health Nursing. The league was very fortunate in securing Mrs. Bertha Byrne to speak on the subject of the counseling and placement service.
In addition to this meeting, six others were held during the year. Attendance at meetings fell far below normal in 1945, due to the shortage of hospital nursing personnel.
The chairman of the Committee on Membership Campaign continues her search for new members, but until nursing personnel is increased our supply is almost exhausted.

Louisiana

Members as of August 1, 1946: 239
New members in 1945: 69
Local leagues: New Orleans—Bessie B. Colomb, President
Shreveport—Sarah R. Sample, President
Committees: Committee on Curriculum—Sister Henrietta, Chairman
Committee on Membership Campaign—Mary E. Stuart
Committee on Psychiatric Nursing—Sister Juliana, Chairman
Committee on Measurement and Educational Guidance—Mrs. Margery Arbogast

The Louisiana league functions as the department of education of the State Nurses' Association.

Activities: No report.

MAINE

Members as of August 1, 1946: 31
New members in 1945: 5
No local leagues.

Committees: Committee on Curriculum—Mabel Booth, Chairman
Committee on Membership Campaign—Eleanor Medley, Chairman
Committee on Psychiatric Nursing—Frances Gorrow, Chairman
Committee on Measurement and Educational Guidance—Mabel Booth, Chairman
Committee on State Board Problems—Eileen M. Young, Chairman

The Maine league does not function as the education department of the State Nurses' Association.

Activities: At present the Maine league has no local leagues, but a request was made at a directors' meeting held in Portland on June 11 that three such leagues be considered for the same geographical areas as set up in the Maine State Nurses' Association. A committee was appointed to make a survey and to make recommendations to the members of the league at a meeting to be held in Rumford on September 13, 1946.

At the September, 1946, meeting the subject "Pre-Nursing and Guidance Tests" is to be discussed. As new officers are to be elected in October, no program beyond September was planned at the directors' meeting.

Our membership is twenty-eight, but more intensive work is going to be done to increase the membership by individual effort of all members.

MARYLAND

Members as of August 1, 1946: 254
New members in 1945: 58
No local leagues.

Committees: Committee on Curriculum—Margaret Grainger, Chairman
Committee on Membership Campaign—Mrs. Mary E. Grotefend, Chairman
Committee on Psychiatric Nursing—Florence Miller, Chairman
Committee on Measurement and Educational Guidance—Irene Coleman, Chairman
Committee on State Board Problems—Mrs. Dorothy McBride, Chairman

The Maryland league functions as the department of education of the State Nurses' Association.

Activities: During the year 1945-46 the programs of our meetings have been centered around the theme "How To Prepare Student Nurses for Effective Living." At these meetings prominent speakers have discussed such things as pre-nursing and achievement tests, counseling and guidance, student government, art and music for
living, and making the student conscious of the social needs of the patient. These meetings have been quite well attended.

The members of the Maryland league have opened the membership to Negro nurses.

Our objectives include increased membership with more active participation, larger use of the testing service, psychiatric affiliation for every school, and a close relationship with the other state nursing organizations. We are looking forward to a busy and interesting year.

MASSACHUSETTS

Members as of August 1, 1946: 500
New members in 1945: 184

Local leagues: Eastern Massachusetts (Boston)—Ethel E. Carlson, President
Western Massachusetts (Springfield)—Rose Griffin, President
Worcester County (Worcester)—Hazel Walker, President

Committees: Committee on Curriculum—Eleanor B. Bowman, Chairman
Committee on Membership Campaign—Chairman not appointed.
Committee on Psychiatric Nursing—Frances Thompson, Chairman
Committee on Measurement and Educational Guidance—Elizabeth Hart, Chairman

The Massachusetts league functions as the department of education of the State Nurses' Association.

Activities: One all-day meeting of the Massachusetts league was held in Boston on December 6, 1945, the subject being "Counseling in Schools of Nursing." Over 300 members attended the meeting, and the presence of Mrs. Roy Bixler, of the United States Public Health Service, contributed largely to the success of the meeting.

The local leagues have been active throughout the year, principally the Eastern Massachusetts league. Mrs. Eugenia K. Spalding conducted a two-day institute on "Administration in Schools of Nursing," and Mrs. R. Louise McManus conducted one on "Educational Tests and Measurements." A follow-up of the latter institute by regional meetings on pre-entrance test service was planned.

The Committee on Program planned and enacted a successful bazaar, the net profit being $1,309.43. The annual meeting was planned very rapidly, as soon as restrictions on travel were canceled by the Office of Defense Transportation.

The Committee on Psychiatric Nursing, jointly with the Massachusetts Department of Mental Hygiene, the Massachusetts Organization for Public Health Nursing, and the Massachusetts Society for Mental Hygiene, held a two-day psychiatric nursing institute on March 20-21. Over 600 attended the meetings. The speakers included leaders in psychiatry, psychiatric nursing, and general education. This committee also developed records for schools offering an affiliation in neuropsychiatric nursing, and a questionnaire was sent to all approved schools for the purpose of determining the number of students receiving experience in psychiatric nursing. It is estimated that approximately 55 per cent receive this experience.

The Committee on Educational Tests and Measurements has been working on two projects: namely, the construction of tests which could be utilized to evaluate the student's ability and competency at the different levels of development, and the promotion of the pre-nursing test service. A considerable amount of groundwork has been done and plans are made for regional test centers for the coming summer and fall.

The Committee on the Nursing School Library sponsored a two-week workshop on nursing school libraries. The project was conducted by the Simmons College of Library Science and financed by the United States Public Health Service. Twenty-five nursing educators, largely instructors who are responsible for schools' libraries, attended.

The Committee on Membership and Eligibility has continued to stimulate interest in league membership. Applications were on hand at all league meetings.
In spite of the war, which has in many respects caused us personal and professional anxiety, the year closes gloriously, due to the splendid co-operation of all who know well the worth of working together.

MICHIGAN

Members as of August 1, 1946: 361
New members in 1945: 60
Local leagues: Southeastern—Beulah Ankenmann, President
                       Northeastern—Mary Neaman, President
                       Southwestern—Sister M. Josephine, President
                       Northwestern—Gertrude Nathe, President

Committees: Committee on Curriculum—Ada Hawkins, Chairman
              Committee on Membership Campaign—Alice Tullis, Chairman
              Committee on Psychiatric Nursing—Mrs. Lucy B. Rudland, Chairman
              Committee on Measurement and Educational Guidance—Myrl Alspach,
                           Chairman
              Committee on State Board Problems—Florence Hennessey, Chairman

The Michigan league functions as the department of education of the State Nurses' Association.

Activities: No state convention was held during 1945, but a joint convention of the three nursing organizations will be held in Grand Rapids on April 25-27, 1946. The tentative theme of the program is "Setting the Course for Nursing in a Postwar Michigan." The following speakers have been invited to participate in the program: Miss Pearl McIver, chairman of the National Nursing Planning Committee, Dr. Genevieve Knight Bixler, director of the survey of nursing in Michigan, Dr. Lewis Block, accountant in the Division of Nurse Education, U. S. Public Health Service, and Miss Lucile Petry, director of the Division of Nurse Education, U. S. Public Health Service.

The boundaries of the local leagues were changed so that all areas would be included in one of the four leagues.

Arrangements were made to transfer the league records to the Michigan State Nurses' Association's headquarters for the purpose of establishing a central and permanent filing system. Secretarial assistance will be available to the league officers.

The board of directors has asked the state headquarters to prepare a brief history of the Michigan League of Nursing Education for publication and to submit an analysis of the functions of the Michigan league's officers and committee chairmen as specified in the bylaws. It is hoped that in the future each officer and committee chairman will have this information when she assumes the office.

The state league assisted the Michigan State Nurses' Association in setting up the "Minimum Personnel Policies and Practices Program" for personnel of schools of nursing.

The state league assisted the Michigan Council on Community Nursing in developing a suggested guide for listing tuition fees and other charges made to students entering schools of nursing and in revising the pamphlet "Nursing Education in Michigan," which is available to high schools, colleges, and individuals seeking information about schools of nursing. The state league is assisting the Michigan Council on Community Nursing in promoting the student recruitment program in Michigan.

The state league assisted actively in the practical nurse training program and the legislative program to secure licensure for practical nurses.

Miss Kathleen Young represented the state league at the Advisory Council meeting of the National League in New York on January 20, 1946.

The Education Committee of the Michigan Organization for Public Health Nursing and the Committee on Curriculum of the Michigan league held a joint meeting and planned institutes on "Implementation of Public Health in the Basic Curriculum."
Miss Mary Dunn, nurse education consultant of the U. S. Public Health Service, conducted these institutes.

The Committee on Revision revised the bylaws and mailed a copy to each member. The Committee on Psychiatric Nursing has made a study of psychiatric nursing in the state and of the possibilities for affiliation for student nurses. This is a joint activity with the Michigan Board of Registration of Nurses.

The Committee on Obstetrics made a study of the Michigan requirements in obstetric nursing and made recommendations to the Michigan Board of Registration of Nurses.

Programs in the local league areas have been well planned to suit the needs of the group in the particular area. Subjects presented during the year have included building community support for nursing, nationwide action in nursing, the Rh factor, newer drugs, psychiatric nursing, place of the nurse in occupational health, talks by nurses returning from theatres of war, "Going Places and Doing Things" (on insurance), implementation of public health in the basic curriculum, recapturing the spirit of nursing.

MINNESOTA

Members as of August 1, 1946: 403
New members in 1945: 96
Local leagues: Rochester—Irene Beland, President
Committees: Committee on Curriculum
  Committee on Membership Campaign
  Committee on Education of Nurses in Care of the Child
  Committee on Lay Participation
  Committee on Psychiatric Nursing
  Committee on Measurement and Educational Guidance
  Committee on State Board Problems

The Minnesota league functions as the department of education of the State Nurses' Association.

Activities: The Minnesota League of Nursing Education held its annual meeting in St. Paul, October 17-18, 1945. Dr. Genevieve Knight Bixler, guest speaker, discussed trends in nursing education. During the luncheon meeting Miss Lucile Petry addressed the lay members on their contribution to nursing problems. Miss Pearl Shallet conducted a round table on the place of rural nursing in the public health experience of the student nurse.

The league has prepared a manual for board members and chairmen in which are stated the duties and functions of committees. This will achieve greater continuity of work among new officers.

The year's program has centered about the theme "The Nurse's Place in a Democracy." Meetings have been planned with educators from the field of general education to promote better understanding of present-day trends in general education.

The Committee on Curriculum is working with the State Board of Nurse Examiners in revising minimum requirements for schools of nursing in the state. This committee is also studying faculty preparation within the state with the view to making long-range recommendations for improvements of faculties.

The study group on measurement and guidance is concentrating its efforts this year on pre-admission tests. A great deal of interest has been stimulated in achievement tests by this committee. Miss Clara Queereau and Miss Ida MacDonald conducted an institute on April 5-6, 1946, on important aspects of the curriculum, stressing those areas which they had found to be the real weaknesses in schools of nursing.

The Committee on Vocational Guidance held an institute in May for faculty members of schools of nursing.
MISSISSIPPI

Members as of August 1, 1946: 26
New members in 1945: 3
No local leagues.

Committees: Committee on Curriculum—Elaine Corder, Chairman
Committee on Membership Campaign—Katherine Hovious, Chairman

The Mississippi league functions as the department of education of the State Nurses' Association.

Activities: On January 20, 1946, the Mississippi State League of Nursing Education was organized, but it was not accepted by the National League until May, so our activities, other than organization, have been few.

We did work hard, along with the State Nurses' Association, for the defeat of two bills which were introduced in the winter session of our State Legislature. Both these bills were killed in the House of Representatives' Public Health and Quarantine Committee after we had been granted a hearing.

The program for the year is in-the-making at present.

MISSOURI

Members as of August 1, 1946: 207
New members in 1945: 69
Local leagues: St. Louis—Mrs. Deborah Jensen, President
                                      Kansas City—Esther Dersch, President

Committees: Committee on Psychiatric Nursing—Mrs. Stella Amass
                   Committee on Measurement and Educational Guidance—Chairman not appointed.

The Missouri league functions as the department of education of the State Nurses' Association.

Activities: The National League of Nursing Education and the Missouri State League of Nursing Education jointly sponsored an institute on March 18-19, 1946, which was held at the Deaconess Hospital in St. Louis, Missouri. Miss Clara Quereau and Miss Ida MacDonald conducted the institute. Active discussion centered around the topics of curriculum construction, faculty organization, and personnel policies, with the greatest interest shown in better methods of departmental teaching.

The projects for the Missouri league are: (1) to continue the study of achievement tests and to co-operate with the State Board of Nurse Examiners; (2) to assist the local leagues in St. Louis and Kansas City in carrying out their programs; (3) to work on plans for the annual meeting in the fall; (4) better education of chairmen of committees to assume responsibilities for the various activities.

MONTANA

Members as of August 1, 1946: 43
New members in 1945: 7
No local leagues.

Committees: Committee on Curriculum—Anna P. Sherrick, Chairman
                   Committee on Psychiatric Nursing—Lala Handorf, Chairman
                   Committee on Measurement and Educational Guidance—Lydia DuQuaine, Chairman
The Montana league functions as the department of education of the State Nurses' Association.

Activities: The Montana State League of Nursing Education was organized, and the constitution and bylaws adopted, at a special meeting of the Education Section of the Montana State Nurses' Association on June 30, 1945. Meetings were held on October 29, 1945, and on March 2, 1946. Under the leadership of the Committee on Measurement and Educational Guidance, the Pre-nursing and Guidance Test Service has been offered to the schools of nursing in Montana, all of which are planning to use the service during 1946. Programs and plans for the coming year include a membership drive, study of nursing school records, study of the curriculum, and continuing efforts toward improving our tests and examinations.

NEBRASKA

Members as of August 1, 1946: 125
New members in 1945: 48
Local leagues: Lincoln
Omaha

Committees: Committee on Curriculum
Committee on Membership Campaign
Committee on Psychiatric Nursing

The Nebraska league functions as the department of education of the State Nurses' Association.

Activities: The Nebraska league has held three board meetings in 1946 and will hold another before the state meeting in October. The projects undertaken have been a revision of the curriculum in relation to hours and placement and a job analysis, by a special committee, of positions in schools of nursing for the graduate.

In conjunction with the Omaha local league, the Nebraska league sponsored an institute on March 22-23 conducted by Miss Clara Quereau and Miss Ida MacDonald. Sixty-five nurses registered for the institute, and all felt it was one of the most helpful and beneficial things we had this year.

On April 15-16, the league, jointly with the education section of its State Organization for Public Health Nursing, sponsored another institute on the integration of public health concepts in the basic program, conducted by Miss Mary Dunn.

The league is sending the vice president to the Biennial Convention in Atlantic City in September.

The Omaha local league has had interesting monthly meetings, with a talk on the admission program for student nurses, a talk by the state nursing counselor, a report by the state president of the meeting in New York of the Advisory Council, and a talk on the use of sulfas and penicillin in the war, by Dr. Edwin Thompson who served overseas. Other programs are planned for the rest of the year. The Omaha league voted to allow money for the nurse recruitment program, which is to be conducted in the state. A representative of this local league is being sent to the Biennial Convention.

The Committee on Program of the Lincoln local league arranged many interesting talks for the year. The meetings have been held at the three hospitals in rotation. Among the topics discussed were public health education, audio-visual aids, community agencies, and examination techniques. A talk by Dr. C. H. Arnold on medicine and nursing in the European theatre gave a better insight into the activities of our nurses. A picnic was held in May, and the year's program closed with a dinner and the election of officers. The Lincoln league, also, is sending a delegate to the Biennial Convention.
New Hampshire

Members as of August 1, 1946: 42
New members in 1945: 9
No local leagues.

Committees: Committee on Curriculum—Sister Larivee, Chairman
Committee on Membership Campaign—Genevieve Crayton, Chairman
Committee on Psychiatric Nursing—Florence Breen, Chairman
Committee on Measurement and Educational Guidance—Sister Larivee, Chairman

The New Hampshire league functions as the department of education of the State Nurses’ Association.

Activities: The activities of the New Hampshire League of Nursing Education were again curtailed by the lack of meetings and minimum committee activity. With the help of Dean Blewett of the University of New Hampshire, the Committee on the Establishing of a Division of Nursing Education at the State University has secured support and financial aid from the Graduate Nurses’ Association of New Hampshire and the New Hampshire Hospital Association and has sent a proposal to the University that a detailed survey by a competent person be made and plans for the project drawn up.

Another special committee was appointed to investigate the possibilities of running a publicity program to aid in the recruitment of qualified applicants to the schools of nursing. The committee has secured the co-operation of newspapers and radio stations in the state and is trying to plan for speakers for junior and senior classes in the high schools.

Plans for next year include a better understanding of, and more co-operation with, the activities of the National League, institutes for instructors, supervisors, and head nurses, and more committee activity.

New Jersey

Members as of August 1, 1946: 539
New members in 1945: 110
No local leagues.

Committees: Committee on Curriculum—Maude C. Kelley, Chairman
Committee on Membership Campaign—Bernice E. Anderson, Chairman
Committee on Education of Nurses in Care of the Child—Margaret DeVoe, Chairman
Committee on Measurement and Educational Guidance—Florence Hege- wold, Chairman

The New Jersey league functions as the department of education of the State Nurses’ Association.

Activities: The New Jersey State League of Nursing Education is becoming increasingly active. We point with just pride to the outstanding work done by some of the committees.

The Committee on Curriculum has continued the work which it has done for several years. Institutes have been held for special interest groups on pediatrics, obstetrics, medical and surgical nursing, nursing and health service in the family, and there have been joint meetings with the State Organization for Public Health Nursing on orthopedic nursing. These have proven of inestimable value in aiding the young nurse who, during the war years, had to assume responsibilities for which she was not prepared. The institutes were conducted by specialists in their respective fields who discussed the latest trends in treatment. The topics covered at the institute on pediatrics were (1) child growth and development, (2) play program of the child, (3) nutrition of
the child, (4) workshop in making toys. At the institute on obstetrics the Rh factor and ward management were taken up. And at the institute on medical and surgical nursing, care of burns and endocrinology in relation to gynecology were discussed.

The Subcommittee on Nursing Arts held several meetings in which it worked up a questionnaire which was sent to the various schools to secure information on which to base an institute dealing with the apportionment and the correlation of teaching of nursing arts with medical and surgical services.

The Committee on Revision has made extensive changes in the bylaws, and printed copies have been distributed to the membership.

The Committee on Lay Participation held two all-day institutes, which were well attended and which brought nationally known speakers into our midst. A leaflet, "The Lamplighter," is published by this committee. A meeting on April 30 brought Miss Lucile Petry to our state again, this time to discuss the peacetime recruitment of student nurses.

The Committee on Guidance conducted two regional conferences, the subject of one being "The Principles and Problems of Guidance in Schools of Nursing," and that of the other "Techniques of Guidance." Great interest was evidenced, and the meetings were well attended.

The Committee To Study the Functions of Committees prepared a portfolio for the use of each board member and committee chairman. Containing the duties of each officer and chairman, this has increased the understanding of the members concerning their problems and their place in the general activities of the league. It is a scholarly piece of work, and we are happy that other state leagues are asking for copies.

The Committee on Administration of Schools of Nursing held meetings monthly. The programs were built around such problems as the U. S. Nurse Cadet Corps, the State Board Test Pool, faculty organization, rotation of students, postwar nursing requirements, and many other problems pertinent to the moment.

The Committee on Psychiatry planned four regional institutes that were held in June with the following aims: (1) to acquaint members of the nursing profession with modern trends in the prevention and treatment of mental illness; (2) to stimulate community interest in psychiatry and psychiatric nursing.

The Committee on Eligibility and Membership has been most active. Through its untiring efforts many new members were added to the New Jersey league.

The Committee on Measurement and Educational Guidance has contributed toward the compilation of pertinent material needed by the national Committee on Measurement and Educational Guidance. To date, 32 of the 42 schools of nursing in New Jersey are using the Pre-nursing and Guidance Test Service.

The Committee on College and University Relations arranged conferences with representatives from the 6 colleges and 21 schools participating in the centralized program for preclinical studies. Committees are at work concluding syllabi in the science courses. At a meeting at Rutgers University, held to discuss what is involved in setting up a collegiate school of nursing, Miss Helen Ziegler, dean of the Vanderbilt University School of Nursing and regional director of the southern area of the Association of Collegiate Schools of Nursing, spoke from the standpoint of the nursing school.

The new Committee on Educational Planning in Nursing is an outgrowth of the Committee on Postwar Planning. Its objective is to promote the development of sound educational courses and accreditation on the vocational, professional, and advanced levels.

The Subcommittee on Ways and Means, in order to raise money to carry on educational activities of the league, sponsored a two-day "Country Store," with a playlet given in the afternoon and evening. A spring festival, "Folklore of Spring," was held in June with glee clubs of seven schools of nursing participating. Folksongs and folk dancing of various nations were presented. Prominent judges of singing, dancing, costume, and folklore chose the prize-winning school—Muhlenberg Hospital School of Nursing, Plainfield. A silver cup was awarded by the Committee on Lay Participation.
A new Committee on Nursing Service has been organized, which will study and make recommendations on nursing service.

There is a Joint Orthopedic Committee of the league; and the State Organization for Public Health Nursing and the New Jersey league have representation on the following committees of the State Nurses' Association: Legislative, Nursing Information, Auxiliary Service, Personnel Practices, and Civil Service.

We are especially gratified that, during the past year of trying days, we have been able to maintain our high standards of nursing education as well as to show progress in building toward a better future. This work could not have been accomplished without the untiring efforts of the individual members of the several committees, and we wish to express our appreciation for their worth-while contributions.

NEW YORK

Members as of August 1, 1946: 1,213
New members in 1945: 180

Local leagues: New York City—Helene Olandt, President
Central New York (Syracuse)—Pearl Irwin, President
Genesee Valley (Rochester)—Margaret Gibson, President
Western New York (Buffalo)—Mrs. Hazel Hogan, President
Hudson Valley (Albany)—Helen Sutcliffe, President
Linda Richards (Ogdensburg)—Mrs. Ruth Warren, President

Committees: Committee on Curriculum—Mary D. Burr, Chairman
Committee on Membership Campaign—Evelyn Fraser, Chairman
Committee on Education of Nurses in Care of the Child—Alice K. Hyslop, Chairman
Committee on Psychiatric Nursing—Mrs. Dorothy McLaughlin, Chairman
Committee on Measurement and Educational Guidance—Esther M. Thompson

The New York league functions as the department of education of the State Nurses' Association.

Activities: While the membership of the New York State League of Nursing Education has not shown as large an increase as during the previous year, interest in activities of the league has been well sustained. In accordance with the policy of other professional organizations, the annual meeting was not held. The president visited all the local leagues during the year.

The Committee on Curriculum has continued its work on a bulletin on curriculum in schools of nursing in New York State. Subjects such as nursing arts, medical and surgical nursing, psychiatric nursing, etc., were assigned to the local leagues for study and recommendations. The results of this study will be submitted to the league and the State Department of Nursing Education for approval.

The Committee on Affiliations has continued its work on recommendations leading to more uniformity in the schools sending and accepting students for affiliation.

The Committee on Measurement and Educational Guidance has embarked on an ambitious program: namely, the construction of achievement tests in the various clinical specialties. Emphasis has been given to the Pre-nursing and Guidance Test Service throughout the state. Approximately 20 schools have used the service during the year.

The league endorsed the continuance of the New York State Nursing Council for War Service on a peacetime basis.

It is planned to hold the annual meeting on November 7-8, 1946, in Buffalo.
North Carolina

Members as of August 1, 1946: 127
New members in 1945: 14

Local leagues: Eastern Division (Raleigh)—Mrs. Effie Parker, President
Western Division (Winston-Salem)—Edna Heinzlerling, President

Committees: Committee on Curriculum—Lillie L. Deimler, Chairman
Committee on Membership Campaign—Edna Heinzlerling, Chairman
Committee on Education of Nurses in Care of the Child—Lillie L.
Deimler, Chairman
Committee on Psychiatric Nursing—Mrs. Effie Parker, Chairman
Committee on Measurement and Educational Guidance—Marion
Daughtry, Chairman
Committee on State Board Problems—Bessie M. Chapman, Chairman

The North Carolina league functions as the department of education of the State
Nurses’ Association.

Activities: The North Carolina League of Nursing Education held its annual meet-
ing simultaneously with the State Nurses’ Association in the Robert E. Lee Hotel in
Winston-Salem on November 6-7, 1945. The theme of the meeting was “Nursing After
Victory,” and the program for the general meeting was as follows: “Greetings”—
North Carolina Federation of Women’s Clubs, Mrs. Karl Bishopric, president; “Trends
in Postwar Graduate Nursing Education”—Mrs. Eugenia K. Spalding, co-ordinator of
from the U. S. Cadet Nurse Corps”—Ethel Faye Burton, director of nursing education,
Charlotte Memorial Hospital, Charlotte.

Three board meetings were held during the year 1945.

The league has co-operated with the State Nurses’ Association in inaugurating a
program of professional counseling and placement with headquarters set up in connec-
tion with the headquarters of the North Carolina State Nurses’ Association in Raleigh,
financial provision for the program to be made by increasing the dues of members of
the North Carolina State Nurses’ Association $2.00 per capita.

The league’s members are concerned over the need for more co-operation and closer
integration between health departments and schools of nursing. More interest in league
activities has been evident since the termination of war. Members seem to feel the
need of institutes and local league meetings, with programs of current interest and
exchange of ideas.

The Western Division met in Winston-Salem on February 16, 1946. The meeting
was well attended and much enthusiasm was shown. The program was as follows:
“Cancer in Women”—Robert P. Morehead, M.D., associate professor of pathology,
Bowman Gray School of Medicine; “Vitamins”—David Cayer, M.D., assistant pro-
fessor of medicine, Bowman Gray School of Medicine; “Report of Advisory Council,
National League of Nursing Education”—Mary Belle May, president, North Carolina
League of Nursing Education; “Recruitment of Student Nurses”—discussion directed
by Mrs. June H. Wilson, educational director, North Carolina Baptist Hospital School
of Nursing; “Counseling Service”—Virginia Miles, counselor, North Carolina Nurses’
Association.

The Committee on Recruitment of Student Nurses has been active and the following
plans have been made: (1) To appeal to the civic, educational, and medical groups
for aid and support in securing young women to enter the nursing profession by inviting
presidents or representatives from various North Carolina organizations and clubs,
the president of the Hospital Association and the medical staff to meet with members
of the Committee for Recruitment of Student Nurses and discuss how we can endeavor
to meet these needs. (2) To develop a public relations program through radios and
newspapers. (3) To continue local recruitment by visiting high schools and colleges.
to present to the young women the advantages and future of nursing as a profession.

(4) To carry out all recruitment projects on a state basis.

Plans have been completed for three courses in nursing education to be given at Duke University during the summer session. The following courses are to be given under the direction of Miss Helen Nahn, assistant professor of nursing education: Principles of Learning and Methods of Teaching in Schools of Nursing; Ward Administration and Teaching; Guidance and Personnel Work in Schools of Nursing.

The Western Division of the league had a meeting on April 27, 1946, at the Vanderbilt Hotel in Asheville. The program was as follows: "Looking Ahead in Nursing"—Sister Mary Peter, Mercy Hospital, Charlotte; "Various Methods Used in the Treatment of Tuberculosis"—S. M. Bittinger, M.D., Western Carolina Tuberculosis Sanatorium, Black Mountain; "Shall We Continue the Accelerated Program for Student Nurses?"—Lillie L. Deimler, Presbyterian Hospital, Charlotte; "Effective Time-Savers in Nursing Procedures"—discussion led by Miss Mildred Harrison, nursing arts instructor, North Carolina Baptist Hospital, Winston-Salem; "Selling Nursing to the Public—to the High Schools"—Herbert E. Vaughn, principal, Lee Edwards High School, Asheville; "Selling Nursing to the Lay Public"—Donald Shoemaker, associate editor, Asheville Times, Asheville; "The Value of Public Health in the Student Program"—Estelle Isenhour and Nancy Greason, students, Presbyterian Hospital, Charlotte; "What Is New in Orthopedics"—J. H. Cherry, M.D., Asheville.

The board of directors of North Carolina State Nurses' Association voted at the midyear meeting to inaugurate a program of education regarding legislation on a district and county basis. Plans have been made for district organization.

NORTH DAKOTA

*Members as of August 1, 1946: 55*

*New members in 1945: 31*

*No local leagues.*

*Committees: Committee on Curriculum*
  *Committee on Psychiatric Nursing*
  *Committee on State Board Problems*
  *Committee on Measurement and Educational Guidance*

The North Dakota League functions as the department of education of the State Nurses' Association.

*Activities: The Committee on Curriculum, together with the principals of the schools of nursing and in co-operation with the State Board of Nurse Examiners, has held two meetings to improve the curriculum of the schools of nursing in the state.*

The Committee on Nursing Tests and Educational Guidance has arranged for the use of the League tests in several schools in the state. Miss Ida B. Sommer was the guest speaker at the league's convention in 1945.

The Committee on Psychiatric Nursing has given much time and thought to the problem of making available psychiatric nursing experience for every student nurse in the state. Their problems are not yet solved.

The Committee on Membership and Eligibility has launched a program for stimulating new membership in the league.

The Committee on Audio-Visual Aids has contacted every school in the state with the aim of establishing a film pool. A number of schools have already pledged financial support of this program. It is planned that films will be purchased in the Fall of 1946.

The league sponsored two two-day institutes on ward teaching in the spring, one in Fargo and the other in Minot, conducted by Mrs. Margaret Randall, instructor in the University of Minnesota School of Nursing. The excellent attendance at these institutes was most gratifying to all concerned.
Ohio

Members as of August 1, 1946: 601
New members in 1945: 120

Local leagues: Akron—Mrs. Gladys Eaton, President
Columbus—Almeda King, President
Cincinnati—Martha Pfleuger, President
Cleveland—Frances Cunningham, President
Dayton—Mrs. Mariana Zimmerman, President
Toledo—Mrs. Mildred Pinner, President

Committees: Committee on Curriculum—Ruth Evans, Chairman
Committee on Membership Campaign—Anna V. Houck, Chairman
Committee on Education of Nurses in Care of the Child—Chairman not
appointed.
Committee on Psychiatric Nursing—Chairman not appointed.
Committee on Measurement and Educational Guidance—Helen L.
Bunge, Chairman
Committee on State Board Problems—Clara F. Broupe, Chairman

The Ohio league does not function as the education department of the State Nurses' Association.

Activities: Most of the work of the Ohio League of Nursing Education has been
done through the six local leagues and the standing committees.

There were two joint meetings of the board of directors with the officers and direc-
tors of the Ohio State Nurses' Association and the members of the State Nurses' Board
and its professional staff. These meetings gave opportunity for discussion of several
of the current problems in nursing.

As soon as priorities on travel were lifted, plans were made for the annual meeting.
This was a one-day meeting held in Columbus. In spite of the inclement weather,
over two hundred members were present. Speakers were Miss Marjorie B. Davis, sec-
retary of the National Nursing Planning Committee, who spoke on "Nurses Think
about the Future," and Dr. Genevieve Knight Bixler, co-ordinator for the National
Nursing Council and the Division of Nurse Education of the U. S. Public Health
Service, whose topic was "Providing Effective Leadership in the Profession of Nurs-
ing." There was also a panel discussion on the latter speaker's subject. Members of the
panel were representatives from the various local leagues.

By unanimous vote of the members present, some changes in the bylaws of the con-
stitution were made to conform to the Bylaws of the National Constitution. In
Article I, paragraph "i" was added to Section 2 under (3): "Membership in the
National Association of Colored Graduate Nurses will be accepted in lieu of member-
ship in the American Nurses' Association." To Article III, Section 7 was added: "In
the event of a national emergency which would prevent the holding of the annual
convention in any given year, voting by mail shall be substituted for voting in person
in order that there may be an annual election of officers and directors."

The Committee on Curriculum and the Committee on Measurement and Educational
Guidance have been very active. The Committee on Curriculum, in co-operation with
the local leagues' committees on curriculum, has made a study of the content of courses
on medical and surgical nursing and their specialties being taught students in our
schools of nursing. The purpose has been to achieve greater uniformity of the minimum
content in these subjects in order to be assured that students are being taught certain
fundamental facts and principles so that the State Board examinations would be a
fairer evaluation of the students' accomplishments. The projects have been submitted
to the local leagues for study, comment, and criticism. They will be put in form and
distributed to the schools for trial.

The Committee on Measurement and Educational Guidance directed attention toward
two activities: (1) the Pre-Nursing and Guidance Test Service; tests are being held
in 9 centers throughout the state; (2) examination construction. This committee, in co-operation with the Subcommittee on the History of Nursing Course, has finished suggestions for a licensing examination.

An institute is being planned for the fall.

OKLAHOMA

Members as of August 1, 1946: 47
New members in 1945: 4
No local leagues.

Committees: Committee on Curriculum—Kathlyn Krammes, Chairman
Committee on Membership Campaign—Marcella Costello, Chairman

The Oklahoma league functions as the department of education of the State Nurses' Association.

Activities: The Oklahoma League of Nursing Education has not been active during the war period. We have, of course, had regular meetings of the board of directors to discuss and dispense routine business. On April 8-9, 1945, a workshop for league members was held, Miss Mary J. Dunn conducting—"School and Health Concept of Nursing—Its Implementation in the Basic Nursing Curriculum."

OREGON

Members as of August 1, 1946: 95
New members in 1945: 14
No local leagues.

Committees: Committee on Curriculum—Lloydena Grimes, Chairman
Committee on Membership Campaign—Mrs. Carol Hewitt, Chairman
Committee on Psychiatric Nursing—Tina Duersken, Chairman
Committee on Measurement and Educational Guidance—Olive Slocum
Committee on State Board Problems—Helen Nicholson, Chairman

The Oregon league does not function as the department of education of the State Nurses' Association.

Activities: The Oregon League of Nursing Education has not been very active, due to many changes in the board of directors. Last November the president and the vice president resigned on account of poor health, so new officers had to be appointed.

Our project for the year has been mainly recruitment of student nurses, and we have put on an extensive campaign. The Recruitment Committee has been very active and has compiled a directory of the eleven schools of nursing in Oregon, which has been printed.

May 5-12 was recruitment week. Publicity was given during the month of April over the radio, some stations giving us spots for recruitment. Several editorialists, also, were in the leading papers. Members of the Oregon Student Council of Nurses were our recruiters in the high schools. They were dressed in uniforms and used the directories for publicity. Students in nursing schools competed in a poster contest, and a prize of $10 was presented to the student who made the best poster on recruitment of nurses. The judges were leaders of lay organizations. Several department stores gave us windows for displays. One held posters, another a display of dolls illustrating the march of time in nursing history. The latter consisted of a graph dividing nursing history into pre-Christian and post-Christian nursing, the curves indicating the degree of progress in nursing care through the centuries; outstanding characters of the various periods in nursing history to the present were represented by dolls, including the cadet nurses. Another window contained mannequins dressed in uniforms representing each of the eleven schools of nursing in Oregon.

All this has been accomplished since January, 1946, and much praise is due the members for their enthusiastic and co-operative spirit.
Pennsylvania

Members as of August 1, 1946: 544
New members in 1945: 102

Local leagues:
- District No. 1: Philadelphia—Adelaide Hughes, President
- District No. 2: Allentown—May L. Crouch, President
- District No. 3: Wilkes-Barre—Louise S. Marvin, President
- District No. 5: Johnstown—Sister M. John Joseph Flinn, President
- District No. 6: Pittsburgh—Dorothy Rood, President
- Districts No. 7 and 8: Sharon—Mrs. Ethel G. Hyde, President

Committees:
- Committee on Curriculum—Katie Lee Walton, Chairman
- Committee on Membership Campaign—Ruth D. Johnson, Chairman
- Committee on Psychiatric Nursing—Mildred Van Sickel, Chairman

The Pennsylvania league functions as the department of education of the State Nurses' Association.

Activities: The annual meeting of the Pennsylvania League of Nursing Education was held in Pittsburgh on October 23, 1945. This one-day meeting was for the purpose of transacting the business of the League, and no program was planned. Voting for the new officers was completed by mail before the annual meeting. The regular annual meeting will be held in the Fall of 1946.

Membership as of April 1, 1946, shows an increase of 5.7 per cent over last year’s membership at the same date.

The Pennsylvania league is participating actively in the program of the State Planning Committee. The president is chairman of the Education Division of the State Planning Committee. The state league is assuming responsibility, including financial responsibility, for study and activities in the areas of curriculum development and promotion, accreditation, and organization and administration of nursing schools. A substantial financial contribution was made by the state league to the State Recruitment Committee.

A successful institute with over 400 nurses and 50 lay persons in attendance was held by the Philadelphia local league in October. The theme of the institute was "Looking Ahead at Nursing." The Pittsburgh local league held a very successful and well-attended one-day institute in March on "Counseling and Guidance." Other local leagues have held interesting and stimulating program meetings on measurement and educational guidance, curriculum development, admission requirements to schools of nursing, and other subjects of interest to nursing educators. Several local leagues have been assisted in their programs by a member of the staff of the National League of Nursing Education's Committee on Measurement and Educational Guidance.

The Committee on Curriculum conducted a study of subject requirements for applicants to schools of nursing and made recommendations concerning uniform subject requirements for applicants to schools of nursing in Pennsylvania. The recommendations were accepted by the boards of the Pennsylvania league and the State Nurses' Association. Uniform subject requirements for applicants have been recommended to schools of nursing in Pennsylvania in the interest of assisting in the recruitment of applicants.

District No. 4, the only remaining district without a local league, is organizing a local league. The organization has not been completed to date.

The Committee on Psychiatric Nursing has worked with the Department of Welfare in attempting to meet the need for additional affiliations in psychiatric nursing. Although three new affiliating schools for psychiatric nursing have been opened in Pennsylvania in 1945 and to date in 1946, and although the total number of students receiving psychiatric nursing has increased, there is still need for additional affiliations. Concentrated efforts will be continued to provide experience for an increasing number of students each year.
The Pennsylvania league and the local leagues contributed to the study of the structure of the national professional nursing organizations.

The Pennsylvania league has not been very successful in securing lay members. In the Philadelphia league a great deal has been done to stimulate interest among lay people. Interest has been aroused in this group concerning problems of nursing education but not to the extent that individuals in the lay group wish to pay league dues in order to become league members.

PUERTO RICO

Members as of August 1, 1946: 51
New members in 1945: 14
No local leagues.

Committee: Committee on Curriculum—Sister Rosita Cullum, Chairman
Committee on Membership Campaign—Sister Placidia, Chairman
Committee on Psychiatric Nursing—Sister Joseph, Chairman
Committee on Measurement and Educational Guidance—Maria T.
Sagardia
Committee on State Board Problems—Agustina Besosa, Chairman

The Puerto Rico league functions as the department of education of the State Nurses’ Association.

Activities: Last spring the Puerto Rico League of Nursing Education co-operated with the Puerto Rico Graduate Nurses’ Association in writing and presenting to the Legislature a bill for legalizing and setting standards for the preparation of practical nurses. It passed both Houses, but was not signed by the Governor. A new bill has been introduced this year at the present session of the Legislature.

The institutes on administration and teaching, one in Ponce and one in San Juan, under the leadership of Mrs. Eugenia K. Spalding, were the outstanding features of the year. They were well attended and of real value to every nurse enrolled.

Committee and board members, together with representatives from the Puerto Rico Nurses’ Association, conferred several times with the chancellor of the University of Puerto Rico regarding the establishment of the new school of nursing at the University. Under the direction of two assistant deans, the school started its work last fall.

Work of all committees last year was greatly hampered because of changes in committee personnel due to the fact that so many members went to the states to study.

The Publicity Committee, the Committee on State Board Problems, and the Committee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum were appointed late last year and could not accomplish much, but they have very definite objectives and plans for the future.

The Committee on Tests and Measurements is working on a comprehensive test for graduates who plan to enter the courses offered for public health nurses at the School of Tropical Medicine. The committee will also do some work on pre-testing and counseling for students at the University School of Nursing, naturally with the aid of the national committee.

Furthermore, we hope to awaken directors of schools of nursing and directors of nursing service in the island to the fact that unless we all work together towards achieving better standards both for student and graduate education, nothing worthwhile will be accomplished in spite of all the efforts of the Puerto Rico League of Nursing Education.
RHODE ISLAND

Members as of August 1, 1946: 188
New members in 1945: 4
No local leagues.

Committees: Committee on Curriculum—Sister Miriam Frances, Chairman
Committee on Membership Campaign—Sylvia Pigeon, Chairman
Committee on Psychiatric Nursing—Mrs. Eileen McCaffrey, Chairman
Committee on Measurement and Educational Guidance—Florence Weigner, Chairman
Committee on State Board Problems—Louise White, Chairman

The Rhode Island league functions as the department of education of the State Nurses' Association.

Activities: All previous activities of the Rhode Island League of Nursing Education, limited by the demands of war during the past few years, have been resumed. An active Committee on Membership and Eligibility is making a concerted effort to increase membership.

With one exception, meetings of the general membership were held in conjunction with the Rhode Island State Nurses' Association during 1945. The fall meeting was held in the form of an institute on "The Qualifications of the Prospective Student Nurse." Members of the guidance department of Rhode Island high schools were invited to attend.

The league anticipates separate meetings of its membership during 1946, and the Program Committee is planning for speakers who will prove stimulating and helpful. Arrangements have been made for small group conferences of league members. Problems of common educational interest in the various schools and public health nursing organizations will be discussed.

The Committee on Tests and Measurements arranged for the administration of pre-nursing examinations to a group of prospective candidates of three schools of nursing. In the near future we hope to use the State Board Test Pool.

The Committee on Curriculum plans to meet monthly to consider methods whereby the social and health aspects of nursing may be integrated into the basic curriculum.

The league, in co-operation with the Rhode Island State College, sponsored a course for graduate nurses in "Educational Psychology." Approximately fifty-six nurses enrolled.

A study to determine how the Committee on Psychiatric Nursing can function most effectively to assist schools of nursing is being undertaken. This group plans to investigate and suggest techniques in integrating the principles of psychiatric nursing in the clinical teaching of the general hospital.

Responsibility for recruitment of students for schools of nursing is to be shared jointly by the Rhode Island League of Nursing Education and the Rhode Island Council for Nursing Service. Plans are under way for the re-establishment of a speakers' bureau to supply speakers for students in high schools and colleges throughout the state.

The league was represented on the committee which assisted in developing the five-year nursing program, started at the Rhode Island State College in September, 1945.

SOUTH CAROLINA

Members as of August 1, 1946: 93
New members in 1945: 18
No local leagues.

Committees: Committee on Curriculum—Ruth Chamberlin, Chairman
Committee on Membership Campaign—Mattie Lawrence, Chairman
Committee on Psychiatric Nursing—Beulah Gardner, Chairman
Committee on Measurement and Educational Guidance—Isadora Poe, Chairman
Committee on State Board Problems—Marguerite Andell, Chairman
The South Carolina league functions as the department of education of the State Nurses' Association.

**Activities:** The South Carolina League of Nursing Education has had five meetings during the past year. The programs have been in charge of the various committees and have been interesting, instructive, and well attended. The Committee on Nursing School Libraries has been especially active and, as a result, there has been much improvement in the libraries. Special plans for recruitment of students are being considered by the Committee on Postwar Planning.

**South Dakota**

*Members as of August 1, 1946:* 38  
*New members in 1945:* 2  
*No local leagues.*

**Committees:** Committee on Curriculum—Elvira Nelson, Chairman  
Committee on Psychiatric Nursing—Sister Desideria, Chairman  
Committee on Measurement and Educational Guidance—Mrs. Anna Berdahl, Chairman  
Committee on State Board Problems—Sister M. Conception, Chairman

The South Dakota league functions as the department of education of the State Nurses' Association.

**Activities:** The South Dakota league and the State Nurses' Examining Board jointly sponsored a two-day institute in April, 1945. The theme for the first day was "Personnel Guidance." College teachers in this field assisted members of the league in leading the following topics: (1) Basic Consideration, (2) Counseling in Schools of Nursing, (3) Guidance through Extra-professional Curriculum, (4) Examinations as Tools, (5) Measuring Progress and Competency, (6) Analysis of Results of Last State Board Examinations. The second day's theme was "Planning the Senior Cadet Period."

The Committee on Curriculum has emphasized return to peacetime schedules and to the incorporation of more teaching of mental hygiene.

The Committee on State Board Problems is working with the State Nurses' Association's legislative committee in planning for needed legislation to improve the present Nursing Act from the standpoint of the professional nursing group.

The Committee on Measurement and Educational Guidance has been authorized to sponsor the pre-nursing testing program of the NLNE.

**Tennessee**

*Members as of August 1, 1946:* 115  
*New members in 1945:* 49

**Local leagues:** Knoxville—Mrs. William M. Johnson, President  
Memphis—Bivian L. Kimbrell, President  
Nashville—Julia Hereford, President

**Committees:** Committee on Curriculum—Lucy Dade, Chairman  
Committee on Membership Campaign—Dorothy Johnson, Chairman  
Committee on Measurement and Educational Guidance—Eula Benton, Chairman

The Tennessee league functions as the department of education of the State Nurses' Association.

**Activities:** Activities of the Tennessee League of Nursing Education have suffered considerably from the general postwar unrest. Nurses accepting new positions and
returning to school have necessitated almost a complete new set of officers during the year. A special committee was appointed to make a study of the schools in Tennessee concerning what reconversion they planned after discontinuance of the Cadet Corps. Considerable interest has been evidenced in the League's testing service. No definite action has been taken for its general adoption.

Local leagues have made a special effort toward increasing membership, the Nashville league being far in the lead in this respect. It was voted to admit properly qualified Negro nurses to the state league. To date we have one Negro member.

Local programs during the year included the following topics: grading of high schools from which nursing students are enrolled; ways in which the league can be of service to the State Board of Nurse Examiners; report of the Committee on Postgraduate Education; staff education.

Our problems have grown in spite of the coming of peace. We hope that the next year will see some of them solved.

TEXAS

Members as of August 1, 1946: 192
New members in 1945: 34

Local leagues:
- Austin—Mrs. Edith Turner, President
- Galveston-Houston—Marie Luppold, President
- Dallas-Fort Worth—Merle Mayo, President
- San Antonio—Sister Charles Marie, President

Committees:
- Committee on Curriculum—Marjorie Bartholf, Chairman
- Committee on Membership Campaign—Mrs. Ruth Maxson, Chairman
- Committee on Education of Nurses in Care of the Child—Hilda Walker, Chairman
- Committee on Psychiatric Nursing—Mildred Garrett, Chairman
- Committee on Measurement and Educational Guidance—Lucy Harris, Chairman
- Committee on State Board Problems—Ernestine McCain, Chairman

The Texas league does not function as the department of education of the State Nurses' Association.

Activities: The first annual meeting of the Texas League of Nursing Education since 1944 was held in Fort Worth on April 26, 1946. At this meeting there was a vote on the revision of bylaws to make them conform to the Bylaws of the National League of Nursing Education and make lay membership possible.

Lt. Col. Edna Gropple, A.N.C., spoke at a joint meeting of the Texas league and the State Organization for Public Health Nursing on "The Impact of War on Nursing Education."

There was a round-table discussion of curriculum problems on Saturday, April 27, by Col. Gropple, Miss J. Katharine Bratton, Miss Irene Healy, and Miss Laura Cole.

The board appointed a planning committee in November. This committee had its first meeting on April 25. Directors of all schools of nursing in the state were invited to meet with this committee to discuss mutual problems and make plans for the future, particularly concerning a statewide recruiting program.

Four schools are using NLNE pre-nursing and guidance tests, and one school is using microbiology, anatomy and physiology, and chemistry tests and some of the comprehensive tests in medical and surgical nursing.
UTAH

Members as of August 1, 1946: 31
New members in 1945: 8
No local leagues.

Committee: Committee on Curriculum—Annetta Bilger, Chairman
Committee on Membership Campaign—Martha Haugsten, Chairman
Committee on Education of Nurses in Care of the Child—Louise Sco-ville, Chairman
Committee on Psychiatric Nursing—Cynthia Curtis, Chairman
Committee on Measurement and Educational Guidance—Mrs. Alice Kohler, Chairman
Committee on State Board Problems—Maria Johnson, Chairman

The Utah league functions as the department of education of the State Nurses' Association.

Activities: The annual convention of the Utah League of Nursing Education was held in Salt Lake City on November 2, 1945, in conjunction with the Utah State Nurses' Association and the State Organization for Public Health Nursing. At this meeting the constitution and bylaws of the state league were amended to bring them into conformity with the Constitution and Bylaws of the National League. It was voted to continue joint meetings with the State and District Nurses' Associations and with the State Organization for Public Health Nursing at least once quarterly.

The Committee on Curriculum has held regular meetings throughout the year, many of the meetings being devoted to problems of conversion from the wartime to a permanent peacetime program. Facilities for affiliations in communicable disease nursing and psychiatric nursing have been explored.

A special membership meeting was called in March to discuss problems raised at the January meeting of the Advisory Council of the National League of Nursing Education. About two-thirds of the state members were present. At this meeting it was proposed that the Utah league recommend to the National League and to the Utah State Board of Nurse Examiners that at least one year of college work be made a prerequisite to entrance into a school of nursing except in those cases where a year or more of general education of collegiate level constitutes a part of the school of nursing program. A recommendation was also made that the National League actively advocate the inclusion of three months of psychiatric nursing in the basic professional curriculum. The question of an increase in state and national dues was raised but not brought to a vote, as the current of opinion seemed to be in the direction of merging all national nursing organizations and making the over-all dues include those now paid to the National League.

Coming on the heels of the war, a new problem in nursing education seems to be emerging in Utah. This is the small number of qualified young women now interested in entering the professional schools. The shortage of graduate nurses continues. The Utah league is suggesting that the State Nursing Council seriously consider studying the need of establishing a school for vocational or practical nurses in Salt Lake City.

The public health nurses of the state are again rendering great service in the field of recruitment for students. There has been a marked increase this year in the number of graduate nurses registering with institutions of higher learning for advanced study. The turnover in instructional staff in the schools of nursing from this cause is becoming a problem, but it is hoped that by continuing the close co-operation of all organized nursing groups in the state, arrangements can be made that will be advantageous both to the individuals seeking self-improvement and to the institutions and agencies directing their efforts toward better community service.
VERMONT

Members as of August 1, 1946: 38
New members in 1945: 2
No local leagues.
Committees: (In process of organization)

Activities: Twenty members of the National League of Nursing Education met in Burlington, Vermont, on March 15 and organized the Vermont League of Nursing Education. Twenty potential members were also present. Miss Mabel F. Huntly, director of nursing of the Mary Fletcher Hospital, presided over the meeting. She gave a history of the National League of Nursing Education and presented the values of a state league of nursing education.

Mrs. Eleanor Dyke, educational director of the Barre City Hospital, acted as secretary, and Miss Phoebe Taisey read each article of the constitution as suggested by the National League of Nursing Education. This constitution was accepted with a few changes.

Other features of the meeting included a display of scrapbooks and pictures of nurse educators, both dealing with many phases of the League’s activities. Refreshments, including a large birthday cake, were served.

The board of directors has held two meetings and is organizing committees on Curriculum, Membership Campaign, Measurement and Educational Guidance, and State Board Problems.

The state league was accepted in May as a constituent of the National League of Nursing Education. No general meeting of the league has been held.

VIRGINIA

Members as of August 1, 1946: 135
New members in 1945: 23
No local leagues.
Committees: Committee on Curriculum—Louise Oates, Chairman
Committee on Membership Campaign—Josephine McLeod, Chairman
Committee on Psychiatric Nursing—Pauline Whitaker, Chairman
Committee on Measurement and Educational Guidance—Marie Schmidt, Chairman
Committee on State Board Problems—E. Louise Grant, Chairman

The Virginia league does not function as the education department of the State Nurses’ Association.

Activities: The Virginia League of Nursing Education held two institutes during the year 1946. The first program was “A Demonstration of Teaching Clinical Nursing.” This program, we believe, satisfied a felt need in the various schools of nursing.

The second program was conducted by Virginia Henderson on “Fundamentals of Unit Construction.” This meeting was well attended.

The league has been concerned with the recruitment of student nurses. Each school has been urged to put on its own program of recruitment, since it was felt that this method would be more effective than any program sponsored by the league.

For some time we have felt the need of local leagues and hope in the next year to plan for their organization.
WASHINGTON

Members as of August 1, 1946: 145
New members in 1945: 36
No local leagues.

Committees: Committee on Curriculum—Virginia Felton, Chairman
Committee on Membership Campaign—Helen Stolesson, Chairman
Committee on Psychiatric Nursing—Anna Lindblom, Chairman
Committee on Measurement and Educational Guidance—Marion Mickel, Chairman

The Washington league functions as the department of education of the State Nurses’ Association.

Activities: The past year has been active and interesting for the Washington League of Nursing Education. Membership has increased steadily. Attendance at the regular monthly meetings has been excellent. The two joint meetings of the eastern and western branches have given members a chance to talk over state problems together.

Committees in general have been active. The monthly programs have been planned to give individual committees the chance to present the results of their studies. The committees on Membership, Curriculum, and Student Recruitment have done outstanding work. A new Committee on Standards has set up requirements in preparation and job descriptions of positions in nursing education in the state. The report of this committee will be incorporated in the State Nurses’ Association’s program of all nurses in Washington.

A two-day institute was held in April. In addition to other values, it served as orientation for the nurse educators who are returning to civilian service.

We look forward to continued interest and development next year.

WEST VIRGINIA

Members as of August 1, 1946: 46
New members in 1945: 9
No local leagues.

Committees:

The West Virginia league does not function as the department of education of the State Nurses’ Association.

Activities: Due to war’s demands resulting in loss of membership to military services, a scattered membership for other reasons, increased student enrollment in nursing schools notwithstanding depleted hospital staffs, and, in addition, many hours of volunteer service to the local Procurement and Assignment committees on the part of nursing school administrators, our West Virginia League of Nursing Education has little to report for 1945.

Programs were not arranged on account of travel and hotel difficulties, though interest in membership remained.

Excellent co-operation was given by all league members to the West Virginia State Board of Nurse Examiners in the adjustment study of the curriculum of the National League to West Virginia’s schools of nursing. The league also ably assisted with the legislative program of the West Virginia State Nurses’ Association, resulting in (1) an all-nurse Board of Nurse Examiners, (2) re-registration, (3) permission to appear for State Board examinations at 20½ years of age.
WISCONSIN

Members as of August 1, 1946: 167
New members in 1945: 20
Local leagues: Milwaukee—Mrs. Florence Charles, President
Committees: Committee on Curriculum—Sister M. Capistrana Uhl, Chairman
Committee on Membership Campaign—Sister M. Mercedes, Chairman
Committee on Psychiatric Nursing—Mrs. Clara Brauer, Chairman
Committee on Measurement and Educational Guidance—Mrs. Florence Rehfeld, Chairman

The Wisconsin league functions as the department of education of the State Nurses' Association.

Activities: The annual meeting of the Wisconsin league was omitted in the Fall of 1945. The local league in Milwaukee held meetings every other month with the following speakers: in January, Mr. William Kelly, president of the Milwaukee Urban League—"Race Relations"; in March, Dr. Oscar Lotz—"The Tuberculosis Program for the Protection and Education of Students in Schools of Nursing"; in April, Dr. William Studley—"Psychiatry—The Training of Nurses for Postwar Planning"; in September, Dr. Joseph Kuzma, pathologist at the Milwaukee Hospital and Milwaukee County Hospital—"Rh Factor in Transfusions"; and in November, Miss Marguerite Reuss, instructor in sociology, Marquette University, Milwaukee—"Sociology in the Planning for the Future."

The Committee on Measurement and Educational Guidance administered the NLNE's pre-nursing and guidance test to a number of students.

The Committee on Tuberculosis Education formulated plans for tuberculin testing and X-rays to be carried out in schools of nursing in Wisconsin. The program was approved by the Committee on Chest Diseases of the Wisconsin State Medical Society and referred to the Committee on Nursing Education of the Wisconsin State Board of Health with the recommendation that the program be suggested to the schools of nursing.

The constitution and bylaws of the league are being revised at present.

The Milwaukee local league appointed a planning committee which also functions as a state committee. The major project of this committee has been preparation of the qualifications and functions for the various hospital and nursing school positions.

LEAGUE'S RESPONSIBILITY FOR BEDSIDE NURSING CARE

The next item on the agenda was a discussion of a question asked in a letter dated July 1, 1946, from the New Jersey State Board of Examiners of Nurses to the executive secretary: "What has been done on a national basis educationally for bedside nurses, both general and advanced? . . . . We are recommending to the State League of Nursing Education that a committee on education for bedside nurses be appointed." The discussion was brief and led to no action because of the chairman's assurance that the subject would be presented to the entire membership the following day.
Membership in National Society for Medical Research

The president read a communication from the National Society for Medical Research inviting the League to be a sponsor, either as a contributing or a noncontributing member. The objectives of the society were set forth as being "to advance and encourage research and teaching in biology, medicine, dentistry, pharmacy, and veterinary medicine, by informing the public regarding the necessity, the humane character, and the accomplishments of animal experimentation," thereby combatting the influence of antivivisectionist groups that, throughout the country, are urging antivivisection legislation. A motion that the League vote to sponsor the society as a non-contributing member was carried unanimously.

Assistant Executive Secretary

Recalling the consensus of the Advisory Council at its meeting in New York in January, 1946, that the Headquarters staff should be expanded to include an assistant executive secretary to carry on field work with the state leagues, the executive secretary explained the unsuccessful efforts that had been made to find an assistant and urged the state league presidents to send to Headquarters the names of any persons they knew who had the qualifications for the position and evinced any interest in it.

Seventeen-year-old High School Graduates in Schools of Nursing

The chairman asked for discussion from the floor about a problem that the president of the Connecticut league had mentioned in her supplementary report: the admission to schools of nursing of seventeen-year-old high school graduates.

Whether the completion of a high school course at the age of seventeen is an index of sufficient maturity to warrant admission to a school of nursing, or whether that desired maturity depends not so much upon mental alertness as upon having lived away from home, having had home responsibility, having had a paid job, etc., was one consideration; but the main consideration was the law in most states prohibiting registration of a nurse until she has reached the age of twenty-one. Nebraska and Rhode Island, it was said, have arranged for special permits to be issued to graduate nurses under twenty-one, whereby they may practice in the schools where they received their training; Georgia, Massachusetts, and Pennsylvania have made temporary rulings permitting nurses to register before the age of twenty-one; but Michigan has rescinded its wartime legislation so that not even temporary permits are granted to nurses not yet twenty-one.
1947 Convention

The preference of the membership as to where and when the 1947 convention should be held was asked by the chairman. It was the consensus that since no state had issued an invitation, it should be left to the Board to solicit invitations. As to the most desirable month for holding the convention, the state league presidents expressed themselves as follows: fifteen were for April; none for May in conjunction with the ICN meeting; none for June; two for August; one for September; and thirteen for October. Eleven of those favoring April indicated October as second choice, thereby making a total of twenty-four accepting October as a satisfactory month for the meeting. As to whether the meeting should be a convention or a business session, twenty-nine were in favor of a convention and none in favor of only a business session.

Recess

The morning session recessed at 11:30 for lunch and reconvened at 1:45 P.M.

Over-all Program of League Activities

The afternoon session was given over to reports by committee chairmen on the manner in which they planned to develop the over-all theme selected for the committees' activities during 1947: "Postwar Planning in Nursing Education for the Nation's Health."

Report to the Advisory Council of the Committee on the Over-all Program of League Activities

At the meeting of the Board of Directors in January, 1945, it was voted to appoint a committee of Board members whose functions it would be to review the work of the League each year, to choose a theme around which the program for the coming year could be built, and to determine how this program could best be carried out by each committee.

It was further voted that this committee or its chairman should meet with the chairmen of all committees whose work touched on the theme to review the over-all plan and to co-ordinate the work of the committees.

Accordingly, a committee was appointed and plans were made to carry out the recommended functions. The theme chosen for the year 1945 was "Helping the School of Nursing to Adjust in the Transition from War to Peace." The chairmen of the committees which could contribute to the year's objective were notified and were asked to submit in September, 1945, a report of their proposed plans for the following year. A meeting of these chairmen with the special Committee on the Over-all Program was called in October.
The response of the chairmen and their committees was gratifying. Plans had been made which harmonized with the chosen theme, and all reports showed that committees' programs for the year were well launched. It was a stimulating meeting and one in which the committee wished representatives from the state leagues might share. As a meeting of the Advisory Council was planned for January, 1946, it was decided that the chairman should give a resumé of the committee's plans at that meeting.

The new theme for the year 1946-47 has now been chosen. Because nursing education and nursing service have not yet completely emerged from the problems of the postwar period, and because our greatest concern for the future is the nation's health, the committee chose as a common theme for the coming year "Postwar Planning in Nursing Education for the Nation's Health." This topic was submitted to all chairmen in time for pre-convention planning, with the hope that they might be ready to present their plans today to you. We hope the reports will prove as stimulating as the reports of 1945. The topic is a comprehensive one, but it seemed to your committee well suited to the great task which lies before us.

Respectfully submitted,

RUTH SLEEPER, Chairman

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON THE ADMINISTRATION
OF THE ACCREDITING PROGRAM

Despite the difficulties schools of nursing are facing at this time, there is a continuous interest in the accrediting program. Some unexpected requests for surveys to be made this fall have been received, and to the extent possible both surveys and resurveys will continue to be made through the winter and spring.

Since the early days of the program, there has been a plan to bring together the representatives of the accredited schools for a conference, when the problems in which the committee might be of assistance to the schools may be taken up and the ways in which the accrediting program may become of greater value to the schools discussed. The war and the slow growth of the program have prevented this conference's taking place up to this time. It is now to take place and is planned for the afternoon of September 26. The attendance will be limited to the representatives of the accredited schools.

The committee plans to present to the group a summarization of what the accredited schools are doing. This has been gathered from the annual reports made by the schools. A number of questions raised by the schools on the manner in which accrediting may be made more valuable will be presented and discussed by members of the committee. "The Curriculum" will be the major topic for discussion to be presented by representatives of schools
that are doing outstanding work in its various areas. It is expected that the activities of the committee for the year will be somewhat guided by this conference.

Aside from carrying on the program as in the past, there is immediate need for setting up and putting into effect a plan for the evaluation of, and granting recognition to, courses and programs being offered to graduate nurses. The League’s Committee on Postgraduate Clinical Nursing Courses has made an outstanding contribution in the setting up of principles. Now there is great need to determine policies or standards by which courses at present being offered or being planned may receive recognition. The matter is of increased importance at this time when veteran nurses are seeking both advanced and refresher courses, especially those in the clinical fields.

Lack of personnel and financial ability for making the necessary studies as a basis for the recognition of such courses has prevented the committee from going forward. Progress in this direction this year is dependent on a means of financing which is not yet clear. We have the interest of those concerned with psychiatric and tuberculosis nursing and of the Children’s Bureau.

Plans for the year include revisits for counseling purposes. It is also the expectation that the professional staff will participate in institutes which the state leagues may desire to sponsor. Studies and review of materials need to be made, and a long-needed manual for schools should be prepared.

Needless to say, the activities of this committee will be largely determined by the action of the boards of the different organizations now engaged in some form of accreditation on the study and plan for a single accrediting body in nursing, which has been carried on under the auspices of the National Nursing Council. Until such time as a single accrediting body may be formed, the Committee on the Administration of the Accrediting Program will carry on its planned program as fully as possible. It will also make every possible effort to co-operate and co-ordinate its program with that of the other organizations.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

. REPORT TO THE ADVISORY COUNCIL OF THE COMMITTEE ON AUDIO-VISUAL AIDS

In keeping with the theme selected by the Committee on the Over-all Program of League Activities for 1946-47, "Postwar Planning in Nursing Education for the Nation’s Health," the following program is planned tentatively for the Committee on Audio-Visual Aids in 1946-47. Through the promotion of a wider use and better utilization of all audio-visual aids, the committee hopes to help improve teaching methods in schools of nursing, thereby providing better prepared nurses to function in the nation’s health programs.
Major objectives for the year are:

1. To promote wider use and more effective utilization of all audio-visual aids in the curriculum of schools of nursing, particularly slides and motion pictures.

2. To help instructors of nurses to use audio-visual aids more effectively in their teaching.

3. To provide information to schools of nursing about sources of audio-visual materials as well as about how to make some of these materials.

Plan of activities to attain objectives:

1. Articles on utilization of audio-visual aids in the *American Journal of Nursing*.

2. Publication of film evaluations, sources of audio-visual aids, etc., in the *American Journal of Nursing*.

3. Revision of pamphlet "Illustrative Materials for Use in Schools of Nursing." This will be the major activity for our committee for this year.

4. Revision of the pamphlet "Films, Filmslides, and Slides as Visual-Teaching Aids in Schools of Nursing."

5. Co-operation with other committees of the League. Audio-visual aids should never be considered apart from the curriculum and the total teaching program, but as an integral part.

6. Suggestions to state and local leagues that they promote and study use of audio-visual materials, particularly the newer mediums of communication—namely, slides and motion pictures. Some suggestions are:

   a. Set up a special committee to study newer audio-visual aids, their utilization, their sources, within a particular community.

   b. Secure a copy of "Films, Filmslides, and Slides as Visual-Teaching Aids in Schools of Nursing" from the NLNE office. This pamphlet gives information relative to the use of films, sources of films, projectors.

   c. Secure illustrative material from the Castle Film Company or the U. S. Office of Education on educational films in nursing; from Encyclopedia Brittanica Films, Inc., for films on sciences; also from other sources.

   d. Research studies of the use of all different types of audio-visual aids and their utilization. Try new approaches, new methods, new areas of curriculum. Make reports of these studies and send them to the NLNE Committee on Audio-Visual Aids, so that they may be made available to others.

   e. Communicate with the audio-visual aids departments and film-lending libraries connected with universities and colleges in the various states. Secure someone from these departments to give talks
at league meetings on how to use films and other aids more effectively in teaching.

f. Become acquainted with the literature in the field of audio-visual education. There are several good magazines, such as Educational Screen and Film News, which have evaluations of new films and slides as regular features.

g. Become a member of the Educational Film Library Association. This is a professional organization dedicated to better use of motion pictures in education. It has both individual and institutional membership.

Since the NLNE, through its Committee on Audio-Visual Aids, co-operated with the U. S. Office of Education in the production of the motion pictures in the nursing series, I thought that this group would be interested in learning how widely used these motion pictures have been. The following information was obtained from the Castle Film Company, the exclusive distributors of these films. The most popular of the films is "The Care of the Newborn," of which 150 prints have been sold. Of all the other prints, approximately 40 each have been sold; greatest use of the prints has been made in the Eastern seaboard, next in the New York area, then in the Middle West, and lastly on the West coast.

This information does not necessarily indicate the detailed use of these films, since some of the prints may have been purchased by film libraries and circulated by rental to schools. The information indicates only the sale of prints. However, this does give an indication of the need for continued study and further interest in the use of this medium of teaching.

Respectfully submitted,

LORETTA HEIDGERKEN, Chairman

REPORT TO THE ADVISORY COUNCIL OF THE COMMITTEE ON CURRICULUM

The Committee on Curriculum has not given consideration to a plan for revision of the Curriculum Guide and will not attempt such an undertaking unless requested to do so by the League Board, as we do not believe much could be done without a budget for that purpose and a full-time professional worker who has adequate secretarial assistance.

During 1946-47 we hope that some of our subcommittees will have materials ready for publication as bulletins or in the American Journal of Nursing. Progress has been slow because of the pressure of work in schools of nursing and in hospitals and the time consumed in finding nurses willing and able to work on the committees.

We now have these subcommittees: History of Nursing—Frances Thielbar, chairman; Curriculum for Men Nurses—Frank Shea, chairman; Education
of the Nurse in the Care of the Child—Isabelle M. Jordan, chairman; Utilization of Special Therapists in the Teaching of Student Nurses—Jean Barrett, chairman; Tuberculosis Nursing—Esta McNett, chairman.

We will attempt to appoint subcommittees on Professional Adjustments I and II and will consider recent suggestions that we give consideration to the problem of the care of the chronically ill and to the inclusion of physics in the basic curriculum.

We will have a meeting of the Committee on Curriculum and its subcommittees at Atlantic City on Wednesday afternoon, September 25, and hope that the discussions at that meeting will point up the needs of the schools in other areas.

Respectfully submitted,

K. VIRGINIA BETZOLD, Chairman

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON MEASUREMENT AND
EDUCATIONAL GUIDANCE

The Committee on Measurement and Educational Guidance would like to have the state and local leagues’ Committees on Measurement and Educational Guidance co-operate in each of the following aspects of its program:

1. Publicizing, interpreting, and promoting the total League program in measurement and educational guidance, including the use of its test services and the interpretation of test results.

2. Suggesting dates for the national testing calendar which is being planned, locations at which examinations might be held, and qualified individuals who might serve as examiners.

3. Assisting in the experimental phases of the national committee’s test construction and standardization projects.

4. Promoting co-operative studies based on or related to measurement.

The following suggestions are offered as ways in which state and local leagues’ Committees on Measurement and Educational Guidance can co-operate in the aspects of the national program which are outlined above:

1. Publicizing, interpreting, and promoting the total League program in measurement and educational guidance.—This aspect includes such activities as:

a. Preparing and presenting regular reports of the activities of the state and local leagues’ Committees on Measurement and Educational Guidance at the leagues’ business meetings and preparing annual reports. A copy of the annual reports should be sent to the chairman of the national committee for summarization in her annual report.

b. Reading special announcements, notices, and communications from the national offices regarding the measurement and guidance program at state and local league meetings.
c. Interpreting to league members in the state and community the nature, scope, and uses of each of the following League test services available to qualified individuals, schools, and agencies:
   (1) The Pre-Nursing and Guidance Test Service
   (2) The Achievement Test Service
   (3) The State Board Test Pool licensing examinations for professional and practical nurses
   (4) The Graduate Nurse Test Service

d. Securing the fullest possible utilization of the League's test services, including the purchase of State Board Test Pool profile reports by individuals and by schools of nursing. The test service, construction, and standardization programs of the national committee are entirely dependent upon test service fees for financial support. Hence, the larger the income derived from test service, the more possible it becomes to improve and expand the service for even wider usefulness to the profession.

2. Implementing the national testing schedule.—The national committee is assuming the responsibility for the preparation and distribution of a national testing schedule for the Pre-Nursing and Guidance Test Service beginning January 1, 1947. State committee chairmen are asked to co-operate in the following ways:
   a. Suggesting testing dates and locations which will best suit the needs of those using the Pre-Nursing and Guidance Test Service.
   b. Nominating as examiners those psychometricians most likely to foster the interests of nursing and nursing education in the local community through their participation in the program as examiners.

3. Assisting in the national committee's test construction and standardization programs.—This aspect of the total League program includes such activities as:
   a. Securing opportunities for the administration of trial forms of achievement tests under experimental conditions.
   b. Nominating two or three representative schools in the state to share in the norming of final forms of the achievement tests on a half-price basis.
   c. Assisting in securing supplementary information needed in the validation and standardization studies undertaken by the national committee.
   d. Nominating clinical and subject-matter experts to review tests and to serve as consultants to the national committee's test production staff.

4. Promoting co-operative studies based on or related to measurement.—The state and local Committees on Measurement and Educational
Guidance might undertake or promote individual or co-operative studies such as the following, and might arrange for sharing the results of such studies with the League members and with other groups having similar interests. The Committees on Curriculum, as well as other committees, may wish to co-operate in these studies:

a. Individual school studies:

(1) Compare the scores in the national committee's achievement tests in anatomy and physiology, chemistry, and/or microbiology for third-year students and first-year students just completing the course, equated on the basis of intelligence test scores in the Pre-Nursing and Guidance Test battery. Does the student's command of these subjects tend to be greater after clinical practice in which she has made use of her information and applied these principles? Such studies might indicate the need of greater stress on scientific principles in ward technique or give recognition to the program now in effect.

(2) Compare the science achievement test scores of prenursing students, equated on the basis of the Pre-Nursing and Guidance Test battery intelligence test score and grouped according to similar types and amounts of science preparation. Do students who had had high school chemistry tend to have higher or lower scores on the chemistry achievement test than students with equal intelligence test scores who had not previously had a course in chemistry? Or those who had high school biology, higher scores in anatomy and physiology? Or Latin courses, higher scores in any science? Such studies might assist in the revision of entrance requirements or course content for those who had had previous instruction.

b. Studies in which several schools might co-operate:

(1) Arrange for each of several schools to study simultaneously the same measurement problem and compare their results; for example: to what extent are the achievement test scores in a given clinical area affected by the placement of that course in the educational program? This might involve a study of the scores in communicable disease nursing for students, equated on the basis of intelligence test scores, some of whom had the course before and others after pediatric nursing; or the scores in psychiatric nursing for those having the course early in the second year and others late in the third year. Does any one pattern or sequence of experience seem consistently to be associated with higher scores in all schools?

(2) Is there a different type of student who voluntarily selects specific elective courses for affiliation? Is the selection associated
consistently with certain levels of intelligence, levels of achievement in basic courses, or previous experience?

(3) In situations where some but not all of the students have outpatient experience as a part of their medical and surgical program, the test scores on the medical and surgical nursing test could be compared for students in each group whose Pre-Nursing and Guidance Test Service intelligence test scores were equal. Compare the findings on such a study from several schools to determine whether those who had outpatient experience had consistently higher or lower scores than those without such experience.

(4) Arrange for the conduct of experiments with teaching methods in anatomy and physiology, or chemistry, or microbiology in several schools and compare results; for example: for science courses in which there are two or more sections of a class, equate the sections as far as possible on the basis of Pre-Nursing and Guidance Test Service intelligence test scores. Administer to each a standardized test in the science to measure the status of each group at the start of the course. Use the laboratory demonstration method exclusively for one group and the individual laboratory method for the other, with all other conditions, such as hours of instruction, textbooks, assignments, instructors, and the like, kept the same for each group. At the end of the course, administer the alternate form of the science achievement test. Compare the final results for students of equal intelligence test scores and for both groups as a whole, in each school. Is there evidence that either method is consistently associated with superior test scores? Could differences be explained on the basis of greater command of one method or the other on the part of the instructor?

c. Studies in which several state committees might co-operate:

(1) List those intelligence, reading, English, and other standardized tests which are frequently found on the applicants' high school transcripts.

(2) Secure norms from the test publishers which might be used in comparing the performance of prenursing students with other types of students.

(3) Gather information regarding scores made by each student in a certain type of class or school so that additional comparative data may be studied.

Respectfully submitted,

R. LOUISE McMANUS, Chairman
REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON THE NURSING SCHOOL LIBRARY

In formulating plans for the coming year, the committee has kept in mind the suggestion of the Committee on the Over-all Program of League Activities that the work be directed toward stimulating nursing schools to establish up-to-date libraries compatible with the curriculum. In accordance with this objective, the committee plans to make a study of nursing school libraries and to conduct the study by means of a questionnaire. The committee is aware of the widespread objection to questionnaires, but every effort will be made to construct one which will be brief and simple. The members think that such a study might stimulate self-appraisal in the participating school and also indicate specific needs of nursing schools in different sections of the country and serve as a basis for planning future work of the committee.

The committee has expressed its willingness to assume responsibility for giving counseling service to nursing school libraries. It suggests that a nursing-school-library page be included in the American Journal of Nursing, and the members will endeavor to secure suitable articles for this page. The suggestion was made that problems of general interest submitted to the committee for counseling service might constitute some of the material appearing on the page.

During the past year the principal work of the committee consisted of the preparation of a manual for nursing school libraries, dealing with the practical problems of library administration. It is hoped that this manual will be ready for distribution early in 1947.

Respectfully submitted,

NELLIE D. MILLARD, Chairman

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON
POSTGRADUATE CLINICAL NURSING COURSES

Although the functions of the Committee on Postgraduate Clinical Nursing Courses have been presented a number of times, it seems desirable in view of the purpose of this report to restate them here. These functions are as follows:

1. To formulate standards for clinical nursing courses offered to graduate nurses.
2. To construct outlines of advanced nursing courses in various clinical areas which are in accord with the stated standards.
3. To prepare outlines of advanced clinical courses for publication in the Journal and subsequently in pamphlet form.
4. To collaborate with the Department of Measurement and Educational Guidance in the construction of achievement tests for advanced courses.
5. To assume responsible leadership in interpreting the purposes of advanced clinical courses and in promoting interest among universities in their development.

6. To be alert to all the various needs in this field of work and to make recommendations accordingly to the Board of Directors of the League.

As the work of the committee has expanded, the number of subcommittees has increased until there are at present five: Maternity Nursing—Hattie Hemschemeyer, chairman; Orthopedic Nursing—Lois Olmsted, chairman; Psychiatric Nursing—Hannah Ziering, chairman; Pediatric Nursing—Margaret Adams, chairman; Tuberculosis Nursing—Fannie Eshleman, chairman.

The activities of the committee during the current year have been directed largely toward the completion of two advanced courses, one in tuberculosis nursing and one in obstetric nursing. The tuberculosis course was published in the Journal in June, and the obstetric course will be ready for publication in December at the latest. There has been a delay in completing the clinical course in orthopedics because of the fact that some members of the subcommittee have been away for considerable periods of time on field work. By the end of December the responsibility of the committee in relation to course construction in five clinical areas will have been fulfilled.

Because such outlines are urgently needed and their construction so time-consuming, it has not been possible to move forward some of the related projects in which the committee is interested. It is a matter of regret that the request of the American Journal of Nursing for the formulation of a set of criteria for hospital postgraduate courses has not been completed. As the functions of the committee have expanded, there has developed a need for personnel able to devote considerable time at intervals to this work. A discussion of ways and means by which all the activities of the committee may be expedited is scheduled for the next meeting of the executive committee.

With the completion in December of all the advanced clinical courses thus far undertaken, the committee will be in a position to consider an advanced course in medical and surgical nursing. A recommendation to the Board of Directors of the League is, therefore, that the funds necessary to carry on this project be secured so that the work can be started immediately in 1947.

Other recommendations overlap those for advanced nursing education in general, as the problems involved in advanced clinical preparation are part of the whole present question of graduate nurse education. Specific needs, outlined in previous reports, relate to accreditation tests, ways of establishing and developing advanced clinical programs, consultation service, personnel to conduct studies of resources in centers where it seems desirable to develop these courses, and continued publicity so that nurses and universities will become more aware of the contribution which advanced clinical preparation can make to professional nursing service.

Respectfully submitted,

ELIZABETH K. PORTER, Chairman
REPORT TO THE ADVISORY COUNCIL OF THE COMMITTEE ON POSTWAR PLANNING

The Committee on Postwar Planning of the National League of Nursing Education, under the chairmanship of Anna D. Wolf, performed outstanding services for two years preceding and immediately following the Japanese surrender. This committee's work formed an important portion of the "Comprehensive Program for Nation-wide Action in the Field of Nursing" of the National Nursing Council.

The committee has not met since Miss Wolf's chairmanship ceased, but presented two recommendations to the Board at its meeting in September, as follow: (1) That state and local leagues continue with whatever plans have been made by their Committees on Postwar Planning, if any, giving special emphasis to the co-ordination of such activities with those of related committees in other state and local organizations. Reports of the activities of these committees, if any, should be included in state and local leagues' annual reports; (2) That the Committee on Postwar Planning of the National League of Nursing Education be discontinued.

The Board approved the first recommendation but voted to consider the second one at its meeting in January, 1947. It was the consensus that the committee should remain in existence as long as the National Nursing Planning Committee, since the League is represented on the Planning Committee by the chairman of its Committee on Postwar Planning, as well as by the president and the executive secretary.

The Board advocated that in the interim this committee list current problems on which the League should make pronouncements. Accordingly, the committee has submitted the following problems as those to which the League might well give its attention: acceleration, the graduate nurse shortage, the student nurse shortage, the part the League should take in practical nurse education, cost analysis and related problems, unions, the payment of stipends to student nurses.

Respectfully submitted,
LUCILE PETRY, Chairman

REPORT TO THE ADVISORY COUNCIL OF THE COMMITTEE ON PSYCHIATRIC NURSING

During the past several years the paramount objective of this committee has been to stimulate interest in psychiatric nursing. The committee feels that this has been accomplished, in that directors of schools of nursing, boards of nurse examiners, and others have indicated rather universally their recognition of the importance of psychiatric nursing in relation to the care of the mentally ill, the emotional aspects in all illness, and the promotion of mental health.
If this interest is to be utilized to the fullest in the advancement of psychiatric nursing to meet the health needs of the nation, it follows in logical sequence that plans must be developed to convert this interest into activities. In brief, the subject of psychiatry has been well sold, and the committee now proposes the following plan for directing that interest toward culmination:

1. Developing standards for affiliations (principles, methods of teaching, and course content).—The statistics show that about 51 per cent of the student nurses receive some basic preparation in nursing, but this is frequently of poor quality. Because of the scarcity of well-prepared instructors, supervisors, head nurses, etc., many courses have been far below what should be an acceptable minimum standard. This was always true, but the war further depleted our ranks and educational programs suffered as a result. It is not felt that we should continue to accept this low standard. In redefining our goals for the postwar period, the committee advocates that a definite stand be taken that quality as well as quantity may be the criteria of our postwar undergraduate preparation in this field. It is proposed to work in close co-operation with the Committee on Curriculum of the League.

2. Evaluation of affiliate courses.—The Nursing Committee of the American Psychiatric Association, which is an accrediting body and whose nurse consultant is a member of this committee, has offered to give us assistance in this by a re-evaluation of all courses presently accredited, that in the future they may conform to the standards set by this committee.

Because of the encouragement given to psychiatric nursing through the unceasing efforts of the U. S. Public Health Service as administered by Lucile Petry, and also as a result of the stimulus given to psychiatric nursing through the work of Elizabeth K. Porter’s Committee on Postgraduate Clinical Nursing Courses, it is believed that the field of psychiatric nursing will be able to meet a higher standard than was possible heretofore. In other words, although there are still far too few well-prepared psychiatric nurses, yet there are more than at any time in the past and, on the basis of this quantity, we now propose to advance a step upward on the path toward quality.

Respectfully submitted,

LAURA W. FITZSIMMONS, Chairman

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications plans to contact the local leagues and various persons representing different fields of nursing, general education, and related fields of education for suggestions for publication needs. These will be sent to the editors of the American Journal of Nursing for consideration.

The committee members will continue to act in an advisory capacity to the executive secretary of the League, at her discretion, in her function as
editor of the Nursing Education Department of the American Journal of Nursing.

A subcommittee of the Committee on Publications has been appointed to continue the editing of the series of bulletins, "Nursing Education in Wartime." The immediate purpose of these bulletins will continue to be the same: to give specific services to the basic professional schools. Suggested topics for additional bulletins are: (1) the postwar curriculum; (2) the senior nursing period; (3) measurement and educational guidance; (4) financing basic professional nursing; (5) the student personnel program.

The committee needs also to devote a certain proportion of its time to the preparation of bulletins relating to practical nurse and advanced nursing education. Some consideration should be given to the desirability of a quarterly publication similar to the Educational Record published by the American Council on Education. The chairman of the subcommittee has not yet been appointed.

A representative from the Journal staff will be appointed to replace Mrs. Munson on the Committee on Publications.

Respectfully submitted,

Agnes Gelinas, Chairman

REPORT TO THE ADVISORY COUNCIL OF THE COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations has attempted to hold several meetings since the time of its last report in May, 1946, but has had great difficulty in getting its members together. Furthermore, there have been three resignations—Mrs. Krum, because of change of residence; Mrs. Van Wagener, because she was unable to come to meetings; and Mrs. Granger Brown, because she felt that the NLNE should liberalize its policy and make lay persons members of its committees rather than consultants.

However, work on the pamphlets projected by the committee has gone forward; these are (1) a throw-away pamphlet giving information as to membership conditions and purposes and committees of the League; (2) an historical pamphlet about the League; (3) a pamphlet for lay persons, especially those interested in schools of nursing, giving them information about nursing education. These pamphlets should soon be available.

The chairman has had an interview with Mr. Rich, of the Raymond Rich Associates, explaining the feeling and purpose of the Committee on Public Relations of the League and its desire to co-ordinate its work with that of the other nursing organizations.

The chairman requested permission of the Board to use the money allocated to the committee ($1,500) to pay a part-time staff member to attend the Biennial Convention as a publicity representative of the League and to complete the work begun on the pamphlets. It was recalled that the Board had
stated that it would prefer to give its approval to such a plan before the plan was put into operation. The chairman hoped that Miss Nelson might be able to undertake the work indicated in connection with the other work she was to do for the League.

The chairman feels that the following conclusions have been reached by the committee: (1) A larger working group is needed to put through the projects planned, at least until it is possible to have a permanent professional person to do the work of the committee. Also, the committee members and their chairman are too far apart for the best interests of the committee, and the chairman is of the opinion that the permanent chairman of the group should be a New York woman. (2) A speedy arrangement for obtaining approval for press purposes is a necessity and should be given consideration. This question has arisen because of requests to answer criticisms that have appeared in print, and the chairman has asked for an indication of procedure that should be used in these cases. (3) The chairman is asking the executive secretary of the committee to make a scrapbook of press releases concerning nursing education and to report to her any articles that should be answered. (4) The committee feels the great importance of correlation with the NIB and the other nursing organizations to avoid duplication. (5) It feels the task it has undertaken is even larger and more important than it appeared at first. The difficulties encountered make it seem more necessary than ever to make a bridge of understanding between the League and its professional and lay publics.

The future work of the committee will concern: (1) news of educational work; (2) replies to articles in the press concerning nursing education; (3) the publication of the projected pamphlets and others that may be needed.

The committee feels that it has barely begun its work by: (1) the establishment of a policy-making group; (2) the obtaining of a limited, but useful, budget; (3) some beginning of understanding of the problem and its importance; (4) the projects in hand, which are soon to be finished.

The chairman feels that a chairman should be secured who is closer at hand and could give more time than she could at present. She feels very strongly that the work must not be allowed to drop and will do whatever is in her power to keep it alive until a chairman can be found with the requisite qualifications. She is very grateful for the time and effort put into the work and, also, for the results obtained by Miss Nicoll, whose present task is the obtaining of new prospects for the committee.

A meeting is to be held in October to which are to be invited a certain number of women who have become interested in nursing through working as nurses' aides or in other ways, hoping to obtain their help for the committee.

Respectfully submitted,

DOROTHY S. WHITE, Chairman
RECESS

In order that the members of the Advisory Council and the Board might hear Mr. Rich explain the plan for the structure study, the presentation of reports was, at this point, postponed until the evening session.

Before announcing a recess, the chairman introduced Katharine G. Amberson, recently appointed consultant to the Joint Tuberculosis Nursing Advisory Service of the NLNE and the NOPHN. Miss Amberson commented briefly upon the plans she hoped to carry forward to determine the sphere in which nurses will operate in the tuberculosis control program in which a number of national and state groups are participating.

The meeting recessed at 3:25 P.M. and reconvened at 8:05 P.M.

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON RECORDS

During the ensuing year, the Committee on Records will continue the work already begun and concerned with the preparation of forms for schools of nursing in recording (1) information they should secure from schools seeking affiliation; (2) information they should secure about schools or agencies in which affiliations are sought; (3) contractual arrangements; (4) health reports and pre-affiliation records of students; and (5) achievement of students in home school and affiliating school. A manual will accompany the forms to provide a guide for their use. It is hoped that these new materials will be available some time during the early winter.

Respectfully submitted,

BLANCHE PFEFFERKORN, Chairman

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON STUDIES

Essential to any postwar planning in nursing education is consideration of the field of nursing where student nurses learn how to nurse. During the war the character of the hospital nursing field changed. Nonprofessional workers—that is, the attendants or nurse’s aides—who gave the major part of their time to the personal care of patients were introduced into many hospitals which had not made use of them before. These hospitals included both those connected with schools of nursing as well as those without such connections.

The staffing of the hospital nursing service—the proportion of professional and nonprofessional nursing hours, the activities performed by nonprofessional workers—presents urgent problems at the present time. These problems affect both the good care of patients and the experience field for students.
At its meeting in May the Board of Directors of the National League of Nursing Education voted that the Department of Studies should undertake during the ensuing year a nursing-service, nursing-education study which would seek to develop information for providing some solution to the above-noted problems. At the time this report is prepared the details of the study have not been worked out.

Other than undertaking the above project, the Department of Studies will complete the work on the new state-accredited list, which, it is hoped, will be ready for release some time this fall. Whereas the 1943 list reported on 36 items, the new list will report on 72.

Following the release of the new list, a series of articles will be prepared for publication, dealing with the various subjects contained in the list. Some of these articles will discuss (1) type of control of schools of nursing—hospital, university or college, other; (2) total enrollment in schools and the number enrolled for degree programs; (3) tuition fees and other fees charged to students and allowances paid to students; (4) clinical facilities in hospitals operating schools of nursing—in the hospital as a whole and on the four basic services.

The release of the new state-accredited list and the facts revealed both in it and the articles will provide strategic information for individual schools and state leagues and state boards of nurse examiners in postwar educational planning.

Respectfully submitted,

LAURA M. GRANT, Chairman

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE ON VOCATIONAL GUIDANCE

The current objectives of the Committee on Vocational Guidance are: (1) to develop guidance policies and suggestions for guidance programs for the use of administrative and instructional personnel in institutions offering basic and advanced nursing curricula; (2) to advise registrars and counselors in professional placement services through appropriate literature on counseling of graduate nurses seeking positions in institutions offering basic and advanced nursing curricula; and (3) to prepare and keep up to date a statement of the League's basic philosophy on prenursing counseling in relation to professional nursing.

During the past year the following has been accomplished: (1) The guidance leaflet "Choose a Career in Nursing Education" was completed and widely distributed. (2) Guidance Programs for Schools of Nursing, which was written by Fred M. Fowler of the U. S. Office of Education, was published.

This committee also gave assistance to the executive secretary of the League in preparing material relating to: (1) information needed when
choosing an advanced program in nursing; and (2) information needed when choosing a supplemental clinical nursing course.

These materials are in mimeographed form and are being distributed with a form letter from Headquarters to professional nurses requesting information about the selection of advanced programs and supplemental courses. At present a guide that, it is hoped, will be helpful to counselors of professional nurses relative to the selection of advanced programs and supplemental courses in nursing is in the process of preparation.

The committee has now proposed the following:

1. Preparation of basic fact sheet or statement of fundamental philosophy relative to counseling and enrollment of high school and college students who are prospective candidates for schools of nursing. This is to represent the League's point of view for use by the Committee on Careers in Nursing of the National Nursing Council and other groups that prepare prenursing guidance materials, such as the Nursing Information Bureau. In connection with this the committee has worked out a proposed plan for the project including, in general, the analysis of the problem, the proposed procedure for the study, and suggestions for securing funds for a worker and materials needed. At the time this report was prepared, funds had not been secured and this study, which is so vitally needed, has been delayed.

2. Preparation of a booklet on guidance services for professional nurses in advanced nursing programs. It was thought by the committee that this study is important but should be delayed for the present until the project described under "1" is completed.

3. Preparation for state and local leagues of a roster of persons prepared to act as consultants or speakers in various phases of personnel and guidance work. This work has been started.

4. A plan for co-ordinating activities of League committees concerned with personnel work and guidance services. This was drawn up and presented to the committee on the study of the organization of League Headquarters for consideration.

5. Preparation of an annotated bibliography on personnel work and guidance in collaboration with the Committee on Measurement and Education. This has not yet been undertaken.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman
OVER-ALL PROGRAM OF LEAGUE ACTIVITIES

REPORT TO THE ADVISORY COUNCIL
OF THE COMMITTEE TO WORK WITH THE
NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION

The first meeting of the Committee To Work with the NAPNE was held May 14, 1945. To date there have been seven half-day meetings, six of which have been held jointly with the corresponding committee of the NAPNE.

 Functions.—The functions of this committee have been outlined as follows:

1. To work with the comparable committee of the National Association for Practical Nurse Education on educational matters affecting the preparation of practical nurses and to serve as a liaison between the two organizations.
2. To report and make recommendation for action to the Board of the National League of Nursing Education on the trends and developments in this field.
3. To serve as an advisory committee to the League Board in matters involving practical nursing and to the National Association for Practical Nurse Education in matters relating to educational methods and procedures.
4. To refer those matters which come up for discussion during committee meetings and which involve “service” or “legislation” rather than “education” to the Joint Committee on Auxiliary Nursing Service.

 Plans for joint meetings.—When joint meetings are called, the chairman calling the meeting presides and the minutes are the responsibility of her organization. Minutes of all joint meetings are sent to the members of both committees. The agenda for a meeting is the responsibility of the chairman calling it, but so far the two chairmen have conferred in setting up all agenda in order to provide opportunity for the members of both committees to suggest important matters that need joint thinking.

The following topics are those of major importance which have received attention of the committee:

1. The urgency of the need for clarifying the position of discharged enlisted medical personnel of the Navy, Army, Coast Guard and Maritime Service, and of ex-Red Cross Nurses’ Aides, as it relates to practical nursing: this was a major item on the agenda of early meetings. After much discussion and with unanimous consent this problem was turned over to the Joint Committee on Auxiliary Nursing Service, since it was apparent that the educational factors were only part of the total problem.

In all these discussions the subject of veteran enlisted personnel trained in caring for the sick who may wish to enter schools of professional nursing was interjected. The consensus was that there is immediate need for experimentation by a few carefully selected schools in order to determine what adjustments in the professional nurse curriculum will need to be made to meet the needs of these persons.
2. The advisability of setting up more uniform and satisfactory tests for determining the eligibility of applicants for state licensure as practical nurses, nurse attendants, etc.: this was reviewed in considerable detail. Last year the NAPNE expected to receive funds through the National Nursing Planning Committee which would make it possible to buy test construction services from the League. When it was known that this money would not be forthcoming, the Committee on Measurement and Educational Guidance of the League indicated its willingness to proceed with the construction of these tests and to finance the project through other means.

As a first step it was necessary to determine a list of duties commonly accepted as falling within the province of the practical nurse upon which a test program could be developed. Therefore, it was decided to select 100 sample activities from the U. S. Office of Education's "Master List of Doing Jobs," which has recently been prepared in connection with a "Job Analysis of the Practical Nurse Occupation." The Committee on Auxiliary Nursing Service indicated its willingness to send this list to the state boards of nurse examiners, asking them to answer questions which would give the League's testing bureau the desired information. The list was submitted, also, to the officers and chairmen of committees of the ANA's private duty section. The replies were turned over by the joint committee to the League's Committee on Measurement and Educational Guidance.

Tests have been constructed and are now available, through the League's State Board Test Pool, to state boards of nurse examiners for use in licensing practical nurses or attendants.

3. The value of a national certification of practical nurses based upon the successful passing of approved tests: many varied points of view have been raised and discussed. The consensus of the committee is that the dangers embodied in such a plan outweigh the advantages and that, instead, we should work toward the establishment of good schools of practical nursing, mandatory licensure laws in all states, and the use of the League's practical nurse tests in determining eligibility for licensure.

4. The need for a comprehensive program of information concerning the practical nurse: plans are being made which we hope will help to clarify to professional nurses, physicians, and the lay public who the practical nurse is, what her training has been, what she can do, what she cannot do, her relationships to professional nurses, and how she fits into the programs of nursing service in the community.

5. At the request of the League Board, this committee reviewed the "Job Analysis of the Practical Nurse Occupation," which was completed in the Spring of 1946 by the Working Committee of the U. S. Office of Education. After a careful review the committee made several constructive suggestions which were favorably acted upon by the U. S. Office of
Education's Working Committee. The committee then made the following recommendations to the League Board, which were accepted by the Board.

RECOMMENDATION I. That the League Board approve in general the job analysis and its accompanying explanatory manual and that the Board recognize its value as a basis for curriculum construction and evaluation of materials relating to the training of practical nurses.

RECOMMENDATION II. That when plans for the construction of the curriculum are made, evaluation materials be prepared simultaneously and co-operatively, and that the U. S. Office of Education be informed that the League's Committee on Measurement and Educational Guidance has the facilities to aid in this work.

RECOMMENDATION III. That the Board of Directors convey to Dr. Wright of the U. S. Office of Education a message stating that this study will have the support of the League, and that the League's appreciation of the contribution of the U. S. Office of Education to nursing be expressed.

RECOMMENDATION IV. (a) That the League Board inform the U. S. Office of Education through Commissioner Studebaker or Dr. Wright that the League has a major interest in the construction of the curriculum for practical nurse schools and would appreciate the opportunity of co-operating with it in the development of the curriculum based upon the analysis; and, (b) That the League suggest that any plan for the development of new schools for practical nurses under the auspices of the U. S. Office of Education be worked out in co-operation with the League and other appropriate nursing organizations and only after a survey has been made as to the needs for their establishment.

Proposed program for next year.—This committee has been most active during this first year, and its members believe that its value will be further demonstrated as it proceeds with its work. Already a number of suggestions have been made for a program next year. We hope to prepare a statement of information which will be of help to professional nurses who are interested in preparing to teach in schools of practical nursing. The development and distribution of a bibliography dealing with the preparation and use of practical nurses would be of much help to faculties of basic and advanced schools of professional nursing. Information and articles on practical nurse training should be prepared. Plans for the further preparation of graduates of schools of practical nursing to enable them to give a better quality of care to patients who are aged or mentally or chronically ill should be examined and evaluated. The development and promotion of educational programs for unprepared workers, who have been licensed as practical nurses by states under waiver provisions, to help them recognize their own limitations and to teach them some of the simpler nursing procedures should be considered.

The NAPNE hopes to develop and distribute a curriculum guide, and this committee will probably be asked to advise on this project. It is likely, too, that the NAPNE will ask our help in revising its minimum standards for schools for practical nursing and in setting up qualification standards for those who teach in them. The Joint Committee on Auxiliary Nursing Service is contemplating a review of the policies relating to practical nurses which
were adopted some years ago by the three major nursing organizations and are now incorporated in the pamphlet *Subsidiary Workers in the Care of the Sick*. Two of these policies—"The nursing profession is opposed to the establishment of a formal course for nonprofessional workers in the same institution which conducts a state accredited school of nursing for professional nurses," and "Until such time as a method of control for the practice of nonprofessional workers is devised, the establishment of formal courses for the preparation of these workers shall not be encouraged"—as well as the *Suggested Outline for the Preparation of Subsidiary Workers in Nursing Agencies* should receive the special attention of this committee because of their educational implications affecting both professional and practical nurses.

It is inevitable that many of the topics that come up for discussion at meetings of the NAPNE need to be referred to the Joint Committee on Auxiliary Nursing Service since the educational implications are only one part of the whole consideration, and doubtless, one of the major functions of this committee will be to see that such referrals are made and that action is taken.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

ADJOURNMENT

The meeting adjourned at 9:15 P.M.
OPENING BUSINESS SESSION
MONDAY, SEPTEMBER 23—9:00-11:30 A.M.

The opening business session, held in Room C of Convention Hall on Monday, September 23, was called to order by the president at 9:15 A.M. Response by state league members to the roll call indicated that more than a quorum for the meeting was present.*

The president at once called upon Virginia Henderson, chairman of the Committee on Program, for her report.

REPORT OF THE COMMITTEE ON PROGRAM

The NLNE's Committee on Program for the Biennial Convention, appointed by the Board in January, 1946, is comprised of Virginia Henderson, chairman, Mary Connor, Marie Farrell, Helen L. Bunge, Mildred Montag, Dora Mathis, and Adelaide A. Mayo, ex officio.

The committee held several meetings, both alone and jointly with similar committees of the ANA and the NOPHN. Agreement was reached that throughout the convention nursing service should be emphasized. It was the consensus that no meetings should be scheduled while the House of Delegates would be in session, in order that full attendance and free participation in the discussion of the important business before this body would be encouraged. In order that the membership of the national nursing organizations might be brought into a closer working relationship, many joint meetings were planned, and all those concerned with major problems confronting the profession would be open to the membership of the three national organizations. The major problems to be discussed jointly would be: (1) defining the function of the nurse; (2) providing nursing service; (3) preparing, or educating, nurses for this service.

Three evening joint meetings were planned (including the ANA’s anniversary celebration), and three morning meetings (including a report on the structure study). One afternoon meeting would be devoted to a discussion of studies affecting nursing education, and there would be round tables on a variety of subjects every afternoon except Friday. It was planned to show educational films daily in the auditorium. The planning of specific meetings was turned over to the League committees concerned with the topics to be discussed, such as (1) studies, (2) measurement, (3) counseling, (4) the practical nurse, and (5) audio-visual aids.

Respectfully submitted,

VIRGINIA HENDERSON, Chairman

*Bylaws—Article XI, Sec. 3. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
TELEGRAM FROM THE COMMISSIONER
OF NEW YORK CITY HOSPITALS

The secretary read a telegram from Edward M. Bernecker, M.D., commissioner of the New York City Department of Hospitals, dated September 21, 1946, as follows:

I wish to greet the members of the National League of Nursing Education on the occasion of their 1946 Biennial Convention. It is indeed an important occasion, as nurses from all over the country are gathered to work on the serious nursing problems which confront us. The members of your association, I am sure, will be glad to learn that the Department of Hospitals of the City of New York is inaugurating a forty-hour five-day week for nurses, effective November first, 1946. We are currently engaged in arranging schedules and conducting an intensive recruitment campaign and request your help and co-operation. The forty-hour five-day week is another step forward in improving the salaries and working conditions of nurses. With my very best wishes for a successful convention, I am sincerely,

EDWARD M. BERNECKER, Commissioner

REPORT OF THE SECRETARY

The past year with its world-shaking events has been crowded with many challenging responsibilities for the Board of Directors of the National League of Nursing Education. V-E Day, so quickly followed by V-J Day, bore impress particularly upon such important issues as the recruitment of students to schools of nursing—so largely stimulated during the war years, the maintenance and preparation of very depleted faculty, the immediate problems of postwar as they affected veterans' interest in nursing education, the basic and advanced curriculum, accreditation of basic and advanced programs, guidance of graduates, students, and prospective students, relationships to higher education, public information regarding nursing education and schools of nursing, legislative action as it might affect nursing and the preparation of nurses, the trends in responsibilities of professional nurses and the concomitant consideration of numbers of qualified nurses to meet these responsibilities, the status of practical nurses—their services and relationships to professional nurses. These and other issues as they relate to nursing education have been discussed and acted upon by your Board of Directors at the four meetings held in New York on May 31-June 2 and October 22-24, 1945, and on January 22-24 and May 17-19, 1946.

These meetings of the Board generally preceded or followed those of the National Nursing Council and the National Nursing Planning Committee so that close co-ordination of interests and action was possible. The January meetings were held as usual at the same time as the meetings of the boards of the American Nurses' Association and the National Organization for Public Health Nursing, which permitted a Joint Board meeting on January 26.

Your Board reiterated its support of the National Nursing Council as the over-all agency through which the united efforts of nursing in postwar activities, as stimulated by the National Nursing Planning Committee, should function until such time as the Committee on the Study of the Structure of the Na-
tional Professional Nursing Organizations might produce some other means for the co-ordination of nursing activities. Your Board has consistently voted to co-operate in the joint projects proposed by the National Nursing Planning Committee. The National League is represented on each one of the committees of interests developing and carrying forward these projects, some of which quite properly dovetail with, or expand, existing committees' functions.

Your Board has reaffirmed its wholehearted belief that an unbiased study of the national professional nursing organizations, as to their organization, administration, and functions should be carried out at the earliest possible time. Your Board has voted financial support toward this study and has authorized the personnel at Headquarters to assist in carrying forward the work. Miss Blanche Pfefferkorn has been made treasurer of the Committee on the Study of the Structure of the National Professional Nursing Organizations, and Miss Adelaide A. Mayo, executive secretary, has given much time, particularly to the organization of plans for the promotion of the study.

Notwithstanding the importance of these broad programs which cut across all phases of nursing and to which so much attention had to be given, your Board has been constantly mindful of the need of field service to, and a resultant closer relationship with, state leagues and of the great importance of an over-all program for the year's work to which all committees of the League might direct their energies. The Board of Directors therefore voted that an assistant executive secretary, whose primary function would be field work, should be appointed as soon as a qualified individual could be found.

The Board appointed a special committee to review the work of the League for the year and to set a theme for an over-all program. The theme for 1945, as accepted, was "Planning for the Interim Between War and Peace"; for 1946 the theme is to be "Postwar Planning in Nursing Education for the Nation's Health."

The Board called a meeting of all national committee chairmen on Sunday, October 21, 1945, to give opportunity to discuss committees' interests and work both as in progress and as proposed.

Because of the war our membership could not meet in convention; hence, elections for 1945-47 were conducted by mail. Announcement of officers was made by the president at the May, 1945, Board meeting and published in the Fifty-first Annual Report as follows: vice president, Phoebe M. Kandel; secretary, Anna D. Wolf; directors, Anne L. Austin, Margaret Carrington, Ruth Harrington, and Sister M. Olivia Gowan. Standing and special committees for 1945-46 were duly appointed at the May, 1945, meeting and published in the Fifty-first Annual Report. The committees for 1946-47 were appointed at the May, 1946, Board meeting and will be ratified by the new Board when it assembles in September, 1946.

The Advisory Council meeting, called for January 20, 1946, before the Board meeting provided an occasion for an exchange of opinions regarding national and state league interests and activities.
The Board voted to hold the next biennial convention at Atlantic City on September 23-27, 1946. The National Organization for Public Health Nursing assumed responsibility for the convention. The Board voted, also, that the registration fee for the convention be increased to $2.00. Miss Virginia Henderson was elected chairman of the League’s Committee on Program.

The special Committee on Educational Problems in Wartime was dissolved in January, 1946, with the Board’s expression of deep appreciation for the splendid contribution it had made under the wise and inspiring leadership of Miss Nellie X. Hawkinson. The extraordinary achievements of this committee, which resulted in the publication of bulletins and in collegiate conferences, were considered of such importance to the schools that provision will be made to carry forward similar activities in the postwar period.

Since June, 1945, four new schools of nursing have been accredited by the National League; five schools have been renewed for conditional accreditation; four have been changed from conditional to full accreditation; two have been changed from full to conditional accreditation; and two have not been accepted for accreditation.

The great need for centralization of accrediting procedures for basic and advanced programs in nursing has been constantly before your Board of Directors. It is gratifying to report that the National League is represented by Miss Elizabeth C. Burgess and Miss Clara Queau on a committee of interests of the National Nursing Council that is now giving consideration to the development of a plan for a single professional accrediting body to bring together, and into harmony, the varied accrediting services now offered by eight different national groups.

Your Board has been aware of the great importance to the profession of having well-established criteria for advanced programs and courses, especially those relating to clinical subjects. It is believed that there are still needed supplementary courses for graduate nurses, although more demands are being made for the advanced programs which would prepare specialists in clinical fields of nursing. The special Committee on Postgraduate Clinical Nursing Courses has done admirable work in the development of advanced courses in maternity nursing, tuberculosis nursing, and orthopedic nursing.

Through the Committee on Vocational Guidance materials were prepared for the use of graduate nurses in the selection of institutions offering postgraduate study, which served, also, the governors’ committees set up in the various states to implement the G.I. Bill of Rights. Vocational guidance materials are very much needed and will be prepared as rapidly as possible in co-operation with the Nursing Information Bureau. The National League is indebted to Mr. Fred M. Fowler, of the U. S. Office of Education, for his participation in the study and the writing of the pamphlet entitled *Guidance Programs for Schools of Nursing*.

The special Committee on Measurement and Educational Guidance has carried on a stupendous activity, greatly expanded during the war years. The
offices of the committee were moved to Headquarters, and appointment of a full-time office manager and research assistant was made by the Board of Directors in the fall. The Board voted to change this special committee to a standing committee on and after July 1, 1946, and to establish as rapidly as possible a department of measurement and guidance with a full-time director.

A special Committee on Reorganization of League Headquarters, with Miss Elizabeth C. Burgess as chairman, has given thoughtful consideration to the manifold activities of the National League and the best plan of organization and administration. Official action has not been taken.

The special Committee on Public Relations, with Mrs. Thomas Raeburn White as chairman, has pointed out the great need for public information concerning the activities of the National League of Nursing Education and nursing education. The lack of knowledge in regard to the National League by the lay, medical, and nursing public is truly extraordinary. The importance of close co-operation and co-ordination with the Nursing Information Bureau and the need for over-all planning and dissemination of nursing information have been pointed out. The Board approved the appointment of an individual on a part-time basis to carry forward this program.

Closer association of the National League with junior colleges and the American Association of Junior Colleges is of the utmost importance. Miss Nellie X. Hawkinson, the National League's representative at a meeting of the association in Chicago, pointed out to the Board the interest of junior colleges in nursing for their graduates and their desire for advice and information regarding curricula. These cordial conditions should be of particular assistance in recruitment of students.

Our membership in the American Council on Education is another valuable relationship for the interpretation of nursing to those in the field of higher education. At the meeting of the council in Chicago in May, 1946, Miss Mayo and Miss Hawkinson were delegates for the National League. The Board has elected the following representatives to the council: Miss Sleeper, 1944-47 (filling out the unexpired term of Miss Goosray, former NELNE president); Sister M. Olivia Gowan, 1945-48; and Miss Mayo, 1946-49.

The relationship of the National League of Nursing Education to the National Association for Practical Nurse Education has been a matter of concern to the Board. A special committee, with Miss Elisabeth C. Phillips as chairman, was appointed to give consideration to the National League's responsibility for the program for practical nurses and to the activities the League should conduct in this connection. This special committee studied the job analysis for practical nurses sponsored by the U. S. Office of Education and deliberated upon various matters in regard to the League's relationship to the National Association for Practical Nurse Education. After due consideration the Board voted to appoint a special committee to work with the NAPNE on educational problems related to the practical nurse and to request the chairman of that special committee to be the League's representative on all committees dealing with practical nurse problems and, also, to be
the League's consultant to the NAPNE board. Miss Phillips was duly appointed chairman of this special committee.

Pending Federal health legislation has been of particular interest to your Board, especially because of the implications for nursing education. Through the National Nursing Council's committee consideration to Federal aid for nursing education has been given. However, further study of the many bills before the Congress revealed many peculiar educational aspects. Your Board authorized the appointment of a special committee, with Mrs. Eugenia K. Spalding as chairman, to study these bills and to prepare a statement for committee hearings to be presented by our president.

International nursing education problems have been brought before the Board repeatedly. Appeals for current professional literature resulted in the Board's action to take the initiative in sending a collection of all materials printed by the National League of Nursing Education since 1940 to the officials of nursing organizations that are members of the International Council of Nurses in each country that has been invaded. This activity was first to be cleared with the International Council of Nurses. The Board has urged the development of plans for nurses from foreign lands, as suggested by a committee of interests of the National Nursing Council so that the facilities in our country may be wisely accorded them as requested.

The Board voted that the Joint Committee on Inter-American Nursing be dissolved, as a committee of interests was a more satisfactory form of organization for this particular activity. The Board voted to dissolve, also, the Joint Committee to Work with the National Association of Colored Graduate Nurses, for the same reason.

The Board voted to change the name of the Committee on Films to "Committee on Audio-Visual Aids."

Our National League members are indebted to Miss Isabel M. Stewart for her unremitting service in the production of the pamphlet entitled Faculty Positions in Schools of Nursing and How to Prepare for Them, which will be off the press shortly.

The Board voted to postpone making a Nutting award until after the meeting of the International Council of Nurses in May, 1947. Criteria for the selection of the one to be so honored are to be determined by the Committee on the M. Adelaide Nutting Award.

The Board voted to support the recommendation of the administrator of nursing service of the American Red Cross that enrollment in the nursing service be upon the basis of service.

Upon request of the American Association of Industrial Nurses the Board voted that a member of the League's Committee on Curriculum be appointed by the president to serve as consultant to the AAIN's Committee on Education.

A special committee, under the chairmanship of Miss Bessie A. R. Parker, was appointed to give consideration to personnel policies and practices for the Headquarters' staff. Revisions have been authorized by the Board to meet present-day practices.
Miss Lucile Petry was appointed chairman of the Committee on Postwar Planning in the Spring of 1946, because of the resignation of the former chairman.

The expanding activities of the National League are evident to all and require larger number of personnel, more space, and equipment. These conditions, which indicate healthy growth of our organization, call for larger financial support. The Board voted to have a special committee appointed to consider ways and means of increasing the National League’s income. The Board supports, and has recommended to the Committee on Revision, an increase of national dues to the following amounts: active members, $5.00, except for assistant supervisors, head nurses, and assistant head nurses, who shall pay $4.00 for the first year only, after which they shall pay $5.00; associate members, $4.00; sustaining members, $13.00.

The Board voted that publications distributed free to sustaining members should not exceed $2.50 in amount and that no single publication exceeding $1.25 should be included in free materials.

The Board voted that when the National League of Nursing Education holds its annual meeting alone, the registration fee be $2.00 instead of $1.00.

The Board reaffirmed its belief that the National League should co-operate and clear with the National Nursing Council in securing funds from foundations for special projects.

The Board is convinced that every effort should be made to increase active and sustaining members. The membership of the National League of Nursing Education for 1945 was 8954.

The National League of Nursing Education records with sorrow the deaths of members reported since June, 1945, as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Helen C. Bartlett</td>
<td>June 16, 1945</td>
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<tr>
<td>Mabel Boardman</td>
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<tr>
<td>Kenneth T. Crummer</td>
<td>November, 1945</td>
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<tr>
<td>Patricia Duffy</td>
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<tr>
<td>Mrs. Harriet S. Fleming</td>
<td>June 29, 1945</td>
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<tr>
<td>Madalee J. Hazel</td>
<td>July 15, 1945</td>
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<tr>
<td>Emma L. Hoffman</td>
<td>April 18, 1945</td>
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<tr>
<td>Astrid Hofseth</td>
<td>September 26, 1945</td>
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<tr>
<td>Mrs. Emma H. Krazijese</td>
<td>April 21, 1945</td>
</tr>
<tr>
<td>Marion C. Phillips</td>
<td>February 2, 1945</td>
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<tr>
<td>Sister M. Gonzaga Betzen</td>
<td>November 18, 1945</td>
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<tr>
<td>Sister Mathilde Gravdalh</td>
<td>April 12, 1945</td>
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<tr>
<td>Lorena I. Thiipsten</td>
<td>January 2, 1946</td>
</tr>
<tr>
<td>Mary M. Wayland</td>
<td>March 12, 1946</td>
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In closing this report I wish to express the deep appreciation of the Board of Directors to the chairmen and members of committees and to the Headquarters’ staff for their extraordinary services during these past war years. May we face together the future in true faith to our profession.

Respectfully submitted,

Anna D. Wolf, Secretary
REPORT OF THE TREASURER

New York 19, N. Y.
January 18, 1946

Miss Lucile Petry, R.N., Treasurer
National League of Nursing Education
1790 Broadway
New York 19, N. Y.

Dear Madam:

Pursuant to engagement we have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1945, and present herewith the following two exhibits and seven schedules:

Exhibit A—Statement of Financial Condition as of December 31, 1945
Exhibit A—Schedule 1—Statement of Receipts and Expenditures for the Year Ended December 31, 1945, Relative to Grants Received for the Joint Orthopedic Nursing Advisory Service
Exhibit A—Schedule 2—Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Department of Education of the American Nurses' Association
Exhibit A—Schedule 3—Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Committee on Postgraduate Clinical Nursing Courses
Exhibit A—Schedule 4—Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Special Study on Definitions and Criteria
Exhibit A—Schedule 5—Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Emergency Nursing Fund
Exhibit A—Schedule 6—Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Fund for the Committee on the Administration of the Accrediting Program
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, 1945
Exhibit B—Schedule 1—Statement of Headquarters' Expenses for the Year Ended December 31, 1945

In connection with the foregoing we examined or tested accounting records and other supporting evidence, including confirmation of cash by inspection and certificates obtained from the depositories. We also made a general review of the operating and income accounts for the year, but did not make a detailed audit of the transactions.

In our opinion based upon such an examination, the accompanying two exhibits and seven schedules fairly present the financial condition of the National League of Nursing Education at December 31, 1945, and the results of the operations for the year ended on that date.

Very truly yours,

Berner and Derry
[Certified Public Accountants]
EXHIBIT A

Statement of Financial Condition as of December 31, 1945

<table>
<thead>
<tr>
<th>Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash—Checking account</td>
<td>$30,950.89</td>
</tr>
<tr>
<td>Savings account</td>
<td>9,049.25</td>
</tr>
<tr>
<td>Petty cash fund</td>
<td>125.00</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>3,578.68</td>
</tr>
<tr>
<td>President’s revolving fund</td>
<td>100.00</td>
</tr>
<tr>
<td>Prepaid expense—1946 convention</td>
<td>100.00</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$43,905.82</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpended balances as of December 31, 1945:</td>
<td></td>
</tr>
<tr>
<td>Grants from the National Foundation for Infantile Paralysis for the Joint Orthopedic Nursing Advisory Service:</td>
<td></td>
</tr>
<tr>
<td>For 1943-44—account of accrued expenses</td>
<td>$781.66</td>
</tr>
<tr>
<td>For 1944-45—account of accrued expenses</td>
<td>2,570.20</td>
</tr>
<tr>
<td>For 1945-46—per Exhibit A, Schedule 1</td>
<td>15,392.68</td>
</tr>
<tr>
<td>Grant from the American Nurses’ Association for the Department of Education—per Exhibit A, Schedule 2</td>
<td>192.09</td>
</tr>
<tr>
<td>Grant from the National Tuberculosis Association and the Joint Orthopedic Nursing Advisory Service—per Exhibit A, Schedule 1—for the Committee on Postgraduate Clinical Nursing Courses—per Exhibit A, Schedule 3</td>
<td>5,951.92</td>
</tr>
<tr>
<td>Grant from the American Journal of Nursing Company for the special study of definitions and criteria—per Exhibit A, Schedule 4</td>
<td>666.54</td>
</tr>
<tr>
<td>M. Adelaide Nutting Award</td>
<td>3.26</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>25,558.35</strong></td>
</tr>
</tbody>
</table>

**Net assets:** $18,345.47

The net assets comprise the following funds:

<table>
<thead>
<tr>
<th>Fund</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund, balance as of December 31, 1945—per Exhibit B</td>
<td>$12,846.93</td>
</tr>
<tr>
<td>Emergency Nursing Fund, balance as of December 31, 1945—per Exhibit A, Schedule 5</td>
<td>5,498.54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$18,345.47</strong></td>
</tr>
</tbody>
</table>
## EXHIBIT A—SCHEDULE 1

Statement of Receipts and Expenditures for the Year Ended December 31, 1945, Relative to Grants Received for the Joint Orthopedic Nursing Advisory Service

<table>
<thead>
<tr>
<th>Description</th>
<th>Fourth Grant</th>
<th>Fifth Grant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1944</td>
<td>$11,946.59</td>
<td></td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
<td>$21,825.00</td>
</tr>
<tr>
<td>Grant from the National Foundation for Infantile Paralysis for the period July 1, 1945—June 30, 1946</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>$11,946.59</td>
<td>$21,825.00</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>2,709.96</td>
<td>2,740.04</td>
</tr>
<tr>
<td>Travel</td>
<td>656.95</td>
<td>326.39</td>
</tr>
<tr>
<td>Office maintenance</td>
<td>1,645.34</td>
<td>993.49</td>
</tr>
<tr>
<td>Educational material</td>
<td>620.81</td>
<td>1,295.51</td>
</tr>
<tr>
<td>Scholarships</td>
<td>843.33</td>
<td>1,076.89</td>
</tr>
<tr>
<td>Accrued expenses for scholarships, etc., unpaid</td>
<td>2,720.20</td>
<td></td>
</tr>
<tr>
<td>Transferred to Committee on Postgraduate Clinical Nursing Courses for the Subcommittee on Orthopedic Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,750.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenditures</strong></td>
<td>$11,946.59</td>
<td>$6,432.32</td>
</tr>
<tr>
<td><strong>Balance December 31, 1945—per Exhibit A</strong></td>
<td>$—</td>
<td>$15,392.68</td>
</tr>
</tbody>
</table>

## EXHIBIT A—SCHEDULE 2

Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Department of Education of the American Nurses' Association

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1944</td>
<td>$362.09</td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Disbursements:</strong></td>
<td></td>
</tr>
<tr>
<td>Expenses of the Committee on Psychiatric Nursing</td>
<td>170.00</td>
</tr>
<tr>
<td><strong>Balance December 31, 1945—per Exhibit A</strong></td>
<td>$192.09</td>
</tr>
</tbody>
</table>
### EXHIBIT A—SCHEDULE 3

**Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Committee on Postgraduate Clinical Nursing Courses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance December 31, 1944</td>
<td>$4,294.65</td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Grant from the National Tuberculosis Association</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Transferred from the Joint Orthopedic Nursing Advisory Service—per Exhibit A, Schedule 1</td>
<td>2,750.00</td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>3,950.00</td>
</tr>
<tr>
<td><strong>Disbursements:</strong></td>
<td></td>
</tr>
<tr>
<td>To complete 1944 study: travel, etc.</td>
<td>$923.43</td>
</tr>
<tr>
<td>General expenses:</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$140.79</td>
</tr>
<tr>
<td>Secretarial</td>
<td>2.40</td>
</tr>
<tr>
<td>Telephone, telegraph, and supplies</td>
<td>.81</td>
</tr>
<tr>
<td><strong>Subcommittee on Pediatric Nursing:</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$291.91</td>
</tr>
<tr>
<td>Secretarial</td>
<td>30.00</td>
</tr>
<tr>
<td>Postage, supplies, and multigraphing</td>
<td>65.71</td>
</tr>
<tr>
<td><strong>Subcommittee on Tuberculosis Nursing:</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$581.10</td>
</tr>
<tr>
<td>Secretarial</td>
<td>6.00</td>
</tr>
<tr>
<td><strong>Subcommittee on Orthopedic Nursing:</strong></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>250.58</td>
</tr>
<tr>
<td><strong>Total disbursements</strong></td>
<td>2,292.73</td>
</tr>
<tr>
<td>Balance December 31, 1945—per Exhibit A</td>
<td>$5,951.92</td>
</tr>
</tbody>
</table>

### EXHIBIT A—SCHEDULE 4

**Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Special Study of Definitions and Criteria**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts:</td>
<td></td>
</tr>
<tr>
<td>Grant from the American Journal of Nursing Company</td>
<td>$2,000.00</td>
</tr>
<tr>
<td><strong>Disbursements:</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$1,013.00</td>
</tr>
<tr>
<td>Travel—secretary</td>
<td>111.89</td>
</tr>
<tr>
<td>Travel—committee members</td>
<td>184.12</td>
</tr>
<tr>
<td>Supplies, telephone, etc.</td>
<td>24.45</td>
</tr>
<tr>
<td><strong>Total disbursements</strong></td>
<td>1,333.46</td>
</tr>
<tr>
<td>Balance December 31, 1945—per Exhibit A</td>
<td>$666.54</td>
</tr>
</tbody>
</table>
EXHIBIT A—SCHEDULE 5
Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Emergency Nursing Fund

Balance December 31, 1944 .................................................. $7,772.08
Receipts: None.
Disbursements:
  Committee on Educational Problems in Wartime:
    Salaries .................................................. $1,000.00
    Travel .................................................. 158.61
    Postage, etc. ........................................... 110.74
    Printing of bulletins .................................. 1,004.19

Total disbursements .................................................. 2,275.54
Balance December 31, 1945—per Exhibit A .......................... $5,498.54

EXHIBIT A—SCHEDULE 6
Statement of Receipts and Disbursements for the Year Ended December 31, 1945, of the Fund for the Committee on the Administration of the Accrediting Program

Balance December 31, 1944 .................................................. $ 2,499.39
Receipts:
  Fees—Application ........................................... $  60.00
  Annual .................................................. 3,675.00
  Survey .................................................. 1,340.00
  Resurveys .................................................. 2,100.00
Total receipts .................................................. 7,175.00

Disbursements:
  Salaries .................................................. $8,406.07
  Committee meetings ....................................... 241.19
  Printing of list of schools ................................ 58.50
  Supplies, postage, and mimeographing ....................... 193.15
  Expenses for field work .................................. 1,551.94
  Reproduction of reports for schools ....................... 549.73
Total disbursements .................................................. 11,000.58
Deficit December 31, 1945—per Exhibit B .......................... $  1,326.19
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, 1945

**Income:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership dues—state and individual</td>
<td>$28,658.00</td>
</tr>
<tr>
<td>Contributions—general</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Sales:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum Guide for Schools of Nursing</td>
<td>$3,935.85</td>
</tr>
<tr>
<td>Publications</td>
<td>9,484.65</td>
</tr>
<tr>
<td>Records</td>
<td>26,651.58</td>
</tr>
<tr>
<td>Photographs</td>
<td>145.50</td>
</tr>
<tr>
<td>Slides</td>
<td>1,553.50</td>
</tr>
<tr>
<td>Pattern maps</td>
<td>8.00</td>
</tr>
<tr>
<td>Bulletins</td>
<td>2,431.84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44,210.92</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental of films</td>
<td>88.35</td>
</tr>
<tr>
<td>Royalties</td>
<td>52.20</td>
</tr>
<tr>
<td>Interest on savings accounts</td>
<td>134.23</td>
</tr>
<tr>
<td>Registration fees—Conference of Representatives of State Boards of Nurse Examiners</td>
<td>155.00</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>$73,279.70</strong></td>
</tr>
</tbody>
</table>

**Expenses:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel:</td>
<td></td>
</tr>
<tr>
<td>Board of Directors</td>
<td>$2,320.44</td>
</tr>
<tr>
<td>President</td>
<td>523.69</td>
</tr>
<tr>
<td>Executive secretary</td>
<td>363.93</td>
</tr>
<tr>
<td>Appointed representatives</td>
<td>145.83</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,153.89</strong></td>
</tr>
<tr>
<td>Printing and mailing of Annual Report</td>
<td>5,045.33</td>
</tr>
<tr>
<td>Stationery</td>
<td>119.57</td>
</tr>
<tr>
<td>Legal fees</td>
<td>207.00</td>
</tr>
<tr>
<td>Dues—American Council on Education</td>
<td>100.00</td>
</tr>
<tr>
<td>Storing and handling films</td>
<td>36.42</td>
</tr>
<tr>
<td>Surety bond premiums</td>
<td>150.00</td>
</tr>
<tr>
<td>Audit fees</td>
<td>280.00</td>
</tr>
<tr>
<td>Rental for conference rooms</td>
<td>51.66</td>
</tr>
<tr>
<td>Reporting Joint Board of Directors meeting</td>
<td>29.59</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>64.93</td>
</tr>
<tr>
<td>Slides</td>
<td>879.12</td>
</tr>
<tr>
<td>State league supplies</td>
<td>209.98</td>
</tr>
<tr>
<td>Photographs</td>
<td>102.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribution to National Nursing Council for War Service</td>
<td>500.00</td>
</tr>
<tr>
<td>Voting by mail</td>
<td>198.60</td>
</tr>
<tr>
<td>Printing of publications</td>
<td>3,109.42</td>
</tr>
<tr>
<td>Printing of records</td>
<td>15,754.86</td>
</tr>
</tbody>
</table>

**Standing committees:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum</td>
<td>$158.09</td>
</tr>
<tr>
<td>Finance</td>
<td>24.78</td>
</tr>
<tr>
<td>Headquarters</td>
<td>134.36</td>
</tr>
<tr>
<td>Nominations</td>
<td>1.70</td>
</tr>
<tr>
<td>Studies</td>
<td>5.08</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>324.01</td>
</tr>
</tbody>
</table>
Special committees:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrediting</td>
<td>$35.79</td>
</tr>
<tr>
<td>Films</td>
<td>42.40</td>
</tr>
<tr>
<td>Measurement and Educational Guidance</td>
<td>63.51</td>
</tr>
<tr>
<td>Membership Campaign</td>
<td>6.30</td>
</tr>
<tr>
<td>Nursing School Library</td>
<td>7.45</td>
</tr>
<tr>
<td>Postwar Planning</td>
<td>948.98</td>
</tr>
<tr>
<td>Records</td>
<td>152.13</td>
</tr>
<tr>
<td>Revision of the Faculty Pamphlet</td>
<td>155.00</td>
</tr>
<tr>
<td>To Study Reorganization of League Headquarters</td>
<td>34.47</td>
</tr>
<tr>
<td>Vocational Guidance</td>
<td>292.21</td>
</tr>
<tr>
<td></td>
<td>1,738.24</td>
</tr>
</tbody>
</table>

Joint committees with other organizations:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary Nursing</td>
<td>$4.84</td>
</tr>
<tr>
<td>Integration of the Social and Health Aspects of Nursing in the Basic Curriculum</td>
<td>22.88</td>
</tr>
<tr>
<td>National Nursing Council for War Service</td>
<td>138.42</td>
</tr>
<tr>
<td>National Nursing Planning Committee</td>
<td>68.77</td>
</tr>
<tr>
<td>Promoting Committee of the Study of the Structure of the National Professional Nursing Organizations</td>
<td>300.00</td>
</tr>
<tr>
<td>To Clear the Relationship of the National League of Nursing Education and the Association of Collegiate Schools of Nursing</td>
<td>41.22</td>
</tr>
<tr>
<td>To Study the Relationship of the National League of Nursing Education and the National Association for Practical Nurse Education</td>
<td>8.01</td>
</tr>
<tr>
<td>Survey of Organization Structures</td>
<td>228.08</td>
</tr>
<tr>
<td></td>
<td>812.22</td>
</tr>
</tbody>
</table>

Department of Studies:

<table>
<thead>
<tr>
<th>Category</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$10,597.28</td>
</tr>
<tr>
<td>Mimeographing</td>
<td>577.98</td>
</tr>
<tr>
<td>Travel—director</td>
<td>49.98</td>
</tr>
<tr>
<td></td>
<td>11,225.24</td>
</tr>
</tbody>
</table>

Headquarters' expenses—per Exhibit B, Schedule 1

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>34,356.48</td>
</tr>
</tbody>
</table>

Total expenses

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>78,449.06</td>
</tr>
</tbody>
</table>

Excess of expenses over income in 1945

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,169.36</td>
</tr>
</tbody>
</table>

Balance December 31, 1944

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>19,087.48</td>
</tr>
</tbody>
</table>

Add refund on 1944 expenses (salary)

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>255.00</td>
</tr>
</tbody>
</table>

Deduct deficit as of December 31, 1945

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14,173.12</td>
</tr>
</tbody>
</table>

(fund for Committee on the Administration of the Accrediting Program—Exhibit A, Schedule 6)

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,326.19</td>
</tr>
</tbody>
</table>

Balance December 31, 1945—per Exhibit A

<table>
<thead>
<tr>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,846.93</td>
</tr>
</tbody>
</table>
REPORT OF THE TREASURER

EXHIBIT B—SCHEDULE 1
Statement of Headquarters' Expenses for the Year Ended December 31, 1945

Expenses:

Salaries .......................................................... $20,424.31
Extra stenographic service ........................................ 395.64
Rent ............................................................... 3,091.84
Reception room service ............................................. 180.00
Telephone and telegraph ........................................... 993.88
Supplies .......................................................... 588.74
Postage and express ............................................... 3,561.39
Shipping .......................................................... 3,046.71
Mimeographing and multigraphing ................................. 713.63
Library service .................................................. 150.00
Special office care ................................................ 55.80
Miscellaneous ..................................................... 163.89
Entertainment .................................................... 11.42
Insurance ........................................................ 167.18
Reference books, subscriptions, etc. ............................ 23.61
Joint staff restroom ............................................... 335.83
Storage fee ........................................................ 7.28
Equipment ......................................................... 354.94
Servicing typewriters ............................................. 90.39

Total expenses—per Exhibit "B" ................................ $34,356.48

NEW YORK 19, N.Y.
January 18, 1946

Mrs. R. Louise McManus, R.N., Chairman
Committee on Measurement and Educational Guidance
National League of Nursing Education
1790 Broadway, New York 19, N.Y.

DEAR MADAM:

Pursuant to engagement we have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1945, and present herewith the following two exhibits:

Exhibit A—Statement of Financial Condition December 31, 1945
Exhibit B—Statement of Income and Expenses and Surplus Balance for the Year Ended December 31, 1945

In connection with the foregoing we examined or tested accounting records and other supporting evidence, including confirmation of cash by certificate obtained from the depository. We also made a general review of the operating and income accounts for the year but did not make a detailed audit of the transactions.
In our opinion based upon such examination, the accompanying two exhibits fairly present the financial condition of the Committee on Measurement and Educational Guidance at December 31, 1945, and the results of the operations for the year ended on that date.

Very truly yours,

BERNER AND DERRY
[Certified Public Accountants]

EXHIBIT A

Statement of Financial Condition as of December 31, 1945

Assets:
Cash in bank ........................................... $13,313.34
Accounts receivable
Pre-nursing and state board fees .................. 3,863.95

Total assets ........................................... $17,177.29

Liabilities:
Accounts payable (unpaid expense bills) ........ 411.99

Surplus:
Balance December 31, 1945—per Exhibit B ........ $16,765.30

EXHIBIT B

Statement of Income and Expenses and Surplus Balance for the Year Ended December 31, 1945

Income:
Fees:
Achievement Test Service .......................... $ 3,214.17
Basic Nursing Information and Judgment ........... 308.00
Pre-Nursing and Guidance Test Service ........... 49,135.94
State Board Test Pool ................................ 18,904.52

Total income ........................................ $71,622.63

Expenses:
Administrative:
Salaries:
Professional ......................................... $ 3,643.32
Office ................................................... 11,304.01
Part-time clerical .................................... 2,204.77
Miscellaneous ........................................... 408.48
Research (salaries and supplies) .................. 2,037.44
Statistics and profiles ............................... 3,630.57
Committee expense .................................... 829.96
Library ................................................... 48.74
Telephone and telegraph ............................. 453.39
Permanent equipment ................................ 2,945.00
Rent of premises ....................................... 1,760.50

Rent of machines:
Scoring ............................................... 1,864.80
Statistical ............................................. 560.18
Typewriters .......................................... 193.90
### Office Supplies
- 900.02

### Scholarships
- 247.50

### Shipping Supplies
- 609.47

### Statistical Supplies
- 166.30

### Audit Fee
- 75.00

### Sundry
- 31.36

**Achievement Test Service:**
- **Postage and express** $435.32
- **Scoring salaries** 525.22
- **Test construction** 8,714.31
- **Test supplies** 572.40
- **Travel expense** 59.77

**Basic Nursing Information and Judgment:**
- **Postage and express** $50.02
- **Scoring salaries** 379.54
- **Test construction** 340.71
- **Test supplies** 1,065.32
- **Travel expense** 4.50

**Pre-nursing and Guidance Test Service:**
- **Postage and express** $2,067.59
- **Scoring salaries** 3,730.99
- **Test supplies** 2,790.42
- **Proctors fees** 1,239.00
- **Examiners fees** 4,169.24
- **Travel expense** 514.29
- **Royalties** 1,922.49
- **Follow-up reports fees** 10.00
- **Testing room rentals** 70.00

**State Board Test Pool:**
- **Postage and express** $1,327.93
- **Scoring salaries** 3,864.84
- **Test construction** 2,902.08
- **Test supplies** 7,513.66
- **Travel expense** 16.92
- **Test reports** 35.60

**Field Service:**
- **General expense** $17.71
- **Salaries** 250.16
- **Travel expense** 548.69

**Film Test:**
- **Construction** 8.60

**Kuder Test:**
- **Outside scoring work** 2.06

**Total expenses** 79,081.49

**Excess of expenses over income** $7,458.86

**Surplus balance as of December 31, 1944** 24,224.16

**Surplus balance as of December 31, 1943, per Exhibit A** $16,765.30

Respectfully submitted,

LUCILE PETRY, Treasurer
REPORT OF THE EXECUTIVE SECRETARY

As I began to write the report of Headquarters for 1945-1946, from the confusion of ideas born of the office pressures there seemed to emerge a few outstanding ones, such as the momentum that has permeated every phase of our work, carrying us forward with an increasing speed pressure that is becoming alarming; the requests of all kinds that cannot be met adequately; the impossible, though expected, feat of being "all things to all people"; and the serious absence of opportunity for contemplative thinking and planning in order to be able to project the work of the League into the future and thus be of greater assistance to our constituent and individual members.

I am purposely setting the background of this report as one of intensity, because I know how hard it is for you to visualize our problems in their true sense when not exposed to them directly nor frequently. I fully appreciate our responsibility at all times to the membership. It should be a satisfied membership. Each state and local league should feel a sense of security in turning to the parent organization for help, and each individual should feel satisfied when she, too, seeks information or assistance. The fulfillment of these expectations is the responsibility of the Headquarters office. However, as executive secretary I believe the needs are not being met as fully and efficiently as we would all desire.

The period since my last report marks the beginning of a transition from war to peace—a period that has increased the uncertainties as to the future needs and developments within our profession, problems met by schools of nursing, and our awareness of the social and economic influences upon nursing of today and, no doubt, of tomorrow. Here at Headquarters we have had cause to feel some of the impacts plus some of the concerns, especially through the correspondence. Graduate nurses in greater numbers are seeking guidance in selecting courses and programs in nursing education and in allied fields. While the greater number probably are nurse veterans, there are also many young graduates and senior cadets who want help in planning their professional future. It is interesting to note the increasing number of requests for information about courses in the various clinical fields in preparation for specialization, with more frequent inquiries regarding orthopedic, psychiatric, and tuberculosis nursing. There is, too, a demand for advanced clinical courses and for courses that are of college level and worthy of credit. It is here that one's concern comes into existence, because of the lack of information regarding the hospital clinical courses, the absence of any recognized approval, and the growing dissatisfaction of many nurses because these latter courses are not giving them what they want or what the bulletins of information claim they give. There is faith that the League can and will do something, but it takes time—more, unfortunately, than we wish it did.
From the end of September, 1945, to the end of June, 1946, approximately 2040 letters have been received from nurses asking for information about programs and courses in nursing education. It is interesting to note that of this number about 18.5 per cent were interested in psychiatric nursing and 10 per cent in operating room technique. Requests for various types of assistance have come from twenty-five different regional chiefs of Veterans Administrations, representing the District of Columbia and fourteen states: New York, Pennsylvania, Illinois, Texas, Michigan, Missouri, Indiana, New Jersey, Tennessee, Minnesota, Kansas, Virginia, Kentucky, and Nebraska.

Special informational materials were prepared to assist graduate nurses in selecting a course or program in nursing education, and a folder entitled "Choose a Career in Nursing Education" was designed for those interested in teaching supervision or administration in schools of nursing.

Through these letters one senses the need for wise counseling in the educational field. Are nurses receiving the information that will help them make the best selection? Are they unwisely seeking a means of escape through new fields of study? This latter seems possible, with 8 per cent requesting information regarding other and allied fields for study, such as anesthesia, physiotherapy, X-ray, and so forth. We must necessarily use a form letter which gives a certain amount of general information, and we refer to certain publications, with special questions answered by additional postscripts. However, such letters are not totally adequate, because of the absence of knowledge about the individual's needs and preparation. Thus, individual counseling is difficult and it is certainly needed to a greater degree, as sensed in many of the letters.

Nurses in foreign countries are writing for information, for assistance in coming to this country for study and for work, and for materials which will help in raising nursing standards. Some of these countries are Brazil, Canada, Central America, Denmark, England, Hawaii, Holland, Japan, Mexico, New Zealand, Norway, Santo Domingo, South Africa and Turkey.

Another means of learning of the uncertainties, fears, or hopes has been through direct contact. More nurses are visiting Headquarters than for some time. It takes time to see them, to hear their stories, and to help, if possible. Often, the amount of help given seems small in proportion to what they need.

Nurses from foreign countries have visited Headquarters for similar assistance. In conference it is always with astonishment that they realize that we have the same or similar problems in this country and that the majority are still unsolved.

Since the cessation of the war, along with increased requests from graduate nurses, comes an increase in requests for information about schools of nursing. It is to be hoped that either the Council's Committee of Interests on Recruitment or the Nursing Information Bureau and the League can give consideration to the important and urgent need for vocational materials.
The lag in recruitment is clearly felt in the schools. The League’s correspondence, also, shows a large number of inquiries from individuals who are not educationally prepared for entrance into professional schools of nursing—if letters are any indication.

During the year approximately 32,000 letters have been received at Headquarters, while more than 43,000 have been sent out. This is exclusive of the mail received and answered by the staff of the Committee on Measurement and Educational Guidance.

An increased number of form letters was prepared during the past year, including some which are informational as to bills pending in Congress. The majority of all form letters go to state and local leagues.

There has been no lag in the number of meetings attended. The impetus gained through the war years continues, probably because the chairmen of the committees realize how fast each committee must work in order to produce or to help meet the demands in this transition period. Thus, as 1945 ended, at least 215 meetings had been attended by the executive secretary, with others missed because of the vacation period, official absences from the office, and simultaneous planning. The peak of 35 in any one month was reached in March, 1946. The total for the first six months of 1946 was 141. Probably no other one thing in the office is more important and yet so productive of administrative problems. It certainly contributes to the unfinished work of the day, the month, and the year and adds considerably to the workload of practically every staff member. It is no small job to arrange for meetings with the chairman, to send out notices, check replies, prepare an agenda, set up conference rooms, clear up afterwards, and later type, at least twice, each set of minutes, after they are once written. Then, after the approval of the chairman, there is a careful proofreading of all stencils or typed copies. The finished copies must then be mailed to the members, placed in special minute books, and also filed. With large committees the handling of so many sets of minutes becomes a very costly procedure in time as well as money. Multiply this total procedure several times, and it is not difficult to see how very much office assistance is needed for this one part of our work. It may also explain an occasional delay in getting other matters attended to promptly.

It is hard to appreciate the amount of time that editing requires, once the material is printed and ready for distribution. But the processes of progress are slow, especially when several jobs are waiting, and decision must be reached as to priorities of work. We regret that the 1945 Annual Report reached the membership so late, especially as it seemed early in the summer that it had a chance of being pushed through to completion earlier than usual. Several things contributed to this, including the slow responses from individuals appointed to serve on committees, delays in getting galley back from the printer, and a long delay in the final printing and binding.
Board minutes are now more voluminous, and more time is required for preparing the first draft, for reviewing by the president, the secretary, and the executive secretary, and for final typing and proofreading of stencils.

Other editing jobs have included the pamphlet *Faculty Positions and How To Prepare for Them*, the two pamphlets on advanced clinical nursing courses (the final product of the Committee on Postgraduate Clinical Nursing Courses), the bibliography "Psychiatry and Allied Subjects," a project of the Committee on Psychiatric Nursing, and the material prepared by Fred M. Fowler for the Committee on Vocational Guidance entitled *Guidance Programs in Schools of Nursing*. This material was most time-consuming to prepare for printing.

The office manual was revised in part, following the October Board meetings when the new policies were approved. A new flier containing recent publications for the publications list was prepared to carry us through until a complete revision was made in March. Another flier will soon be ready with 1946 additions. The throw-away pamphlet "New Frontiers in Psychiatric Nursing" had to be designed as well as edited for publication.

During the early fall Miss Hereford arrived to start work on the study of definitions and criteria for courses and programs in nursing education. The orientation of Miss Hereford to Headquarters, assisting her with problems as they arose, and helping her plan her work required a good deal of time from the executive secretary and, no doubt, Miss Hereford should have had much more help, had it been available. The results of this study were not momentous, but the time was far too limited for the scope of the study.

Also, in the fall two divisions of the Committee on Measurement and Educational Guidance moved to Headquarters. Problems were legion from the start, first in trying to find space, which was never satisfactorily prepared by the building owners, and then in finding the equipment needed and getting the staff moved. This latter process had to be delayed ten days because of the elevator strike, which came just as plans for moving were completed. No sooner was this group here than it was recognized that more space was needed. Fortunately, we were able to secure from the National Nursing Council two more rooms they were planning to give up, which enabled the statistical division to expand. And still more space is needed, which we hope will be available this fall so that we can move the test construction group, now up at Teachers College, to Headquarters and, in addition, provide office space for our new director of the Committee on Measurement and Educational Guidance, Elizabeth L. Kemble.

Several trips were made during the past year. One was to Atlantic City to review the facilities for the 1946 Biennial Convention, and one to Chicago to attend the Conference of State Boards of Nurse Examiners. Following the conference, two days were given to meetings of the Illinois State League of Nursing Education, which had requested two talks—one on the functional activities of the NLNE and the other on the postwar plans in nursing.
Also, in Chicago plans were made for meetings of the Committee on Revision and the Committee on State Board Problems with the chairman of the Committee on Membership Campaign. Since the Committee on Measurement and Educational Guidance was also meeting in Chicago, this, too, was included on the schedule. Two trips were made to Washington—one to attend the Conference of the American Association of Junior Colleges and the other to attend the conference called by the Children's Bureau. Both of these conferences were of two days' duration. A third conference was called by Margaret Taylor, of the U. S. Public Health Service, on tuberculosis nursing. To this, Miss Pfefferkorn went as an alternate for the executive secretary. Three days were spent in Chicago this spring while attending the meetings of the American Council on Education.

In the midst of the Headquarters work, which in itself was more than there was time for, it was apparent that the decisions reached in November by the Promoting Committee for the Study of the Structure of the National Professional Nursing Organizations were not, a month later, moving forward. By investigating the situation and offering to help Miss Seder, of the NIB, get the first appeal letter under way, your executive secretary soon found herself administratively enmeshed in the Promoting Committee project. Since the League seemed to have a definite interest in the progress of this study, because the funds we needed so badly for several of our activities were held up during the study, the executive secretary gave time to the administrative details, in the hope that we might get the letter out, the work under way, and, also, find a secretary to carry on the work of the committee. Following the Board meetings in January, the appointment was announced of Marjory Major as secretary of the Promoting Committee. However, with space provided in the League's office for this professional secretary and her secretary, the executive secretary has continued to give assistance, advisory or administrative, when needed by the professional secretary.

When the Board approved the 1946 budget, which included the salary of a new professional worker as assistant executive secretary, we hoped that an appointment to that position could be made within a few months. During the past few years the work at Headquarters has increased to such a degree that it has been impossible for the executive secretary to carry this work and also to do the field work so definitely needed. State leagues have not been visited, and the omission of these contacts has been greatly deplored. So it was expected that an assistant would carry the major part of the field work, visiting state leagues to give much needed counseling, to give assistance in planning the state work and committee activities, and to bring back to Headquarters problems and ideas which we need to know. A letter was sent to every state league in the early part of the year, asking for names of nurses. Only four states responded. Every suggestion was followed up, but every reply brought a negative response, usually because of a recent appointment.
To date we have not been able to find anyone for the position. I believe this is sufficiently important for the state leagues to continue their efforts, and I believe that every state should be able to give us the names of one or more persons who meet the qualifications we sent you. The persons you suggest may not necessarily reside within your own border.

From the many reports which are being presented at the meeting you will have a picture of the activities that have been carried out or are in the process of development. The committee chairmen have been very active throughout the past year, and their plans have been well executed by the committee members. We may well be proud of the production, especially as this results from extra work, extra time, and extra energy in addition to the heavy load being carried by each individual on her own job.

Many projects are being carried out jointly by the League with one or more other organizations. Joint activities have definitely increased during the past few years, which indicates better co-ordination of efforts. One of the newest of these joint plans is the development of a comprehensive program and service in tuberculosis nursing to schools of nursing, individuals, and other groups interested in developing and improving tuberculosis nursing care to patients. This project is made possible for the National Organization for Public Health Nursing and the National League of Nursing Education through a grant from the National Tuberculosis Association.

In closing this report I should like to remind you that Headquarters always stands ready to do all within its power for its members, but it also requests your leniency when things do not always move as smoothly as we wish they might. We have carried the increased volume of work and the added burdens throughout the war years and into the beginning of the post-war period with the same professional staff and a still too limited secretarial staff. We shall promise you our best with the staff at our disposal.

Respectfully submitted,

ADELAIDE A. MAYO, Executive Secretary
REPORT OF DIRECTOR OF STUDIES

Since rendering my last report to the membership, World War II has ended. Before the war, not only was a yearly review presented of the activities of the past 12 months, but it was also possible to develop long-range plans for the future. With the advent of the war or even before Pearl Harbor, the character of the work of the department changed. The program became one of expediency and immediacy. Our efforts were focused on the tasks of today which we soon learned might, of necessity, give way to the more pressing demands of tomorrow. The ending of hostilities brought a different kind of urgency—the urgency to re-orient ourselves to peacetime needs and to find a solution to some of the many peace problems. Because we are still in the period of transition—the aftermath of all wars—it seems particularly fitting to consider at this time our past record as a steppingstone to the future.

The Department of Studies was established in 1932. The staff until the war consisted of three persons—a nurse director, a statistician, and a clerical worker. Early in the war a second clerical worker was added, and from time to time temporary clerical personnel have been employed. Because of the smallness of the staff, any considerable expansion of the program has, of necessity, been limited.

The types of studies carried on prior to the war varied. They dealt with nursing service as well as nursing education—nursing service upon the premise that the program of a school can be no better than the service where the students learn how to nurse. In addition to the studies initiated by the League and before the accreditation program was begun, requests were received for surveys of schools of nursing. Some of these requests were from individual institutions, others from state groups, such as state leagues or state boards of nurse examiners. Then there were requests for special studies, such as the study of the disposition of nursing time with reference to medical education, the study of the nursing service in 50 New York hospitals—which was part of the larger study of the Hospital Survey for New York, under the direction of Dr. Haven Emerson—and cost analyses of schools of nursing.

Other than studies initiated by the League alone and studies requested from the field, studies have been carried on in co-operation with other agencies and directed and administered by the Department of Studies. These studies, it is believed, represent some of the most important contributions that have been made by the department in the fields of nursing education and nursing service. One or two of such projects are described in the following paragraphs since they set a pattern for consideration in the future.

In 1938 a project—A Study of the Nursing Care of Tuberculosis Patients—was jointly undertaken by the National Tuberculosis Association and the
three national professional nursing organizations. The League's Department of Studies was responsible for the planning of the study, the techniques used, the preparation of forms, the compilation of statistical data, and the form and final editing of the report. A nurse, well qualified in educational methods in tuberculosis nursing and also in the administration of a tuberculosis nursing service, was secured for a period of several months to gather the necessary data in the field, to assist in the interpretation of such data, and in the preparation of the report. The procedure followed in this study had the benefit of the experience of the Department of Studies; the integrity of the findings and the soundness of the recommendations were safeguarded by the fact that a nurse educator, who was a specialist in tuberculosis nursing, had actively participated in the project.

Another important study made in co-operation with other interested organizations is the more recent Administrative Cost Analysis for Nursing Service and Nursing Education, extending over three years. The appearance of the book in 1940 was a fortunate circumstance. New concepts and tested new methods for determining nursing education costs were presented at a time when they were urgently needed. Administrative Cost Analysis stressed the importance of interpreting financial findings in terms of the education represented in the costs.

As earlier indicated in this report, the character of the work of the Department of Studies changed when this country entered the war, and even before. In June, 1940, at the request of the American Red Cross Nursing Service, the League sent a questionnaire to the 1300 schools in order to secure information which could be used as a basis for estimating the number of graduates from accredited schools of nursing during each of the years from 1940 to 1945 inclusive. In the Fall of 1940 the Nursing Council for National Defense (later the National Nursing Council for War Service) was created. The council, together with the various Federal groups in Washington—the Subcommittee on Nursing of the Health and Medical Committee, the U. S. Public Health Service, the American Red Cross Nursing Service—found themselves urgently in need of statistical information that related to supply and demand, and they looked to the League for it. While certain routines were carried on during the war period, in the main the program was one of working with the national professional nursing organizations and the Federal agencies and providing them with such data as those already referred to. Some of these data had been collected as a matter of course before the war, though not as frequently; others were collected because the information was needed and was used in one way or other in the development of the war program. It is a matter of considerable pride to be able to state that, in so far as we know throughout the war period, every request for information was satisfactorily met, even though at times a special "rush" study was indicated in order to find the answer.
If there were need to do so, the war stressed the importance of regular, periodical collection of data reflecting, on a national scale, the history and current status of nursing education and schools of nursing. The future will doubtless stress this importance even more—the fact is, we need not wait for the future with the present upon us. All the guideposts of today point unmistakably to a growing, widening interest and concern in relation to the facts, financial and otherwise, which help explain why schools of nursing, nursing, and nurses are as they are.

So much for the record of the past. To look back only into the past is to dream; to look forward as well into the future is to have vision. It is said, and truly, that the old dream dreams and the young have visions. Since both age and youth are purely relative, what is old as measured by the happenings of current history is young as measured by the happenings of the long past. By the terms of these definitions, the Department of Studies is both old and young, and being both old and young has imposed upon it a double responsibility—the responsibility of weighing wisely the values of past experience and the responsibility of weaving these values into the vision for the future.

The history of the League is rich in study projects. But the appointment of a director of studies in 1932—a nurse—marked a new development. The appointment of a nurse to the new position could well raise the question as to whether a nurse director does have something to contribute to nursing research which a non-nurse director does not have, and if so, what is it? All other things being equal (all other things referring to personal qualifications and the necessary research techniques), the single and significant contribution that a nurse director can offer that a non-nurse director cannot resides in the fact that the nurse director knows the field of nursing by virtue of being a nurse and that she knows the field of nursing education by virtue of being a nurse educator.\(^1\) This specialized knowledge creates an awareness of the deeper problems of nursing education and nursing service; it tends to maintain a balance between speculative and realistic thinking; and it gives a "sense" of the workability of "norms," "ratios," and other findings in concrete nursing situations and their full meaning in nursing education and nursing service programs. To whatever degree this contribution has infiltrated the program of the League's Department of Studies, to that degree a direction has been pointed for the future of research programs in nursing.

In an earlier paragraph of this report, it is stated that the work of the Department of Studies has been concerned with nursing service as well as nursing education—nursing service upon the premise that the program of a school can be no better than the service where the student learns how to nurse. During a war, realignment of nursing personnel

\(^1\)This statement assumes that the qualifications for the position of director of studies would include a good background and experience in nursing education.
and dislocation of nursing service inevitably occur; readjustment when
the war is over as inevitably follows. In the years between 1940 and
1945, the character of the nursing personnel in hospitals generally
changed—in hospitals connected with schools of nursing as well as those
without schools. This change was largely due to the vacancies created by
the professional nurses joining the armed forces. To help fill these va-
cancies, the practical nurse came into hospitals in larger numbers than
she had before. Even though hostilities ceased a year ago, the indications
are that the shortages of professional personnel are just as acute as they
were during the war and, also, that the place of the practical nurse on the
hospital nursing staff is being increasingly recognized.

The National League of Nursing Education has always taken the lead-
ership in initiating studies which provide information that could be used
as guides in the staffing of hospital nursing service. It was therefore in
line with this practice that the Board of Directors, viewing both the imme-
diate needs of the present and the probable needs of the future, should
take action to the effect that a study relating to the use of the practical
nurse in hospitals would be initiated by the Department of Studies as
soon as its program permitted. The study would be so planned as to find
some guiding information on duties now being performed by practical
nurses in hospitals and on the proportion of hours given by them and
given by professional nurses. This study will constitute the major project
of the department next year.

One of the traditional problems of administrators in schools of nursing
has been the lack of reliable data on the annual cost and the annual in-
come of the schools, information essential to budgetary planning. Again,
because of the transitional period through which nursing education is
passing, it was thought by the Board of Directors to be of special impor-
tance at this time to prepare a series of articles on cost analyses in schools
of nursing—the philosophical aspects and, in particular, the educational
and administrative significance of cost accounting in schools of nursing.
It is expected that the series will be begun in the fall.

During the current year the major activity of the Department of Studies
is the preparation of a new list of state-accredited schools. The number
of items about which information is given for each school is 72 in the
new edition as compared with 36 in the 1943 issue. The value of the
new edition is not merely in increase in items but in the fact that many
of the items added are particularly significant as to the kind of school
that is being operated. At present, it is expected that the new edition will
be ready for release in the fall.

Appended to this report is a list of the projects undertaken by the
Department of Studies during the years 1932 through 1945. They in-
dicate the variety and scope of its activities and provide a broad over-
view of its accomplishments.
PROJECTS OF THE DEPARTMENT OF STUDIES FROM 1932 THROUGH 1945

1932-1933

Use of the Graduate Nurse for Bedside Care in Hospitals. Initiated by the League. This study covered approximately 12 months. It was published in a 90-page bulletin.

1933

A study of community resources for nursing education in the city of [city name]. Made at the request of representatives of two hospitals conducting schools of nursing. The study included consideration of the two schools, and the nursing education resources in a communicable disease hospital, a psychiatric hospital, a tuberculosis sanatorium, a visiting nursing association, a nursing bureau of the city department of health, and a university. Confidential study. Report issued to requesting groups only.

A study of the resources of [institution name] (a psychiatric institution) for developing a program of nursing education in that institution. Made at the request of the physician-in-chief of the hospital. Confidential study. Report issued to requesting agency only.

A study of the nursing service in [hospital name] hospital. Made at the request of a committee to study Negro medical education in that hospital. Confidential study. Report issued to requesting agency only.

A Study of the Disposition of Nursing Time with Reference to Medical Education. This study was made at the request of Dr. N. Faxon, Director, and Clare Dennison, Director of the School of Nursing, Strong Memorial Hospital, Rochester, New York. With the permission of Dr. Faxon and Miss Dennison, the findings of the study were published in the American Journal of Nursing, December, 1933.

1933-1934

Activity Analysis of Nursing. Made at the request of the Committee on the Grading of Nursing Schools. This study was begun by Ethel Johns. It was completed and the text of the book prepared by the Department of Studies.

1934

Study of location of communicable disease hospitals and their daily average patients. Questionnaire study. Initiated by the League. Committee on Studies.

Bedside nursing hours provided in communicable disease hospitals. Questionnaire study. Initiated by the League.

Students graduated from schools of nursing (collected annually thereafter). Questionnaire study. Initiated by the League. Published in the American Journal of Nursing.
A study of the community resources for nursing education in ... state. Requested by three state nursing associations. This was a small state with seven operating hospital schools of nursing. The study included the consideration of a communicable disease hospital, a maternity hospital, two special hospitals for children (one a hospital for children with nervous diseases and psychological problems and the other for convalescent children), the district nursing association, and conferences with representatives of a local university. Confidential study. Report issued to requesting agencies only.

A study of hospital school of nursing in ... state. Made at the request of the director of the school of nursing. Confidential study. Report issued to requesting agency only.

A study of a hospital school of nursing in ... state. Made at the request of the director of the school of nursing. Confidential study. Report issued to requesting agency only.

A study of hospital school of nursing in ... state. Made at the request of a member of the board of directors of the hospital. Confidential study. Report issued to requesting agency only.

1934-1935

The Study on Traits Making for Successful and Unsuccessful Nurses. Requested by the Central Curriculum Committee. One hundred and fourteen portrait studies were collected by the Department of Studies, and 1,000 behavior expressions identified in these studies. Results of this study were made use of in the section "Characteristics of a Nurse Able to Adjust Well to Nursing Situations" in A Curriculum Guide for Schools of Nursing.

1935

List of Schools of Nursing Meeting Minimum Requirements Set by Law. Questionnaire study. League study. Published in pamphlet form.

Study relating to clinical courses for professional graduate nurses. Questionnaire study. Initiated by the League. Mimeographed list prepared for distribution.

Enrollment in schools of nursing (collected annually thereafter). Questionnaire study. Initiated by the League. Published in the American Journal of Nursing.

The Nursing Service Study of the Hospital Survey for New York. This study was part of the Hospital Survey for New York directed by Dr. Haven Emerson. It covered the nursing service in 50 hospitals in and around New York City. Published as part of the total study in book form, Hospital Survey for New York. Reprints of Nursing Service Study available.
1935-1936

A survey of nursing education facilities in state. Requested by the state board of nurse examiners. The survey covered twelve hospital schools, two mental hospitals, three tuberculosis institutions, three hospitals operated with an all-graduate staff, and conferences with officials of the state university. Confidential study. Report issued to requesting agency only.

1936

A study of community nursing education facilities in the city of. Made at the request of the three local nursing organizations co-operating with state board of nurse examiners. This survey included consideration of eight existing schools, a children's hospital, a visiting nurse agency, a division of nursing in a department of health, and conferences with representatives of three local universities. Confidential study. Report issued to requesting agencies only.

A Study of the Kiowa Indian Hospital as a center for a school of nursing. This study was made at the request of the Commissioner of Indian Affairs of the United States, Department of the Interior. It entailed a three days' visit on the Navajo Indian Reservation in Arizona and New Mexico and ten days on the Kiowa Indian Reservation in Oklahoma. Confidential study. Report issued to the Office of Indian Affairs.

1937-1938

A Study of the Incidence and Costs of Illness Among Nurses. Sponsored by the Cost Study Committee. Questionnaire study participated in by 223 schools over a twelve-month period. Published in a 36-page bulletin.

1937-1940

A cost analysis of nursing service and nursing education. Sponsored by the American Hospital Association and the National League of Nursing Education in co-operation with the American Nurses' Association. This analysis provided for the development of techniques and procedures for accumulating and presenting data, both accounting and nursing, so that the findings in one institution could be compared with those in another. Published in book form.

1938

A Study of the Nursing Care of Tuberculosis Patients. Sponsored by a joint committee of the National Tuberculosis Association, the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing. Published in the American Journal of Nursing, September, 1938. Reprints available.
1939

List of Schools of Nursing Meeting Minimum Requirements Set by Law. Questionnaire study. League study. Published in pamphlet form.

1940

A study to estimate for each of the years 1940 through 1945 the number of nurses graduating from (a) all state-accredited schools of nursing, (b) schools of nursing meeting Red Cross requirements, and (c) schools of nursing meeting the requirements of the National Organization for Public Health Nursing. This study was made at the request of the American Red Cross Nursing Service. Findings used throughout the war period in estimating yearly number of graduates.

Withdrawal of students from schools of nursing (collected annually thereafter). Questionnaire study. Initiated by the League. Published in the American Journal of Nursing.


A study of the nursing service in ................ county hospital. Made on the recommendations of the General Hospital Advisory Committee, the Board of Supervisors of the Department of Charities, and requested by the Superintendent of Charities. Confidential study. Report issued to requesting agency only.

1941

A study relating to refresher courses. Questionnaire study. Initiated by the League in 1941. Mimeographed list prepared for distribution. Published in the American Journal of Nursing, March, 1942.

A study relating to clinical courses for professional graduate nurses. Questionnaire study. Initiated by the League. Mimeographed list prepared for distribution.

Admissions to schools of nursing. Since the Fall of 1941, questionnaires on admissions have been sent out two and three times yearly to provide information to the Committee on Recruitment of the National Nursing Council for War Service. Published in the American Journal of Nursing.

A study concerning employment and vacancies of graduate registered nurses in hospitals. A postcard questionnaire was sent to the 6,300 hospitals and related institutions given in the register of the American Medical Association. These data were gathered to provide factual information to the National Nursing Council for War Service.
1942

Advanced programs in colleges and universities for professional graduate nurses. Initiated by the League. Mimeographed list prepared for distribution. Facilities needed to increase enrollment. Questionnaire study. Requested by the Subcommittee on Nursing, Health and Medical Committee, Office of Defense Health and Welfare Services, Washington, D. C. Published in the American Journal of Nursing, April, 1942.

Number of classes admitted yearly by each of the 1,300 schools and months during which students are admitted. Questionnaire study. Initiated by the League.

A Study of Salaries, Increases, and Allowances. Questionnaire sent to 2,000 institutions. Requested by the American Nurses' Association. Published in bulletin form.

Scholarship and Loan Funds. Questionnaire study. Requested by the American Committee for Nursing Scholarships. Published in the American Journal of Nursing, February, 1942.

A cost analysis of nursing education and nursing service covering a group of institutions in an eastern state. This project was sponsored by the local county hospital council with the co-operation of a local university. The analysis was carried on under the joint direction of Mr. Charles A. Rovetta and the Director of Studies. Confidential study.

A cost analysis of an individual school of nursing. This analysis was sponsored and financed by the alumnae of the school. It was also under the joint direction of Mr. Charles A. Rovetta and the Director of Studies. Confidential study. Report issued to requesting agency only.

A study of the nursing service in hospital. Made at the request of a hospital consultant who had been asked to survey the hospital as a whole. Confidential study. Report issued to requesting hospital consultant only.

A study relating to refresher courses. Questionnaire study. Initiated by the League in 1941 and repeated in 1942. Mimeographed list prepared for distribution. Published in the American Journal of Nursing, December, 1942.

1943

List of Schools of Nursing Meeting Minimum Requirements Set by Law. Questionnaire study. League study. Published in pamphlet form.


General educational qualifications of students admitted to schools of nursing (collected annually thereafter). Questionnaire study. Initiated by the League. Published in the American Journal of Nursing.

A Study of the Personnel Practices for General Staff Nurses. Questionnaire sent to 2,000 institutions. Requested by the American Nurses' Association. Published in bulletin form.
Total Men Students in Schools of Nursing. Questionnaire study. Requested by the American Nurses’ Association.

A Study of the Nursing Service in the 14 Hospitals that had Participated in the Cost Analysis. Requested by Advisory Committee on Hospitals of the Procurement and Assignment Service. Published in *Hospitals*, December, 1943.

Schools Allowing Credit (Time and/or Subject) for College Work. Questionnaire study. Requested by the National Nursing Council for War Service.

Shortages of Nursing Personnel. Questionnaire study. Requested by the Division of Nurse Education, U. S. Public Health Service. Published in the *American Journal of Nursing*, April, 1944.

1944

Shortages in Nursing School Faculties. Questionnaire study. Requested by Division of Nursing Education, U. S. Public Health Service. Published in the *American Journal of Nursing*, April, 1945.

1945

A study relating to clinical courses for professional graduate nurses. Questionnaire study. Initiated by the League. Mimeographed list prepared for distribution.

Advanced programs in colleges and universities for professional graduate nurses. Initiated by the League. Mimeographed list prepared for distribution.

Number of classes admitted yearly by each of the 1,300 schools and the months during which students are admitted. Questionnaire study. Initiated by the League.


Salary Study—administrative and teaching nurse personnel, advanced programs for professional graduate nurses in colleges and universities. Questionnaire study. Initiated by the League. The findings of this study were not published.

Respectfully submitted,

**BLANCHE PFEFFERKORN**

*Director of Studies*
REPORT OF THE SECRETARY OF THE COMMITTEE ON THE ADMINISTRATION OF THE ACCREDITING PROGRAM

The facts of special significance concerning the activities of the personnel of the Committee on the Administration of the Accrediting Program for the fall months of 1945 and spring months of 1946 may be reported under five major topics. These include several types of field work, the action of the committee and Board on schools surveyed, observations made in the field, office activities, and the future program.

Field work

The total number of schools visited was 27. Of this number 7 were fully accredited schools that were visited for counseling purposes and to obtain information concerning current problems and prevailing conditions. Fourteen conditionally accredited schools were resurveyed in order that the committee and Board might determine their future status. Six new schools were surveyed and five affiliated centers were visited in connection with regular surveys. Some conferences were held also with representatives of schools preparing for accreditation.

In addition to this field work, three institutes for directors and instructors from schools of nursing were held in St. Louis, Omaha, and Minneapolis. They were conducted under the sponsorship of the state leagues and were attended in each instance by at least 75 persons. The programs of these meetings were left primarily to the groups. In accordance with their wishes the time was divided between discussions relating to the curriculum and to school administration, Miss MacDonald acting as chairman of the meeting for the first, and the secretary for the second, subject. The groups were not as vocal about their problems as we had hoped they would be. The chief questions asked related to adjustment of the program for the senior cadet period and the ways in which the present shortages of personnel are being met in the country. Conditions of service, that might make more appeal to qualified nurses, were discussed. Those who attended appeared to feel that helpful suggestions had been obtained.

Field work also included conferences with representatives of boards of nurse examiners, wherever these could be arranged. These were held in seven different states. Discussions centered around conditions in general prevailing in each state, the ways in which current problems are being met, and the interest expressed in the League’s program of accreditation. Opinions were exchanged, also, concerning survey techniques and methods employed in the evaluation of schools. These conferences were profitable to the League’s representatives, and the state board executives appeared to feel that they were helpful to them.
Field observations

The conditions in the country that were noted by visitors are of three different types. The first relates to shortages created by the war. These may be grouped as follows: the lack of qualified personnel for executive and teaching positions, the need of general staff nurses to stabilize the nursing service in hospitals with which schools are connected, and the decrease in applications from prospective students. These discouraging conditions, however, are partially offset by two more hopeful observations: that is, by the progress that has been made in teaching programs in spite of wartime conditions and by a renewed interest in preparing for accreditation. In spite of wartime pressure, some accredited schools have continued to improve their teaching programs and other new schools have been able to qualify for recognition. This is shown by the action of the committee and Board of Directors of the League on the schools surveyed.

Committee and Board action

Four new schools have been accredited. These are as follows: School of Nursing of the Hospital of the University of Pennsylvania, Philadelphia, Pennsylvania; Kahler Hospitals School of Nursing, Rochester, Minnesota; Queens General Hospital Affiliating School of Nursing, Jamaica, New York; and the Grace Hospital School of Nursing, Detroit, Michigan. Five of the fully accredited schools that were revisited have retained this status; four schools have been advanced from conditional to full accreditation; and two schools, originally granted full accreditation, have been reduced to conditional. Five of those in the conditional group have been granted some additional time, while in one instance it was necessary to withdraw recognition entirely until the school can be established on a more sound basis. The six remaining of the 27 surveyed await committee and Board action. It is encouraging that so many of the schools referred to in this group have been able to improve in spite of the problems that they have faced during the past few years. Confidence is felt, also, that those who have been given additional time to improve will be able to do so. However, if definite progress is not shown when these schools are revisited, it will be necessary to withdraw recognition. This action is imperative in order to fulfill the purposes of the League in its program of accreditation.

The new schools accredited were placed immediately on an addenda to the main list. A complete new list will be printed following the September meetings.

Office activities

In addition to the field work carried on by the professional staff of the committee, it has been necessary to spend considerable time in the office in acting upon applications, arranging for surveys, completing reports
of schools, preparing for committee meetings, completing work and submitting reports to schools following Board action. Office interviews and correspondence, also, take considerable time.

The annual report form has been revised to include information on testing, the standing of graduates of accredited schools in the state board examinations, and other information that will be used for studies. These facts are, of course, used also to determine if the school is maintaining a standing that warrants continued accreditation.

The secretary has also held membership on the following committees, attending as many meetings as field work would permit: Committee of Interests on Accrediting of the Council, Committee on Integration of Social and Health Aspects of Nursing in the Basic Curriculum, Committee on Measurement and Educational Guidance, Committee on State Board Problems, Membership Committee of the Association of Collegiate Schools of Nursing, Accreditation Committee of the National Organization for Public Health Nursing, Committee on Postgraduate Clinical Nursing Courses. The work of all of these committees has a definite bearing on the accreditation of schools, and regular attendance at these meetings would be profitable.

Future work

A substantial number of good schools have expressed interest in accreditation and some applications have been filed. Some reticence is shown, however, in planning a definite date for the survey, due to the shortage of qualified instructors and unfavorable conditions on wards resulting from the lack of general staff nurses. Frequent requests for postponement of surveys for six months has led the committee to feel that schools should have more time to make their postwar adjustments before the school is studied. When schools are resurveyed, special consideration is given to the conditions that have been beyond their control during the past difficult years. Under these conditions it has seemed desirable to devote the remainder of the year largely to the revision of schedules and other survey materials. Where schools feel that they are ready for evaluation, such surveys will be made. Some institutes will be held, also, where state leagues request them and assume the expenses of the representative from Headquarters.

In closing this brief report I wish to state that, since her appointment in October, 1945, Miss MacDonald has made a valuable contribution to the work of the committee in the evaluation of curricula and in giving suggestions to schools concerning teaching methods. Office work, also, has been carried on competently by the office assistant, Miss Runciman, during the absence of the professional staff. The understanding and support of the committee, and especially of the chairman, have been much appreciated during the trying years of the war.

Respectfully submitted,

CLARA QUEREAU, Secretary
Test services

Since January 1, 1946, the Committee on Measurement and Educational Guidance has operated four test services: (1) the Pre-Nursing and Guidance Test Service, for candidates who seek admission to schools of nursing; (2) the Achievement Test Service, to evaluate some of the outcomes of instruction in the school; (3) the State Board Test Pool licensing examinations for professional and practical nurses; (4) the Graduate Nurse Test Service, for graduate nurses who wish to continue their work on an advanced level.

The volume of each of the test services has been as follows:

1. Pre-Nursing and Guidance Test Service: approximately 6,000 candidates for admission to schools of nursing were tested, bringing in about $30,000.

2. Achievement Test Service: approximately 25,000 tests were serviced, bringing in about $12,500.

3. State Board Test Pool examinations: approximately 67,000 tests were serviced, bringing in about $16,750.

4. Graduate Nurse Test Service: approximately 800 graduate nurses were tested, using the basic nursing battery either entirely or in part, bringing in about $5,200.

Test construction

Since January 1, 1946, tests have been worked on for two services: 12 state board tests were written, sent to reviewers, re-edited, and prepared for offset; the test of practical nurse competency was re-edited and put in final form; 9 achievement tests were prepared, reviewed, tried out, and are now in the process of being re-edited; 6 additional achievement tests were prepared and are now being tried out; approximately 300 items were submitted by the Subcommittee on Psychiatric Nursing of the NLNE's Committee on Postgraduate Clinical Nursing Courses, and are now being reviewed.

Statistics and research

Since January 1, 1946, 43 sets of norms have been calculated as follows: 13 sets of final norms for State Board Test Pool examinations; 23 sets of norms for achievement tests, of which 7 were for final forms; and 16 for tentative forms; 7 sets of norms for the graduate nurse test battery.

Since January 1, 1946, item analyses have been completed for 10 tests as follows: 2 for state board tests; 6 for achievement tests; 2 for basic nursing. Item analyses are in progress for 11 state board tests and for 6 additional achievement tests.
Work has gone forward on the validation of the Pre-Nursing and Guidance Test battery, and the possible addition of estimates of personality traits different from the estimates currently used in the battery (Bernreuter and Minnesota). A five-point rating scale on twelve traits or trait-clusters has been constructed, together with a parallel form of this rating scale with behavior descriptions marking the points of the scale. Ratings have been obtained for approximately 500 students who were admitted to schools of nursing on the basis of the Pre-Nursing battery. These students have also taken a battery of personality tests shortly after admission. An analysis of the results has been begun, the ratings being used as one criterion. Item analyses of the personality tests have also been begun with groups of students eliminated during the preclinical period, preclinical students rated as likely to succeed in the nursing profession, senior students, and graduate nurses being used.

An investigation was made of the effects of different amounts and kinds of experience on scores on the test of basic nursing. Item analyses were made to determine the type of items which favored the recent graduate and types of items which favored the more experienced nurse. The results of this investigation will be reported by Mrs. McManus in her doctoral dissertation.

A study is in process to determine whether it will be possible to use an arithmetic test especially constructed for the Pre-Nursing battery in place of the test which is now included in the battery. The purpose of the substitution is to increase the predictability of the entire battery and to eliminate the payment of royalties on the arithmetic test currently in use.

Respectfully submitted,

ELIZABETH L. KEMBLE, Director

REPORT OF THE CONSULTANT IN ORTHOPEDIC NURSING

The National Foundation for Infantile Paralysis has made an annual grant to the National League of Nursing Education for the past six years. This has made possible: (1) the award of an average of six scholarships for orthopedic nursing courses in universities; (2) preparation and distribution of educational material; (3) the full-time services of an orthopedic nurse on the League's staff.

In the past the scholarships were awarded to applicants who had the necessary academic and professional preparation to qualify as instructors in schools of nursing. At the 1945 meeting of the Scholarship Committee it was decided to request additional funds from the National Foundation for Infantile Paralysis in order to award orthopedic nursing scholarships to a limited number of inexperienced nurses.

It was felt that by assisting promising young nurses to get advanced preparation in this specialty two objects would be accomplished: first, as these
nurses return to hospitals in staff or head nurse positions, better nursing care for the orthopedic patient can be expected; second, from this group of expert practitioners one can eventually expect to get the really well-prepared clinical teacher of orthopedic nursing. The first is especially important from the point of view of nursing education in a number of localities where advanced courses in orthopedic nursing are being considered and the weakness of the clinical field makes such courses at present undesirable.

Suggested qualifications of candidates for these scholarships are: (1) having been graduated from a nursing school approved by the Scholarship Committee; (2) having had one year's successful graduate-nurse experience, preferably in bedside nursing; (3) having a standing in comprehensive nursing ability, psychological and science tests to be administered by the League.

Additional funds were requested, also, for scholarship awards to experienced nurses preparing for positions as clinical instructors. In the past the awards were for the one-semester orthopedic nursing course and a period of from three to four months of clinical experience in selected hospitals.

An advanced clinical course in orthopedic nursing was inaugurated at Boston University in January, 1946, which requires one calendar year for completion. This means that in terms both of tuition and stipend, scholarships awarded for this course are more costly than former awards.

Hereafter the National Foundation for Infantile Paralysis will administer scholarships. Awards will continue to be made, as in the past, by the Joint Committee on Orthopedic Scholarships. These awards are made on a competitive basis. Counseling of applicants and information regarding desirable preparation and scholarships will be carried on by the League consultant, as formerly.

After review of the activities of the League's orthopedic nursing consultant, such as field work, correspondence, committee work, and individual counseling, and the requests for further services it was decided to request additional funds from the National Foundation for Infantile Paralysis to permit the League to secure the services of a second orthopedic nurse on its staff. The foundation approved the proposed expansion of the NLNE's orthopedic nursing program and at the meeting of the board in March, 1946, voted a grant of $45,000 for the year 1946-47.

For the past two years the orthopedic nursing scholarship fund has been only partially used because of the lack of applicants. Last fall and early winter we had a very large number of inquiries and several completed applications from desirable candidates. It was on the basis of this greatly increased interest on the part of graduate nurses that we felt justified in asking for funds to finance advanced preparation for 15 nurses. Since that time all except one of the applicants have withdrawn their applications and two successful candidates have decided not to pursue advanced study, the reason
in most cases being that the nurses have secured teaching or supervisory positions and do not wish at this time to take further university work.

To publicize the need for well-prepared orthopedic nurses and the scholarships, letters were sent to the American Nurses' Association's counselors and to state executive secretaries and information was forwarded to secretaries of state leagues of nursing education for release in state bulletins. That there is a felt need for nurses with special preparation in orthopedic nursing is demonstrated by urgent letters from directors of nursing and counselors asking us to suggest applicants for positions.

The addition of a second orthopedic nurse on the League's staff of JONAS will make possible an expanded field-work program. In the past, one- and two-day institutes, limited to direct teaching and brief advisory visits to hospitals, were scheduled. Consideration is being given to methods of making this service more productive in terms of better clinical teaching and improved care of patients.

At a recent meeting of the JONAS Advisory Committee it was decided that in planning field schedules priority would be given to requests from nursing education departments in universities for advisory service or direct teaching in orientation-type courses to help graduate nurses preparing for teaching or supervisory positions. The purpose of such courses is to give the instructor and supervisor information on body mechanics and orthopedic nursing principles in her teaching of student nurses.

Another type of field service, not formerly considered because of insufficient staff, is a two to three weeks' advisory visit to selected nursing schools. The purpose of such a visit would be to assist with ward teaching, staff education programs, and, where possible, to suggest improvements in the nursing care of the orthopedic patient.

Requests for surveys of clinical material to be used both for graduate and student nurse experience in orthopedics would also be considered. This service seems especially important at present because of the many requests received for information regarding hospitals in which on-the-job experience in orthopedic nursing may be obtained. Requests for assistance with short institutes would still be considered, as time permitted.

There is no charge for any of the services of JONAS because the grant from National Foundation for Infantile Paralysis covers all costs.

Respectfully submitted,

LOIS OLMSTED

NLNE Consultant in Orthopedic Nursing
REPORT OF THE CONSULTANT IN TUBERCULOSIS NURSING

I came on the staff as consultant in tuberculosis nursing on September 3, 1946. To date my time has been largely concerned with becoming oriented to materials that are available at Headquarters; making contacts with the National Tuberculosis Association, which is furnishing funds for the project this year; and visiting Washington to familiarize myself and the group here with the tuberculosis control programs of the Public Health Service and the Veterans Administration—a great deal has been done by these Federal agencies which we should take under consideration. I have also endeavored to secure data on existing basic and advanced programs in tuberculosis nursing and institutes and to locate sanatorium schools where students are spending two years with the opportunity of going to an accredited school of nursing to qualify for state registration; my visit to Washington made it clear to me that there is skepticism regarding the quality of instruction that is being given in tuberculosis nursing. I am trying to find out, also, what other studies are being made by national organizations or groups interested in this field; one of great interest is that being conducted by the U. S. Public Health Service in discovering minor lesions of the lung in students in schools of nursing. There have also been very interesting discussions of the value of vaccination against tuberculosis by groups meeting at the request of the U. S. Public Health Service; it has been stated that clinicians who have been slow to accept the principle of widespread vaccination have finally agreed that the evidence is sufficient to warrant vaccination on a broader scale than has been done before.

An advisory committee on tuberculosis nursing is to be formed to assist the League and the NOPHN and the consultant. This committee will be comprised of three representatives of the League, three representatives of the National Organization for Public Health Nursing, two or three clinicians from the National Tuberculosis Association, the chief of the Tuberculosis Control Division of the U. S. Public Health Service and two nurses in charge of its nursing program, one representative of the American Hospital Association, and the chief of the Tuberculosis Control Division of the Veterans Administration and the nurse consultant.

Regarding procedure for developing and carrying out a program: it is thought that the consultant should arrange orientation visits to selected educational centers and community health agencies where units in tuberculosis nursing have been well developed. Other field visits might be undertaken, depending upon how the findings in relation to courses of study and needs in areas show up when data are assembled. It is felt that these visits should provide for contact with governmental and voluntary agencies to learn their thinking in regard to tuberculosis nursing. Visits could be made to the state boards of nurse examiners, state health departments, local tuberculosis associations, and colleges where advanced programs are offered. Perhaps considerable data could be secured by correspondence.

It is important to learn what criteria are available for judging safety of
practice fields and quality of educational programs and of the staff available for tuberculosis nursing and teaching. After some of this basic information has been obtained, perhaps it would be of interest to develop a demonstration project within a state or geographical unit. Assistance with such a project might be secured from the Children's Bureau, which is interested in receiving suggestions for studies that it might aid financially and that might provide it and other groups with information for programs; a proposal for a study related to the field of tuberculosis nursing has been sent the Children's Bureau, the purpose of which would be to learn the relationship of problems of tuberculosis to children in order to find out what the nurse should know about the care of the tuberculous child and the care of the tuberculous mother and her newborn infant and how she must prepare herself to participate adequately in tuberculosis control programs.

Through its Bureau of State Services, the U.S. Public Health Service assists local groups with health projects; the Division of Public Health Nursing and the Tuberculosis Control Division, in which there are nurse consultants, assist state health departments to develop and evaluate these from time to time. The Public Health Service, also, is prepared to lend staff; at the Catholic University it is providing a teacher from the Tuberculosis Control Division to conduct a course on tuberculosis nursing for graduate nurses and to explore local possibilities for teaching tuberculosis nursing to undergraduates who will remain with the university until such time as that information is secured or until the university can take over the project.

The National Tuberculosis Association has provided a fund for scholarships for nurses desiring advanced preparation. The fund provides for twelve scholarships in the amounts of $800 and $1,000. These scholarships are available to nurses in any field. Ten have been granted to date.

Miss Esta McNett is the first nurse to be appointed to the Veterans Administration to concentrate on nursing for tuberculous veterans. She reports that veterans' hospitals are seriously in need of good basic housekeeping of all types of personnel. On the basis of figures veterans' hospitals themselves have worked out as a minimum for satisfactory service, they have a 50 per cent deficiency in staff, and there are practically no in-service or staff education programs for any group. Miss McNett has been able to arrange for a number of nurses to have some special preparation in tuberculosis nursing, and when they return to veterans' hospitals, they are to institute certain basic nursing activities which she has outlined for them.

It appears that the most urgent need at the moment is to define the sphere of action of the national nursing groups. We should endeavor to avoid duplication of effort in a time when everybody is so busy. There is danger, also, of concentration by all groups on similar fields, gaps being left in the total over-all program. Balance is necessary so that the community will have the benefit of the efforts of all interested and active groups.

Respectfully submitted,

KATHARINE G. AMBERSON, Consultant
ADDRESS BY THE PRESIDENT

It is indeed a pleasure for the officers and the Board of Directors of the National League of Nursing Education to meet again with the membership and a privilege for your president to have an opportunity to report directly to you.

It is now over three years since the National League of Nursing Education assembled in convention, and over two years since the Board, the Advisory Council, the committees, and a limited number of members met in Buffalo. Meanwhile, far-reaching events in nursing and nursing education have moved along in significant succession: the war, the splendid response of nurses to both military and civilian needs, the nation-wide organization of nursing for co-ordinated planning, the rapid and effective response of schools of nursing to radical changes in curricula, the continued shortage of nurses for all types of work, the disturbing realization that "the good old days" of the prewar era would not return, and that progress, whether we like it or not, does not turn backward.

How the League met the problems of the final year of the war was reported to you in the Annual Report for 1945. How the League has met the problems of the first year of peace and how we plan to meet the year to come is to be reported to you today.

With the end of the war came the dissolution of the special Committee on Educational Problems in Wartime. This committee carried a major portion of the responsibility for studying school problems during the war years. The outstanding contributions of this committee included the publication of fourteen bulletins, which were sent to every state-accredited school in the country, and a series of institutes, conducted with the Association of Collegiate Schools of Nursing, on problems of the collegiate school. The assistance given by both these programs will continue far beyond the war years. Both programs reflect the high standards and the educational leadership of the committee and its chairman, Nellie X. Hawkinson. The bulletins, now available in one volume, Nursing Education in Wartime, and Guide for the Organization of Collegiate Schools of Nursing, revised in 1946, will furnish sound guidance during this postwar period of deceleration and reconstruction of school programs.

It may well be said that the dissolution of the Committee on Educational Problems in Wartime represents our only loss this past year. Certainly, in terms of numbers this is true. Three newly organized state leagues have joined the National League—Montana, Mississippi, and Vermont. Individual memberships, which stood at 6188 in August, 1944, were at 9363 on August 1, 1946, an increase of 3175 members. This growth is a tribute to the Committee on Membership Campaign and especially, also, to the state and local leagues which have conducted active programs so pertinent to the local need.

As the membership of an organization grows, so must the staff which
serves this membership be increased. This year provision has been made for four more full-time, and two more part-time, professional members of the staff. Four of these have been secured and are already at work. All four come to the League as specialists with outstanding preparation for the positions they fill.

Ida MacDonald joined the staff of the Committee on the Administration of the Accrediting Program as a field visitor in the Fall of 1945 and has already been active in the field.

Through the increased grant from the National Foundation for Infantile Paralysis, the League now has funds to employ a second nurse consultant in orthopedic nursing. To this position Kathleen Newton, a former orthopedic scholarship student, has been appointed.

For some time the National Organization for Public Health Nursing has had the services of a nurse consultant in tuberculosis nursing provided by the National Tuberculosis Association. Through the encouragement and the help of the National Organization for Public Health Nursing, this year the League has also secured aid from the National Tuberculosis Association. On September first, Katharine G. Amberson assumed her duties as consultant in tuberculosis nursing for the League.

Since the inception of the Committee on Measurement and Educational Guidance, the chairman, R. Louise McManus, has carried an increasingly heavier administrative load, heavier by far than volunteer committee workers commonly assume over long periods of time. The work has been well done, but the committee and chairman rightfully should no longer be expected to carry it. As director for this highly specialized work, the committee has secured the services of Elizabeth L. Kemble. For the present, Miss Kemble, who is working for the doctorate in this field, will give only part time to the League.

In the 1946 budget, funds were provided for two other staff members, one the assistant executive secretary for field service, the other a part-time assistant to the Committee on Public Relations. Both are important positions and should be filled without fail before the end of the year. All six of these new staff members have been sought that the services of the League may be more readily available to the membership and that the state, local, and national programs may be more closely integrated.

Because of the far-reaching import of the programs under consideration this year, the Board of Directors has met three times, the committee chairmen were called together in October, and the Advisory Council was asked to assemble in January with the Board of Directors. The program of the organization in general has been carried on as usual in five major areas: (1) undergraduate nursing education, (2) education for the graduate nurse, in part especially for the veteran nurse, (3) postwar planning, (4) legislation, (5) study of the organization structure and functions both of our own organization and of all the national professional nursing organizations.
We have been fortunate in securing grants to support the work of some committees. These have been given by the National Foundation for Infantile Paralysis and the National Tuberculosis Association. Through this and other assistance, the Committee on Postgraduate Clinical Nursing Courses has been able to bring together the necessary committees to work on advanced courses in maternity and surgical nursing, orthopedic nursing, and tuberculosis nursing.

Two outstanding manuals are to be added to the list of League publications this fall. The "faculty pamphlet," *Faculty Positions in Schools of Nursing and How To Prepare for Them*, a completely revised manual, was prepared by a special committee under the chairmanship of Isabel M. Stewart. This manual adds one more to the already important group of League publications in which Miss Stewart's personal and educational leadership is evident. We are fortunate that she could give the time to complete the faculty pamphlet in spite of the pressure of work in the International Council of Nurses.

Although the League received no funds for it, the second publication, a pamphlet entitled *Guidance Programs for Schools of Nursing*, is in a sense the result of a grant. We are indebted to the U. S. Office of Education for the time given by Fred M. Fowler, of that office, to write the pamphlet. We are indebted to the U. S. Public Health Service for the provisions for Mr. Fowler to visit schools of nursing in preparation for writing the pamphlet.

A third publication, prepared by the Committee on Psychiatric Nursing, will furnish schools an enlarged, comprehensive, and helpful bibliography in that field—*Psychiatry and Allied Subjects*.

It is not within the scope of all committees to prepare publications; all cannot have extra funds to employ full-time workers, all cannot have special grants to make possible frequent meetings of working groups whose accomplishments stand out in somewhat more spectacular manner. But that every committee has been active and has achieved noteworthy success within the scope of its own objectives is of itself important. It is through the work of such volunteer committees that the League has grown—quietly, steadily, and surely.

Postwar planning which began in Buffalo in 1944 culminated in the "Comprehensive Program for Nation-wide Action in the Field of Nursing," published in 1945. In this plan were embodied our postwar plans and our highest hopes for opportunities which would lead toward a system of nursing education adapted to the postwar era. This fall, 1946, the National Nursing Planning Committee ends its large and active program. Many of the League plans included in the "Comprehensive Program" have not yet gone beyond the stage of planning, because of inability to secure funds. The school study has not developed as planned; the recruitment program is not assured; the
curriculum study, the joint plans for accrediting, the joint plans for counseling to schools, the special plans for research in educational measurement, all these are either still in blueprint or in the stage of exploratory planning. We believed these plans to be vital to nursing education and to nursing. If we still believe this to be a fact, we must be ready to answer the questions, "How are we to push them beyond the blueprint stage, how are we to put the plans into effect, how are we to support them in the future?" These are, after all, no greater than the questions answered by nursing during the war. Surely, they deserve the same effort, the same support, as the questions put by the war emergency. Surely, nursing today is facing an equal emergency.

In Buffalo in 1944 it was also voted that the three larger national professional nursing organizations should study their structural plans to see wherein a more effective organization structure might be devised. The three other national nursing organizations were invited to participate, making the study a very comprehensive one. This study has now been completed and the results are ready for your consideration. "Nursing united" is, truly, far greater than the sum of the six individual organizations—far greater, perhaps, than those who planned the study could anticipate. Actually, the plan is too large, too comprehensive, for the considered judgment that it needs during the week of the Biennial. It must have fair, yet critical, consideration. It must be analyzed by your appointed representatives in terms of philosophy, structure, function, and probable productivity. It must be studied in terms of what nursing should be, not what it is now, in terms of our reach, not our grasp.

In the meantime, while our representatives are studying the new plan, the League program must go on. With the idea that the better our organization, the better it will fit into any possible new plan, the League undertook in committee this year a study of Headquarters' organization and a study of personnel policies for the staff. The former study continues, the latter is completed for the present. The League has also continued its plans for revision of the bylaws with respect to broadening the basis of membership and to advancing dues. The League, which represents nursing education, needs and warrants the support of a large and active membership. It warrants, also, the financial support which will make possible continuance of existing programs and the initiation of new programs to meet emerging needs. The increased membership, the sale of publications and records, the grants for special studies have been sufficient this year to carry on the program planned. We have expanded some activities and we have met our obligations as a participant in joint professional projects. In addition, Miss Mayo, as secretary of the Promoting Committee for the Study of the Structure of the National Professional Nursing Organizations, and Miss Pfefferkorn as treasurer, have given many extra hours of work. But all this is not enough. The influences of the war have continued this year to curtail many of our
activities. Committee travel has been nearly a minimum. A field secretary
must have office space and some secretarial service. The studies, needed to
prevent a lag between service needs and educational planning, may well
require more workers in our Department of Studies. Leadership requires
knowledge; the source of knowledge is research.

It is not the function of the League to attempt to participate in legislation
on either the state or national level. The American Nurses' Association
rightly represents all nursing in this respect. But it is the function of local,
state, and national leagues to be informed of pending legislation with implica-
tions for health and education. It is also our function to respond, if invited
to speak. This spring a special committee on legislation was appointed to
study pending bills and to prepare a statement for the League. This state-
ment was presented by your president at the hearing on the "Maternal and
Child Health Bill," and later filed at the hearing of the Wagner-Murray-
Dingell Bill.

Each year, as the ballot is prepared, we cannot but be aware of the pend-
ing changes in officers and board members. Two members who were nomi-
nated by the states requested that their names not be placed on the ballot
again this year; one is Nellie X. Hawkinson, a member of the Board since
1930; the second, Mrs. Thomas R. White, a member of the Board for one
term, was the first lay member to be elected to that office. Both will be
greatly missed—Miss Hawkinson for her thorough knowledge, her wise judg-
ment, and her sincere interest in the League; Mrs. White for her under-
standing, her interest, and her efforts to introduce a public relations program
which would show to others the values she herself found in the League's
program.

In concluding, I wish to express my appreciation to the members of the
Headquarters' staff who have assumed so willingly and so effectively the
added responsibilities of the growing program. I wish, also, to express my
regret for the inability to accept more invitations to attend state meetings.
I have chosen these past two years, in lieu of state meetings, to attend those
of the National Nursing Council, the National Nursing Planning Committee,
the Promoting Committee for the Study of the Structure of the National
Professional Nursing Organizations, the advisory committees of the American
Red Cross, the Children's Bureau, and the Veterans Administration.

Someone has said: "We have harder things to do than were done in the
heroic days of war, because it is harder to see clearly, it requires more
vision, more calm balance of judgment, a more candid searching of the very
springs of right."

Surely, furnishing the nursing to make and keep this great nation healthy
is an even greater challenge than furnishing the nursing for the nation's
military forces.

RUTH SLEEPER, President
REPORT OF THE COMMITTEE ON THE ADMINISTRATION
OF THE ACCREDITING PROGRAM

Since this committee reported to you in June, 1945, four different meet-
ings have been held. On December 18, 1945, it met with the Committee
on Accreditation of the National Organization for Public Health Nursing
for the consideration of methods to be pursued when a school of nursing
is being surveyed by the representatives of both organizations and for the
consideration of two schools so surveyed. This was the first joint con-
ference of the two committees. When schools are surveyed by the two
groups in the future, the committees will come together in the same man-
nner for the consideration of the reports. The committee met for its usual
business on the following day, December 19, and on January 19, 1946.
A two-day meeting was also held on May 15-16, 1946.

The activities of this committee make a considerable demand upon its
members, for the committee acts not only as the professional group carry-
ing the responsibility for determining policies to be pursued in the ad-
ministration of the program of accrediting, but as a board of review in the
consideration of the evaluation of schools surveyed. This places upon
each member of the committee the responsibility for the careful consid-
eration of the reports made by the visitors to the schools and the review
of schools in committee. The committee is responsible for the recommenda-
tions made to the Board of Directors as to what status should be granted to
the schools surveyed.

The committee has spent one day in consideration of a means for ac-
crediting, or otherwise giving recognition to, courses and programs being
offered to graduate nurses. This problem is recognized as of increasing
importance at this time when veteran nurses are seeking both advanced
and refresher courses, especially those in the clinical fields. Accreditation
of these courses is one of the recognized responsibilities of the League. Up
to this time the lack of personnel and financial ability for making the
necessary studies as a basis for the recognition of courses has prevented
the committee from going forward in such a program. Whether this can
be entered upon in the near future waits further study and means for
financing. The cost to the League of financing the present program is
heavy, but the belief in its value to nursing education is strong. It is so
strong that the cost seems justified.

A small subcommittee has been studying the special problems involved
in the accrediting of collegiate schools and of schools having collegiate
connection.

The war, and now postwar, has had and is continuing to have a devas-
tating effect upon the schools of nursing. A considerable readjustment is
now going on, caused by the closing of the cadet nurse program and by
the difficulty being experienced in securing competent faculties as well
as sufficient graduate nurse and other personnel to ensure good nursing service.

It is foreseen that few schools will desire to be considered for accreditation during this difficult period; the committee is therefore planning on decreased activity in the field during the fall months. There is much work waiting to be done at Headquarters in the reorganization of material, in the study and review of annual reports, and in intensive study of many of the areas covered by surveys. The visitors during the spring months have conducted several institutes, and it is hoped that they may be able to be helpful to schools, their directors, and faculties through further activities of this type. All prior commitments in the field will be met, and applications for surveys for the Spring of 1947 will be reviewed and planned for.

The report of the secretary will give the details of the work carried on in the field and at Headquarters by herself and the field visitor, who joined the staff in the middle of October. During the year the committee has made the following recommendations re schools to the Board of Directors: that accreditation be granted to four newly surveyed schools; that accreditation be granted to four schools previously conditionally accredited; that conditional accreditation be given to two schools previously fully accredited; that the conditional accreditation of five schools be continued for stated periods; that accreditation be refused to one newly surveyed school; that one school previously conditionally accredited be removed from the list.

Since the early days of the program there has been a plan to bring together the representatives of accredited schools for a conference where problems confronting the schools and the committee may be discussed from both points of view. The war and the slow growth of the program have prevented this conference taking place up to this time. Now a plan has been made for the representatives to come together with the committee during the time of the September meetings. This will be a closed meeting for the representatives of accredited schools only.

Your chairman and secretary have attended the meetings of the Committee on Accreditation of the National Organization for Public Health Nursing, of which they are members. These meetings have been profitable and have kept them in touch with the activities of that group.

The chairman and secretary have also been appointed by the Board to represent the National League of Nursing Education on the Committee of Interests on Accrediting, which is a committee of the National Nursing Council. This committee is studying the problem of setting up a plan for the unification of accrediting in nursing. The outcome of the study is of vital interest to all organizations engaged in this field of activity.

In concluding this report I would like to express our appreciation of the contribution to the committee of those serving as representatives of
the accrediting committees of the National Organization for Public Health Nursing and of the Association of Collegiate Schools of Nursing.

I wish to pay tribute, also, to the continued and invaluable service being rendered to the League and to the schools by the secretary of the committee—Miss Queree.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

REPORT OF THE COMMITTEE ON CONVENTION ARRANGEMENTS

The Committee on Convention Arrangements held several joint meetings with the New Jersey State Nurses' Association and the State Organization for Public Health Nursing in preparation for this Biennial Convention.

We, the nurses of New Jersey, feel it a distinct privilege to be the hostess state in planning for and participating in the first peacetime biennial convention, particularly when present trends lead us to a realization that we are on the threshold of a changing world in nursing, as the diversified program during the sessions of the next several days will indicate.

In planning our arrangements, we were given every assistance by the devoted and unselfish efforts of the chairmen of the Atlantic City local committees and the untiring co-operation of the convention manager, Marion St. Clair.

The Committee on Convention Arrangements would have taken pleasure in extending some special entertainment to our League guests, but it was thought advisable to forego this because the program does not permit it. We therefore offer a very sincere welcome and hope that the health-giving sea breezes and the natural attractions of Atlantic City may give the needed moments of relaxation.

Respectfully submitted,

JESSIE M. MURDOCH, Chairman
REPORT OF THE COMMITTEE ON CURRICULUM

It has been impossible this year to call a meeting of all members of the Committee on Curriculum, as our funds have been too limited to cover travel expenses. However, our Steering Committee has met twice—in September, 1945, and in April, 1946.

As we were not authorized to initiate plans for a revision of the 1937 Curriculum Guide for Schools of Nursing, we appointed subcommittees to undertake projects suggested by our own members and other committees and groups interested in various aspects of the basic curriculum.

Miss Joy Irwin has acted as chairman of the Subcommittee on the Education of the Nurse in the Care of the Child. Members of her committee have prepared a comprehensive bibliography on pediatric nursing, which is ready for publication. Several members of that committee have collaborated with members of the National Association of Nursery School Education, under the leadership of Miss Ethel Gordon, and as a result of the joint efforts of nursing and nursery school educators, we hope to have available by January, 1947, criteria which will be helpful to schools of nursing which are seeking nursery school experience for their students and to nursery schools which are attempting to set up programs for student nurses. Through the generosity of the Children's Bureau it was possible for the nurses interested in this project to meet in Washington in April, 1946, with a representative group of nursery school educators.

Miss Jean Barrett is acting as chairman of a Subcommittee on the Utilization of Special Therapists in the Teaching of Student Nurses. The committee was established to study the contribution that special therapists can make in nursing education, as these individuals are often asked to teach student nurses but are given little help in learning the needs of nurses. It was decided that the first study should deal with the contribution of the physical therapist, and members of the subcommittee, prepared in the fields of the basic sciences, nursing arts, and the clinical specialties, will work in their own localities with nurse instructors, physical therapists, orthopedic nurses, and public health nurses in an effort to determine for each area of the curriculum the skills which the student should develop, the activities by which students can acquire these skills, the facilities needed for student teaching, and the special contribution which the physical therapist can make in the classroom, in the hospital wards, and in the outpatient department. Two members of the American Physiotherapy Association are acting as consultants to the committee.

Mr. Frank Shea has accepted the chairmanship of a Subcommittee on Curriculum for Men Nurses. We are asking this committee to give consideration first to the content of instruction and practice which should be included in curricula for men nurses. At a later date the committee will review the section of the Curriculum Guide which is devoted to urological
nursing to determine whether the program in this area should be amplified for men nurses.

Miss Frances Thielbar is acting as chairman of a Subcommittee on History of Nursing. This committee is reviewing for the Committee on Publications the slides on the history of nursing and the biographical sketches and will make suggestions for deletion of obsolete material and for additions to bring the collections up to date.

Miss Esta McNett has consented to act as chairman of a Subcommittee on Tuberculosis Nursing. The work of her committee has not been definitely outlined, but we hope that the committee will be able to offer definite help in program-planning to institutions which are accepting students for affiliation in tuberculosis nursing.

The Committee on Curriculum will welcome suggestions for future activities. We are aware of the fact that schools need help in planning their courses in Professional Adjustments I and II and we hope in the near future to appoint committees to make recommendations concerning content of these courses. We have not undertaken the suggested study of acceleration, as we believe that it would be difficult to separate the effects of acceleration from those which resulted from other factors which affected the quality of the instruction and experience of nursing students during the war: for example, the shortage of prepared instructors, the admission of younger students, the increased enrollment, and the decrease in the ratio of graduates to students in the hospital wards. We believe the Committee on Curriculum could be of service to schools of nursing through the publication of bulletins on curriculum problems similar to those published by the Committee on Educational Problems in Wartime. We would be willing to undertake this work if funds could be obtained for an increased budget for committee expenses and for the publication of the bulletins.

Respectfully submitted,

K. Virginia Betzold, Chairman
REPORT OF THE COMMITTEE ON ELIGIBILITY

Fifty-two applications were received and approved by the Committee on Eligibility between July 1, 1945, and June 1, 1946. Of these, 4 were for sustaining membership, 3 for lay membership, 11 for junior active membership, and 34 for active membership, as follow:

**Sustaining**

Innes, Carolina A., Barre City Hospital, Barre, Vt.
Johnson, Eunice M., Florida A. and M. College, Tallahassee, Fla.
Sister Marie Anna Bisson, Winooski Park, Winooski, Vt.
Sister Mary Delaney, Bishop DeGoessbriand Hospital, Burlington, Vt.

**Lay**

Cornette, James P., Baylor University, Waco, Tex.
Moseley, Mrs. J. A. R., Baylor University School of Nursing, Dallas, Tex.
Sister Mary Hildegarde, 920 Crawford St., Vicksburg, Miss.

**Junior Active**

Barrett, Eleanor May, 60 Colchester Ave., Burlington, Vt.
Boldosser, Marion E., 120 Colchester Ave., Burlington, Vt.
Burke, Florence Marie, 316 Winooski Ave., Burlington, Vt.
Chang, Mrs. Rosie Kim, 3184 Waialae Ave., Honolulu, T. H.
Guyette, Elizabeth M., 60 Colchester Ave., Burlington, Vt.
Horne, Bessie, 1015 South St., Vicksburg, Miss.
Lewis, Letitia C., Hampton Institute, Hampton, Va.
Moore, Shirley Maynard, 60 Colchester Ave., Burlington, Vt.
Sister Fitzgerald, Bishop DeGoessbriand Hospital, Burlington, Vt.
Sister Mary Annunciata, Bishop DeGoessbriand Hospital, Burlington, Vt.
Sister Saint Joseph, Bishop DeGoessbriand Hospital, Burlington, Vt.

**Active**

Acham, Eleanor Sybil, 1222 E. Marshall St., Richmond 19, Va.
Bartley, Helen Cecilia, 46 Nichols St., Rutland, Vt.
Bowles, Kathleen C., Bishop DeGoessbriand Hospital, Burlington, Vt.
Brown, Lois B., 79 Buell St., Burlington, Vt.
Buttlroph, Grace Martin, 60 Colchester Ave., Burlington, Vt.
Corder, Elaine, Nurses’ Home, Greenville, Miss.
Costner, Dorothy Faye, Grenada General Hospital, Grenada, Miss.
Cox, Lucy M., 720 Manship, Jackson, Miss.
Davis, Marion Louise, 120 Colchester Ave., Burlington, Vt.
DePartee, Mrs. Esther M., St. Luke’s Hospital, Boise, Ida.
Earles, Mrs. Eula Arnette, City County Hospital, Gulfport, Miss.
Evans, Muriel A., 120 Colchester Ave., Burlington, Vt.
Ferrari, Jone Adrienne, 24-A Cottage St., Rutland, Vt.
Golden, Mrs. Mary S., King’s Daughters Hospital, Greenville, Miss.
Hayman, Kathleen, 1015 South St., Vicksburg, Miss.
Hodge, Mrs. Edna DeLaney, Houston Hospital, Houston, Miss.
Hovious, Catherine, 1314—19th St., Meridian, Miss.
Langmade, Louise, Route 9, Box 394, Phoenix, Ariz.
Leonardi, Alice R., U. S. Veterans Hospital, Bronx, N. Y.
Mitchell, June Irene, 120 Colchester Ave., Burlington, Vt.
Molyteivski, Violet Ann, U. S. Veterans Administration, Sheridan, Wyo.
Morneault, Odile M., 178 Summit St., Burlington, Vt.
Murray, Shirley A., 120 Colchester Ave., Burlington, Vt.
Partridge, Vernah Louise, 71 Washington St., Barre, Vt.
Pettit, Dorothy M., 120 Colchester Ave., Burlington, Vt.
Richie, Mary L., 613 Magnolia, Laurel, Miss.
Sister Mary Nicola Wisniewski, Monroe and Crawford, Vicksburg, Miss.
Sister St. Margaret Mary, Fanny Allen Hospital, Winooski, Vt.
Smart, Philomena Josephine, Route 1, Box 241, Vicksburg, Miss.
Taisey, Phoebe Abigail, 22 Lafayette Pl., Burlington, Vt.
Tobin, Sadie Mary, 122 N. Union St., Burlington, Vt.
Wesche, Mrs. Mabel A., 403 Roosevelt Ave., Nampa, Ida.
Witherill, Cynthia Anna, 16 Colchester Ave., Burlington, Vt.

The geographical distribution of the foregoing membership applications was as follows:

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<th>State</th>
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<tr>
<td>Arizona</td>
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<td>Florida</td>
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<td>Idaho</td>
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<td>Mississippi</td>
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<td>New Mexico</td>
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<tr>
<td>New York</td>
<td>1</td>
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<td>Territory of Hawaii</td>
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<td>Texas</td>
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<tr>
<td>Vermont</td>
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<td>Virginia</td>
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<td>Wyoming</td>
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Respectfully submitted,

SISTER RITA VOSS, Chairman

REPORT OF THE COMMITTEE ON FINANCE

The Committee on Finance submits the following budgets for the year 1946.

**GENERAL FUND**

*Balance as of December 31, 1945* ........................................ $12,846.93

**Estimated income:**

- Membership dues .......................................................... 30,000.00
- Curriculum ...................................................................... 3,500.00
- Publications .................................................................... 12,000.00
- Records ............................................................................ 27,500.00
- Photographs ..................................................................... 50.00
- Slides ............................................................................... 700.00
- Films ............................................................................... 50.00
- Bulletins ......................................................................... 2,000.00
- Interest on savings accounts ........................................... 100.00
- Convention fees and exhibits ........................................... 5,500.00
- Emergency Fund balance transferred to General Fund ........ 5,498.54

*Total estimated income* .................................................. $99,745.47
## Estimated expenses:

### Travel:
- Board of Directors: $2,700.00
- President: 450.00
- Executive Secretary: 450.00
- Assistant Executive Secretary: 1,000.00
- Appointed Representatives: 200.00

### Printing and mailing Annual Report: 6,000.00
### Stationery: 300.00
### Exhibit space at AHA meeting: 100.00
### Legal fees: 300.00
### Dues—American Council on Education: 100.00
### Storing and handling films: 75.00
### Bond premiums: 150.00
### Audit fee: 175.00
### Joint Board of Directors meeting (reporting): 35.00
### Rental of conference rooms (Headquarters and hotels): 50.00
### Miscellaneous expenses: 50.00
### Conference of State Board of Nurse Examiners: 50.00
### State league supplies: 250.00
### Photographs: 50.00
### Slides: 500.00

### Standing committees:
- Convention Arrangements: 100.00
- Curriculum: 300.00
- Finance: 50.00
- Headquarters: 200.00
- Nominations: 10.00
- Program: 25.00
- Revision: 135.00
- Studies: 25.00

### Special committees:
- Accrediting: 75.00
- Audio-Visual Aids: 60.00
- Measurement and Educational Guidance: 75.00
- Membership Campaign: 80.00
- Nursing School Library: 100.00
- Nutting Award: 150.00
- Postwar Planning: 400.00
- Psychiatric Nursing: 150.00
- Public Relations: 1,500.00
- Records: 175.00
- Reorganization of League Headquarters: 75.00
- Sisters: 5.00
- State Board Problems: 50.00
- To Work with NAPNE: 50.00
- Vocational Guidance: 300.00

### Joint committees with other organizations:
- Auxiliary Nursing Service: 50.00
- Community Nursing Service: 150.00
- Integration of the Social and Health Aspects of Nursing in the Basic Curriculum: 50.00
- National Nursing Council: 500.00
- National Nursing Planning Committee: 150.00
Study of the Structure of the National Professional Nursing Organizations ........................................ 300.00
Publications ........................................ 8,000.00
Preparation of bulletins .................................. 2,000.00
Records ........................................ 5,000.00
Conventional expenses:
  Joint expenses (salary and travel of convention manager) .................................. 1,400.00
  Staff travel ........................................ 300.00
  Miscellaneous, badges, etc. ................................ 200.00
  Preprints of reports .................................. 150.00
  Reporting ........................................ 125.00
  Honoraria, etc. ..................................... 300.00
Department of Studies:
  Salaries ........................................ 12,728.00
  Mimeographing, postage, etc. .......................... 600.00
  Travel ........................................ 300.00
Headquarters’ budget .................................... 42,362.56
Estimated deficit—Committee on the Administration of the Accrediting Program ................. 7,680.00
Contingent Fund ....................................... 324.91

Total estimated expenses .................................. $99,745.47

HEADQUARTERS

Estimated expenses:
Salaries ........................................ $26,408.00
Extra stenographic service ................................ 600.00
Rent ........................................ 3,154.56
Reception room service .................................. 180.00
Telephone and telegraph ................................ 1,000.00
Supplies ........................................ 600.00
Postage and express ................................... 4,500.00
Shipping ........................................ 3,300.00
Mimeographing and multigraphing ......................... 750.00
Library service ...................................... 150.00
Special office care ................................... 60.00
Miscellaneous ....................................... 200.00
Entertainment ....................................... 25.00
Insurance .......................................... 175.00
Reference books, subscriptions, etc. .................... 25.00
Joint staff restroom ................................... 385.00
Equipment .......................................... 750.00
Servicing typewriters ................................... 100.00

Total estimated expenses ................................ $42,362.56
# Committee on the Administration of the Accrediting Program

## Estimated Income:
- Applications: $180.00
- Annual fees: $3,675.00
- Survey fees: $2,350.00
- Resurvey fees: $900.00

**Total estimated income:** $7,105.00

## Estimated Expenses:
- Salaries: $11,400.00
- Committee meetings: $300.00
- Printing list of schools: $125.00
- Reproduction of reports for schools: $600.00
- Supplies, postage, and mimeographing: $200.00
- Expenses for field work: $2,160.00

**Total estimated expenses:** $14,785.00

**Estimated deficit:** $7,680.00

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## Joint Orthopedic Nursing Advisory Service
*(January 1 to July 1, 1946)*

**Balance as of December 31, 1945:** $15,392.68

## Estimated Expenses:
- Salaries: $3,459.96
- Office maintenance: $606.51
- Educational material: $1,704.49
- Scholarship: $8,748.11
- Travel: $875.61

**Total estimated expenses:** $15,392.68

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## Committee on Postgraduate Clinical Nursing Courses

### Subcommittee on Psychiatric Nursing

**Balance of grant for 1943-44 as of December 31, 1943:** $371.22

**Estimated expenses to complete study:** $371.22

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### Subcommittee on Pediatric Nursing

**Balance of grant for 1945 as of December 31, 1945:** $2,468.38

**Estimated expenses to complete study:**
- Travel:
  - Full committee: $759.21
  - Steering committee: $100.00
- Secretarial assistance, honoraria: $297.60
- Supplies, telephone, telegrams, and postage: $99.19
- Mimeographing: $84.29
- Printing of one study: $400.00
- Travel: $708.09
- Secretarial assistance (chairman): $20.00

**Total estimated expenses:** $2,468.38
### Subcommittee on Tuberculosis Nursing

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<td>Printing</td>
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<td>Consultant's travel</td>
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### Subcommittee on Maternity Nursing Service

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<tr>
<td>Grant for 1946</td>
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<td>Estimated expenses to complete study:</td>
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<td>Travel</td>
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<td>Secretarial, supplies, postage, printing, etc.</td>
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### Special Study on Criteria and Definitions

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<tr>
<td>Estimated expenses</td>
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REPORTS OF STANDING COMMITTEES

M. Adelaide Nutting Award

Balance as of December 31, 1945 ........................................ $ 3.26
Estimated expenses .......................................................... 3.26

EDUCATION DEPARTMENT OF THE ANA

Balance as of December 31, 1945 ........................................ $ 192.09
Estimated expenses:
Committee on Psychiatric Nursing ..................................... 192.09

Respectfully submitted,

GRACE WARMAN, Chairman

REPORT OF COMMITTEE ON HEADQUARTERS

The Committee on Headquarters met on March 1, 1946, in New York to discuss the status and implications for nursing education of several bills that were at that time in various committees of the Congress. As chairman of the League's special committee to study bills, Mrs. Eugenia K. Spalding attended the meeting. The prepayment plan, the Wagner-Murray-Dingell bill, and the Pepper bill were the chief topics of discussion. It was agreed that Mrs. Spalding's special committee should be enlarged and that some one should be found to assist in preparing statements to be used at the hearings. Subsequently, Miss Pfefferkorn assisted Mrs. Spalding in preparing statements for hearings on the Murray-Wagner-Dingell bill (S-1606) and on the Maternal and Child Welfare Act bill (H.R.-3922). Copies of the former were sent to the presidents of all state and local leagues.

Respectfully submitted,

RUTH SLEEPER, Chairman

REPORT OF COMMITTEE ON NOMINATIONS

On August 25, 1945, the Committee on Nominations mailed a form to each of the state leagues asking that each state submit the name of one nominee for each office to be filled in 1946. Early in November those states which had not responded were sent a card reminder. On December 15 replies had been received from 32 states. Three states sent suggestions too late to be used. Your committee made the following ticket of candidates from the forms returned. Each candidate has expressed her willingness to serve as an officer of the National League of Nursing Education, if elected:
President

Ruth Sleeper, Director of the School of Nursing and Nursing Service, Massachusetts General Hospital, Boston, Mass.
Carrie A. Benham, Director of Nursing Education, South Dakota State Board, Mitchell, S. Dak.

Treasurer

Lucile Petry, Chief, Division of Nurse Education, U. S. Public Health Service, Washington, D. C.

Nurse Director

Stella Goostray, Principal, * Children’s Hospital, Boston, Mass.
Agnes Gelinas, Professor and Chairman, Department of Nursing, Skidmore College School of Nursing, New York, N. Y.
Clara G. Lewis, Executive Secretary and Director of Nursing Education, North Dakota State Board of Nurse Examiners, Bismarck, N. Dak.
Elizabeth S. Bixler, Dean, Yale University School of Nursing, New Haven, Conn.
Virginia Olcott, Associate Professor of Nursing Education and Associate Director of the Division of Hospitals, and Director of University of Washington School of Nursing, Seattle, Wash.
Mrs. Eugenia K. Spalding, Assistant Professor, School of Nursing Education, The Catholic University of America, Washington, D. C.

Lay Director

Dr. Genevieve Knight Bixler, Educational Consultant, Washington, D. C.
Dr. Ruth Boynton, Director of Student Health Service, Professor of Public Health, University of Minnesota, and Vice President of the State Board of Health, Minneapolis, Minn.

Respectfully submitted,

FAYE CRABBE, Chairman
STELLA ACKLEY
LOIS B. CORDER
LILA B. FLETCHER
KATHLEEN M. LEAHY

The president asked if there were any nominations from the floor. Motions were made and carried that nominations for the officers of president, treasurer, nurse director, and lay director be closed.

*Retiring
REPORT OF THE COMMITTEE ON PUBLICATIONS

The entire Committee on Publications met in New York on December 7, 1945, and a part of the committee met on March 30, 1946.

To 135 persons in different areas of the country, representing various fields of nursing, general education, and related fields of education, were sent letters inviting them to suggest titles for needed articles and names of writers. Many excellent suggestions were received. A second letter was sent to a selected list of nurses asking their opinion about the need for articles. The replies have been of value to the American Journal of Nursing as a source of authors who might do book reviews or write clinical articles.

A subcommittee of the Committee on Publications is to be appointed to continue the preparation of bulletins similar to those published by the Committee on Educational Problems in Wartime, which was discontinued in January, 1946.

Respectfully submitted,

AGNES GELINAS, Chairman

At the request of the president, Virginia Henderson, chairman of the subcommittee on bulletins of the Committee on Publications, commented on the printed report, saying that it was the consensus of the committee that the publication of bulletins would be difficult to continue with the present limited League staff and that the committee's chief recommendation was that a full-time editor be appointed for all publications of the League.

REPORT OF THE COMMITTEE ON REVISION

The Committee on Revision has met four times since June 1, 1945, to consider the proposed revisions of the bylaws of Arkansas, District of Columbia, Florida, Georgia, Kentucky, Mississippi, Montana, New Jersey, Puerto Rico, South Carolina, Texas, Utah, and Vermont.

The chairman attended the meeting of the Advisory Council on January 20, 1946, in New York for the purpose of hearing discussion concerning certain controversial matters which would affect the National Bylaws, and subsequently the committee met with the executive secretary in November, 1945, and in May, 1946, to discuss proposed changes in the National Bylaws, including rearrangement of articles into a more logical form. The proposed changes will be presented to the membership at the time of the Biennial Convention in September, 1946.

Respectfully submitted,

HARRIET H. SMITH, Chairman

The proposed revisions of the Bylaws were read by the secretary and were discussed and amended by the membership. It was unanimously carried that the Bylaws as amended be adopted.
REPORT OF COMMITTEE ON STUDIES

The one activity of the committee during the year was the review of a statement of the work of the Department of Studies prepared by the director of studies to present to the special committee of the Board to consider an over-all educational program of the League.

Before the statement was prepared, it was discussed with the chairman. It was then mailed to each member of the committee, and each member promptly sent in her comments. It is significant that two members should have referred to the need for the same study: a study concerning the proportion of hours given by professional and non-professional personnel to the personal care of patients.

The work of the Department of Studies is described in the report of the director of studies. The department has made outstanding contribution to nursing information and to nursing literature.

Respectfully submitted,

EFFIE J. TAYLOR, Chairman

REPORT OF THE COMMITTEE ON ACCREDITING

No report.

REPORT OF THE COMMITTEE ON AUDIO-VISUAL AIDS

The activities of the Committee on Films have been broadened to include all types of audio-visual aids as well as motion pictures and, therefore, the name of this committee has been changed to "Committee on Audio-Visual Aids." In the past year three meetings have been held.

The objectives for the current year have been: (1) to promote wider and more effective use of motion pictures and other audio-visual aids through the following activities: (a) encouragement of state and local leagues to form committees on audio-visual aids to study and evaluate the use of such aids, especially the evaluation and utilization of the series of motion pictures on nursing produced by the Office of Education; (b) articles on more effective utilization of audio-visual aids in schools of nursing to be published in the American Journal of Nursing; (c) a program of preview of motion pictures and consultation service at the Biennial Convention; (2) to co-operate with the Committee on Curriculum in the preparation of audio-visual aids needed for curriculum planning.

The committee was requested to complete the revision of the pamphlet on illustrative materials, begun by a subcommittee of the Committee on Curriculum. Inasmuch as the last work on this pamphlet was done in
1940, most of the material is out of date and it has been necessary to review all this material very carefully and bring it up to date. It is hoped this will be completed in the near future.

A program of motion picture previews and consultation service during the Biennial Convention has been planned carefully to give teachers and administrators an opportunity to view a number of motion pictures that may be used in the different areas of the curriculum of schools of nursing.

Respectfully submitted,

LORETTA HEIDGERKEN, Chairman

REPORT OF THE COMMITTEE ON MEASUREMENT AND EDUCATIONAL GUIDANCE

Committee business

There have been only two meetings of the committee, both held in Chicago in December, 1945, but referendum votes have been secured by mail on several important issues.

Five progress reports have been prepared and sent each committee member.

Recommendations were prepared and sent to the League Board re' changes in some of the policies, further operation of existing test services, and the establishment of new policies that would permit the operation of a new service. As a result of these recommendations, the following actions have been taken:

1. A director of the Department* of Measurement and Educational Guidance's test services has been appointed—Elizabeth L. Kemble. Miss Kemble is well prepared in the field of measurement and in guidance and has much to contribute to the program. The committee feels that it is very fortunate in having Miss Kemble as director.

2. The committee staff outgrew its cramped quarters at Teachers College, and last fall all but the test production staff moved into 1790 Broadway, in the same building as League Headquarters.

3. Policies were established to permit the administration of the Pre-Nursing and Guidance Test Service battery to individual applicants who live in a remote community, when the expense of travel to a testing center exceeds the cost of individual examiners.

4. The sale of punch-card reports to individual candidates showing their State Board Test Pool scores and to schools of nursing showing the average of their candidates (in comparison with the scores of all candidates in all states) was authorized at five dollars each.

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*A Department of Measurement and Educational Guidance was created officially by the NLNE Board in September, 1946.
5. The preparation and release of a State Board Test Pool examination for licensing practical nurses was authorized and accomplished.

6. The committee was given authorization for entering into contractual agreements with state professional counseling and placement services for the use of the committee tests in counseling nurses, particularly veterans.

7. The establishment of a first-year achievement test service was authorized at ten dollars per student. This will provide schools of nursing with a battery of achievement tests in first-year subjects and give a basis of comparison of the individual student’s standing in each subject with large numbers of first-year students in other schools and her progress in relation to her expected achievement and learning capacity. This service also includes a report of the number of correct responses made to each test question by the class as a whole, thus revealing areas of weakness and strength.

8. Because the cost of test production and operation of the State Board Test Pool has exceeded the income derived from it, it no longer seems justifiable, since the war emergency is over, to divert the surplus income from the Pre-Nursing and Guidance Test Service needed for research relating to that service to the continued subsidizing of the Pool’s operation. A thorough review of the policies under which the Pool operates was voted. The printing of a new issue was postponed until such a study had been made. A letter and a questionnaire have been sent to state boards of nurse examiners in an effort to determine the extent of interest in continuing the operation of the Pool under present policies or to secure suggestions for changes in policies, including the plan for financing its operation.

9. A prospectus for a program of research relating to and based upon the results of measurement has been prepared and presented to the American Council on Education and to a foundation, in the hope of securing a subvention.

10. The committee is pleased to report the receipt of two gifts during the year. The New Jersey State League gave the committee $250, the first gift of money the committee has received. Through the generosity of the International Business Machine Corporation, the committee’s staff has been able to use without charge certain tabulating equipment in the International Business Machines Corporation Office. This has made possible a considerable saving, as the committee had previously paid an hourly rental for the use of such equipment elsewhere.

State Committees on Measurement and Educational Guidance

During the past year the National League of Nursing Education’s Committee on Measurement and Educational Guidance has had correspondence with 39 active state leagues’ Committees on Measurement and Educational Guidance. Without the splendid assistance of these state committees, there
would be little progress to report. Early last fall each state committee chairman was provided with a statement of the committee's objectives in relation to measurement and educational guidance and suggestions for co-operative studies and other activities likely to promote their attainment. Considerable material was distributed to these committees to facilitate their work. This included an abstract of the purposes and policies of operation of each of the five test services conducted by the committee and directions for the more effective participation of state and local league committees in their conduct and a statement of the type and amount of data in the committee's file available for research purposes and suggestions for their use by state and local committees, individual League members, nursing school faculties, or other groups wishing to study problems in relation to measurement and guidance in nursing.

Reports received from the state committees show an increasing and widespread interest in the problems of measurement and guidance. The majority of reports indicate a wholehearted response to the appeal of the National League of Nursing Education's president for all leagues to give their earnest consideration to the possibilities of wider participation in the League's program in measurement and educational guidance and in the use of the test services. In most of the states the programs of one or more meetings were devoted to the interests of the Committee on Measurement and Educational Guidance, and several states conducted institutes on measurement problems. Members of the committee's staff or the committee's chairman took part in twenty-four programs in fourteen states.

State committees have assisted in the conduct of the Pre-Nursing and Guidance Test Service by planning the schedule of testing dates and places most convenient to the schools in the state and have frequently secured proctors and examiners to administer the tests. Although the advice and assistance of the state chairmen will continue to be needed during the next year in arranging for the examining centers and dates, after January 1, 1947, the national committee's staff will assume responsibility for preparing and distributing the testing schedules in all states.

Many state committees have assisted in the development of achievement tests by securing opportunities for the tryout of experimental forms and for the establishment of norms on the final forms of the test. An effort has been made to secure one or two schools in each state to co-operate in the norming process so that the norm established would be as widely representative and useful as possible.

Among the special activities of the state Committees on Measurement and Educational Guidance, the following have been reported by state committees:

1. Study groups have been formed co-operatively to prepare pretests for clinical services, achievement tests in a variety of subjects, and rating scales for the appraisal of progress in nursing practice skill and personality development.
2. State-wide studies have been made of the selective-admission procedure, the test batteries used, the critical scores below which failure and above which success have been frequently observed, the admission committee's functions, and the use to which the test results are put prior to and after the student's admission to the school.

3. Studies have been made, with the co-operation of state Committees on Curriculum, of the State Board Test Pool results in the state as a whole and within individual schools, to estimate the strengths and weaknesses of the educational program.

4. Studies have been made of the counseling based on prenursing and achievement test results and of counseling record forms and systems of reporting the student's progress to the study and to those concerned with her counseling.

5. One state has started to assemble information concerning the standardized tests frequently recorded on their applicants' high school records. The committee hopes to prepare tables of norms and equivalent scores and to make them available for the use of any school of nursing in the state.

Such co-operative activities relating to measurement and educational guidance effectively foster the achievement of the objectives of the committee and of the League itself.

Committee staff for test service and research

No group has worked more diligently nor under more crowded and trying circumstances than has the staff of the Committee on Measurement and Educational Guidance. Their fine spirit of teamwork and loyal co-operation, following the leadership of the respective divisional heads, has made it possible for the work to progress in spite of unforeseen difficulties.

The total year's expenditure of $79,081.49 more than any other phase of this report represents the volume of work that has been accomplished during the year. It also indicates the committee's growth during the five years since the first activity was authorized and $1,000 were borrowed to launch it.

The sharp decline in the number of applicants for schools of nursing has correspondingly limited the amount of income derived from the Pre-Nursing and Guidance Test Service. Although each of the test services except the State Board Test Pool operates under policies which, when once established, will permit them to be self-sustaining, including the preparation of new forms, financial assistance is needed to complete the series of tests in each service and to carry on the research program based on the total results.

Respectfully submitted,

R. LOUISE McMANUS, Chairman
REPORT OF THE COMMITTEE ON MEMBERSHIP CAMPAIGN

The work of the Committee on Membership Campaign has been carried on primarily through correspondence between the chairman and members of the Planning Committee, and suggestions have been shared through letters between the state chairmen and members of the Planning Committee. Ideas for increasing League membership have been passed on to the state committees, whenever possible.

The work of the committee has been somewhat handicapped because of the inability to get together and formulate a definite program. It is hoped that such a meeting will be possible before the beginning of another year.

Respectfully submitted,

WILMA F. STEVENS, Chairman

REPORT OF COMMITTEE ON THE NURSING SCHOOL LIBRARY

The special Committee of the Board on the Over-all Program of League Activities recommended that the Committee on the Nursing School Library plan activities to guide and stimulate schools of nursing to develop up-to-date libraries compatible with the curriculum.

The principal work of the committee has consisted in the preparation of a manual for nursing school libraries dealing with the practical problems of library administration. The first draft was prepared by Miss Stella Marie Brun and Miss Charlotte Studer, librarians, and copies were sent to all members of the committee. A final draft, incorporating any changes suggested by members, will be sent to the National League of Nursing Education’s office. It is hoped that this manual will be ready for distribution before the Fall of 1946.

In addition to preparing the manual, the committee has indicated its willingness to be of service in providing counseling service to schools of nursing which desire assistance with problems relating to library procedures. It has also advised the American Library Association that members of this committee are willing to assist with revisions in the classification of that section of the Dewey Decimal System which includes the majority of books dealing with nursing.

Respectfully submitted,

MARGARET CARRINGTON, Chairman
REPORT OF THE COMMITTEE ON THE NUTTING AWARD

The Committee on the Nutting Award met in May, 1946, to discuss (1) the criteria to be set up for the selection of individuals to be nominated for the award; (2) methods of securing names and credentials of such individuals; (3) functions of a jury that is to act on the names submitted and procedures for selecting members of the jury; (4) plans for the presentation of the next award; and (5) plans for giving publicity to the whole project.

Recipients of the award, it was agreed, should not be only nurses, nor should citizenship in the United States be a requirement. The award is for outstanding leadership and achievement in the field of education including administration and organization, teaching, research, writing or journalism, creative thinking and planning, interpretation of nursing education to the public and molding of public opinion, and stimulation and encouragement of leadership in others. Not only individuals, but groups of nurses who have given examples of outstanding co-operative leadership should be eligible for the award.

Respectfully submitted,

ISABEL M. STEWART, Chairman

REPORT OF THE COMMITTEE ON THE OVER-ALL PROGRAM OF LEAGUE ACTIVITIES

See the report given at the meeting of the Advisory Council.

REPORT OF THE COMMITTEE ON POSTGRADUATE CLINICAL NURSING COURSES

The special Committee on Postgraduate Clinical Nursing Courses has among its functions the following:

1. To formulate standards for clinical nursing courses offered to graduate nurses.
2. To construct outlines of advanced nursing courses in various clinical areas which are in accord with the stated standards.
3. To prepare outlines of advanced clinical courses for publication in the Journal and subsequently in pamphlet form.
4. To collaborate with the Committee on Measurement and Educational Guidance in the construction of achievement tests for advanced clinical nursing courses.
5. To assume responsible leadership in interpreting the purposes of advanced clinical courses, and in promoting interest among universities in their development.
6. To be alert to all the various needs in this field of work and to make recommendations accordingly to the Board of Directors of the League.

The work of the committee has continued to develop and expand over the past year, and there are now five subcommittees actively participating. These subcommittees are: Maternity Nursing—Miss Hattie Hemschemeyer, chair-
Reprints of the advanced clinical course in pediatric nursing which was prepared by the Subcommittee on Pediatric Nursing and published in the Journal in August, 1945, were distributed during the year to universities and individuals for critical review. The subcommittee subsequently assembled and studied all the comments and suggestions for changes which were received. On the basis of these suggestions the outline of the course has been finally revised and is now ready to be submitted to the printer for publication in pamphlet form. This will be the third pamphlet to be published by the committee, the others being Courses in Clinical Nursing for Graduate Nurses—Basic Assumptions and Guiding Principles, Pamphlet No. 1; and Courses in Clinical Nursing for Graduate Nurses—An Advanced Course in Psychiatric Nursing, Pamphlet No. 2.

The Subcommittee on Tuberculosis Nursing has completed the construction of an advanced clinical course, which was published as a progress report in the May, 1946, issue of the Journal. Following the committee’s customary procedure, reprints of this proposed course have been distributed for review. It is expected that replies will be received and studied and the final revision of the outline completed for publication in pamphlet form early in the fall.

The Subcommittee on Orthopedic Nursing now has ready a tentative draft of an advanced clinical course in this field to be submitted to the general committee for review preparatory to publication.

A new subcommittee was organized early this spring for the purpose of constructing an advanced course in maternity nursing. Six two-day meetings have been held, and the first rough draft of the course has been made. It is planned to complete this project so that the outline may appear in the Journal not later than December.

The Subcommittee on Psychiatric Nursing has been engaged in constructing an achievement test in co-operation with the Committee on Measurement and Educational Guidance. The test is now in process of being reviewed by nurses who are authorities in this field.

The Committee on Postgraduate Clinical Nursing Courses with its various subcommittees now represents over fifty nurses who are contributing their best efforts to this work. Most of these nurses have had wide experience in clinical nursing or in public health nursing. The committee as a whole is convinced that advanced clinical nursing courses of the type being set up will be an effective force in the preparation of the professional nurse of the future and in the provision of high standards of nursing service to the community.

Respectfully submitted,

ELIZABETH K. PORTER, Chairman
REPORT OF THE COMMITTEE ON POSTWAR PLANNING

See the report given at the meeting of the Advisory Council.

REPORT OF THE COMMITTEE ON PSYCHIATRIC NURSING

Three meetings of the Committee on Psychiatric Nursing were held, and the chief activities have been: (1) revision of the bibliography on psychiatric nursing and allied subjects; (2) preparation and distribution of the leaflet “New Frontiers in Psychiatric Nursing”; (3) collecting data with regard to the development of psychiatric nursing activities through contact with state leagues and boards of nurse examiners; (4) preparation of a program for training attendants in mental hospitals in co-operation with the Nursing Committee of the American Psychiatric Association.

The contemplated program for the coming year is: (1) to evolve standards for courses in psychiatric nursing at the affiliate level; (2) to continue the close contact with the state league committees on psychiatric nursing on an exchange of information basis; (3) to stimulate and encourage the establishment of satisfactory courses in psychiatric nursing in mental hospitals; (4) to give emphasis to the place of psychiatry in general hospitals; (5) to plan for participation in the Biennial Convention in September.

Respectfully submitted,

LAURA W. FITZSIMMONS, Chairman

REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations, appointed by the Board in June, 1945, has made considerable progress. First of all, the National League has provided a budget for the current year; and second, Miss Caroline Nicoll, R.N., has offered to act as liaison between the committee and the Headquarters of the NLNE, and to act as executive secretary of the committee. Miss Nicoll has already been able to help a great deal by having conferences with the various persons concerned with the work of the committee. The chairman wishes to express much appreciation of the work Miss Nicoll has done. The members of the committee are: Mrs. Thomas Raeburn White, chairman, Mrs. Granger Brown, Miss Alta E. Dines, Miss Florence M. Seder, Mrs. Homer Wickenden, Miss Ernestine Wiedenbach, and Miss Adelaide A. Mayo, ex officio.

The following subcommittees were appointed: (1) Subcommittee on the Selection of Subjects, Preparation, and Collection of Material—Miss Hazel Corbin, chairman, Miss Caroline Nicoll, Mrs. Granger Brown, Mrs. Beulah VanWagenen, and Miss Ernestine Wiedenbach; (2) Subcommittee on the Utilization and Distribution of Material—Mr. Horace Hughes, chairman, Mrs. Carol Krum, and Miss Florence M. Seder.
To date these subcommittees have met jointly, as it did not seem possible to separate the work at the present time.

The practical plans of the committee at present consist, first, in the revision of the pamphlet *How the NLNE Serves You*, which was turned over to it by the Board of the League; second, in preparation of a new pamphlet entitled *Nursing Education as Seen by a Layman*, giving answers to the following questions: (1) What types of nurses are there? The answer is to differentiate between practical, professional, etc. (2) What are the requirements for admission to schools of nursing, and why? (3) What is nursing education? The answer is to explain basic and advanced education. (4) What subjects are studied, and why? (5) How is the student's educational program organized in most schools of nursing with relation to planning for varied experience? (6) What cultural advantages is the student able to obtain during her training? The answer is to show her relationship to life in the community. (7) What does "R.N." mean to the nurse and to the public? (8) What job opportunities are open to registered nurses? (9) How can a layman help a nursing school? (10) Where can more information be obtained about nursing?

The committee plans to develop certain other pamphlets which it believes are needed in order that the work of the League may be understood. Miss Nicoll plans to select certain items of information from the minutes of the League committees which it seems important to give to various groups throughout the country, and, after consultation with the committees and Miss Mayo, to send these to the groups to which they should go.

Plans are also under way for publicity for the League's share in the Biennial Convention.

The committee has spent much of its time in consideration of its functions. It has established certain priorities concerning subjects which it considers most important for it to take up. It has also obtained, through Miss Seder of the Nursing Information Bureau, a table of publics that it might wish to contact concerning nursing education and a table of public relations channels available for such information.

Respectfully submitted,

DOROTHY S. WHITE, Chairman

**Report of Committee on Records**

Seven meetings of the Committee on Records have been held during the year. The work of the committee at present is concerned with the preparation of forms for schools of nursing in recording (1) information they should secure from schools seeking affiliation, (2) information they should secure about schools or agencies in which affiliations are sought, (3) contractual arrangements, (4) health reports and pre-affiliation records of students, and (5) achievement of students in home school and affiliating school. A manual
will accompany the forms to provide a guide in their use. It is hoped that these new materials will be available some time in the fall or early winter.

Respectfully submitted,

BLANCHE PFEFFERKORN, Chairman

REPORT OF THE COMMITTEE ON SISTERS

All activities pertaining to the Committee on Sisters were carried on entirely by correspondence during the year 1945. The one additional activity that was sponsored was the assigning of an individual nurse to attend each state or district meeting of the league and to send a report of the meeting to all directors of nurses in Sisters' schools of nursing within the state. This was very helpful to the members who were unable to attend a particular meeting. During the Biennial Convention we hope to restate our objectives and make plans for a more active program.

Respectfully submitted,

SISTER MARY THERESE, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS

One meeting of the Committee on State Board Problems was held in Chicago in December, 1945. The assigned project, "Minimum Curriculum for Schools of Nursing," was discussed. The committee members felt that the necessity of preparing more nurses for military and civilian needs had permitted certain supplementary experiences in medical nursing which may be retracted in normal times.

Respectfully submitted,

MARY A. MAHER, Chairman

REPORT OF COMMITTEE ON VOCATIONAL GUIDANCE

The current objectives of the Committee on Vocational Guidance are: (1) to develop guidance policies and suggestions for guidance programs for the use of administrative and instructional personnel in institutions offering basic and advanced nursing curricula, and (2) to advise registrars and counselors in professional placement services through appropriate literature on counseling of graduate nurses seeking positions in institutions offering basic and advanced nursing curricula.

In addition to its members, the committee has one consultant, Miss H. Phoebe Gordon.

During the past year the following has been accomplished: (1) The guidance leaflet "Choose a Career in Nursing Education" was completed and
widely distributed. (2) The manuscript for the pamphlet Guidance Programs for Schools of Nursing, which was written by Mr. Fred M. Fowler of the U. S. Office of Education, was completed. (3) A subcommittee prepared, during the Summer of 1945, a statement of criteria for approving both graduate programs and courses in nursing, which was sent to the governors of all the states with a letter of transmittal from the president of the League. This material was prepared in connection with the GI Bill of Rights.

This committee also gave assistance to the executive secretary of the League in preparing material relating to: (1) information needed when choosing an advanced program in nursing; and (2) information needed when choosing a supplemental clinical nursing course. These materials are in mimeographed form and are being distributed with a form letter from Headquarters to professional nurses requesting information about the selection of advanced programs and supplemental courses. At present a guide that it is hoped will be helpful to counselors of professional nurses relative to the selection of advanced programs and supplemental courses in nursing is in the process of preparation.

A meeting of the committee was held on February 27, 1946, at which time the following activities were proposed:

1. Preparation of a basic fact sheet or a statement of fundamental philosophy relative to counseling and enrollment of high school and college students who are prospective candidates for schools of nursing—this to represent the League's point of view for use by the Committee on Careers in Nursing of the National Nursing Council and other groups that prepare prenursing guidance materials, such as the Nursing Information Bureau. In connection with this the committee worked out a proposed plan for the project, including, in general, the analysis of the problem, the proposed procedure for the study, and suggestions for securing funds for a worker and materials needed. Unfortunately, funds have not been secured and this study, which is so vitally needed, has been delayed.

2. Preparation of a booklet on guidance services for professional nurses in advanced nursing programs. It was thought by the committee that this study is important but should be delayed for the present until the project described under item 1 above is completed.

3. Preparation of an informational letter on guidance services and other phases of personnel work in nursing to be sent to state and local leagues; the letter is to be signed by the chairman of the Committee on Vocational Guidance and the chairman of the Committee on Measurement and Educational Guidance.

4. Preparation, for reference, of a roster of names of those prepared to act as consultants or speakers in various phases of personnel and guidance work for state and local leagues. This work has been started.
5. A suggested plan for co-ordinating activities of League committees concerned with personnel work and guidance services was drawn up and presented to the Committee on Reorganization of League Headquarters for consideration.

6. Preparation of an annotated bibliography on personnel work and guidance in collaboration with the Committee on Measurement and Education was also discussed. This has not yet been undertaken.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT OF THE COMMITTEE TO WORK WITH THE NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION

See the report given at the meeting of the Advisory Council.

REPORT OF THE JOINT COMMITTEE ON AUXILIARY NURSING SERVICE

In the interval between the May, 1944, Biennial Convention and the January, 1945, meeting of the Joint Board of Directors, the Joint Committee on Auxiliary Nursing Service held one meeting and the chairman represented this committee on the working committee of the National Advisory Committee on Practical Nurse Education of the U.S. Office of Education. The chairman also attended a meeting of the Postwar Planning Committee for the Red Cross Volunteer Nurses' Aides held in Washington, September 28, 1944, and a meeting of the advisory committee to the nurse who is writing a book on practical nursing for the Commonwealth Fund.

The chairman participated in discussions about the preparation and licensure of auxiliary workers in the care of the sick, speaking on the responsibility of the profession for the preparation of auxiliary workers, at a Conference of Representatives of State Boards of Nurse Examiners in St. Louis, Missouri, December 1, 1944, and at a meeting of the Advisory Council of the ANA in New York, January 15, 1945.

Reorganization of committee

The Joint Committee on Auxiliary Nursing Service was reorganized in January, 1945, because it was evident that if progress was to be made it was necessary for nurses to arrive at some conclusions before discussing the subject with representatives of allied organizations.

The reorganized committee is composed of the executive secretary and one representative appointed by each of the following organizations: American Nurses' Association, National League of Nursing Education, National
Organization for Public Health Nursing, National Association of Colored Graduate Nurses, Association of Collegiate Schools of Nursing, and National Association for Practical Nurse Education.

The Joint Board voted that an advisory committee should be appointed which would include representation from the American Hospital Association, American Medical Association, U. S. Office of Education, Home Economics Association, and other related groups, and two active licensed practical nurses, who might serve as members at large.

At the first meeting of the reorganized committee, held in the ANA conference room, at 1790 Broadway, New York, on June 20, 1945, Elisabeth C. Phillips was elected chairman and Marguerite K. Jacobsen, a member of the ANA staff, was appointed secretary.

Courses offered by government agencies to prepare auxiliary workers

A subcommittee was appointed to study a report of the Committee on Supplemental Practical Nursing Courses of the NAPNE and a preliminary report of the ANA’s study of courses offered by government agencies to prepare auxiliary workers to care for the sick. The project was undertaken with the view of placing in the hands of state boards of nurse examiners, professional counselors, and others material which would help them to evaluate qualifications of persons thus trained who may wish to continue in nursing after leaving military service. After making a study of the two reports, the subcommittee found that additional data had to be gathered. The American Nurses’ Association made possible the statistical, research, editorial and stenographic services needed to do this. The New York State Board of Nurse Examiners released a member of its staff to make one field visit.

The outline, as mimeographed, contains data regarding the courses offered by the Army, Navy, Coast Guard, Maritime Service, and American Red Cross to prepare personnel to care for the sick. The information includes length of basic course; hours in course; course content; title or rating given on completion of course; basis for selection of students; teaching staff; content of advanced courses for which basic course is a prerequisite; and the number of persons who had completed the course by a certain date. Permission to release the data was secured from the agencies concerned. The outline is available at ANA Headquarters.

Development of tests

The development of achievement tests for practical nurses has received attention. On August 27, 1945, a memorandum was sent to state boards of nurse examiners requesting the help of the examiners in determining what jobs were basic to good practical nursing, and, therefore, were jobs upon which a test program should be developed. A selected sample list of one hundred possible jobs was attached, and the examiners were asked to mark
the list in such a way as to give the desired information. The officers and chairmen of committees of the ANA Private Duty Section also checked the list. The marked lists were turned over by the joint committee to the NLNE Committee on Measurement and Educational Guidance. These tests have now been constructed and are ready for use.

**Functions of joint committee**

At each meeting of the joint committee, consideration has been given to the functions and program of the committee and to the budget necessary to carry on the program. It was the consensus that the committee should serve as a clearing committee on matters pertaining to auxiliary workers in the care of the sick and that it should revise the pamphlet "Auxiliary Workers in the Care of the Sick." If it is to do the latter, a detailed study of the preparation and use of auxiliary nursing personnel should be made. This would require funds. It was also the consensus that to carry on an effective program, frequent regular meetings of the committee are needed, but such a program would necessitate a full-time secretary and necessary clerical assistance for the committee.

In January, 1946, the joint committee presented to the boards of directors of the organizations represented on the joint committee the following recommendations:

1. That the name of the advisory committee which is to be appointed by the joint board of directors be changed to "Consultant Committee."

2. That names of organizations and persons be suggested for appointment to serve on the committee of consultants. (A list of these organizations and names was drawn up.)

3. That each organization represented on the joint committee contribute to a budget for the joint committee or explore the possibility of securing funds through some other sources.

4. That, since state nurses' associations usually develop active public opinion programs relating to legislative activities, consideration be given to continuing public information programs to promote the purposes of the legislation which has been secured, viz., the preparation and licensure of practical nurses.

5. That the title "practical nurse" be used and supported by the organizations represented on the joint committee, for the following reasons:
   a. There is great need that a title be used which requires a minimum of explanation in order to be understood.
   b. The term "practical nurse" is more generally known, used, and understood by the nursing and medical professions and the lay public than is any other term which has been suggested thus far.
   c. The only national organization dealing exclusively with matters in this field is incorporated under the name "National Association for Practical Nurse Education."
The boards of directors of the ANA, NLNE, NOPHN, NACGN, and NAPNE have accepted the recommendations as presented. No notification of action by the board of the ACSN has been received.

Review of the present policies

At the February 25, 1946, meeting a subcommittee was appointed to review the principles and policies relating to auxiliary workers in the care of the sick, which have been adopted by the ANA, NLNE, and NOPHN, and to prepare a statement of principles and policies regarding preparation and supervision of practical nurses and legal controls of their practice, which can be used by the six organizations represented on the joint committee.

Representation of the joint committee at meetings

The former chairman of the joint committee has continued to serve as the joint committee's representative at meetings of the working committee of the National Advisory Committee on Practical Nurse Education, U. S. Office of Education, which completed a job analysis of the practical nurse occupation in May, 1946. The present chairman attended the December, 1945, Conference of Representatives of State Boards of Nurse Examiners in Chicago, Illinois, and a meeting of the Council of Federal Nursing Representatives in Washington, D. C., in February, 1946.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

REPORT OF THE JOINT COMMITTEE ON THE INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM

Six all-day meetings were held during 1945-46 with excellent attendance and a high degree of participation. Many additional meetings were attended by members of the seven subcommittees. Members appointed this year were not designated as representing the NOPHN or NLNE, since members usually belong to both organizations and the very nature of integration requires interest in every area of the curriculum.

The committee recognizes that its activities in integrating the social and health aspects of nursing in the basic curriculum are largely concerned with the curriculum and, therefore, closely related to the work of the Committee on Curriculum. It is keenly aware, also, that many of its problems and recommendations are concerned with nursing service to patients and the administration of that service, because student experience is basic to the educational plan. In this respect the work of the committee is related to other committees of the NLNE, NOPHN, and ANA. It is felt that the objectives
of the committee (published in the *American Journal of Nursing*, January, 1944) are broad enough to include service as it relates to the education program without being changed at this time.

Although a full-time worker was not available for 1945-46, the committee appointed seven subcommittees to work on problems felt to be most urgent. The progress of the seven subcommittees is as follows:

1. Subcommittee to study the preparation of the graduate nurse for participation in the integration of the social and health aspects of nursing in the basic curriculum. It is recognized that better preparation of graduates in the social and health aspects of nursing is essential in promoting progress in schools of nursing. The work of this subcommittee will not duplicate, but will supplement, that of the committee on advanced clinical courses. Its report should be completed during the summer or early fall.

2. Subcommittee on interagency referrals of patients for continuity of nursing care. The work of this group is aimed at developing general principles on referrals of patients to and from hospitals for nursing care, rather than specific suggestions for procedure. This project is expected to be completed during the Fall of 1946.

3. Subcommittee to study standards of service in outpatient departments as they relate to student education. This committee is directing its attention toward the functions of the outpatient department, the nursing responsibilities in this department, objectives for the student nurse's program, and the methods of instruction which are adapted to the outpatient department. Considerable work has been done, and final approval of the joint committee is expected in the fall or early winter.

4. Subcommittee to assist with tests and measurements relating to the social and health concepts in nursing. This subcommittee was appointed at the request of the League's Committee on Measurement and Educational Guidance and is working closely with it. It is approaching the problem by developing objectives which should have been achieved by a student being graduated from a school of nursing which emphasizes the social and health concepts throughout the basic curriculum. After the objectives are completed, it is planned to set up test situations which will help determine the student's attainment of these objectives. It is expected that this work will be completed during the Winter of 1946-47.

5. Subcommittee to study problems involved in arranging for and maintaining various types of public health nursing experiences in the basic curriculum. After further consideration of the material already published in this area and the problems involved in studying the practices of specific schools and public health nursing agencies, it was decided to discontinue the work of this committee at this time.

6. Subcommittee to study the social content in nursing theory and practice in the basic curriculum. No work has been done by this committee to date, but it expects to get started in the early fall.

7. Subcommittee to develop a comprehensive bibliography on the integration of the social and health aspects of nursing. This committee is developing an annotated bibliography which relates to methods of integration. Each of the subcommittees will contribute references relating to its special work. This bibliography should be ready during the Fall of 1946.

The Committee on Integration decided that no special program on integration should be planned for the Biennial Convention this year, since every effort is being made to hold as many joint sessions of the three national
professional nursing organizations as possible because of the many problems relating to all three groups which are dependent on joint planning for action.

Through committee discussion and the work of subcommittees and through letters which have been directed to the joint committee, the following trends and problems in nursing seem to be worth commenting on:

1. The difficulty of securing any field experience whatever for students in the basic program seems more acute than ever. Since the established public health nursing agencies are able to provide for the basic student so little experience in comparison to the demand, some schools of nursing are setting up their own plans for students to visit in homes. The problem seems to point to the need for community planning for nursing education needs as well as for nursing service to patients. The committee requested that the chairman discuss the problem with the chairman of the NOPHN's Committee on Nursing Administration.

2. There is a rapidly growing interest in hospital and community nursing services in developing an effective referral system for the promotion of continuous nursing care, whether the patient is in the home or hospital.

3. Schools and communities need more help in knowing their local and state resources for help on problems relating to the integration of the social and health aspects of nursing. The local and state resources, also, are unaware at times of the questions and problems arising within their area. Toward this end it was decided by the joint committee that letters by the chairman in answer to local inquiries regarding integration be answered as fully as practicable and that local resources for further help be suggested. In order to inform the local resources of what had been advised, copies of the letters would be sent to the U. S. Public Health Service, the Children's Bureau, the state departments of public health nursing, the state boards of nurse examiners, the National Organization for Public Health Nursing, and the National League of Nursing Education.

Individual members of the committee have been active throughout the year in giving institutes and lectures, in working on state league committees, and in visiting individual schools in the interests of further integration of the social and health aspects of nursing.

Respectfully submitted,

IRENE CARN, Chairman
Organized in 1935 by the ANA, NLNE, and NOPHN, the Joint Committee on Community Nursing Service now has additional members representing the National Association of Colored Graduate Nurses, Association of Collegiate Schools of Nursing, National Association for Practical Nurse Education, American Public Health Association, and the American Hospital Association.

The committee, inactive during the war to avoid confusion with the programs of the national, state, and local nursing councils for war service, voted to become active again in 1944. Because of the imminence of a study of the structure of the national nursing organizations, it was voted that the Joint Committee on Community Nursing Service continue as now set up rather than consider transfer of its functions to the National Nursing Council. There has been close co-operation between the two, as evidenced by the fact that the National Nursing Council obtained a grant from the Kellogg Foundation sufficient to provide salary and a limited travel budget for an executive secretary for the Joint Committee on Community Nursing Service. On October 1, 1945, Eleanor Palmquist came to the committee as executive secretary.

The committee regretted the resignation of Alma Haupt as chairman in February of 1946. By referendum vote Mrs. Lulu St. Clair Blaine was chosen as chairman and Virginia Dunbar as vice chairman.

Problems and progress

Before the war groups of community and professional representatives working together to improve the nursing services in their community were called "councils on community nursing," "nursing committees," or "sections in the health division of the Council of Social Agencies."

During the war the name "Nursing Councils for War Service" was universally used. Some of the nursing councils for war service included citizens who were not nurses, while others were merely a means of getting all groups of nurses together. Functions also varied between local war councils. Some confined themselves to procurement and assignment activities. Those war councils interpreting their functions more broadly, who achieved citizen support for nursing through citizen participation in solving local problems, are the groups most anxious to continue.

The committee indicated that it hoped the machinery set up for nursing in relation to the war effort would remain and be used as a foundation for establishing councils on community nursing service. However, the variation in composition, function, and name, together with differences in local problems, makes it impossible to suggest any one course of action for all communities.
By means of field visits, correspondence, and magazine articles, an attempt has been made to assist local groups. Emphasis has been placed on the importance of each group considering for itself the problems it is meeting, what type of local organization can best resolve these problems, and how it can start functioning. Many communities are making rapid progress in joint consumer and producer attack on their mutual problems.

There is variation between the programs of local councils on community nursing because of the fact that each is based on the problems found in that community. The following are some of the projects of local groups:

1. Carrying a continuous, objective, planned program for enrollment of student nurses.
2. Improving salaries and personnel policies by giving support to professional standards.
3. Initiating a program for training, placement, and supervision of practical nurses.
4. Publishing a list of all institutions and agencies giving nursing service, with a description of the services offered.
5. Obtaining increase in salary scale for private duty nurses by working with section of professional organization and hospital association.
6. Studying and supporting a plan for combining all public health nursing services offered in order to save on administrative overhead costs and provide service on a family basis.
7. Investigating how nursing classifications, qualifications, examinations, and salary schedules were set up in Civil Service and following through until technical advice of the nursing profession is used.
8. Promoting mutual understanding between community and profession—a public relations program.
9. Initiating a forum of recent graduates to create an awareness of community problems and to develop leaders.
10. Arranging a series of meetings of members of all local nursing-school committees for an objective study of mutual problems.
11. Making a study of all nursing services available.
12. Making a study of local programs for nursing education.

Future plans

The committee expects to find its place in the proposed structure for the nursing organizations and to continue giving guidance to local groups desiring to improve their local nursing service through joint professional and community action. It is anticipated that additional funds will be available to continue field work for groups interested.

Respectfully submitted,

LULU ST. CLAIR BLAINE, Chairman

REPORT OF THE JOINT COMMITTEE TO WORK WITH THE HARMON ASSOCIATION

This joint committee was appointed in 1945. Its purpose, as approved by the joint board, is: "To study the Harmon Plan and work out ways of instructing young nurses to know what to look for in insurance; to know what kind of insurance is right for the purpose and why."
It was agreed at the joint board of directors' meeting in January, 1946, that the ANA should assume responsibility for this joint committee. The committee has had one meeting (January 16, 1946), at which Lulu B. Payne was elected secretary and the functions as stated above were defined. Various members of the committee have met twice with the executive committee of the Harmon Association—November, 1945, and May, 1946. Matters under consideration have included publicity plans for the Biennial Convention, routine reports for the professional journals, the preparation of new descriptive leaflets for general distribution, the appointment of a small publicity committee to promote information regarding the Harmon Plan, the investigation of possible forms of life insurance to be offered to nurses by the Harmon Association (group and individual plans), and the recommendation to the board of trustees of the Harmon Association that the National Association of Colored Graduate Nurses be asked to join in formal sponsorship of the Harmon Plan.

It is hoped that this committee will be more active in the coming year in promoting all forms of economic security for nurses through the professionally approved Harmon plans.

Respectfully submitted,

DOROTHY DEMING, Chairman

ANNOUNCEMENT OF TELLERS AND INSPECTORS OF ELECTION

The president announced the names of the tellers she had appointed in accordance with Article III, Sec. 3 of the Bylaws, as follow: chairman, Cynthia Curtis, Utah; Katherine Hoffman, Washington; Elda Hartung, Kansas; Katie Lee Walton, Pennsylvania; Charlotte A. Stump, New Jersey. Since four more tellers were needed, the president asked for volunteers, and the following persons offered to serve and were appointed: Dorothea I. Glasoe, Minnesota; Daphne Rolfe, Massachusetts; Martha Johnson, Maryland; Katherine Kennedy, New York.

COMMITTEE ON RESOLUTIONS

A committee on resolutions was appointed by the president as follows: chairman, Ada Hawkins, Michigan; Margaret C. Kelleher, New York, and Mrs. Dorrit Sledge, California.

ADJOURNMENT

The meeting adjourned at 11:50 A.M.
ORIENTATION MEETING FOR STUDENT NURSES

MONDAY, SEPTEMBER 23, 1946—9:00-10:30 A.M.

Presiding: ELIZABETH L. KEMBLE, R.N., director of NLNE's Department of Measurement and Educational Guidance

Participants: KATHARINE J. DENSFORD, R.N., president of ANA; MILDRED MONTAG, R.N., director of the School of Nursing, Adelphi College, Garden City, Long Island, N. Y.; CECILE BLOCK, student nurse at the School of Nursing, Adelphi College; THERESA I. LYNCH, R.N., dean of the School of Nursing, University of Pennsylvania, Philadelphia, Penn.; MARY ELIZABETH EISLER, student nurse at the School of Nursing, University of Pennsylvania, Philadelphia, Penn.; Bosse B. Randle, R.N., director of nursing service of the Nassau County Health Department, Long Island, N. Y.; ROSINE O'NEIL, student nurse at the Monmouth Memorial Hospital, Atlantic City, N. J.

Some hundred student nurses from all over the country were told at the Orientation Meeting for Student Nurses that students, as builders of tomorrow, are the most important group in nursing and were urged to "have fun" as well as do serious thinking during the convention.

ELIZABETH L. KEMBLE explained the informal, informational character of the meeting and introduced the participants. She brought greetings from Ruth Sleeper, president of the NLNE, read a message from Marion W. Sheahan, president of the NOPHN, and introduced Katharine J. Densford, president of the ANA. Miss Kemble explained what convention meetings had particular significance from each organization's point of view.

KATHARINE J. DENSFORD, urging students to carry on in meeting demands that continue to be as heavy as they were during the war, emphasized the responsibility of Cadet Nurse Corps members. "I doubt if we shall ever attain the stability in nursing about which we keep talking," declared Miss Densford. She said that the recent passage of the hospital construction bill and other events were creating a veritable "snowball of need." She reported surprise at having learned at the London meeting of the International Council of Nurses that many countries are far ahead of the United States in arranging for students to participate in their nursing organizations' activities.

MARIW W. SHEAHAN had sent written greetings as follow:

"My first convention was attended many years ago, but the impression it made must have penetrated deeply. I have rarely skipped one since! Each meeting I attend strengthens my belief that belonging to professional organizations is as much part of being a nurse as are the daily jobs from which we earn our livelihoods. They are the only medium by which our judgments can enter into the making of programs and principles by which nursing becomes known and recognized for its professional competence."
"The students of today have entered nursing at a period in world history when social forces are moving rapidly. They will help make decisions concerning broad social questions, such as health insurance, nursing coverage for the country, the role of the practical nurse and visiting housekeepers, among others. They, rather than nurses of my vintage, will be clearly identified with defining the steps toward the ultimate goal of good medicine and good nursing, helping people to keep well and abundantly healthy through the application of prevention of disease and promotion of positive health as well as cure when the accident of illness overtakes them. The privilege is a big one of having the right to join together in discussion and in voting to help mold the direction in which we collectively think our profession should go. Any nurse who denies herself the privilege is doing only half her job. She is robbing herself and robbing the profession of her support.

"There is a great expansion ahead for nursing. Public health alone will need many thousands. Any young nurse who is thinking of that special field need have no fear that her choice is not wise. The National Organization for Public Health Nursing has its office at 1790 Broadway, New York, in the same building with the ANA and the NLNE. A fine staff of nurses will be glad to greet any student who would like authoritative advice.

"May each student work hard at 'conventioning'? Each one may take my word for it that the most austere, old-looking nurse who could be picked from the group believes that 'all work and no play makes Jack a dull boy.'"

MILDRED MONTAG, speaking on the subject of the NLNE from the point of view of a graduate nurse and member of the League, said:

"The National League of Nursing Education is the oldest of the three national nursing organizations, having been founded in 1893. Its membership is open to both nurses and lay people who fulfill certain requirements as set forth in the League's Bylaws. Inasmuch as it is limited to persons concerned in one way or another with nursing education, it is the smallest of the three organizations in actual membership.

"The League has always been interested in the betterment of the educational program for the students in nursing. It has certain projects which are carried out by specific committees appointed for the job at hand. It is probably easier to view the work of the League by reviewing some of these projects.

"The Curriculum Guide, which is the responsibility of the Committee on Curriculum, is an important work of the League. It is the basis for the curricula under which you study. It is invaluable to teachers and administrators.

"The Committee on the Administration of the Accrediting Program is one of the later additions to the League program. The idea of upgrading schools is not new, but a definite attack on the problem is being made by this committee.

"Another League interest is in measurement and testing, and a committee is responsible for this. No doubt, many of you are familiar with the tests
given before admission to schools of nursing and with achievement tests given during the course.

"These three projects are indicative of the work of the League. They are not meant to be an inclusive listing of all activities. You will find, as you look through your convention programs, that several of the programs listed could be classified under these projects. There is a continuity of purpose and action in the League's general program and, also, in the offerings of this particular convention.

"It is my sincere hope that you will find this convention both profitable and enjoyable. I am sure you will find much of it fits your particular interests. It is our further hope that a wiser knowledge of what the national nursing organizations are doing, in this case, the League particularly, will cause you to see the progress of nursing in a wider light."

Cecile Block, a junior at Adelphi College, spoke on the subject of the League from the student's point of view. She made a strong plea for student organization in schools of nursing and urged economic security and better working conditions for graduates as ways to meet shortages of both student and graduate nurses. She said:

"While the outlook of graduate nurses and executives is tempered by the school of bitter and hard experience, it is just as important to seek the opinions and reactions of student nurses and prospective ones. They are the graduate and executive nurses of tomorrow and the ones who one day will formulate the policies and guide the activities of nurses in the future. For this reason I bring to you these thoughts, which do not attempt to portray or represent those of all student nurses but are purely my own personal reactions and ideas.

"Nursing is a fine profession which is attracting more and more girls with a college education and those seeking a broad cultural background. It is not only the care of the sick, but the realization that nursing plays an important role in the over-all development of a social state, that attracts this type of woman. It is not a trade by which merely to earn one's living; it must advance in scientific and social achievements as much as the professions of medicine, engineering, law, and teaching. Nursing must realize this and make its place in the national social picture. To do this requires study at the college and postgraduate level. Therefore I am completely in favor of high educational requirements for entrance into nursing schools.

"Student government presents another problem. If it is true that girls of the college level are attracted to nursing, then it must also necessarily be true that they are adults and should be able to govern themselves, just as college students are allowed the honor system. This does not mean that I advocate students being allowed to come and go as they please, for I realize only too well that such a system would lead to chaos; no, I mean only that the rules and regulations should be the responsibility of the student group
acting with the advice of graduates. After all, it is the students who present and cause certain problems. It should be students who resolve such difficulties.

"Attracting suitable student nurses has been a problem before, during a postwar period. Yes! There is an acute and tremendous shortage of nurses, graduates as well as students. Why is this? Is it because of hard work, long hours, tedious and hectic courses of study, and the low average financial return? I don’t think the average girl is afraid of the hard work the nursing field presents, but a person needs a certain amount of security which nursing, with its poor economic return, does not assure.

"While all industries are agitating for a 30- to 35-hour week, the average student nurse works 40 to 48 hours a week. Plus this, she is constantly exposed to various contagions. Besides the ward work, there are long hours of lectures, research, and home study. This program is often taxing to the endurance of the strongest. Then, after graduation there is continual study, the same health hazards, and the lowest financial returns of almost any group of similar educational standards.

"On the one hand, economically the nurse is a private ‘entrepreneur,’ because she is not covered by social security or unemployment and must make her own retirement fund; nor does she belong to an organization which can be compared to a union. On the other hand, the nurse is told that she is an employee and must abide by rigid rules and regulations which are very restrictive in character.

"The economic stability of a nurse must be assured. The hours of work, recreation, and vacation must be more definitely defined, and benefits must be extended to the nursing profession. If the public cannot do these things, then nurses must be subsidized or paid for out of a broad voluntary insurance program. Only in this way can the proper candidates for nursing be attracted to the profession.

"My plea is for a broad program of making the nursing profession attractive to girls, not only for idealistic reasons, but from a social, educational, and economic standpoint, for the women of the nursing profession comprise a large group that should be potent to play its logical part in scientific and social progress."

Theresa I. Lynch, speaking for the ANA, said that the convention was really "the ANA’s show," since it celebrated the fiftieth anniversary of a meeting on September 2, 1896—also at Atlantic City—when delegates from ten alumnae associations convened to found the Nurses’ Associated Alumnae, forerunner of the American Nurses’ Association. She sketched events of those early years and indicated how the organization had grown to its present size of more than 181,000 members.

Dr. Lynch declared that the ANA might be said to mean "American Nurses’ Answers," because of work it has done in the legislative field (licensure, better salaries and hours, etc.), for economic security (Harmon
Plan and discussion of bringing nurses under social security), for education through the NLNE, and in dispensing information through the Nursing Information Bureau.

MARY ELIZABETH Eisler, a senior student, pointed out that ANA activities had indirectly been of great value to the student nurse. She emphasized particularly how establishment of state boards of nurse examiners required schools to meet increasingly higher educational standards and how the American Journal of Nursing and other publications available in libraries kept the student in touch with developments in nursing.

BOSSE B. Randle, speaking for the NOPHN, called that organization "the parent of the girl with the little black bag." In 1912 there was in embryo a kind of nurse who went outside the hospital into the community, she said. There seemed to be a place for her, and her hospital sisters rallied to help her find it. There was a special need for representatives of the community to help guide the new movement, and the NOPHN was founded in 1912 to provide a means to secure lay guidance.

Miss Randle pointed out the frequency with which the terms "community planning" and "defining nursing" appeared throughout the convention program, and said they were uppermost thoughts in meetings the NOPHN planned.

ROSINE O'NEIL gave an account of her affiliation in public health nursing. "When a patient goes home from a hospital, you're through. In public health nursing you are never through unless the patient dies or moves away. You worry not only about him but about all his family as well. In a hospital you have everything to work with, but in public health nursing you have to improvise. Families are always amazed at all that comes out of the little black bag, but you can't carry everything. Even as a student you are given more responsibility than other students because you work alone. When you go into a home where all the children are shouting, 'Mommie, here comes the nurse!' you have to know what you are talking about. Working with so many kinds of people during the public health affiliation helps you when you get back to the home hospital."
SPECIAL INTEREST CONFERENCE

MONDAY, SEPTEMBER 23, 1946—4:15-5:15 P.M.

Presiding: R. LOUISE McMANUS, R.N., chairman of NLNE's Committee on Measurement and Educational Guidance; executive officer of the Division of Nursing Education, Teachers College, New York

MEASUREMENT AND GUIDANCE PROGRAMS IN NURSING

Speaker: IRVING LORGE, Ph.D., professor of education at Teachers College, New York

R. LOUISE McMANUS reported that the entire Department of Measurement and Educational Guidance has been moved to National Headquarters at 1790 Broadway, New York, and that it is now guided by a standing, rather than a special, committee. She introduced the newly appointed director of the department, Elizabeth L. Kemble.

"In its five years of existence," Mrs. McManus said, "the committee has developed a very large service, operating in thirty-two states. A total of 234,367 test scores have been obtained, checked, and reported during the first eight months of this year. It is hoped that first-year tests will be ready before the year is out, which will show the student's achievement in every course."

Mrs. McManus introduced the speaker for the meeting, Irving Lorge.

Dr. Lorge congratulated nurses on their research in educational testing and guidance. He said: "A milestone in the history of a profession has been reached when it creates a department for appraising its own members. In many fields people talk about the need for comparable evaluation, but they only talk. The NLNE has actually made the tests. It is remarkable that state boards have used them.

"In any profession it is necessary to consider the selection of students. Among the millions of young people in the country, it is a question how to select the students to go on. A second step is classification of those who are to go on. Not all are able to do all jobs equally well. A third step, and the largest, is their training and education. Obviously, nurses, physicians, and legislators think they know what the curriculum in nursing education should be, but sometimes the teaching is not done well. Not only the curriculum, but methods of presenting it, must be considered. A fourth step, then, is to consider the evaluation of the proficiency of those chosen as teachers.

"Some of the individual differences among nurses are created by the kind of education they have received. Variations among schools are exceedingly great. There are variations in standards, clinical experience, etc. There is no
one so autocratic as a teacher in a class, whose abilities and limitations determine the students' experience. There is tremendous variation in standards for performance of work in high schools and colleges. Schools of nursing differ greatly in that respect. Individual teachers make the decisions, so that often students are failed without any genuine basis.

"An important problem is the elimination of subjectivity in the judgment of students. The first step is the development of appraisal tests for success in courses, but it is more important to develop tests of performance for nurses. The problem is to find out what good nurses do. Nurses working in different institutions on different specialties under different types of supervision must be appraised. For the selection program to stand on its own feet, it must demonstrate that it can predict success in nursing. The relationships between the selection program and the ultimate success of the nurse must be established.

"As soon as these relationships are known, it must be determined how to select on the basis of aptitudes and attitudes. A program on personality appraisal must be developed. Instruments now being used to measure personality fall far short of the goal. Are interests and personality changeable, or are they stable for the lifetime of an individual? If the latter, people may learn interests and attitudes necessary for success in the field.

"As a psychologist I can say that interests can be learned, people can change their interests and attitudes, can get used to a lot of things, and develop many new aspects of personality. Research is needed, however, in the field of the speed with which people acquire new interests and attitudes.

"Agreement must be reached on the differentiation between the specialist and the general nurse. Is it necessary to be a general nurse before becoming a specialist? That is the pattern in medicine, but some special nurses need not have all the skills of the generalist.

"A very important phase is applied research on the level of teaching. Teachers often ask themselves, 'I wonder why Jane had to fail? Was it my fault or hers?' Admittedly, many students fail because of their own inadequacies, but many others fail because of the inadequacies of the instructor. It is important to help teachers to teach. A nurse-teacher, like any other, has to learn to teach, and it is important to give teachers a technique by which to appraise themselves. It becomes more important to do so when we are selecting students. The time may come when it will be unnecessary to fail any student. In twenty years of teaching I have never failed anyone.

"The measurement and educational guidance program of the NLNE is of extraordinary benefit, especially in the licensing of nurses. If the individual knows certain things and has the requisite background, he or she should be licensed, whereas now there is no such thing as a standard graduate nurse because of variations in state requirements. In addition, a way should be set up to find out from time to time how much of the newer practices the older nurses are learning and retaining."
In recapitulation: research is needed in (1) selection, (2) classification, (3) training, and (4) evaluation. There are two kinds of research—pure, fundamental research and applied research. The first takes a great deal of money, and returns may not be immediately evident. Applied research should be done by nurses, and right away. Answers should be sought for such questions as: (1) variations in the caliber of accepted students; (2) variations in the quality of instruction from institution to institution; (3) variations in number of students graduated in different fields of nursing, and the relations between them; (4) should such and such an item have been incorporated in the field? The students have been taught all that is necessary to be successful nurses.

Research would reveal that much material the student needs has been left out, while a great deal is carried that the student does not need to know. One of the worst things in any profession is 'traditionalization,' when research can tell you better."

GENERAL SESSION

TUESDAY, SEPTEMBER 24, 1946—2:00-4:00 P.M.

Presiding: MARY ELLA CHAYER, R.N., associate professor of nursing education at Teachers College, New York

STUDIES AFFECTING NURSING EDUCATION
AND NURSING SERVICE


MARY ELLA CHAYER opened the meeting by saying: "We are indebted to Dr. Roy and Dr. Genevieve K. Bixler for some criteria by which a profession may determine its status. Among these criteria is the following, to be found in the American Journal of Nursing for September, 1945: 'A profession constantly enlarges the body of knowledge it uses and improves its techniques of education and service by the use of the scientific method.'
"It is about twenty-five years ago that the nursing profession brought out a study of nursing and nursing education in the United States—a real, life-size study with many recommendations that are still 'on the agenda of today.' We need many more such studies in order that the nursing profession may continue to hold its place as a group of people bonded together for the purpose of contributing to the improvement of the living of all individuals through health education and nursing service. In this quest for knowledge there is a place for every member of the profession, from the beginning staff nurse to the administrator.

"Dr. Walter B. Cannon mentions two approaches to scientific research—the intuitive and the gleaning, or fact-gathering. There is a third approach which I shall call the practitioner approach. All these approaches are necessary, and each is necessary to the success of the other. But in the last analysis it is the practitioner, who keeps himself up to date in relation to hypotheses and facts and their interpretation and who sees their implications to his daily practice, who really puts the results of science to work for the best good of mankind.

"There are many evidences to show that nursing is now entering upon a fact-finding stage. There is also some evidence that we need some awfully vivid hunches, and some brooders to hover over those hunches until we hatch some very healthy solutions to the problems which face nursing today. In order that we might have before us a wide sampling of the various types of studies which are available as source materials for nursing, I wrote first to Dr. Michael Davis to ask what he thought were the most significant studies in medicine and social welfare which would also have significance for nursing. He suggested four areas in which significant strides had been made: namely, population, nutrition, psychiatry, and health administration—public health and hospitals. To these areas we have added studies in the field of general education and some of our own nursing studies. The structure study is being reported elsewhere, so we are not reporting it here. The Bernays studies on public relations, sponsored by the American Journal of Nursing, have been reported in the Journal."

A STUDY BY THE U. S. PUBLIC HEALTH SERVICE
OF COSTS OF NURSING EDUCATION

A REPORT BY LUCILE PETRY, R.N.

The U. S. Public Health Service has just completed a study of costs of nursing service in fifty selected schools distributed geographically by size of hospital and school, type of control, and range of tuition and fees. Findings of the study will serve administrative purposes in the Public Health Service, and certain aspects of conclusions will furnish material for articles by the staff of the Public Health Service in professional journals. For use by all schools of nursing, a manual of procedures of cost analysis, evolved and tested by the study, will soon be published. With a minimum of consultation
service, this manual will enable schools and hospitals to analyze their costs and income for the purpose of improving administration, throwing light on problems of school policies and program. Evaluation of the current program and planning of future programs will be facilitated by use of cost analysis. The process in any school requires combined effort of school and hospital administrators. Hospital administrators will find the pattern of analysis useful in studying other units of the hospital. Announcement of the availability of the "Manual of Methods and Procedures Used in an Analysis of Costs in a Selected Group of Nursing Schools" will be made shortly in all professional journals.

A Study by the U. S. Public Health Service of Nurse Utilization in a Marine Hospital

A Report by Jane Taylor, R.N.

A study of the utilization of nurses and attendants is being made in a marine hospital of the Public Health Service. Schedules have been prepared to record time spent by personnel in each activity within the various clinical units for a period of one week. Work distribution sheets have been compiled for each of these units. The information is being assembled by use of the conference technique and validated by observations made on the clinical entities. Recommendations will be made on the basis of critical analysis of work distribution charts to secure a more equitable distribution of activities among workers, utilizing professional workers to best advantage, and providing more adequate care to patients.

A Survey by the U. S. Public Health Service of Chicago-Cook County Health

A Report by Jane Taylor, R.N.

In response to a request from the mayor of Chicago and the president of the board of county commissioners, the U. S. Public Health Service is conducting a comprehensive over-all health survey of Chicago and Cook County. The nursing section of the survey is in charge of Mrs. Florence Callahan, nursing consultant of the USPHS, who is being assisted by Edna Groppe, special consultant in hospital nursing of the USPHS. A local subcommittee on nursing, as well as a number of nurses assigned to the survey by various local health agencies, is assisting with the details of the survey procedures. To date the necessary data have been collected and tabulated and are in the process of being studied and analyzed. It is expected that the entire survey will be completed in November and ready for distribution around the first of the year.
A Survey by the National Office of Vital Statistics in Nursing School Curricula
A report by Mary Ella Chayer, R.N.

Nurses and doctors are the principal users of birth and death records. The value of these records, it is evident, is limited by their correctness and completeness.

A nationwide test in 1940 showed that in many counties in the country birth registration was grossly incomplete. This under-registration occurred for the most part in the Negro, Indian, and Mexican population of the south and southwest. In these groups we find some of our chief and most costly health problems: for instance, syphilis and tuberculosis.

Because of the importance of vital records to medical, nursing, and public health groups for research and planning purposes, the National Office of Vital Statistics proposes a questionnaire survey. This questionnaire will be sent to schools of basic nursing, schools of public health nursing, and medical schools to determine the content in biostatistics courses which are presented throughout the country. On the basis of the results obtained from the questionnaires, courses giving greater coverage of vital statistics will be prepared and recommended for teaching purposes in the various schools. It is the consensus that birth and death registration will greatly improve when the uses and value of such records are integrated and emphasized within appropriate courses in nursing and medical schools.

A Study by the American Academy of Pediatrics of Child Health Services
A report by Ruth G. Taylor, R.N.

Historical background

The pediatricians of the country, along with many other groups and individuals, are aware that if children are to receive the care they need, systematic planning to provide that care must take place. The American Academy of Pediatrics felt that the responsibility for such planning should be assumed by the physicians themselves. Several bills now before Congress indicate clearly that if the physicians do not assume this responsibility, plans for medical care will be made by others. Members of the academy considered that those who know what constitutes good care and who are engaged in rendering it should be concerned with planning.

Unfortunately, data needed as a basis for planning are incomplete, scattered, and in some fields almost totally lacking. In discussions which took place during the annual meeting of the American Pediatric Society in the Fall of 1944, it became clear that the securing of data should be the first step. Accordingly, the American Pediatric Society suggested the formation of a planning committee. This committee, of which Dr. Warren R. Sisson
is now chairman, was made an official committee of the academy and is known as the "Committee for the Study of Child Health Services." All committee members are fellows of the academy; five are in active practice of pediatrics. The committee prepared a report, which was unanimously accepted by the academy and which forms the basis for the present study. The report stated the objective, which may be considered the basic platform of the study, as follows: "To make available to all mothers and children in the United States of America all essential preventive, diagnostic, and curative medical services of high quality which, used in co-operation with other services for children, will make this country an ideal place for children to grow into responsible citizens." As a first step toward this objective, the committee recommended: "That the American Academy of Pediatrics request the U. S. Public Health Service and the Children's Bureau to undertake with the academy a survey in every state to secure . . . information concerning the present situation and extension of personnel and facilities needed in each state to meet the objectives as stated."

In accordance with this recommendation, the surgeon general of the U. S. Public Health Service and chief of the Children's Bureau were asked for assistance in the study. Both responded by contributing the full-time services of expert medical and statistical personnel and equipment.

In view of the desirability of close association with two branches of a government agency, a central office was set up in Washington to serve as headquarters for the director and executive staff.

In planning for the organization of state programs, it appeared desirable to select one state for a pilot study. The state selected, was North Carolina, as it is fairly representative from the point of view of population, size, hospital facilities, medical care, and public health administration. The study in the pilot state was launched in September, 1945, and is now successfully finished except for some follow-up work. The pediatricians of the state were the central focus of the study, and their co-operation was the keynote of its success. Active support was received not only from the pediatricians and their state society, but also from general practitioners, the State Department of Health, and many semi-professional and lay groups. Much valuable experience was gained in this preliminary study as to the organization, conduct, and cost of a state program, and especially in the use and abuse of the survey schedules.

Purpose

It should be kept clearly in mind that this study is to be considered as only the first step toward the attainment of the objective quoted above from the original report. This is a fact-finding undertaking to determine what facilities and services are available for children and what kind of care children are now receiving. At the close of the study the material will be presented in a factual report which will be available to all who are to use it.
At that time the Academy of Pediatrics, the U. S. Public Health Service, and the Children's Bureau may wish to undertake, either together or separately, an interpretation of the facts as presented in order to develop recommendations for medical care programs.

In brief, it has been stated by members of the committee that they are not concerned at the present time with charting the course the ship is to follow, but rather in determining the amount and character of its equipment.

One of the primary purposes of the study is to stimulate local groups to evaluate the services within their own communities as a basis for local planning. Local groups will have access not only to the final report containing a digest of the data submitted for their own areas, but also to the current findings. The possibility of using the material for their own purposes as it is collected should be kept in mind.

Scope of the study

The content of the study falls into four main fields of inquiry:

1. Hospital facilities.—Detailed information concerning pediatric care will be sought from all hospitals. The extent of the available facilities will be determined and, in so far as possible, the quality of the methods and services will be evaluated. Data will be collected from pediatric, maternity, and general hospitals, regardless of size, and from special hospitals and institutions, such as nervous and mental hospitals, tuberculosis hospitals and sanatoriums, convalescent hospitals and homes, contagious and orthopedic hospitals. Data on out-patient clinics and laboratories are to be included. Fortunately, a comprehensive study of hospitals is already being made by the Commission on Hospital Care. Much of the material being gathered in the hospital survey is identical with that desired by the academy, though much more detailed material on pediatric and newborn care is needed.

2. Community health services, both official and voluntary.—The study will cover the extent and quality of such services as child health conferences, school health services, medical care programs, immunization services, and child guidance services. Some questions on public health nursing are included, but they are not comprehensive and will be used only as a guide for more detailed study in the future.

3. Distribution, qualifications, and activities of professional personnel.—It has long been recognized that most of the pediatricians are in cities, but that even there much of the care of children is given by general practitioners. In this part of the study data will be collected on distribution of pediatricians (diplomates and non-diplomates), general practitioners, dentists, and specialists who care for children, as surgeons, allergists, cardiologists, and psychiatrists. Information will be sought in each community concerning the availability of physicians and facilities for procedures essential for emergency diagnosis and therapy of sick
infants. Data will be collected on the amount of time devoted by general practitioners to the care of children and the extent to which they have had postgraduate training in pediatrics. More detailed information will be gathered from pediatricians, including size of case-load, through recording of data during one month for patients seen in the home, office, hospital, or in consultation.

4. Pediatric education.—Basic to any study concerned with the health of children is a study of the education of physicians in pediatrics, both general practitioners and specialists. It is proposed to make a study of the sixty-eight medical schools to determine the quantity and quality of training in pediatrics—undergraduate, intern and resident, and postgraduate. Data will be obtained on staff, curricula, number of pediatric beds available for teaching, and opportunity for study of pediatric specialties such as allergies, rheumatic fever, infantile paralysis, and mental hygiene. This part of the study does not lend itself to a breakdown at the state level. This important phase of the study, concerning the character and scope of pediatric training in medical schools and teaching hospitals, is to be conducted during the academic year 1946-1947 on a national basis. By this time it is hoped academic activities in the medical schools will have returned sufficiently to a normal level to permit valid study of current curricula and practices. Plans for this portion of the study have been developed gradually during the past winter and summer and will be put into operation at an early date.

Dr. James L. Wilson, professor of pediatrics of the University of Michigan, has been appointed by the Committee for the Study of Child Health Services to serve as chairman of the subcommittee under whose direction the study of pediatric education is to be conducted.

As of September 1, 1946, state programs have been successfully developed in all but one of the forty-eight states, including the District of Columbia and the Territory of Hawaii. In addition to the North Carolina study, five states have completed the data-collection phase of their programs, and several others are rapidly approaching this stage. In the relatively small number of states (eight) in which distribution of the questionnaire schedules has not been completed, it is anticipated that both this phase of the study as well as the collection of the data will be accomplished within the next few months. Thus, the end of the calendar year should find this initial phase of the study complete on a nationwide scale.

The schedules for nursing were included in an attempt to round out the data regarding availability of services for children. They were not designed to give a total picture of nursing services in regard to either quantity or quality, and questions were not included if similar information was available elsewhere.

Nursing organizations and agencies, Federal, state, and local, will have access to this material, which may be used as a guide in planning for the
improvement of pediatric nursing services and of pediatric nursing education. One of the most important phases of the study for any group is that it may provide a basis for approaching the expansion and improvement of child health services and of pediatric education through the co-ordinated efforts of all types of professional personnel concerned in a complete health program for children.

A Study by the NLNE Department of Studies On the Organizational Control of Schools of Nursing Offering Basic Professional Programs

A Report by Blanche Pfefferkorn, R.N.

Schools of nursing offering basic professional programs have historically developed in hospitals in this country. As departments of hospitals, they actually represent an educational enterprise organized in and operated and financed by hospitals—institutions whose primary purpose is service. Hospital-controlled schools are not an integral part of the educational system of the country.

About the year 1900, schools of nursing began to explore university and college opportunities to improve their educational programs. Since that time many different kinds of relationships have been established between nursing schools and universities and colleges. Some of these relationships have been soundly thought out—others have not.

In order to have factual data on the number of schools organized and controlled by hospitals and the number organized and controlled by universities and colleges, a question intended to secure this information was included in the questionnaire sent to all state-accredited schools on January 1, 1946. Twelve hundred and fourteen of the present total of 1271 state-accredited schools have at this time replied to the question. The organizational control of the 1214 is reported as follows:

<table>
<thead>
<tr>
<th>Organizational Control</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>1,107</td>
<td>91.0</td>
</tr>
<tr>
<td>University</td>
<td>46</td>
<td>3.8</td>
</tr>
<tr>
<td>College</td>
<td>30</td>
<td>2.8</td>
</tr>
<tr>
<td>Junior college</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Joint university-hospital</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Joint college-hospital</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Religious auspices</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Municipal council, board, or department</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Department of hospitals and private university</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

1,214
Eleven hundred and seven (91 per cent) of the schools are organized in and controlled by hospitals. Seventy-six schools (7 per cent) report they are organized in and controlled by universities or colleges, forty-six by universities, and thirty by colleges. One school reports it is part of a junior college. Three schools are under joint university-hospital control and four others under joint college-hospital control. One school is operated jointly by a department of hospitals and the medical college of a private university. Twelve schools report they are independent schools; eleven of these schools are separately incorporated, the twelfth expects to become incorporated. Four schools are organized under religious auspices. Six schools state they are under either a municipal board, a municipal council, or a municipal department.

The thirty college-controlled schools are organized either as schools or departments within the college, usually a liberal arts college. Four schools report they are units of independent medical colleges, one is organized in a state teachers college, and one in a college of osteopathy. One school which reported college-hospital control indicated that the college was a college of medicine.

The forty-six schools which report they are controlled by universities appear to be organized either as complete functional and administrative units with the same degree of administrative independence as other professional schools or they are part of a larger division of instruction. Seven of the university-controlled schools are units in the university medical colleges; three of these seven are organized as departments in the college of medicine and four as schools. One school reported joint control by the city department of hospitals and the college of medicine of a private university.

While in every state one or more state-accredited schools of nursing are established, there are fifteen states which do not report one school which is organized and controlled by a university or college.

As an organizational-administrative unit, the hospital-controlled school lends itself more easily to analysis than the college- or university-controlled school. A hospital school is frankly a departmental activity of the hospital. The policies which govern it and the program of education, instruction, and practice must be finally approved by the governing body of the hospital. But the college- or university-controlled schools, as reported, present a much more complex problem for analysis.

From the reports received, and as already stated, there are seventy-six schools of nursing in this country which are integral units in a college or university. The Association of Collegiate Schools of Nursing has twenty-five members—sixteen active and nine associate. Thus, there are fifty-one schools which report themselves as collegiate schools but which either have not applied for membership in the ACSN or do not meet the membership qualifications of the association.

It is apparent from the information we received that there is a lack of
clarity on the part of some schools of nursing of the essential organization
and other characteristics of a collegiate school. A school may report that it
is a university school when it is conducted in a hospital which is owned
and operated by a medical college or university and the policies governing
the school are entirely subject to the approval of the hospital administrator
and hospital board. Equally disconcerting is the fact that some colleges and
universities initiate nursing education programs and secure clinical experi-
ence from a number of outlying hospitals (one school sends its students to
eight hospitals for practice) without always obtaining the necessary condi-
tions or the necessary guarantees that the clinical portion of the program
will be carried on a level parallel with the instructional standard of the
university. Such schools are not truly collegiate schools, since the heart of
their program—clinical practice—is inadequate or lacks the proper educa-
tional direction.

A point of interest and significance is the type of program offered by the
hospital-controlled school and by the college- or university-controlled school.
Of the 1107 hospital-controlled schools, all except one offer basic professional
programs leading to a diploma. The one hospital-controlled school which
does not offer a diploma course provides for the combined degree program
only. About seventy-five hospital schools have some sort of arrangement
with a college or university and together the hospital school and the college
or university offer a combined program which leads to a degree. Such com-
bined programs are in no sense collegiate-controlled programs, although in
some of them there appears to be a certain amount of program-planning,
especially with respect to the academic portion. The professional part of
the course must have the approval of whatever approving body exists in
the hospital for that purpose; only the academic part is subject to college
or university approval. The college or university grants the degree on the
basis of credits earned in the college or university plus a certain number of
credits allowed for work taken in the hospital school.

Not only are two programs, diploma and degree, offered through hospital-
controlled schools but a college- or university-controlled school may also
provide for the two types of courses. In some of the collegiate schools pro-
vision for a diploma program was a war expedient and either is about to
be abolished or will be in the near future. University- or college-controlled
schools also exist which offer only the diploma program and, as far as we
know, have never offered one leading to a degree, but the great majority of
collegiate schools offer degree programs.

States differ considerably as to whether the programs leading to a degree
are combined programs, part given in a hospital school and part in a college
or university, or whether all or practically all degree programs are given in
college- or university-controlled schools. In the state of Ohio there are sixty-
five state-accredited schools. Fourteen schools offer programs leading to a
degree. Twelve of these places are hospital schools and offer combined programs; the other two which offer degree programs are university-controlled schools.

In New York State eighteen schools offer degree programs. All programs are given in college- or university-controlled schools. About half of the eighteen places are still providing the diploma program, although most of them consider it a war measure and expect to discontinue it shortly. In contrast to Ohio, where most of the degree programs are combined programs based upon an arrangement between a hospital school and a university, New York does not report one combined degree program.

The state of Utah has six state-accredited schools. All are hospital-controlled schools and five provide for the combined degree program. In three of the five, the academic portion is given at the University of Utah and in one, work is given both at the University of Utah and at Weber Junior College. Five of the six schools are located in Salt Lake City, as is also the University of Utah.

The data that have been reported on organizational control of schools of nursing and the programs they offer provide significant information, particularly as they point to the need for clarification by the gathering of additional information. Of one thing we are certain: that the next time facts are assembled about schools of nursing, we should send out two questionnaires—one for schools which clearly recognize themselves as hospital schools, and the other for schools which are either actually collegiate schools or which, by virtue of being in a university hospital or other reasons, think they are. The second questionnaire should include carefully worded questions that would make possible a fairly valid classification of schools—hospital and collegiate. And of two other things we are certain as we analyze the returns on this year's questionnaire that included thirty questions of which control was but one: that (1) because a school reports itself as a college- or university-controlled school does not guarantee that the school is a good school, and (2) much clarification is needed on a national scale for classifying a school under college or university control and calling it a collegiate school.

A STUDY BY GENEVIEVE K. BIXLER
ON NURSING RESOURCES AND NEEDS IN MICHIGAN
A REPORT BY GENEVIEVE K. BIXLER

In 1946 the speaker prepared a survey of needs and resources for the Michigan Council on Community Nursing, which included recommendations for improving quality and distribution of services. It was deliberately limited, in order that it might not overlap the Hospital Commission's study, and did not go into fiscal matters or curriculum.
A Publication of the American Psychiatric Association
A Report by Theresa G. Muller, R.N.

One Hundred Years of American Psychiatry was written by thirteen contributors representing in number thirteen psychiatrists, founders of the American Psychiatric Association in 1844. Throughout the period 1844-1944, professional nursing in psychiatry was notably lacking. In a chapter on the "History of American Mental Hospitals," Dr. Samuel W. Hamilton deplored the lack of provision for adequate nursing of mental patients and commented on some of the reasons.

Much information on the progress and present-day status of psychiatry in America is presented in a very readable fashion. No attempt was made to make specific applications to all areas, but general information is to be found on hospitals, research, literature, therapies, military psychiatry, legal aspects, psychology, psychiatry as a specialty and its influence on anthropology.

The discussion of psychiatry as a specialty may help in formulating the place of psychiatric nursing in professional nursing. There is emphasis on the close relationship of psychiatry to medicine in general.

A Study by the American Public Health Association on Local Health Units for the Nation
A Report by Marion Ferguson, R.N.

Local Health Units for the Nation, a report prepared by the Subcommittee on Local Health Units of the Committee on Administrative Practice of the American Public Health Association, presents a plan to provide public health protection to all the people of the United States.

At the present time, according to the report, approximately one-third of the people of the country are without health service of any sort. In the two-thirds of the country (18,000 units) with such service now, the distribution is uneven and spotty. This situation exists partly for economic reasons and partly because of adherence, according to the author, Haven Emerson, to "horse and buggy political boundary lines."

For some years experts in public administration have pointed out the anachronism of municipal, township, and county boundaries for purposes of efficient administration of local government. Here is a plan that goes beyond the talking stage and actually prepares a blueprint for health services for the entire country, state by state.

There is general acceptance of the premise that the maintenance of the public health is the responsibility of the government. The Committee on Administrative Practice of the American Public Health Association has attempted to find out the most expeditious way of satisfactorily giving such service. The report is an answer to the question, "How many units of local health
administration are needed to give the people of the United States good basic local health service, and what should be their political boundaries?"

The committee's proposal for local health services is not new. Its proposal for cutting across geographical boundaries is new, though the pattern has been used in certain isolated instances in several states.

The committee feels that the minimum unit for economic and efficient operation and administration is an area of 50,000 population. At a cost of approximately one dollar per capita, such a unit could provide the six basic functions of a local health department. These the author lists as (1) vital statistics, or the recording, tabulation, interpretation, and publication of the essential facts of births, deaths, and reportable diseases; (2) control of communicable diseases, including tuberculosis, the venereal diseases, malaria, and hookworm; (3) environmental sanitation, including supervision of milk and milk products, food processing and public eating places, and maintenance of sanitary conditions of employment; (4) public health laboratory services; (5) hygiene of maternity, infancy, and childhood, including supervision of the health of the school child; (6) health education of the general public so far as not covered by the functions of departments of education.

Such a unit could afford to employ a well-trained public health physician as administrator, plus a staff including a sanitary or public health engineer assisted by a nonprofessional sanitaryian, ten public health nurses, one of whom would serve as a supervisor, and three clerical workers. Other personnel needed would be on a part-time basis. Certain services, as laboratory, etc., would be obtained through the state health department.

The personnel required would vary with the size of the community, the resources, and the local problems. The recommended pattern is a health officer, a sanitary engineer, and a sanitarian for each 50,000 population, a nurse for each 5,000 (not including bedside or crippled children's service), and a clerk for each 15,000. Full-time health educators, nutritionists, and other specialists would be added when population reached 100,000 or above. In larger units additional full-time personnel would be needed for administration of the larger sections.

For the United States as a whole, the report suggests 1197 local units. Of these, 75 per cent have populations of 50,000 or over, while only 14 per cent have less than 45,000.

At present, 77,262,600 dollars (61 cents per capita) is being spent, against the 127,391,000 dollars (97 cents per capita) proposed. The program calls for 26,390 public health nurses, as compared with 14,274 employed at the time the report was prepared.

The report presents the actual situation in terms of personnel and finances that now exists in each state and makes recommendations for future development. These recommendations were cleared with the state health officers. All but two approved the principles and objectives. These two neither approved nor offered an alternative proposal.
While many states have mandatory or permissive legislation for joint health units, there is no state where it is forbidden. The report reviews the existing legislation and makes suggestions for future legislative action. The report also gives the minimum in terms of money and personnel that will supply the basic full-time health department services to the people of the United States. Such full-time health departments would already have the administrative machinery set up that would be needed for any new responsibilities (as geriatrics, mental hygiene, etc.) that may be demanded from it by its citizens in the future. The report also indicates to educational institutions preparing professional personnel the probable demand for such training.

The goal of the committee is to "bring within reach of every person and family the benefits of modern sanitation, personal hygiene, and guidance and protection of trained professional and accessory personnel employed on a full-time basis at public expense, selected and retained on a merit or civil service basis and free from disturbance by the influence of partisan politics."*

The report appeals to the public for a concerted, widely supported effort to extend benefits of administrative principles in public health to the country as a whole.

SPECIAL INTEREST CONFERENCE

TUESDAY, SEPTEMBER 24, 1946—4:15-5:15 P.M.

Presiding: Eugenia K. Spalding, R.N., chairman of the NLNE'S Committee on Vocational Guidance

COUNSELING IN NURSING EDUCATION PROGRAMS


Participants: Sister M. Edith, R.N., C.S.A., director of Division of Nursing Education, Sisters' College, Cleveland, Ohio; Agnes Fuller, R.N., assistant director of NOPHN; Marion G. Kent, R.N., executive secretary of the Washington State Nurses' Association; H. Phyllis Sammull, R.N., test editor of NLNE's Committee on Measurement and Educational Guidance.

Eugenia K. Spalding opened the meeting and introduced the chairman, Mr. Jager.

Harry A. Jager, in his preliminary remarks, said: "Counseling is one of the most abused words in use today. In connection with nursing, counseling

*Quoted with permission of the Commonwealth Fund.
should begin with the student in high school. After the preclinical period all sorts of problems develop and many students are in need of further counsel. After graduation the individual nurse needs advice and help in choice of a field or specialty. Counseling is related to recruitment. It might be said that the counseling point of view is that of the student and that the recruitment point of view is that of the school."

Mr. Jager introduced the participants in the panel discussion that followed.

**Counseling in Basic Nursing Education**

**BY SISTER M. EDITH, R.N.**

*Counseling high school students.*—Co-operation with guidance personnel in high school and colleges in providing information to prospective student nurses should be a responsibility of a school of nursing. Either a director of a school of nursing, a well-prepared faculty member, or an alumnus should visit high schools and colleges for the purpose of conferring with principals, counselors, and heads of relevant departments of study, speaking before a group of potential candidates, arranging individual interviews, and carrying administrative procedures for acceptance of candidates as far as possible. In cases where personal visits to high schools are not possible, contacts should be by correspondence.

The representative of the school of nursing should be able to provide the high school counselor with information about admission requirements, salaries and working conditions, state licenses, etc. She should be able to assist the high school counselor in helping a candidate for a school of nursing choose the school that is right from the points of view of location, student’s age at completion of training, admission requirements, the school’s standards, and cost to the student.

*Counseling college students.*—In similar fashion, the nursing school should make contacts with colleges, standing ready to supply information to counselors and students and, in addition, explaining the better opportunities in nursing for college-trained candidates.

*Counseling “out-of-school” girls.*—An entirely different recruitment approach is made to “out-of-school” girls. The movies, the radio, newspapers, church clubs, community counseling services for civilians as well as for veterans, are used to interest girls not in schools about opportunities in nursing. They should be invited to “open houses” at schools of nursing, and when interested, they should be competently advised—their previous education appraised, and their hobbies, interests, likes, and dislikes assessed in relation to nursing.

*Co-ordinating counseling of national, state, and local groups.*—That counseling programs may be co-ordinated with those of national, state, and local groups carrying on recruitment programs; and that duplication of work may be avoided; and to insure that every high school, whether large or small, is
visited, recruitment procedures of schools of nursing should be cleared through state and local nursing councils. The representative of the school of nursing should be familiar with the counseling procedures and all recruitment pamphlets and information used by national and state agencies.

Counseling student nurses.—Personnel programs show that counseling activities fall into certain interrelated categories: educational, personal, and vocational; social, health, and religious.

Educational counseling is concerned with insufficient time for studying, no facilities for studying, inadequate study habits, lack of ability to use the library successfully, and inability to budget time. Personal counseling is required with a number of problems: friction between faculty members and students, fear of failure, financial difficulties, lack of time to keep up old interest and activities, marriage. Vocational counseling assists the student to evaluate her qualifications for a specialty in nursing and to prepare for that specialty. At times the vocational counselor is called upon to straighten out problems having to do with ward situations, including personal relationships with patients, other nurses, and doctors. Matters requiring social counseling may concern men friends, group living, lack of social skills, etc. Health counseling deals with too limited vacations, overcrowded residences, work loads, sick leaves, mental strain due to fear, financial difficulties, etc., and homesickness. A student troubled by a conflict between her traditional philosophy and new ideas may require religious counseling.

Administrative problems in counseling.—The administration of a counseling program is concerned with time allotted for counseling, planning for counseling and placement, separating counseling from discipline, avoiding becoming an emotional prop to a student, evaluating student achievement, changing curricular offerings to meet the needs of students, and making in-service training plans for counselors.

Selecting counselors.—A well-organized department of counseling should include specialists in various fields: that is, a vocational counselor, a psychiatrist, a specialist in tests, a counselor on academic questions and on religious adjustments. All should work together, as problems of any nature are seldom, if ever, isolated from other problems.

Teachers whose experience and special interest qualify them may be of great help. Many instructors, chosen for their special ability to deal with student problems, are being relieved of part of their duties to do counseling, while personnel workers are being encouraged to do part-time teaching to keep them sensitive to the problems of the classroom. Formal and campus-wide plans of faculty advisers to whom students are assigned usually accomplish little; what is needed is to cultivate more personal, intimate, and creative relationships.

Some one person should be at the head of such a program to co-ordinate it and make it an integral part of the school administration. This person could be called the counselor. A counselor who integrates the program of
faculty guidance should have ability to win confidence, a keen sense of humor, ability to maintain a balance between the scientific and confessional functions of guidance, ability to get along with people, and qualities of leadership.

The head nurse and supervisor can act in an advisory capacity. They are in positions to recognize and report symptoms but are not prepared to provide adequate interpretation or treatment for them. All head nurses and faculty members should have a guidance point of view.

One specially trained counselor can institute an in-service training program for faculty members. Faculty members with the necessary qualifications may become fairly adept. They must have a well-defined sense of personal values, a broad outlook on life; they must be mature and emotionally stable, must inspire confidence, should have training in tests and measurements, and should know postwar problems, be cognizant of veterans’ rights, separation procedures, etc.

Integrating the guidance service with the school administration.—An integrating force in a guidance program can be a small number of faculty members to whom is given intense training in educational opportunities and the philosophy of the institution and the various aspects of student personnel work. A qualified person should be designated to review and coordinate the program and plan new developments in close cooperation with the teaching faculty. Personnel specialists should have full faculty rank and same salary as the instructional staff.

The aim of counseling.—Guidance is fundamentally concerned with helping an individual develop her whole personality to the fullest extent, thus enabling her to make adequate adjustment to situations. The aim of counseling is not the solution of a problem, but assisting the student to grow. Counseling is deliberation between two or more persons to consider and clarify a question.

PUBLIC HEALTH NURSING’S CONCERN WITH COUNSELING

AN OUTLINE BY AGNES FULLER, R.N.

I. The concern of public health nursing in the counseling of students in the basic program.
   A. The need for a critical selection of students.
   B. The direction of interested and suitable candidates to the public health field.
   C. The need for counselors being informed in the special fields and the responsibility of special fields for preparation of vocational materials.
   D. The need of counseling students interested in public health nursing in terms of long-range plans: that is, type of work experience, selection of university, and financial arrangements.
II. Counseling in graduate programs.
   A. Problems incurred with varied preparations, experiences, and ages of student body.
   B. Need for personal counseling facilities by student body; for example, types of problems would be adjustment to new kind of environment, financial plans, methods of study, etc.
   C. Guidance for part-time students in selection of courses in terms of total educational program and their work assignments.
   D. Need for co-ordinating guidance being given in the university, in the placement service, and by the employer.
   E. Responsibility of educational staff in service agency for educational counseling of employees.

COUNSELING IN ADVANCED NURSING CURRICULA
BY MARION G. KENT, R.N.

I have been asked to discuss counseling in the advanced nursing curricula and shall draw upon the practical experiences of an executive secretary in a state nurses' association office.

We observe that many graduate nurses are very well aware of the advanced programs which they wish to follow and know in which college or university they wish to enroll. These nurses go directly to the school of their choice for counseling. However, other nurses are not so decided about their future programs, or they are coming to our city and state for the first time; they have read about the office in the professional magazines, have been referred by separation centers in the veterans administration, and so seek the office of their professional organization, hoping to find a person with whom they can talk over future programs in a broad way.

Our purpose is to give information, assist the nurse to define her goals, and, so far as possible, assist her to evaluate her own program for the future. In doing this we make use of information available to us in the office and make referrals wherever indicated.

The usual questions are asked about opportunities in the various fields, what kind of positions will be open in the future, what preparation is required, will the rewards, both financial and otherwise, be adequate for the time spent in preparation? The nurse is encouraged to talk about the reasons why she is selecting a certain field, about her background, and about her present preparation and past experience. What factors influence her choice of a school for advanced work? Finances always play an important part here. Are her savings sufficient? Are scholarships or stipends available? Should she work part-time? Other factors influencing her choice prove to be the reputation of the school, the geographic location, the faculty members, and personal friendship with students at the school.
When credentials are available to us, they are reviewed. Many times they are inadequate. Where theory and practice are insufficient, the student can be advised of the necessity of additional work before enrollment in the advanced nursing curricula can be secured. However, many times recommendations as to past experience and ability, based on work performance of the prospective student, are, to say the least, misleading. Too many times inexperience and inability are not apparent until the student is somewhat advanced in her work. At this point the student again seeks counseling, and the task is more difficult. There is no doubt but that better methods of preparing and interpreting credentials are needed. Perhaps suitable tests will be available in the near future.

Much material is available at the present time on opportunities in various fields of nursing through professional magazines and organizations. Surveys in our state keep us informed of openings there. Information as to preparation required in these fields is available from requirements set up by the professional nursing organizations, from the catalogs of many universities and colleges, from professional magazines, and from job descriptions provided by employers. For specific requirements of a course, the student is referred to the school of her choice.

In counseling graduate nurses, we always need to consider: is this student prepared by her basic nursing school education, by her experience, by her emotional stability, to go into the advanced nursing curricula? Should she, instead, be guided toward the supplementary, or refresher, course type of program?

In reviewing our professional literature for this discussion, I found that much has been written on guidance programs in schools of nursing but comparatively little on guidance programs for graduate nurses and for students in the advanced nursing curricula. Should we substitute one for the other, or have we overlooked so far the need for an advanced guidance program?

USE OF TESTS IN COUNSELING
BY H. PHYLLIS SAMMUL, R.N.

The abilities of an individual should be considered in light of the curriculum offered by a school. If a prospective student would grow more rapidly in another school, she should be advised to go there. If a student would not be able to meet a school’s requirements, she should be helped to enter a program where she could succeed.

One of the special problems of a college girl is whether she should repeat courses in a school of nursing that she has had in college. The decision can rest upon the evaluation of her credentials and the result of tests.

Personal problems arising in basic nursing schools are caused by homesickness, living so closely with other girls, regimentation and restrictions, the working schedule, and sex. Educational problems are failure in work,
lack of challenge (the right to reason and question), loss of interest, and change in attitude.

It has been found that the "out-of-school" girl may be more mature and need special courses. She should be tested early and areas which she should review should be suggested.

In the general discussion following the talks, it was pointed out that counseling carried on among high school students should be co-ordinated, perhaps through state nursing organizations. It is the duty of the secondary schools to guide the individual into the work for which she is best fitted. Films are most useful in showing what the nurse does. There should be a testing service in the latter part of the curriculum. It is highly important that all schools of nursing be better informed about the national situation.

The chairman raised the question as to whether or not the counselor should be a professional person. Does a nurse need anything more than a kind heart to be a counselor, or does she need special training? After discussion, it was agreed that every instructor in a school of nursing unavoidably carries out a certain amount of counseling, but that inventory should be taken of the faculty to find the person with the proper background—psychological and testing skills—to be the counseling leader and make the entire faculty more conscious of the possibilities for good in wise counseling. Every person on the faculty should have a counseling attitude, but one person should be held responsible for the program.

While the administrator of the school probably has little time for direct counseling, he or she should (1) choose the chief counselor; (2) find the money to finance the education of the group which comes most directly in contact with the students—the head nurses—through courses in psychology and guidance; and (3) see that the school has a committee on guidance and counseling.

What if the counseling program brings out the fact that school procedures are not what they should be? It was agreed that an important secondary result of any good counseling program is that the administration learns from it and that changes in procedure might very well result.

Benefits to be expected after a good counseling program has been in operation for a time were enumerated as including better rapport between students and nurses, greater happiness among nurses in their chosen profession, and, as a result, better reports on nursing getting back to the high school group so that more girls will wish to enter the profession.

Mrs. Spalding closed the meeting with a plea for a more definite basic philosophy in guidance.
SPECIAL INTEREST CONFERENCE
TUESDAY, SEPTEMBER 24, 1946—4:15-5:15 P.M.

Presiding: MARY A. MAHER, R.N., regional public health nursing consultant of the Children’s Bureau, Washington, D. C.

LAY ACTIVITY IN NURSING EDUCATION PROGRAMS

Participants: MRS. LLOYD BRACE, NOPHN representative on the Advisory Committee of the Nursing Information Bureau, New York; DOROTHY HAYWARD, R.N., nursing consultant of the Greater Boston Nursing Council, Boston, Mass.; MRS. THOMAS RAEBURN WHITE, member of the NLNE Board of Directors, Philadelphia, Penn.

Approximately one hundred and fifty persons attended this special interest conference. The discussion followed a rather general pattern: should there be lay participation; if there should be, what types of activities might be planned; is membership in the nursing organizations essential in order to promote lay participation; is there a danger of too large a lay membership in nursing organizations? The members of the discussion group participated informally and very freely added their thoughts on the question being considered, but time did not permit as much discussion from the floor as was desirable.

The participants were unanimous in their belief that lay participation in nursing education is very important. The activities suggested were:

1. The general public should be well informed of the educational needs of a professional nurse and the cost of such an education and should be ready to support it. Although it may be true that this need may be interpreted wholly by the profession, it is also true that lay support of any project gives added weight to it. Participation in any endeavor becomes more meaningful when the individual can identify herself directly with the group; therefore it was felt that membership in the League and the National Organization for Public Health Nursing gave the lay member a strong feeling of belonging and a greater sense of responsibility, along with the privilege of sharing the thoughts of the professional groups that are rendering a community service.

2. There is a need for lay activity on nursing school advisory councils. The value of the contributions of general educators and of educators in allied professional fields to such a council was restated emphatically. One member questioned whether nursing education is or should be so different from the education of all women, feeling that perhaps we were too cognizant of the differences and less aware of the similarities. All were unanimous in their belief that nursing education should be built on a sound general educational foundation and not be confined in scope.
3. Lay assistance in hospital clinics, outpatient departments, well-child conferences, and the like may enable the student to be free for educational opportunities in the clinical field. The group felt that such participation gives the participants a much broader concept of a nurse’s functions and of her needs as a young woman and a sense of contributing to a community project. All agreed that the volunteers should be trained, well oriented, and be identified as volunteers, have prescribed duties, and be made to feel important members of the team.

No one felt that the lay membership would be so overwhelming as to result in a situation where lay members might outnumber professional members. Criteria for membership in both the League and the National Organization for Public Health Nursing have been determined and are in the bylaws of both organizations, and lay members are recruited from the community and have made, or have potentialities for making, a contribution to nursing education.

SPECIAL BUSINESS MEETING TO DISCUSS THE STRUCTURE STUDY

WEDNESDAY, SEPTEMBER 25, 1946—8:00-8:55 A.M.

This special business meeting, held in Convention Hall, Room D, in Atlantic City on Wednesday, September 25, 1946, was called to order by the president, Ruth Sleeper, at 8:10 A.M.

Response by the members present to the roll call was as follows:

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The purpose of the meeting was to give the membership an opportunity to discuss with Raymond T. Rich and William Cherin the next steps, proposed by Mr. Rich and recommended by the NLNE Board to the League membership, to be taken regarding the structure study.
SUGGESTIONS SUBMITTED BY RAYMOND T. RICH REGARDING THE NEXT STEPS TO BE TAKEN IN THE STUDY OF THE ORGANIZATION STRUCTURE OF THE SIX NATIONAL NURSING ORGANIZATIONS AND RECOMMENDED BY THE BOARD OF DIRECTORS TO THE MEMBERSHIP ON SEPTEMBER 25, 1946

1. That the Board of Directors of each participating professional nursing organization nominate for election by a business meeting of its governing body a number of candidates, of which five are to be elected to serve as official representatives on an enlarged Structure Committee.

2. That each board request its governing body to authorize these representatives jointly with the representatives of the other organizations on the enlarged Structure Committee, to:
   a. Develop means of explaining to the respective membership bodies the various structure recommendations and obtaining their opinions thereon.
   b. Study and report recommendations regarding any revisions in the "Structure Report" to all the participating organizations.
   c. Devise procedures for electing delegates and convening a joint reorganization convention or constitutional convention.
   d. Prepare for submittal to the constitutional convention for consideration and adoption with or without modifications:
      (1) Drafts of constitutions and bylaws.
      (2) Recommended procedures for giving effect to the action of the constitutional convention.
   e. Arrange for ratification of the final actions of the constitutional convention by each organization.
   f. Participate in the joint raising of necessary funds.
   g. Take such other measures as may be found necessary to give effect to the desires of the governing bodies.

3. That each board of the participating organizations submit to its governing body a motion authorizing a contribution to the joint Structure Committee of —— cents per member, the contribution to be made from the funds of each organization.

In the suggestions, provision was made for the explanation of the recommendations of the Raymond Rich Associates and/or any other recommendations that might be proposed later upon consideration of the enlarged Structure Committee.

In response to a question as to when the decision would be made as to the type of structure to be inaugurated, whether here at the convention or at a constitutional convention, Mr. Rich said that the enlarged Structure Committee must be free to make recommendations, but not to the joint organizations because any action taken by them would be so final that the constitutional convention could not participate in modifying these recommendations. The Structure Committee should proceed in such a way that plans would be recommended and decided at the constitutional convention. The representatives on the enlarged Structure Committee should keep in close touch with the boards of directors of the organizations they represent, in

*For final version, see p. 309.
order to express the viewpoint of their respective organizations. The Structure Committee could not come to any final recommendations if the representatives were not instructed through their respective bodies.

It was voted that another meeting should be held on Thursday, September 26, at 8:00 A.M. to discuss the plans for the organization, known as "Plan I" and "Plan II."

The meeting adjourned at 8:55 A.M.

JOINT SESSION

WEDNESDAY, SEPTEMBER 25, 1946—9:00-11:30 A.M.


COMMUNITY PLANNING FOR NURSING SERVICE AND NURSING EDUCATION


SOPHIE C. NELSON, in introducing Mr. Britton, said: "Nurses are often given tribute for contributing to the nation's health. Now we are about to receive a tribute for contributing to the nation's wealth."

PRESENTATION OF CITATIONS FROM THE U. S. TREASURY DEPARTMENT TO THE ANA, NOPHN, AND NLNE

BY RUSSELL S. BRITTON

Miss Nelson, members of the National Organization for Public Health Nursing, the American Nurses' Association, and the National League of Nursing Education:

The Treasury Department appreciates this time you have set aside in order that we may have an opportunity to express our thanks personally to you who so splendidly supported our war financing program. Your efforts played a conspicuous part in having the national quota exceeded in every drive. We
still need your continued co-operation and assistance in our present peace-
time government financing. There will be no more drives, no more personal
solicitation, no more millions of volunteer salesmen. We must now depend
on promotion to do the job almost alone. You can, and we hope you will,
continue to contribute to that promotion whenever possible and we hope that
you will also continue to buy savings bonds regularly. The support you gave
your government and our fighting men during the war years helped us
achieve final and complete victory.

Miss Nelson, on behalf of the United States Treasury Department and with
grateful appreciation of your Government, I am pleased to present these
three wonderful organizations this award for distinguished service.

OFFICIAL COMMENDATION
NATIONAL LEAGUE OF NURSING EDUCATION

and its members are hereby officially commended by the United States Treasury for
the operation and support of the Payroll Savings Plan. We, the undersigned, recognize
that the Government was provided with a substantial part of the money to finance the
war through this method of Bond purchasing. The continuance of this savings plan
enables workers to gain a large measure of security by their regular purchase of
United States Savings Bonds.

FRED M. VINSON
Secretary of the Treasury

TED A. CAMILL
National Director, War Finance Division

COMMUNITY NURSING
THE CHALLENGE OF NURSE EDUCATION

BY LUCILE PETRY, R.N.

A changing pattern of community organization calls for substituting new
actions for old habits long held by individuals and groups. It is up to us as
nurses to assist in guiding these changes as they affect health and to lead in
adapting ourselves and our clientele to these changes, anticipating new trends
to come. Let us consider the growing responsibilities of nurses in the provi-
sion of adequate services for our communities, be they rural or urban, East,
West, South, or North.

Each of us wears two mantles—one of a nurse; the other of a citizen. I
would not question our clinical competence as nurses except in its breadth
and depth of community penetration. But let us ask ourselves whether our
competence as citizens is all that it should be? And if so, how do we inte-
grate our two responsibilities—making what we do in one capacity facilitate
what we do in the other? I am speaking here of nurses in general and not
of nurses in administrative positions alone or those in any specific group.

An able administrator of community nursing service knows the issues cur-
rently being considered by local, state, and federal governments, since these
may have a direct bearing upon the policy of her organization. But is the individual nurse within the community equally well informed on these important matters?

Raising the vitality of human resources will be our number one task. We who are nurses may count ourselves fortunate in that we have a definite goal before us: improving health for all. We also have unity of purpose that removes many of the handicaps found among other professions which may have pressure groups deeply rooted in opposing points of view. We may have divergent opinions as to how health services are to be administered and organized, but the great majority of us agree on what is to be done.

Today the demand for professional nurses trained to meet the needs of the times is greater than ever before. Nurses will play a vital part in plans now being formulated for the community of the future. We live in an age in which the foremost scientific minds of the world are focused on research still far beyond our imagination. Through medical discoveries of our time, nuclear energy and other miracles of science will be turned to useful purposes so that all may share their benefits; as citizens we must co-operate fully to protect mankind from their horrors.

It is against this background that health services must be planned and their results applied equitably to the end that every citizen of our nation will be assured of optimum physical, emotional, and mental health.

Significant among current trends in the health field is the formulation of progressive plans for universal distribution of health and medical care, whether these plans be publicly or privately sponsored. Other recent trends include the use of mass case-finding techniques which will greatly alter the composition of our future patient-load in hospitals, homes, and clinics. A higher proportion of patients will come for early diagnosis. In many cases preventive medicine will bring clients to us, not for healing, but for confirmation of sound health. Tests will be developed and used extensively in order to evaluate the functional responses of the individual. Concentration on the early detection of even minor dysfunctions will prevent them from becoming major ones. Acute stages of illness will be shortened by the new miracle drugs and surgery, and new problems of convalescence will face us.

But even when the pain is over and the disease cured, our job as nurses is still not done. We cannot stop until our patient is once more actively participating in community life. We will find more aging patients and more long-term illness. We will see psychosomatic considerations of all patient problems. Enlarged concepts of health care are not limited to the patient alone, but to the family and the community.

Within this changed concept of modern health care, a new interpretation of the position of the nurse within the community becomes apparent.

In order to face expanding horizons, our entire understanding of nursing service will need to be widened and deepened. It will need to be widened so that nurses may follow recent scientific advances in medicine and, in some
instances, take on responsibilities which are now carried out by physicians, who, in turn, must be freed to make still further scientific advances. It will need to be widened, too, so that a nurse may be adequately prepared for the interpretation of health confirmation and preventive teaching and for intelligent formulation of far-reaching goals of positive health for individuals, families, and communities. Nursing will have to be deepened through the need for consideration of the psychosomatic aspects of illnesses and by insight into the patient's social and economic problems, which are now, in most instances, passed over superficially. By the very nature of her professional competence in these fields, the nurse herself will need to be a person equipped with superior emotional and spiritual health. Above all, she will have to be a good citizen—one who is ever aware of the importance of her duties to the community which she serves.

Marking this current trend is the necessity for vitalized teamwork to achieve our purposes. No longer will the researcher work alone in his laboratory. The mathematician, physicist, biochemist, are new collaborators. So, too, working hand in hand for the actual and potential patient in home and hospital will be researcher, doctor, nurse, practical nurse, institutional administrator, health officer, social worker, secretary, and housekeeper.

Together, this team will have as its ultimate goal the best possible care of the whole patient and his family in their social economic setting. This team is a unit in a larger team which includes statesmen, judges, publicists. Some communities are already partially organized and the problem of forming health and nursing councils becomes one of adding health or nursing to activities already provided for in other councils. In other communities, the nursing council becomes the first community organization and, therefore, creates a pattern.

Such unification of effort is exemplified by the hospital which will be the community health center, perhaps housing the official health department and its nurses and private physicians' offices. Thus, every nurse will be working for the health of the general public. A co-ordinated hospital system will provide for referral of patients and an interchange and pooling of personnel, services, and facilities. Such a plan is considerably nearer actuality as a result of the recent enactment into law of the Hospital Survey and Construction Act.*

In short, the immediate future holds many new and interesting nursing possibilities that we are eager to pursue.

A nurse must co-operate with all community organizations working for the promotion of health. She must be concerned with those issues which are related to the health and welfare of her clientele, including the housing problems of her community, the general education of its youth, its local government. She should be an informed voter, unafraid to express her views

*P. L. 725, passed by the 79th Congress, signed by the President on August 13, 1946.
on tax expenditures. She should be an alert committee member, working actively in all community groups.

The vital part a nurse plays in health education cannot be overemphasized. She helps her fellow citizens to become intelligently aware of individual and community health problems so that they may share the responsibility for their solution, which is a duty to the community as well as to self and family. She interprets health needs, desirable health behavior, and the services of professional health agencies. In short, she stimulates people to want to know and to do something about their health—emotional, spiritual, and physical.

If the nurse participates in community activities, if she has identified herself with groups which have goals related to health and welfare, if she contributes her suggestions and helps to translate theory into practice, she may, in turn, expect her fellow citizens to lend their attention to the successful carrying out of the health program which is of paramount interest to her. Such an exchange of ideas can be a prime factor in the ultimate realization of improved community health. The nurse must lead in straight thinking, free from bias and prejudice. Continuously adding to her resources of broad, social concepts, she then becomes a leader in analysis of community problems which call for the application of these principles.

Community awareness of the problems that confront members of the nursing profession may help to bring about better utilization of existing nurse power. The public should be educated to the importance of intelligent distribution of nursing services. They should understand how the functions of the professional nurse and the prepared practical nurse can be made to supplement each other to provide the best possible care for the whole patient.

Nurses must take advantage of the fact that there is today a sharp awareness of the importance of maintaining optimum health on the part of our nation's citizens. They look to us for guidance and leadership. This brings new responsibilities to the nurse in the performance of her duties, which are no less important than the proper execution of her actual nursing techniques.

In these days the possibility of supplying adequate and qualified nursing personnel for the myriad nursing tasks that lie ahead is a question that confronts us all. It is essential, therefore, that we have the complete support of our community groups in recruiting and educating the type of nursing student who will develop into the professional nurse of high caliber we so urgently need. Attention must be given to the proper distribution of nursing schools in localities where they are most needed and where the best educational facilities will be available. We must spend wisely and for the greatest effectiveness the moneys which purchase nursing education.

Toward this end, citizens need to know the quality and kind of nursing education offered in their communities and how well it will prepare the nurse to render professional services. If improvements in existing schools should be made, public opinion must help point the way. On the other hand,
if schools of nursing need the support of the community in any project, such support should be forthcoming. Mutual understanding thus developed will greatly enhance the relationship between the professional nurse and the ultimate consumers of nursing service—the public.

In a survey on community group opinions about nursing reported by Edward L. Bernays in a recent issue of the American Journal of Nursing,* it is interesting to note what respondents to a questionnaire sent to officers of various civic groups had to say about relationships between nurses and community groups. I quote: "Some group leaders feel that nurses have retreated into compact little social cells which are not integrated with community life. Perhaps the many years of long working hours contributed to this isolation, but other factors must also be present. . . . Get down off the professional pedestal, and enter more into the life of the community. . . . Nurses' concern is the limited group rather than the community at large."

Here are invitations we cannot afford to decline. We must join with other community leaders in laying effective plans not only for nursing service but for those other civic programs that make a better life for all a definite possibility. It will pay dividends to the community as a whole, and will help immeasurably to improve our opportunity to render effective service. War brought us opportunity and acclaim. Only by self-directed growth will nurses merit continued recognition. What are we doing to prepare ourselves for this challenge?

Nurses meet problems as they arise. People like us for that. But is it not possible that in responding to an immediate, but superficial, need we sometimes sacrifice our possibility of fulfilling a more remote, but more urgent, need? Comprehensive planning will force us to more consistent action. Loss of some of this quick praise is the price of leadership in progressive action.

In considering community health needs we must re-evaluate our current system of nurse education to see what improvements can be made in order to produce the type of nurse who will adequately meet the requirements of nursing today.

First let us review the kind of preparation that every professional nurse should receive. A nurse's general education should teach her to think clearly and to express herself convincingly. In her professional education, she should have experience in a large medical center in medicine, surgery, and related specialties, and in pediatrics and obstetrics where high standard care can be given, as well as in psychiatric, tuberculosis, and/or communicable disease nursing. She should be afforded experience in a rural or semi-urban hospital or health agency. She should have nursing experience, or its equivalent, through integrated instruction in elements of preventive medicine and public health nursing. Above all, she should be taught by well-qualified instructors, particularly clinical instructors, who have had special preparation for their teaching fields.

For these reasons I believe it is important that nursing schools should have a direct connection with large medical centers and with educational institutions, if possible. All students should have a training period of approximately six months in a small community hospital health center or in rural areas.

Nurses so prepared will be able to cope with the complicated problems of patients who need highly specialized care in large medical centers. They will be able to care for mental patients as well as for patients with tuberculosis and communicable diseases. They will be ready, too, to take their places on the research team with members of the other health professions.

Another advantage to be derived from complete professional training is the satisfaction that nurses are able to gain from nursing patients in rural and semi-urban institutions and agencies. They can then take part in health teaching and participate in preventive aspects of nursing care in hospitals and as first-level public health nurses in public health agencies without receiving additional preparation.

Every professional nurse should have a first-hand knowledge of facilities and personnel within the community she serves. These include church, court, press, and political councils, in addition to those usually named. To correlate her clinical and classroom experiences, such service should be followed by similar training in the outpatient department and home service.

More emphasis should be placed on the use of clinical practice as a significant way of learning rather than merely as a service to the hospital. The current interest in designing a system of nurse education which will provide necessary service to meet community needs will bring us inevitably to a consideration of what the cost of producing this nursing service will be. Such a question should be of the utmost concern to the producers and consumers of nurse power generally—hospital boards and administrators, members of the medical and nursing professions, other civic leaders, and the general public. An accurate determination of such cost should be made so that if an increased investment in nurse education seems desirable, all may take part in what is so definitely a community project.

In summary: the time has come when the concern of the few in problems large and small is the concern of all. We have come a long way from isolationist thought and deed. There are no islands any more, not even professional islands. Today we realize that only by working together in full and complete harmony can any worthy ends be gained.

This theory holds true not only between nations of the world, but all the way down the line—between citizens everywhere—and between the nurse and other members of her community.

For that reason, if for no other, it is imperative that professional nurses realize their responsibilities to their communities, and, conversely, that citizens become cognizant of the fact that they and the members of all the health groups must work together for the realization of the goal of better health for all. Community nursing is the challenge of nurse education.
In discussing Miss Petry's prophetic paper on the future of nursing, I wish first to define my limitations. I am not a nurse. My only knowledge of the complex problems faced by the nursing profession has been gleaned during several years' experience with the Farm Foundation of Chicago and, more recently, with the Extension Service of the United States Department of Agriculture in an educational and organization program to help rural people improve their health and medical services.

At that, my knowledge is very limited, because my major attention has been focussed on the most pressing problems facing rural people, which have been securing doctors, planning for hospitals, paying for medical care. I accepted participating in this discussion mainly because of the opportunity it provided for learning more about the problems of community nursing services and nursing education. The only thing I am prepared to do is to make some informal observations—and these based mainly on experience in working with rural people.

The average consumer of nursing service, certainly the rural consumer, is little aware of the self-analysis going on among nurses about the future of their profession. The consumer's major concern is getting a nurse when he needs one. And what a problem he finds that to be! He may live in a community which has a school nurse or industrial nurse, but he knows that he cannot expect her to help him when he is sick.

The consumer may be fortunate enough to live where there is a visiting nurse association, but he hesitates to call on its services lest he give the erroneous impression to his neighbors that he is accepting essentially a charity service. He may even be able to point with pride to the nurses from the local public health department, who go about in pleasing blue uniforms organizing well-baby conferences, immunization clinics, and health examinations in the schools. He knows, however, that although he helps pay for their services through his taxes, he cannot ask them to give bedside care because, frequently, of something called "agency policy." Hence, if he is seriously ill, whether at home or in the hospital, and needs a special duty nurse, he is confronted first with the difficult problem of finding such a person, and second, with the pocketbook-breaking cost of her service. Frequently he settles for relatives taking turn in caring for him or for a self-trained practical nurse, in hope that such substitutes will do, irrespective of the seriousness of the illness and the need for more professional care. If he is ill in a hospital, he soon discovers that the nurses are handicapped in giving the best care—they are overworked, underpaid, and often low in

*The opinions expressed in this article are those of the writer, and do not represent the official views of the U. S. Department of Agriculture.
morale. He may vow that as soon as he gets out he will do everything he can to gain more adequate community support of the hospital and of all community nursing service. When he gets well, however, he finds he does not know where to begin and, lacking technical guidance, reluctantly decides that perhaps nothing can be done. This we label "public apathy."

There are many reasons for seeming public apathy about planning for and supporting an adequate community nursing service. One important reason, at least on the part of many rural people, is the lack of experience with any type of nursing service. It is well to remember that nurses, like doctors and dentists, have for years concentrated in the large urban centers, so that by 1941, for example, while Connecticut enjoyed the ratio of one active nurse to every 336 persons, Mississippi had only one nurse for every 2143 persons. It is well to remember that there are still 1200 rural counties in the United States with no recognized hospital within their borders, and that these counties have a total population of fifteen million people. It is well to remember that there are still 1400 counties without local public health services, and although there may be nurses in a number of these counties, their services are so thinly spread that it is difficult for the public to envision the contribution that they might make if given a real opportunity. And it is well to remember that recent studies of available nursing personnel make a gloomy prognosis of the length of time it will take to have a comprehensive community nursing service fairly equally distributed over this land. These factors must enter into any broad planning for community nursing services.

Even in the thickly populated areas where people have had experience with nursing services, there is often a discouraging lack of public concern to secure an adequate nursing program. Again, this is due to many factors, but one of the most important is the lack of public understanding of what an adequate nursing service might be and how it might be obtained.

Some of the conflicts within the nursing profession are mirrored in the confusion of the consumer. He is aware of a wide gap between the nurses who nurse and those who are primarily health teachers and between the low annual income of nurses and the high daily cost they are to him when he is sick. Before he can merge these conflicting factors into a constructive plan for an integrated nursing service, he needs technical advice and guidance.

This technical guidance is now available from the nursing profession. The over-all requirements for providing a comprehensive nursing service have been outlined in "A Comprehensive Program for Nationwide Action in the Field of Nursing." This is a milestone in the co-ordination of effort of the major national nursing organizations to provide the leadership in planning for and building an adequate nursing service for every community. A first follow-up of the recommendations of this program has been the survey made in Michigan of all nursing resources in the state as well as the resources for the preparation of nurses. Such an inventory is needed in every state.
No planning for a comprehensive nursing service is enough, however, without consideration of methods of paying for such a service. That is what the consumer wants to know—what price good nursing care! As Miss Petry has pointed out, the method of paying for nursing care, as well as for all other health care, may be the focal point on which major reorganization and reorientation of the nursing and all health services of any community will take place. The nursing profession has taken leadership in exploring this important issue through its recent study of nursing services provided in some twenty-seven prepayment plans. This study has raised the question, however, whether nurses should seek to have their services included in some existing prepayment plans for hospital or medical care and, especially, whether they should attempt to set up any such plans for their own services. They are discouraged from doing this because of the serious shortage of nurses and the advice of other professional groups to wait until hospital and medical service plans are better developed. More reasons can always be found for not starting a project than for starting it. It may be well to bear in mind that if hospitals and physicians had waited to have adequate facilities and personnel before offering hospital and medical insurance plans to the public, there would be few such plans in existence today.

If the nursing profession is going to fulfill its rightful role in any coming comprehensive national health program, under whatever auspices that may be developed, it would seem crucial that nurses explore ways and means by which they can best function in such a service while the pattern for it is being molded through the efforts of both volunteer and public agencies. The most important way of determining their place in such a program is to set up demonstrations and experiments in prepaid personal nursing care which can be evaluated in establishing nursing policies in a comprehensive personal health service.

I have often wondered why the pattern of nursing service developed in Brattleboro, Vermont, has not been followed in more communities. The Brattleboro plan does two important things: first it arranges for the training and supervision of practical nurses by professional nurses; and then it provides an insurance plan by which families may be assured of nursing care, either practical or professional, part-time or full-time, according to the needs of the case rather than according to the ability of the family to pay for the service. In such manner does a community develop an appreciation of an integrated community nursing service.

Important as it is for nurses to seek to have their services included in existing health insurance plans or to set up new ones of their own in order to fulfill effectively their professional role, it is still more important that they do so because of the contribution they have to offer to the administration and interpretation of these plans. Nurses comprise the only professional group which has had long experience in effective community organization for personal health services in the home.
When the demands for nursing service have far exceeded the nursing resources, public health nurses, especially, have learned how to select cases according to the greatest need. They have learned how to relieve physicians of many unnecessary calls and thereby free them for more important tasks. On the basis of this experience, they have much to offer to the administration of any prepaid medical or hospital plans to assure the best use not only of nursing but, also, of physicians' services. Then, too, because of their intimate and frequent contacts with families in their homes, nurses are in a key position to interpret a prepaid medical plan to the people and the people's needs to the medical plan.

An even greater responsibility rests with the hospital and private duty nurses to have their services included in prepaid medical plans. Only by so doing will they discover ways by which their services can be effectively co-ordinated, their annual incomes considerably increased, and the services that they can offer to the consumer greatly augmented. For all these and many other reasons, one cannot urge too strongly that all nurses come to grips with the problem of including nursing services in personal health service plans, whether they be local, state, or national in scope.

As Miss Petry has envisioned, the future of the nursing profession is a challenging one, changes due to scientific inventions bringing changes in types of nursing services needed; changes in organization of medical services bringing changes in the proportion of home and clinical nursing care; changes in co-operative arrangements between physicians and nurses and between nurses and nurse's aides, visiting housekeepers, technical specialists of various kinds; changes in methods of paying for nursing services; changes in consumer participation in developing adequate community nursing service.

Such changes in community nursing service are a challenge to nursing education. Nursing offers an opportunity to people with talents ranging from those involved in the great art of caring for the sick to those called for in the complex task of community organization to prevent disease and to promote health. Thus, nursing encompasses many of the arts and sciences needed to heal a broken body as well as those needed to heal a broken world. Training for such a profession must include deep appreciation of the behavior of the mind and body in sickness and in health, as well as the effective organization and financing of all community health services to safeguard the health and well-being of the citizens.

Planning and organizing, as well as recruiting and training nurses, for such a comprehensive community nursing service is a monumental task. It cannot be done by the nursing profession alone. It can only be done by the co-operative effort of all groups concerned. To the principle of such co-operative effort all professional groups subscribe. But there is often hesitancy about putting this principle into practice, because of some fear that laymen participating in planning, organizing, or administering health services will intrude on the rightful sphere of the professional groups. Yet these groups
must know that only through joint planning can mutual trust be established and the respective responsibilities of lay and professional groups to the development of any health service be fully understood and duly respected.

Certainly, it is well for professional groups to bear in mind that the consumer who receives the service, foots the bill, and whose health is at stake has basic responsibility for determining what kind of health service he wants and how he shall pay for it. He has basic responsibility for participating in the organization and administration of such services. Nurses appreciate the necessity of co-operation with all groups concerned in the development of any adequate health service; but I am stating this fundamental principle of co-operation with consumer groups lest there be any nursing associations—local, state, or national—which may want to hug close to themselves all plans and programs for community nursing services. To any such groups, I must plead that only as they share with the people their present problems and their future goals, and render unto the people the responsibilities that belong to the people, will the nursing profession be free to enhance its cherished leadership and strengthen its professional status.

With this principle of co-operation in mind, the major question is, "How shall nurses proceed to give leadership in their own communities to secure comprehensive community nursing service?" Let me first recommend as an invaluable guide the leaflet prepared by the Joint Committee on Community Nursing Service entitled "Guide to Organizing a Community Group Interested in Nursing Services." Other than that I can here make only a few suggestions.

The first step for any community to take is to analyze its nursing needs; next, plan immediate and long-time goals for the achievement of an adequate nursing service; and then organize the community resources to meet the most pressing needs. The outstanding accomplishments of a number of community nursing councils stand as invaluable demonstrations of the steps any community may take toward attaining a comprehensive nursing service. Such community nursing councils cannot be too highly commended.

The procedure for developing a nursing service may differ somewhat between urban and rural areas. In urban centers the area to be served may be clearly defined by the city limits; in rural areas a community may be a county seat, a part of a county, or a whole group of counties. A full appreciation of natural neighborhoods is essential to any successful rural community organization for nursing service. In urban centers nursing councils composed of representatives of one group of people to help plan and organize a service for another and less privileged group seems to work out very satisfactorily. In many rural areas this type of organization may prove inadvisable. Rural pride and independence would necessitate that a community nursing service, to be successful, would have to be planned and organized for the people by the people who would use the service.
Local planning for nursing services, however, is not enough. It is too little and too late for such planning alone. What is needed now is integrated planning of local, state, and national groups. Nurses might well take a leaf from the procedure followed by the state and national organizations which have done such effective planning for public health units and hospital districts over the entire nation.

It might be worth considering what could be accomplished if a broadly representative group of all concerned in every state were to analyze, with technical guidance, all types of nursing resources, including those for training of nurses, and measure these by approved, desirable standards for adequate nursing service. Maps comparing the present situation with desirable standards, prepared somewhat in line with proposed public health units or hospital districts, might well provide the public with the first effective guide for developing a comprehensive nursing council. Then, if in addition to such a guide, plans and proposals for and demonstrations of successful financing of such a nursing service were presented, it would not be long before people of every community would shake off their seeming apathy and take the first steps toward providing themselves with adequate nursing care.

"Where do we start?" is the question many nurses may ask. The only answer is to start where one is with what one has. It is not necessary to organize a community nursing council at once. It is enough to find two or three interested persons and have faith that ideas well planted will grow. Even this first step may give some nurses pause for fear they may not be able to answer all the questions that the consumers may ask. That is so often the weakness of a professional person—to take herself too seriously. The nurse does not have to know all the answers. She only needs to know some of the technical resources, local, state, and national, to which she may tell the people of her community to turn for help in solving their community nursing problems. Some of these technical resources will be found in the nursing and other professional groups. Other resources will be found in universities and in private and public agencies especially concerned with health services. Still others will be discovered close to home among the farmers, businessmen, housewives, teachers, and county agricultural and home demonstration agents, who have had rich experiences in community organization for a wide variety of important programs.

And so, if nurses in every community will decide on the first step that must be taken toward building a comprehensive nursing service—and take it—the next step will come more easily, and the next and the next still more easily. Then the time will come sooner than expected when nurses, with an abiding faith in the future of their profession and an enduring trust in the cooperation of the people they serve, will have won their long-sought goal of equal opportunity of nursing and all other health care for all the people.
NEW WAYS IN PERSONNEL ADMINISTRATION

BY F. ALEXANDER MAGOUN, PH.D.

Among the fine and jubilant summaries which clever men so love to make is the abstraction that the job of management is to direct, to develop, and to control. As with many generalities, this skeleton of words comes alive only when clothed with the quickening tissues of an understanding which goes far beyond the superficial search for a set of rules. And yet so many people in positions of authority search diligently for rules by which to administer the handling of a staff.

There are areas in which rules operate successfully. The cook, the plumber, and the laboratory technician follow them constantly. But handling people is an art. Would John D. Rockefeller have paid more for the ability to lead men than for any other quality, if it could be done by a set of rules? Handling people is an art to be successfully achieved only by knowing and following the fundamental principles in your own individual way, which must however, be completely sincere.

To direct, to develop, and to control does not apply just to men, nor to methods, nor to money, nor to materials. It requires expert attention to all of these, and all at the same time. In a large organization this becomes so complicated as to require specialists to protect the various points of view: a treasurer to think in terms of money, a purchasing agent to think in terms of materials, a personnel director to think in terms of people. It is this "thinking in terms of people" with which we shall concern ourselves.

"Personnel administration," says the NOPHN’s booklet on personnel policies, "is the direction and co-ordination of the human relations of any organization with a view to getting the maximum necessary production with a minimum of effort and friction, and with proper regard for the genuine well-being of the worker." Personnel administration is doubly important, because a mistake made in handling a piece of apparatus is a temporary thing; a mistake made in handling a person can have long-run consequences.

Last spring an executive in one of the industrial concerns for which I am a consultant said to me, "Because of the things that have been changed here in the last two years, I’ve just been to my boss about something he did to me that I didn’t like. We’ve got it all straightened out now, and I feel better."

"That’s fine," I replied, "but there’s one thing I’d like to know. How long ago was it that the boss did whatever he did?"

"Eighteen years."

Can any accountant compute the loss to that company resulting from an executive who for eighteen years worked without a willing heart? We usually do a magnificent job handling machinery, materials, methods, and money. We often do a poor job handling men. The present trend of trying to understand why people behave the way they behave is long overdue, and the only
new thing in personnel administration I want to discuss with you this morning has to do with understanding the individual.

Any institution serving the public faces the necessity of finding sound solutions to the problems in human relations which beset the organization both within and without: internally in the form of directing, developing, controlling personnel; externally in the form of building good customer and community relations. These two problems are inseparable and interdependent. Employee attitude toward the organization and the public is a prime factor in determining community and patron response; community and patron response determine not only the prosperity of the organization but its very existence. The effectiveness of the solution of any internal or external problem in human relations will, therefore, be reflected in the degree to which it makes the organization a better group with which to do business. And the most complete understanding possible of why people behave the way they behave, is vital to the success of any enterprise, because profits depend upon it.

The goal of a good administrator is a co-operative team in the building of which, under the complex conditions of a modern factory or hospital, a systematized organization and a well-established tradition of good discipline are necessary. Good group control depends partly on right organization and partly on sound individual correction, reward, and punishment. How the individual is treated is extremely important, because an executive is never dealing with just one person. Fifty others are watching to see what he does and how he does it. Quite rightly, they then decide what they can expect under the same circumstances.

There will, to be sure, be regulations which must be followed, but if they are to be effective, they must be few, simple, clear, and confined to inflexible rules, such as, “Working hours are 8:30 a.m. to 4:30 p.m.” The difficulties of an administrator begin at the point where objective inflexibility ends. “Poor quality work is not acceptable.” Where does poor quality begin? “Edith must do a better job of taking care of her patients.” At exactly what point is it a sufficiently better job? It is in the successful handling of indefinite, individual incidents that good leadership shows. Where regulations are wisely interpreted and acceptably administered in the unusual case, the workmen will want to live up to the spirit of the regulations in the ordinary situation. Bungled too many times in the unusual situation, men no longer have a “group willing heart” even in the usual situation.

Suppose the office boy asks for time off to go to his grandmother’s funeral. The boss remembers that the World Series is being played, so he dismisses the lad with a cynical, “No! Certainly not.” But if grandmother really has died, nobody in the office will forgive the boss for his bad judgment. To discharge his responsibilities in personnel administration successfully, he must know enough about people to be able to tell when someone is lying and when someone is telling the truth.
What we all want is to be understood sympathetically. This often involves knowing more about the causes of a person's behavior than he himself knows. This, alas, is seldom realized. We teach engineers about machinery, lawyers about statutes and jurisprudence, clergymen about theological doctrine, doctors and nurses about anatomy and materia medica. Many of them are soon in positions where they are handling people even more than they are using their technical knowledge. Yet almost none of them is given any education in why people behave the way they behave. This is all the more tragic because what a person sees in any situation is always a function of what he has learned to pay attention to.

Everybody knows something about human relations. "Expert" derives from the word "experience," which makes it natural enough to mistake the possession of authority for knowledge, particularly since so many people with power believe humanity should be divided into those who order and those who obey. Private imperialism!

Actually, of course, executives need to realize that everybody has power. Even the little new baby can hold his breath until he turns blue in the face and scares his mother into submission. The child, abused by an unreasonable father, can bang his head on the floor almost to the point of self-injury, and so summon mother to his defense. The adolescent—and the grown-up who is emotionally immature—becomes stubborn, as one of the last methods by which a person who feels weak is able to defend himself against unreasonable authority. Everybody has power. The variable is how it is used. Furthermore, no one ever has any more authority over an individual than he is willing to accept. The Roman soldiers crucified Christ without achieving one whit of authority over him. Similarly, the Greeks gave Socrates the hemlock.

People are willing to be subordinate to good leadership, but they are not willing to be subservient. It is not enough for management to have authority. It is not enough for it to be honest. It is not even enough for it to be right. Management must be effective, and in order to be effective it must also be able to deal acceptably with emotions—the driving force behind all human behavior. Nothing short of completely sincere and competent know-how in handling emotions as well as finance, methods, apparatus, and materials will do.

No organization has meaning except in terms of the relatedness of its components. This is even true of the atom and the molecule. The same raw material in different relationships leads to vastly different results. Sugar, alcohol, and many other substances are made from carbon, oxygen, and nitrogen atoms in differing relationships.

Men, like atoms, have an innate need to work together, but like atoms, they show preference to do it with some people rather than others. For example, people can work together successfully only when they are sincerely motivated by the same sort of emotional reactions. A trusting person cannot long co-operate with a suspicious person, because the suspicious individual
is unable to respond sincerely in a trusting manner. Very soon what he does is to make the trusting one feel suspicious and, consequently, to get his emotional dukes up in self-defense. But two trusting people create a positive, interpersonal relationship of confidence, and two politicians look upon each other's trickery as all part of the game. "He beat me this time. I'll get him next time."

Yet how often someone in an administrative position will order two such people to co-operate. He might as reasonably order oil and water to mix, the one difference being that because people have emotions—which atoms do not—by applying enough pressure the boss can often get a superficial, temporary bogus co-operation, which, in his ignorance, he wishfully mistakes for the real thing.

Whether or not an individual is trusting or suspicious depends upon the experiences of his early childhood. After a half century of life and a quarter century of professional experience, it is my considered opinion that all troubles in human relations stem from mistakes in the way children are brought up. Your troubles come from what was done to you, or what was done to the people you have the responsibility of handling, or combinations of both.

Due to childhood experiences, we soon habitually assume a standard pattern in explaining the motives of other people: they can be trusted, or they cannot be trusted; they are co-operative or antagonistic; they are kind or cruel. This pattern begins to be formed as soon as a baby is born. It is well established by age two. It is deeply set by age seven or eight.

By way of illustration let me tell you about an experience I had in 1945. The hospital was crowded, and in the beginning my room was shared with a little new baby. When they brought me back from the operating room, the baby was moved into the corridor. Early that evening he began to whimper in a manner that said, "Please won't somebody love me just a little. I feel so much alone." Because of the whimper the nurse wheeled his crib into the operating room and closed the door, whereupon the baby bellowed with rage. Presently he wore himself out and went to sleep, so the nurse brought him back into the corridor where it was easier to keep an eye on him. An hour later the whole thing happened all over again: whimpers, ostracism to the operating room, anger.

Next morning after the head nurse had looked me over, I asked her what the matter was with the baby. "We don't know," she answered. "We can't find anything physically wrong, yet he doesn't gain weight as he should be doing after two weeks. We don't know."

"I think I can tell you."

She looked at me after the manner of head nurses and awaited my explanation. "That baby isn't being loved and he knows it already. His mother didn't want him, his father doesn't care about him, and sensing this, he has no zest for life."
She thought a moment. "Well, you may be right. Anyway, you are correct in supposing that his mother didn’t want him and his father doesn’t care about him."

It is thus that we soon form habitual patterns of explaining the motives of other people. Then, instead of examining motives analytically, we proceed as though our assumption were correct for everybody. Soon other people respond in terms of our behavior, and thus do we reproduce in new environments the kind of environment we experienced in childhood. Dominated children grow up to become frightened adults who either habitually give in, try to dominate, or attempt to run away. As Freud discovered, we tend throughout life to see the same insoluble things in various situations which we could not solve as children. It is so easy to feel, "I have failed in this important human relation and I shall fail in every other." To the grown-up who experienced a down-trodden childhood, the person with power—the boss, the policeman, the income tax examiner—becomes very frightening. In every situation, such an individual relives the persecution he suffered from his parents or parent substitutes, and the quickest way to discover whether or not the person with authority is like father is to put him into a position similar to the roles father played. Then watch how he reacts. Father would never admit when he was wrong. Very well—maneuver the boss into a situation where he is in the wrong and see what happens. If the boss is ignorant enough of the ways of human nature to construe this as a personal attack against which he must defend himself, instead of recognizing it as a test for reassurance on the part of the underling, the result will resemble two strange bulldogs at a bone party. Some day it will be unthinkable for anyone to have authority without knowledge of how emotions work.

There is no such thing as meaningless behavior. Properly understood, all behavior is completely logical in the light of the nature of the particular person involved and the particular situation he is in. We are rapidly learning a great deal about this. Shall we take a simple case and examine some of the possibilities?

A public health nurse is called to a home where she finds a twelve-year-old boy confined to bed by a domineering mother toward whom he feels actively rebellious. He at once regards the nurse as an enemy, because he considers her an ally of his mother. Consequently, he is completely non-co-operative. What a difference it makes to realize how logical it is for him to think that the other people are entirely in the wrong. The fact of the matter is that in the beginning of his experience (or of anyone else’s, for that matter), this was the truth. In situations involving a baby, only the grown-ups are in the wrong.

What a difference it makes to realize that an unreasonable person is merely an irritated person who feels himself in a weak position and does not know how else he dares to express his anger. Perhaps the boy has a chip on the shoulder, in which case it is necessary to recognize it as merely the symptom of someone who expects severity, fears it, and so has his defenses
up in anticipation of the attack. Show him he has no need to defend himself against you, and the chip will fall off by itself.

Perhaps this lad does not behave belligerently, but is floundering in the ooze of self-pity. Again, it is essential to be able to diagnose the self-pity as merely another indirect expression of anger. The emotionally mature person who feels himself injured says in effect, "Look what you've done to me. I'm angry about it and this is what I'm going to do as a consequence." His reaction may not be vindictive, but it is always open and overt. The frightened, subservient individual says in effect, "Look what you've done to me. Poor me. I'm angry about it, but because I'm so afraid I don't dare to show it openly. So I'll be sorry for myself. I'll let other people see what a brute you are. They'll see what you've done. They'll get even with you. Poor me." Tears are often a variation of this by which the weeping individual is asking indirectly to be handled in a less threatening manner.

Defiance is the other extreme. The boy again fears your power and wants to destroy you—or at least the power. But feeling too weak to undertake it openly, he accomplishes it figuratively by behavior which says that your wishes do not exist as far as he is concerned. He is subconsciously terrified by what he thinks would happen if you found out his true feeling (wanting to destroy you), so he rationalizes his attitude by saying, "This is a matter of principle with me," and thus hides, even from himself, the destructive desires which motivate him. Then the whole behavior mechanism comes full circle when subconsciously he punishes himself for his feeling of guilt by using the defiant attitude to make his behavior fail where co-operation would have succeeded. What a terrible burden such a person places upon himself because he cannot feel honestly.

Very often a parent, or teacher, or executive will attempt to order such an individual to be co-operative. It were as intelligent to order him to be bilious! He can do neither the one nor the other except under the circumstances which make co-operation or biliousness possible. Certainly, he cannot be co-operative as long as he is emotionally dishonest with himself, pretending to feel what he does not feel, and pretending not to feel what he does feel.

Nor can the nurse, or anyone else, co-operate with the boy until it is realized that to him, although he does not consciously realize it, "critical" and "hostile" mean the same thing. Under the conditions of his upbringing, criticism is to his emotions what a blow is to the body.

Like most of the rest of us, this lad deeply needs to find out what he is really feeling and why; this, because emotion is the boss of reason. The analytical powers of the mind are but the tool of feeling. The happy person uses the mind in one way, the angry person in another, the frightened person in still another. This is why emotional honesty is far more important than financial or intellectual honesty, because emotions are the driving force behind all human behavior. An emotion is a person's response to his feelings
about a given situation: good, or bad. Emotional adjustment depends upon the honesty of his feelings and the reality of his value standards in relation to his true self and his true environment. Anything which is based on truth, both subjectively and objectively, makes for emotional maturity.

Suppose that some days earlier the boy’s father had been stopped on the way home by a neighbor who exhibited a letter and complained, “Look what your son wrote me!” On examination the document proves to be an inventory of the neighbor’s qualities as described by the boy in such words as, “stinker,” “old meanie,” “thief.” Father can now do one of three things: one—he sends Junior home and to bed with the promise of, “I’ll attend to you later!” This can only mean that the boy must be prepared to defend himself as best he can against punishment. New emotions will prevent his mind from analyzing the real truth about his feelings toward the neighbor and what they accomplished, because now he mobilizes his emotions to protect himself against father. Two—the parent can shrug his shoulders and ignore the whole thing. This also prevents Junior from coming to understand his feelings and their result, because now his emotion is, “Goody! I got away with it.” Three—Father can say, “Junior, did you write this? Let’s go home and talk about it.” In the privacy of their own livingroom, and in an atmosphere of mutual confidence, father and son can analyze the situation. “She must have done something to make you feel angry or you wouldn’t have written a letter like this. Oh, your ball went over the fence into her garden and she took it. Then she really did take someone else’s property. Well, did you get your ball back by writing the letter? It’s silly, isn’t it, to do something that prevents the very thing you are trying to accomplish? What do you think would have been a better way?” Through such a procedure, the boy’s feelings are not confused and he can come to understand what he felt, what happened as a result, and whether or not the procedure is worth repeating. He needs, also, to realize that he will inevitably feel angry again.

The person who has only good emotions simply does not exist. To be sure, the Puritan struggles to disown those emotions which he considers evil by burying them under ideals. These often keep him from realizing the disagreeable truth that every one of us is sometimes angry, hateful, jealous, afraid. Nobody is perfect, and we should expect and accept this exactly as we expect and accept stormy weather.

We should go even further than that. Exactly as we need periodic physical cleansing of our skin or our viscera, so also we need occasional emotional baths to bring about catharsis of our feelings. There are times when people ought to get angry, not only for the value of the catharsis, but also because of what they can learn about what is going on inside themselves through an analysis of the anger. A good personnel administrator will sometimes deliberately allow a person to be angry just for this reason. There is a vast difference between repression, which leads to indirect rebellion on the one hand, and understanding, which leads to intelligent control on the other.
What we want is to put the boy we've been talking about into a situation where he can become co-operative. The desire for a co-operative staff on the part of many people in positions of authority is nothing more significant than a desire for the benefits of co-operation from other people—not a recognition of and responsibility for the discovery and establishment of those factors which are a prerequisite for co-operation. Management must perceive that the benefits of co-operation stem from the establishment of right conditions, exactly as the benefits of an X-ray machine or of penicillin do. This is a matter so widely neglected by people in supervisory positions as to deserve detailed analysis.

It is unreasonable to expect co-operation unless and until four conditions have been established:

1. The people involved must have a self-respecting status. This means recognition as belonging and being wanted; reasonable opportunities for self-fulfillment; emotional maturity; sound-value judgments and the integrity to live up to them.

2. The people involved must have a continuing and a healthy understanding of how the desires and the performance of each affects, and is in turn affected by, the performance and desires of the others in every situation as it occurs. The point at which co-operation fails first is understanding. It is always difficult to endure what is not understood. This means the need for open channels of communication so that information can flow freely whenever and wherever needed; adjustment between individual desires and the requirements of the team; the sure feeling that legitimate wants will be satisfied without the need of fighting for them.

3. The people involved must have confidence (because it is deserved) in the availability of and the effectiveness of good method in working out acceptable solutions for the inevitable disagreements which will arise. This means a tradition of effective solutions, honestly arrived at, with the calm objective approach resulting from a minimum of self-assertion. Differences are of value only in so far as they stimulate new thinking. There can be healthy difference of opinion without emotional loss of unity.

4. The people involved must accept mutual responsibility for results. This means a satisfactory division of labor, put together in a single integrated pattern, with clear lines of authority, no cross-interference, and yet all working together for a common goal. Workers and executives are two parts of the same team, with interdependent powers and interlocking functions. The trouble comes when these are not correctly integrated. Such conditions cannot be established by following a set of rules.

God will never work a miracle to relieve you from the necessity of using your own common sense to analyze every situation and to discover the best way of handling it.
Many years ago I was awakened by a long-distance telephone call summoning me to the bedside of an aunt who was grievously ill. The doctor said, "No visitors." Two days later the nurse came to me saying, "There's a man at the door who has asked to see your aunt. Will you attend to him?"

Here was no violation of the doctor's orders, yet she contrived to make me feel that her woman's intuition believed we should admit the gentleman. He was someone I had never seen, nor had I ever heard his name. Nevertheless, I took the responsibility and escorted him to my aunt's room. She said nothing to him as he entered; he spoke no word of greeting to her. But as I closed the door behind the nurse and me, I peeked. The tall stranger was leaning over the pillow to softly kiss her cheek. Next day he came again and as before stayed twenty minutes, only this time he went away carrying a rose she had given him.

That night, after the sunlight was dead beyond the windowpane, she peacefully breathed her last.

I found out later that he had started courting her when Grover Cleveland was in the White House. Neither had ever married, but down through the years they had gone on loving each other. What a mistake to have blindly followed a rule and denied him entrance! Would an hour, or a week, or even a month more of life have meant as much to her as that last twenty minutes when both of them knew the thread of a life-long relationship was about to be cut?

People in supervisory positions should never forget that it is not what you think you are doing for the other person that matters. The important elements are (1) what he thinks you are doing; (2) how he thinks you are doing it; (3) why he thinks you are doing it; and his feeling is often closer to the real truth than your own. If you truly have his interests at heart, he will sense it. If you do not, no amount of talk will be convincing. Words are puny things, except where you have a receptive audience. Feelings are always powerful things. A person will know whether you are only trying to have your own way, or whether you are trying to help him to tell you in his own way what the trouble is. The problem of good leadership is often not so much trying to understand the other person as it is understanding what is going on inside yourself. How you feel always determines what the other person senses.

There is in many of us a deep desire to dominate at any price. We attempt through kind acts to entice people into being subservient, we appeal to their loyalty, to their sense of duty, we tyrannize and browbeat, all because we are subconsciously so afraid of other people as to feel secure only when we have "power over" them. Yet domination is a psychologically unsound procedure, because it destroys the willing heart and makes for rebellion.

In any event, what happens is not as important as what you do about it. What leads away from a situation is more consequential than what led up to it, and what you do is always in terms of how you feel.
A SOCIAL AND ECONOMIC POLL OF NURSES

BY ARYNESS JOY WICKENS

This is to tell you about a nationwide survey of nurses and the nursing profession which will begin this autumn and which will include many of you. It is a survey designed to discover for you the actual facts about registered nurses throughout the country—where they are, what they are doing, how much they are earning, how long they are working, what kind of nursing duty they are engaged on, and how they feel about their work.

This survey grows out of the problem of which you have heard so much—the grave shortage of nurses today in relation to public demand. All of us know some reasons why there is a shortage of nurses. We know, first of all, from a study in the Department of Labor that whenever money incomes are as high as they are now in this country, people have money to spend for medical care who have never had it before. They can afford hospitalization or private nursing, instead of trying to suffer it out at home with only the family to take care of them. These high incomes, the spread of group hospitalization, better education on the need for medical care—not to mention the enormous increase in the wartime birth rate—alone would account for a large part of this added demand.

But the leaders of the nursing profession recognize that there is another side of this problem. It is the supply of nurses. During the war there was some fear that there would be an oversupply of nurses because of the tremendous training program to meet war needs. As you know, the Women's Bureau of the Department of Labor helped to allay that fear through its special study of professional nursing in 1944. The immediate postwar problem, far from being one of oversupply, seems to be one of critical shortage.

It is no news to you that large numbers of nurses are leaving the profession. Some of these nurses are only taking a well-earned vacation after their duties in the Army or Navy. The men who came out of the armed forces also took a vacation. But, in addition, it appears that many nurses are leaving for good. It is important to determine the basic reasons for the shortage of nurses and the reasons why so many of them are leaving. The leaders of your own profession want to be able to answer questions that are coming from nurses themselves, from the hospitals, the doctors, and the public. They want to develop a program that will bring more young women into the profession; that will induce some women now temporarily out of the profession to return and, perhaps, persuade some of you who may have thought of going into other lines of work to remain in nursing. They want to know the facts so that they can help to solve the nursing supply problem.

The members of your National Nursing Council came to the Women's Bureau and the Bureau of Labor Statistics in the Department of Labor in Washington to obtain technical assistance. In all our department store of
statistics we had very little to offer. And so they asked us whether, in collaboration with the national professional nursing organizations, the Bureau of Labor Statistics would undertake a nationwide, coast-to-coast, fact-finding survey for them. This we are doing in consultation with the Women’s Bureau.

The study will consist of three parts. The first will be a mail questionnaire to a large group of nurses, designed primarily to indicate the facts about nurses who have stayed in the profession. The second will be personal interviews with a small group of women who have left nursing to go into other work, intended to find out why they left. The third will be a comparison of the social and economic status of nurses with other groups of women in similar fields.

The survey is to begin in November. It is hoped that 30,000 to 40,000 nurses will participate in the mail survey by answering a questionnaire which will be sent to you. The plan is to select from official lists of registered nurses in every state every tenth name on the list, in order to secure a cross-section that is representative of all parts of the country and of all groups in the profession. If your name is drawn, it is not because you were singled out for personal attention, but because your name has been turned up in an automatic Gallup poll drawing of names. If you do not receive a questionnaire, you will understand that we cannot reach every nurse in the country, but by reaching a large representative group of every branch of your profession we will still get a clear summary picture of your problems.

The mail questionnaire will be absolutely anonymous. Your name is not asked for on the questionnaire, nor are we interested in it; but it is important that you as an individual and your friends, should they be selected rather than you, should give us prompt replies and every possible co-operation. It is doubly important that you answer the questionnaire, since we can send them only to a limited number of nurses.

The questionnaire which you will receive is a rather formidable looking document, but please treat it as you would any crossword puzzle or quiz problem. Pick it up and do it right away. It isn’t nearly as formidable as it looks. A number of Washington nurses have tried it out and have found that it can be answered in about forty-five minutes. Then, please, will you put it into the envelope which comes with it and return it as rapidly as possible?

The questions on this form, first of all, will give a description of the nursing group. How old are they? How many are married and how many are single? How many are veterans of this war or of the last? The questionnaire will ask the extent of your training and experience, the kind of nursing you are engaged in today, the part of the country you are working in, and the amount of money that you earn; also whether you get board and room, or whether you get allowances for them. There are questions, too, about what type of living arrangements you have, if you are working in a hospital or another institution, how long your hours of duty are and how they are
arranged, what provisions you have for vacations, medical and hospital care, and other benefits. We will also ask you how you feel about your job and your working arrangements.

Your professional leaders tell us that working conditions are among the more important factors which, in their opinion, have led many of the abler nurses to leave the profession. The public generally has always recognized that the professional nurse, like teachers and social workers who are such an important part of community life, enter these professions for reasons that go far beyond monetary returns. But since so many nurses are leaving the profession and so few women are entering nursing in relation to the great number needed to give the public adequate medical care, the social and economic factors, too, must have some bearing upon the problem.

And now we come to the second study—the study to be made by personal interviews with nurses who have left the profession. Naturally, we will receive a great deal of information from the replies to the questionnaires sent through the mails on why many competent nurses have left the profession and what they are now doing. In order to obtain more detailed information concerning the attitude of women who have left nursing for other jobs and their reasons for leaving, the second survey I spoke of will be made. The representatives of the Bureau of Labor Statistics will be talking personally to about three hundred nurses, selected as representative of different branches of the profession in different parts of the country, who have left nursing for other fields of employment. The purpose is to find out why they have left.

Now we all know that there are many reasons for leaving the nursing profession, as there are for leaving teaching or other professions. Some of these women may have family responsibilities which make nursing too exacting or difficult, some of them marry and no longer want or need to work. But this particular study will be focused on why so many competent women have taken other jobs.

The interviewers who will talk with this small, select group of about three hundred former nurses will not be nurses themselves and they will not know the women upon whom they call. They will not be concerned as individuals with anyone's personal problems. They will be there to get facts, attitudes, and opinions which, in turn, can be summarized for the leaders of your profession to get a clear picture of why nurses have left the profession. I want to make it clear right here that only this group of questionnaires will be signed. But every bit of information obtained by these personal interviews will be kept confidential. The only reason that names will appear on them is in order to be able to reach the same individual later, if any additional information is desired.

Now a word about the Bureau of Labor Statistics and its part in this whole survey. The National Nursing Council first consulted the Women's Bureau of the Department of Labor which, under the able leadership of Mary Anderson and now of Frieda Miller, has long been concerned with the
occupations in which women play a leading part—nursing, teaching, social work, and the many industrial and service occupations in which so many women are employed. They, in turn, came to us because they could not undertake so elaborate a survey at this time and because we are the statistical service agency of the Department of Labor. The Bureau of Labor Statistics is one of the most important fact-finding bureaus of the Federal government and has been in the business of collecting information about the people who work in factories, in mines, and in the professions since 1883. We are, in fact, a great statistical factory as well as a statistical department store. Our business is to make surveys of the kind your profession needs to have made. Your officers have come to us as they would go for accounting service to a great accounting firm and have asked us to undertake this work for them.

All of the information which the Bureau of Labor Statistics collects from you—or from factory workers or from employers the country over—is on a voluntary basis and every reply is carefully guarded and kept confidential. In fact, we do not want or need to know your name on the large mail questionnaire. No one outside of a sworn employee of the Department of Labor and persons employed in machine tabulation will ever see the returns to these questionnaires in detail. If they should, they could not identify yours personally.

In the Bureau of Labor Statistics we do many studies of this kind. For example, we have called on literally millions of families throughout the country to inquire about their rents during the war period, to find out whether rents were going up and by how much, on behalf of the Office of Price Administration—not for enforcement purposes but to get at the facts. In one single year the Bureau obtained information on wage rates for individual occupations in 75,000 business firms throughout the country so that the War Labor Board might have a sound factual basis for setting wartime wage rates. No employee of the Office of Price Administration or of the War Labor Board ever saw those individual reports. They saw statistical summaries which enabled them to answer questions needed in their daily administration. The Bureau of Labor Statistics is not a regulating or policing or administrative agency. It has no axe to grind. It enforces no law. It is unbiased, objective—a public service agency.

When the replies to your questionnaire come back to us, they will be sorted and tabulated so that we may get intelligible and understandable summaries in order to answer the many questions that you wish to have answered. The results will be made available to all of you and will be widely published throughout the country by your own organizations. So don't throw the questionnaire in the wastebasket. Remember that this will be the first comprehensive survey of nursing as a profession made in several years. Pick up your pen and answer it in the first twenty-four hours after you get it. If a friend or colleague of yours, instead of you, receives the questionnaire, tell her that it is important. Tell her to do it now.
Again I want to make it clear to all of you that the only interest of the Bureau of Labor Statistics in doing these studies of the nursing profession, just as in all other studies which we do, is to gather factual information. The facts that we find will be published for the use of everyone interested in the nursing profession. We shall in no way attempt to solve your problems; it is not our business to urge the nurses who have left to return to the nursing profession or to urge young women to go into it. We hope that in obtaining facts we shall be helping you and your officers in solving the problems of the serious nursing shortage now facing the country. Look for the questionnaire. Answer it quickly. Send it back so that our statistical factory may soon give you the facts.

SPECIAL INTEREST CONFERENCE

WEDNESDAY, SEPTEMBER 25, 1946—4:15-5:15 P.M.

Presiding: ELISABETH C. PHILLIPS, R.N., chairman of the Joint Committee on Auxiliary Nursing Service and director of public health nursing curricula, New York University, New York.

PREPARED PRACTICAL NURSE IN NURSING SERVICE

Participants: LUCILE PETRY, R.N., chief of the Division of Nursing, U. S. Public Health Service, Washington, D. C.; VERONICA LYONS, R.N., associate director of the school of nursing, New York Cornell Medical Center, New York; EDITH ESTEY, president of Brattleboro Mutual Aid Association, Brattleboro, Vt.; TERESA M. TULLY, R.N., chairman of the Private Duty Section, ANA, Rochester, N. Y.; ALMA VESSELS, R.N., assistant consultant of the National Nursing Council and executive secretary of the National Association of Colored Graduate Nurses, New York; CLARA F. BROUSE, R.N., secretary and treasurer of the State Nurses Board, Columbus, Ohio; LAURA W. FITZSIMMONS, consultant to the U. S. Veterans Administration, Washington, D. C.

ELISABETH C. PHILLIPS opened the meeting with the following remarks: "If any person in this room were asked to sum up in just two words the major factors in our present-day international and intranational affairs, it is likely that the two words which would come most readily to mind would be fear and confusion. To a lesser degree, are not these same factors equally applicable to the nursing situation today?

"If nursing is to go forward in the present-day world, we can no longer afford to allow room to be given in our hearts and minds to either fear or confusion. We must supplant fear with facts, understanding, and faith. And we most certainly are obligated to do a deal of group thinking—crystal-clear group thinking that will help us to develop commonly acceptable goals for
nursing service, goals which have been set up by groups together after many meetings like this one here today and the others being held throughout this week. It is only such goals that can serve to guide us out of the Valley of Confusion. However, while it is imperative that we develop these goals together—and soon, it is not necessary that we always agree on the methods of achieving them. That is: there is no need for us to agree on all of the details of method so long as we have a clear understanding of the basic principles upon which the methods are to be built.

"The Joint Committee on Auxiliary Nursing Service has planned a program for this afternoon which we hope will reveal a few facts and will also develop in us a better understanding of some of these principles which underlie the ways in which we will reach our goals. We hope, too, that this hour of discussion will make a real contribution to a renewal of our faith in the ability of nurses to meet and solve some of the problems which are confronting us as we attempt to give a better and better type of nursing service to the people of this country.

"First, four key speakers will each take five minutes in which to set the stage of our thinking. Then the other members of the panel will each throw out two or three points which seem to them pertinent for discussion here this afternoon. Because the committee has wisely chosen speakers from many parts of the country as well as from the various branches of nursing interest, you will hear different views expressed and there will not be a complete unanimity of opinion upon all subjects. This is good. We will want to study the role of the prepared practical nurse with as many facts, points of view, and ideas as we can. The last half of the hour will be devoted to a general discussion led by members of the panel but in which we hope many of you will join from the floor."

THE PREPARED PRACTICAL NURSE IN NURSING SERVICE

BY LUCILE PETRY, R.N.

Now that we have emerged from a period of total war, we take stock of ourselves, take an inventory of our resources. We discuss the peacetime problems which have come over our horizon.

During the past few years we have had much evidence of the growing consciousness by an awakened public of the value of maintaining optimum health. As part of the proof that our nation is thinking seriously along health lines, witness the passage by the last session of Congress of the Hospital Survey and Construction Act and the National Mental Health Act, and read your newspapers and magazines.

From these and other signs of the times we know that demands of nursing service are, and will continue to be, greater than ever before. Our responsibility lies in laying workable plans to supply those needs.
At the outset we must all be aware that there are two primary ways in which these increased demands can be met: the first is through the improved utilization of existing nurse power; the other is through the judicious use of supplementary nursing personnel. Both ways are equally important, and one does not exclude the other. In fact, only by a workable combination of both can we hope to meet the nursing needs of today.

Let us first consider briefly the fact that there is much room for improvement in the proper utilization of professional nurses. We need to study the activities carried on by nurses in hospital, home, and clinic, scrutinizing the efficiency (not sacrificing the spirit) with which they are performed. Sometimes simple things like standardizing reporting forms, thus simplifying the system of recording, will add hours to the nurse’s crowded day. Altering physical layout in hospitals, regrouping, and rescheduling activities are other ways of improving utilization.

But even with the greatly improved utilization of the present supply of professional nurses, we cannot hope to meet the growing demand for nursing service. Because of this and because a major factor in wise nurse utilization is the assignment of tasks to the worker who is best prepared to do them and to conserve special skills, it behooves us all to give serious consideration to the full use of supplementary personnel who will be called upon to assume certain essential duties in connection with the care of the patient.

Since the primary function of a hospital is to provide nursing care, hospitals will do well to study their nursing activities seriously, in order to make an intelligent assignment of all available personnel. This includes wise use of clerical personnel, messenger service, and those persons we know as ‘practical nurses.’ To supplement the work of its professional nurses, provision must be made for the thorough preparation of the practical nurse for the type of work she will be called upon to do. Because the health of our nation is at stake, we cannot afford to use unqualified people. When practical nurses have been thoroughly prepared, they must be assigned to the kind of work for which they have been trained. Such a properly prepared practical nurse will help immeasurably in meeting the need for added nursing services in hospitals and other institutions as well as in the home. In the judicious use of her services lies a major portion of the answer as to how the nursing needs of the immediate future can be met.

Practical nurses who have had a program of training varying from nine to twelve months in length should, upon graduation, be ready to take their places on the hospital nursing staff. There they should be able to give elementary care to medical, surgical, obstetrical, and pediatric patients. They should be trained, also, to serve in homes under the supervision of public health nurses. They should be able to give care to patients with chronic illnesses, to the convalescing, and to the aged in hospitals and homes with somewhat less supervision than in acute hospitals. In order to assure proper preparation
of the practical nurse, a uniform course of instruction should be offered leading to licensure. For added effectiveness, a national standard of education and licensing should be adopted.

Thus, adequately trained for certain specific work, the duties of the practical nurse need conflict in no way with those of the professional nurse. A clear-cut outline and assignment of tasks will preclude any possibility that the professional and practical nurse will work at cross-purposes. But we must not stop with a differentiation of duties. Rather let us work toward the eventual fusion of the functions of both. One type of service should supplement the other. The care of each patient must remain an inviolate whole from that patient’s point of view. Good planning can achieve this. Only in that way will we be certain that the patient receives the best possible whole care which, after all, is the ultimate goal of all those who guard the health of our nation.

THE PRACTICAL NURSE IN THE GENERAL HOSPITAL

BY VERONICA LYONS, R.N.

The history of nursing in this country has always been bound up very closely with the history of hospitals, and that history has been one of continuous expansion of which we have apparently not yet seen the end. It has been said that people are taking to hospital beds for colds, ingrown toe-nails, or simply to get a good night’s sleep.

Those of us who have been intimately connected over the years with these institutions have needed no appraisal of the growing popularity of the hospital. Pride and apprehension have been at war in us as the demands for nursing service have continued to increase. With nothing short of consternation did we receive the news that President Truman had signed a bill committing the Government to spend $75,000,000 per year for the next five years to build hospitals. This seemed like something from Alice in Wonderland, in view of the fact that most hospitals now in existence have been forced to close floors because of lack of nursing service.

The faulty personnel practices which have helped produce this lack are among the obvious causes. However, on analyzing the factors involved, it is evident that even with satisfactory adjustments in this area, the problem of providing the nursing service which will be needed in the immediate and subsequent future remains overwhelming. The trend in hospitalization is not of passing nature. If continuing accelerated expansion is to be the next chapter in the story of American hospitals, expansion will also be the story of nursing service and, whether or not we like it, it seems apparent that the pattern of that service which has served in this country for the past twenty years will not suffice for the next twenty.

War jogs loosen many things, including "notions," and one of these which was dislodged in many minds during the recent world convulsion was
the idea that every nursing need of the patient in the general hospital must be met by a student or graduate professional nurse. Had there been no war, we would doubtless have reached that conclusion in due course of time, in view of the trends in health service. The war was not the basic cause for the appearance of the practical nurse in many new places, but rather the agent which speeded up her advent there.

The acute general hospital is one of the latest places, however, in which she has made her appearance. Particularly is this true in relation to the hospital which has as its responsibility, not only the care of patients, but a large share in the educational programs of nursing and medical students and in the conduct of research. Many of us have been surprised to find that there seems to be a real place for the qualified practical nurse in this very active situation. Let us consider some of the desirable effects which her presence there may have.

First, in relation to the experience of the professional nursing student: what administrator in the school of nursing, even in normal times, has never felt herself pulled in two directions—the need to provide hours of nursing service on a particular unit and the desire to avoid repetitious and non-educative activities by students who should be gaining experience elsewhere. While we do not know at this point just how often the average student needs to make a bed, give a bath, or take a temperature before she has reached the optimum proficiency, we are all certain that it does not take the dozens or hundreds of repetitions which have often characterized her practice.

It would be interesting to know how many schools assign students to evening or night duty for periods determined solely, or even largely, by a consideration of the student's need for the experience. Might not the picture often be altered by the presence of a practical nurse to assist the general staff nurse?

However, because there are a number of overlapping areas within the work of the practical nurse and the educational experience of the professional student, the practical nurse must possess a flexible outlook in this respect to be a really helpful staff member. There may be marked changes in her assignments from day to day or week to week, as young students, awkward and insecure, undertake simple procedures at which the practical nurse has become expert.

Characteristic of the hospital situation which includes medical students and an active research program are the numerous and frequently repeated tests. For the most part, the routines involved from the nursing standpoint are not complicated, but they are very time-consuming and call for accuracy. It has been found that with in-service training the capable practical nurse can function effectively under the direction of the professional nurse in carrying the heavy daily load of these activities.

It is difficult to prove a great deal about the quality of nursing care if we stick to statistical figures on morbidity and mortality. Fortunately, patients
do not die because of lack of attention to minor discomforts and annoyances. The professional nurse for many years past has been so busy caring for the acutely ill to whom nursing attention may very well mean life or death that she has had little time left for making the patient’s convalescence the experience it should be. I would like to emphasize the fact that in a great many hospitals this situation is of long standing and has nothing to do with the war or the present nursing shortage. One of the major complaints for years from the professional graduate doing general duty is that she never has time to do the important “little things” for her patients, much less to do desirable teaching, although she sees the need for both. The professional nurse’s knowledge and skill can benefit only as many patients as the limits of time and energy permit. When one evening nurse or night nurse is alone on a thirty- to forty-bed floor, she must constantly ignore some of the needs of the convalescents in order to observe the patients in oxygen tents, to check infusions, to reverse the Wagensteens, and re-breathe the post-operatives—to mention only a few of the demands on her time and professional knowledge. Can anyone question the desirability of the trained assistant in such a situation?

I have referred to the hours after seven in the evening because it is generally recognized that those are the truly “dark periods” of nursing care. However, the situation differs only in degree around the clock. To make effective use of each advance in medical knowledge, the doctor must be able to look to the professional nurse to relieve him of certain of his responsibilities or to assist him with new ones. This means a constant reconsideration of the professional nurse’s activities with dispassionate analysis to determine what other workers can help with the total job of patient care. However, in making this analysis we should bear in mind the thought expressed by Dorothy Deming in writing on this subject. She said, “Manual dexterity is no measure of an attendant’s scientific background nor of her ability to use good judgment.”

Most hospitals have already employed ward helpers and clerical assistants on each floor, and many are trying to work out plans to relieve the nursing staff of all duties relative to housekeeping details and the ordering of supplies. Recently I heard the suggestion made that each floor should have a nonnursing “manager” who would take over all responsibilities which did not require specific nursing knowledge or skill. It was amazing what a number of such activities were apparent on even superficial consideration of the plan.

We have found that not every practical nurse fits into this hospital situation satisfactorily. There is as marked a difference in the abilities of the members of this group as within any other. In general, those who have qualified through participation in a well-planned course which included both theory and practice are not only more versatile but find their place more happily

in working with the professional staff. Some failures in adjustment may, perhaps, be traced to the fact that professional nurses, both graduate and student, had no preparation for working closely with this kind of assistant. They have been inclined to expect either too much or too little from her or have given her too detailed supervision or left her too much on her own. Because of wartime inadequacies in professional staffing, the practical nurse has at times been forced into responsibilities for which she was not equipped.

During the acute shortage of recent years, those general hospitals which employed practical nurses for the first time were forced in their extremity to accept and retain some who were obviously not well prepared. Because the numbers available were so limited, it was impossible to make comparisons or arrive at judgments which might be helpful to those who were interested in improving the standards of training for this group. A study has recently been initiated by the NAPNE, the object of which is to determine, if possible, the strengths and weaknesses in the preparation of a selected group of practical nurses who have completed a course of at least nine months’ duration. Three general hospitals in New York City will take part in this study. A number of practical nurses from various sections of the country have volunteered to be employed in these hospitals for a period of six months. Their work and their ability to adjust and function effectively will be observed and an effort made to analyze faults and limitations. While this study is limited in scope, it is hoped that it will be of immediate assistance in improving the program of schools of practical nursing already in existence and will be helpful to the group who are now giving thought to a curriculum guide for all such schools.

In undertaking a position in a general hospital, the practical nurse needs to have a clear understanding of the situation and her place in it. Because some limitations in relation to her activities exist there, which may not be present in the home or the chronic institution, it is nevertheless true that she and her professional co-workers should recognize the importance of the contribution which they have to make and the pride which they can have in helping hospitals meet the future.

THE PATIENT SPEAKS

BY EDITH ESTEY

As a lay citizen interested in the health problems of the community, I am convinced that trained practical nurses must be available to every community, if we are to have a well-rounded program of nursing services. No one questions our need for doctors and professional nurses, but many communities are just beginning to realize the value of the trained practical nurse.

The untrained practical nurse has always been with us—the kindly, neighborly person who had a knack with the sick and came in to help out when
someone needed her. She hadn't the skill of the registered nurse, but, with her limited experience, she gave simple bedside care, helped with the housework, and kept the wheels of the household turning. In recent years there has been increasing evidence that these women should have formal training for their work and that their profession should be recognized. Today we have about fifty schools training the practical nurse. We need many more!

Just what has the practical nurse to offer? You know a great deal better than I, I am sure, how highly specialized has become the work of the trained professional nurse. With all the new discoveries and developments in medicine and surgery, the trained professional nurse today necessarily must be highly specialized. No one can ever take her place in the care of the acutely ill. But what of all the thousands of patients who are convalescing—the young mothers with their new babies, the chronically ill, the aged and infirm? There aren't enough registered nurses to care for all these patients, nor do these patients need the service of a registered nurse. The trained practical nurse, under the supervision of a doctor or a registered nurse, can give them the limited bedside care they need and, where necessary, perform other duties outside the sphere of the registered nurse.

I happen to be fortunate enough to live in a community where one of the pioneer schools in the training of practical nurses was founded thirty years ago—the Thompson Training School in Brattleboro, Vermont. I have seen what the trained practical nurse can do; I have heard the doctors sing their praises, and I have talked with many grateful patients. While it is true that since the war hospitals and public health agencies are employing trained practical nurses, for the most part these graduates of our school have worked in private homes. I would like to try to tell you what I feel the consumer is looking for in the trained practical nurse who comes into her home to care for the sick.

We assume the trained practical nurse will be able to give simple bedside care. She has had standard training in the theory of nursing, personal and general hygiene, and she has had six months' bedside nursing in an accredited hospital. In addition, she has had training in the care of the home, in cooking, and in serving food. What do we expect of her besides the actual bedside care of the sick?

Obviously, it is much more difficult for any nurse to care for a patient in the home than to care for a patient in the hospital, with its prescribed routine. And, if that is true from the nurse's point of view, how much more difficult is it for a patient to have a strange nurse come into her home. So much confusion has already resulted from the illness! Will the nurse be able to restore some semblance of order? Will she be able to cope with the idiosyncrasies of this member of the family, or that? Will she see that the children get off to school on time? Will she give any help with the housework? Yes, the trained practical nurse can and will do all these things, because she