course did not feel that any of the materials covered could be dropped from it.

From the viewpoint of a state registrar of vital statistics, too little time seems to be devoted in schools of nursing to vital record forms and their completion from the standpoint of accuracy, completeness, and currency of reporting. It is not unusual in checking birth certificates and death certificates against hospital charts to find a variance of information. If such certificates were to be used as legal documents only, certain of these inaccuracies would matter little. When such certificates are to be used for statistical analysis, however, and when such analysis is used as a basis for future planning of the health needs of the people, there is a definite need for both completeness and accuracy of such certificates.

Since hospitals have accepted the responsibility to complete certificates which by statute have been delegated to others, they must also take the responsibility of seeing that persons assigned to such tasks are adequately prepared to assume such assignments.

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**General Session**

**Tuesday, September 9, 1947—3:15 p.m.**

**Public Relations**

*Presiding:* Elizabeth S. Soule, R.N., Dean, University of Washington School of Nursing, Seattle, Wash.

*Speaker:*

Byron H. Christian, M.A., Associate Professor of Journalism, University of Washington, Seattle, Wash.

*Participants in Symposium:*

Harriet H. Smith, R.N., Chairman, Director, School of Nursing and Nursing Service, Wesley Memorial Hospital, Chicago, Ill.


Henrietta Doltz, R.N., Director, Department of Nursing, University of Oregon Medical School, Portland, Ore.

Marion Badcon, Publicity Service, Seattle, Wash.

Marjorie Eastabrooks, Supervisor of Health and Physical Education, Washington State Department of Public Instruction, Olympia, Wash.
In Uncle Tom's Cabin, Topsy's famous line is: "I 'spect I growed. Don't think nobody never made me." And so it is with public relations. From obscure parentage and without much bringing up, public relations has "growed" into American life over the past three decades until it has assumed a vital role in public affairs.

Business was first to recognize its influence, but today public relations has spread into almost every field of human activity—government, politics, the military, business, industry, labor, education, religion, medicine, charity, civic and social affairs. There is scarcely an organized group in America that does not carry on public relations activities in one form or another.

Despite this rapid development, public relations is hardly out of its swaddling clothes. Its principles and practices are only vaguely defined. In the public mind (even in the mind of some of its earnest practitioners), it is confused with propaganda, press agentry, promotion, and publicity. In reality it is none of these, and yet each of these activities will enter into public relations at one time or another.

In simplest terms, public relations is the business of getting along with other people. If people generally like your organization, what it does and what it stands for, you may assume that your public relations is good. If people, however, are definitely unfriendly, suspicious, and inclined to be critical, you can be sure your public relations is bad.

Well, then, how can an organization improve its relations with the public so the public will like it and trust it? Some organizations spend thousands—even millions—of dollars every year in high-powered propaganda, in pressure tactics on members of Congress, in elaborate promotion campaigns, in publicity and puffery, in order to bend the public will to their own special purposes. Sometimes, these tactics win special concessions, but they do not always win friends. And public relations, after all, means winning friends on a permanent basis.

So, let's define this term public relations and see how it applies to your business, your organization and to yourself. Now, there have been many definitions written, two of which are particularly apt. One reads:

"Public relations is being good and getting credit for it." The other: "Public relations is 90 per cent doing right and 10 per cent telling about it."

But, I'd like to propose a more specific definition, even though it may sound a bit academic:

"Public relations is a planned program of policies and conduct which will build public confidence and increase public understanding."

Let's break this definition down into its component parts. What are the
key words? Planned program; policies and conduct; public confidence and public understanding.

The last two terms, broadly speaking, are the objectives which we hope to reach through our public relations—a better understanding of what we are trying to do, and fuller confidence in what we are doing. Now, we cannot attain these objectives without a program—a program that will interest and satisfy the public. A program is not a hit-and-miss affair, a mélange of press releases, radio broadcasts and public entertainments. A program must be planned, just as any military operation is planned, in order to reach the desired objectives.

These points are so simple as to be obvious, yet the fact is that much of what passes for public relations today is without any objectives, without any program, and without any plan.

The most important words in our definition are policies and conduct. When we speak of policies and conduct in public relations, we are not talking about the practices of the public relations director and his assistants in the normal routine of their office. We are talking about the policies laid down by the management of the organization, particularly those policies that have an impact on public opinion. When we speak of conduct, we are thinking about the everyday words and actions of all the individuals in the organization in their contact with people outside the organization.

Let's look at policies for a moment. What are the policies of your organization? Let's suppose it is a hospital.

Are visitors to the hospital treated courteously, and their wants attended to promptly? Are all requests for information answered quickly, adequately, and appreciatively? Are patients made to feel at home, and is service given with a smile? Are the grounds and buildings attractive? Are the reception rooms and halls clean and inviting? Are the hospital facilities in good condition? For the very essence of good public relations is that you must have your house in order first before you begin to tell people how good you are.

Now, what do we mean by conduct? Obviously, if the policies already outlined are carried out to the fullest extent possible, you can assume that the conduct of your hospital is good. But there is something more. Do hospital employees follow the policies laid down with sincerity? When they talk to their friends outside, are they boosters and supporters of their institution? Do they really make an effort to "sell" their organization?

What I am trying to bring out in this discussion is that public relations is not a job for a few professionals. It is a phase of management, and it is participated in by everyone in an organization from the top executive to the janitor. Management sets the policies. The employees carry them out. When the two are working together, public relations is on a sound footing.

Now some public relations practitioners like to surround their activities with an aura of mystery; they like to create the illusion that they are masters
of prestidigitation, that they can pull rabbits out of the hat and change the public attitudes toward an organization overnight. They sell public relations in neatly wrapped packages.

Well, you can’t buy good public relations over the counter like a bar of soap. If your organization has wrong-headed policies and poor conduct, no amount of professional help can buy you public good will. Steve Hannegan, as smart a press-agent as they come, tried to win public sympathy for Samuel Insull when he was facing trial for his financial double-dealing back in the early thirties, so he had the utilities magnate ride buses and live in a second-rate hotel. But Insull went to his grave unloved and unsung.

Publicity stunts, advertising, and promotion are powerful weapons in the hands of skilled practitioners but they are not a substitute for good public relations. They are merely tools to improve public relations after a sound basis of good policies and right conduct has been laid.

However, we must not overlook these important techniques altogether. Every organization should have some professional or semi-professional person in charge of its publicity activities. It is not enough just to be good. You must tell people about it. However, the publicity representative should be more than just a skilled writer and publicist. He should perform public relations functions as well. In this connection, he has three responsibilities.

First, he is an Analyst. He must be a student of public opinion and able to gauge its trends. More specifically, he must find out the attitudes of the people in his community toward his organization, so he can key his program to their wants. This can be done through formal devices, such as public opinion polls, or through informal methods—merely by talking to people and asking them questions designed to bring out frank answers. There is no sense seeking out merely the boosters for your organization. What the gripers have to say may be the real measure of your public relations.

Secondly, he is an Adviser. That is, he must sit in at all staff meetings and conferences where policies are being discussed, so that he may give counsel on any new policies or changes. Moreover, his advice should be listened to, since he, in a sense, is presenting the public viewpoint.

Thirdly, he is an Advocate. Here he functions as a publicist—getting out press releases, devising radio programs, arranging for speakers, and staging special events, such as open-houses, demonstrations, exhibits, tours, and the like. Though I have used the term Advocate, I do not mean to intimate that his job essentially is to propagandize, to paint a rosy picture of something that does not exist. On the contrary, he should do everything possible to disseminate prompt, truthful, and adequate information about his organization, so that the people will know what it is doing.

This last-named function of being an advocate may occupy the greater part of his time, but his two other functions—that of being an analyst and an adviser—are undeniably more important to the success of the public relations program.
Now there are two types of public relations—aggressive or constructive, and defensive or corrective. The former is by far the more significant. For these two aspects of public relations, we can find a parallel in the two-fold practice of modern medicine.

Today the advanced physician is not only interested in curing disease, he is more interested in preventing it. In practicing preventive medicine, the physician will plan balanced diets to build up his patients’ resistance against disease. He will give immunization shots against typhoid and diphtheria. He will vaccinate against smallpox. He will recommend vitamins and sunbaths to keep people strong and healthy. In much the same way, public relations undertakes to keep relations with the public strong and healthy through positive, constructive measures.

There are scores of well-planned and constructive programs of public relations that have been consciously developed by institutions but two in the world of business are cited as examples.

With its far-flung lines stretching into practically every community in the United States, American Telephone and Telegraph Company has had to guard sharply against the hostile public opinion that so often harasses monopolistic corporations. Theodore N. Vail started out as early as 1883 to win public support for the telephone company. Under his leadership, the company systematically improved its equipment and service, reduced its rates as much and as rapidly as possible, and insisted upon the co-operation of all its employees in promoting good will. Mr. Vail also recognized the importance of good relations with government, and early set the policy of working with government rather than fighting the trend toward more and more government regulations. In line with his policy of building up public good will through internal reorganization, a switch was made early from men to girl operators, who were found less likely to ruffle customers’ feelings, and these operators were carefully trained in what to say and how to say it. Linemen were encouraged to seek the friendship of property owners. Installers of equipment were instructed to be considerate of subscribers’ floors and walls. Office employees were schooled to be as solicitous of customers’ feelings as they were of the company’s interests.

This long-term program of public relations paid off recently when the Bell System faced its first public crisis—the telephone strike of last spring. Instead of entering into strike propaganda, thereby laying itself open to the accusation of throttling labor, the parent company insisted that the strike issues must be settled locally, since each Bell Company was subject to local state regulations. Having stated its case, AT&T retired from public participation in the controversy and left the field to the local companies. The strike was finally settled on a local basis.

Now the public relations activities of the Bell System may not be perfect, but they apparently are satisfactory to a large majority of the employees, to
the company's 700,000 stockholders, and to the bulk of its customers throughout the nation.

Another example: Marshall Field & Company has become a part of the legend of the city of Chicago. Nineteen days after the store had been burned to the ground in the Chicago fire, it opened for business in the city's old streetcar barns. In nearly a century of operation, Marshall Field & Company has ingeniously and constructively applied public relations.

Again it was the far-sighted policies of the store's founder, the elder Marshall Field, that were responsible in large part for the development of this 13-story institution in Chicago's Loop. It was Field who coined the slogan: "The customer is always right," and went to almost fantastic lengths to prove it. He was a pioneer in the idea of assembling specialty shops into a modern department store, where customers could not only buy at reasonable prices but could expect extras in the way of services and luxuries.

In 1879, the company established what is believed to be the first basement store, which today has 82 sections with an independent buying staff to see that goods of dependable quality can be bought at low budget prices. It was the first to install a store restaurant for weary and hungry shoppers and today has the largest restaurant in Chicago. It set up a playroom where mothers could "park" their young in charge of trained attendants.

Today customers take for granted the delivery and exchange services, the fancy waiting rooms, the information and checking services, the dazzling window displays, the free advice from experts, the gift court, and the section filled with treasures from all over the world. The great block-and-a-half store now houses 285 departments with 15,000 helpers and specialists at peak season. A hundred thousand persons shop at Field's daily. The store is a civic showpiece, a social center, and travelers through Chicago make it a habit to stop off and purchase something with a Marshall Field label.

I said earlier that public relations could also be used defensively and correctively, just as in medicine the physician's function is to treat the sick or injured. He will prescribe medicine or pills to mitigate the effects of disease. He will set bones or apply bandages to mend fractures and sprains. Similarly, an important phase of public relations today includes taking prompt corrective measures to remedy bad situations.

But in public relations, as in medicine, an ounce of prevention is worth a pound of cure. It is unfortunate that too many organizations in this country rely on repairing the roof after the leaks have appeared, rather than re-roofing in the first place. However, corrective public relations is better than no public relations at all.

For instance, after the first World War, the great du Pont corporation, despite its protests, was branded a "merchant of death" because it manufactured munitions. It went into this last World War with that stigma still attached to it. But after the war, du Pont decided to come out with the facts. It reported in a public statement that munitions-making was not its chief
business. In 1939, it said, production of military explosives accounted for less than 2 per cent of du Pont sales. Even at war capacity, producing 20 per cent more explosives than the Allies used in the first World War, the company pointed out that military explosives accounted for only 25 per cent of its total production. The rest of its products comprised neoprene, nylon, and so on.

Another example: No group in the country faced stronger public criticism and more discriminatory legislation than the chain stores in the early thirties. The story of the successful referendum fight against the California chain-store tax bill in 1935 will go down in public relations annals. Yet, the big public relations job was not that—it was the program devised to make the chain store a vital factor in community life. Through the years since, the chain store and its employees have so entered into the activities of their communities, that anti-chain proposals in legislatures have virtually died out.

We could go on giving examples, but these should suffice to show that public relations is not propaganda, it is not press-agentry, it is not promotion, it is not even publicity—it is a planned program of policies and conduct which will build public confidence in an organization and increase public understanding of its purposes and operations. In the final analysis, public relations might be described simply as "a way of life."

PUBLIC RELATIONS AND THE SCHOOL OF NURSING

Following Mr. Christian's speech, Harriet H. Smith, Edith B. Nelson, H. G. Halstead, Henrietta Doltz, Marion Badcon, and Marjorie Eastabrooks participated in a very interesting symposium on "Public Relations and the School of Nursing."

GENERAL SESSION

Wednesday, September 10, 1947—9:00-10:15 a.m.

STUDENT NURSE RECRUITMENT PROGRAM

Presiding: ANNA D. WOLF, R.N., Director, School of Nursing and Nursing Service, The Johns Hopkins Hospital, Baltimore, Md.

Speakers:
LILLIAN K. HOCKING, M.A., Co-ordinator of Women’s Occupations, Broadway-Edison Technical School, Seattle, Wash.
MARGARET CARRINGTON, R.N., Nursing Specialist, American Hospital Association, Chicago, Ill.
BLUEPRINTING CAREERS

LILLIAN K. HOCKING, M.A.

If I present any very new and startling ideas this morning, I shall be shooting wide of the mark. If I verify your own thinking from a general objective point of view, I shall be hitting the bull's-eye. If I challenge you to take a broader view of women at work, we shall all profit by it. Substantial, sound reasons for choosing a vocation are exceedingly important today. Overpersuasive, unsound ones benefit neither the individual nor the profession.

Good work adjustment is the cornerstone of a satisfying life for the individual. It is also the goal of personnel people everywhere—this fitting of the individual to the job. Both boys and girls are asking for help in selecting a vocation but somehow they expect a magic formula to be placed in their hands that can supply all the right answers.

To plan a career wisely takes a fair amount of work and planning on the part of students, counselors, and parents. There have been laid down certain rules just as in planning a house. A basic blueprint for a house takes into consideration the lot, landscape, terrain, cost, and materials available. Once the blueprint is made and the construction started it is wasteful and expensive to make changes.

So it is with careers; once a career is chosen and embarked upon a sudden change of mind is costly both to the student and to the training institution. Many of us are the examples of such change of purpose. We can even look to some of our friends for extremes, such as the man who studied law for five years and then became a boat builder, or the doctor who finally became an orchestra leader.

This is a chaotic world in which we are floundering. The confusion and turmoil around us are caused by numerous tensions, insecurity and broken homes, dislocations of people, juvenile delinquency, minority group problems, pressure groups, more females than males, international strife, to mention only a few. Many young people are worried about how they are going to fit into this world, earn a living and have any economic and social security.

In counseling high school students we now deal in generalities at this point. We talk about intangible things. Because they have heard them so often in school, clubs, and church, the ideas are not new but they take on a strange new significance in relation to jobs.

What is the first thing that we emphasize in laying groundwork for careerplanning? Strangely enough, it is not skill but personality and character. I liken personality and character somewhat to the wind—they are only evidenced by their results, their effect. Lack of wind on a summer's day and the bees hum, trees stand quietly making dreamy afternoon shady nooks in the hot summer sun and flowers bank in fragrant eye-taking beauty. A sudden storm such as we have seen from Texas to New England springs
up and the trees are uprooted, telephone poles flattened, and the flowers laid low in ragged, tattered beds.

The effects of bad personality and character traits are similar. Destruction is the result, too; it disintegrates the family, the school, the neighborhood, and the nation. More and more time is being given in counseling to assist youngsters to develop good mental health free from blighting prejudices and to help them seek constructive outlets for their energy and exuberance.

Studies over a period of years show that people lose their jobs primarily because of inability to get along with other people and other destructive personality traits rather than from lack of skill in performance of the duties required by their jobs. Some figures run as high as 85 per cent. All professions want well-adjusted people, but they do too little to help them become and stay that way!

Children need more and more assistance in understanding themselves in relation to other people and their environment. Psychiatrists are placing emphasis on children’s clinics more than on treatment of adults in our own city of Seattle. This omens a better future.

To make this whole problem more difficult for the young high school graduates, there are 20,000 jobs to choose from as listed in the Occupational Dictionary. Most individuals could find a number in which they would be successful. Too many in the past have used the trial and error method instead of having a definite career study plan. Neither employer nor employee profited. In many cases it was very expensive for both.

For those young men and women who are genuinely interested in making a wise choice, counselors list the following items for consideration in finding out about oneself:

Tests of various types—intelligence, mechanical, and so forth
Grades (indicative of either of two things—ability to do school work or ability to apply oneself)
Study of interests with help of an adviser
Study of job fields most appealing
   Length of preparation necessary
   Physical requirements
   Employability of women in field
   Financial cost of preparation
   Areas in United States offering best opportunities
Hazards
Salary ranges for beginners and experienced workers
Work after marriage? Important to professional people where long and costly preparation is involved
Male and female competition—some women are pioneers and are challenged by this competition, others definitely are not and should shy away from it
Growing field or little opportunity
Suitability for vocation
Hours
Necessity for graduate study
Advantages and disadvantages
More and more I am becoming convinced that too specific job-counseling is passé. The world is changing so rapidly, new methods of manufacturing are being developed, and new processes used, so that individuals really need a good general background and not too specific training until they are mature and near enough to workable age to make a wise choice. By this I mean that first-year high school students may, under proper counseling services, take tests, study interests, and so on and decide for or against college or technical training. (Only about 25 per cent do go to college anyway.) They then can take courses that will prepare them best for a general chosen area of work.

They should know that less than 15 per cent of workers are engaged in professional or white-collar jobs, that the various trades offer great satisfaction and often bigger wages for trained, skilled workers than those paid to the office worker.

They must be told that their school record follows them along even into the work world. Those who are regular in attendance, who do consistently good work, who maintain a neat and clean appearance, who get along well with others, who are willing to go the extra mile, who accept responsibility and carry through to completion, have the best chance to make good on their jobs.

What are the fields that show promise for women for the next few years on the professional level? They appear to be:

Plant Laboratories, Food Chemistry and Nutrition
Medicine and Health Services
Rehabilitation of the handicapped in war and industry
Education
Social Work—Child Welfare and Community Services
Recreation

The process of choosing a vocation is a serious as well as a complicated one and should not be left to chance. Too many even on a college level major in subjects too little related to the skills and training needed on their jobs. Too many work in fields not even remotely related to their major subjects in college. They drift into jobs because of expediency. At this point educators seem either to have failed or to have not been interested enough in the future welfare of their students.

May I digress here a little. To me education has three very definite functions and fails of its purpose if any one is neglected. The student should be given an appreciation of the fine heritage of the past in music, art, literature, history; he should be taught to understand and accept his responsibility to society as a constructive citizen; and he should be prepared vocationally to earn a living. Society, which largely foots the bill for the individual’s education, is very slow-witted if it doesn’t place some demands upon the individual for a good return on the investment. What does it cost to educate a college graduate? Twenty thousand dollars? What does it cost to educate a nurse? What does it cost to change one’s mind?
So the two things we have had to consider in this blueprint for vocational choice are, first, the development of a well-balanced individual, and second, that education will be so planned that it meets her needs as a person, as a citizen, and as a worker, so that she may build well upon the foundation.

Since nursing education has come to place more and more emphasis on college training in combination with hospital experience, then it becomes its responsibility, too, to meet the three-fold purpose.

Books on personnel work in the nursing field reveal that it also is competing for the cream of the crop along with the aforementioned professional fields. They all seem to want the upper 10 per cent of the brains, personality, and good looks in the graduating high school classes. It appears that nursing today has a variety of occupations within its own field just as any other big industry has. Hospitals now have a business which is placed within the first five of the biggest of big businesses in the United States. Nursing itself has expanded until we find the following opportunities held out as bait to enrolled students: research, public health, supervision of operating room, outpatient service, industrial, teaching, missionary, editor of professional journal, clinical (psychiatric, obstetric, orthopedic, pediatric, and so on), store, movie studio, department store, supervisory and administrative work in hospitals.

From all of this it appears logical to expect that the demand for nurses in all categories cannot be met within the next ten years. Therefore, from various reports we learn that nursing offers almost unlimited opportunities to the young woman. Nursing education appears to be placing its main effort on the training for caring for the patient tomorrow, and this appears wise. I ask myself from the layman's point of view, however, if specialized areas are not being emphasized to the detriment of the training for service in the use of basic skills in plain bedside care. Is enough concentrated effort being placed on the continued care of those who are ill and need this bedside care? Is the appeal for and to the cream of the crop making it necessary for nursing to emphasize these various categories other than actual nursing in order to compete with other types of professions? Are new students entering schools of nursing in sufficient number to justify this concentrated effort?

What provision is being made to get women who can and want to do bedside care and who do not have ambitions or the ability to become administrators, public speakers, editors, and supervisors and take all the required technical training? Personally I don't minimize the need for the specialized people one bit. I think we need both kinds in greater numbers than ever before. I am convinced, though, that the practical nurse is one of the best answers we have at the present time for nursing service. She can, with adequate supervision, help immediately take up the slack in nursing today and be trained to carry a good work load in one to one and one-half years' time.

At the Broadway-Edison Technical School here in Seattle we have demonstrated to the hospitals and to the school administration the kind of a training
job which can be done in practical nursing. This has been so successfully accomplished by our teachers who are well-qualified graduate nurses that a new unit is being designed which will have adequate training space for both hospital and home service for well over one hundred trainees in full-time, part-time and evening school classes.

Vocational schools are ready to inaugurate similar programs all over the country using the best qualified representative nurses to advise on the setting and maintaining of standards acceptable to the field of nursing and the community. A great many high school graduates who can't make the grade financially or scholastically or for other reasons are showing increased interest in this phase of nursing. May I venture the remark that it seems to me in years past that it was this type of woman who undergirded the nursing profession.

How does nursing stack up when the career-planning mentioned in the first part of this talk is followed through? It appears to me to have great unpublicized appeal to many different kinds of people, but few high school girls are cognizant of the diversification offered—the opportunity to move into various areas as they themselves develop or their interests change. This is not so true of many of the other professions. For example, look at the number of teachers who have left teaching in the past few years. Many have been mature people with valuable experience which has had but little transfer value to their new occupations. Nursing provides security and will continue to do so for some years to come for both single and married women. For a woman I believe that it is as important to know she can work at her chosen profession with no discrimination whether married or not, as to know that she can use her training in the home if she does get married.

It also has a two-fold appeal to girls—the service appeal and the security offered. It is woman's natural field, one in which women do not have to compete with men. Much can be done, not to overglamorize the nursing field, but to attract young women because it does have so much to offer. Probably all the things I now mention here have been done and are not new ideas to any of you.

We need nurses now and we need many of them, and we need to get people in training and trained as quickly as possible. We need more practical nursing schools for women over eighteen, accredited by the professional groups to train those who cannot meet the standards set for professional training yet who would be acceptable on a skilled nonprofessional level.

Attractive brochures, colorful and explicit, are needed to be placed in the hands of counselors in high schools. Movies, toys, stories, radio programs, popular stories in teen-age magazines, advertisements, advertised scholarships, adequate allowance pay for work when on hospital duty should produce results worth the effort expended.

By the very nature of nursing, it deals largely with those who are either physically or mentally ill. It is estimated that almost 50 per cent of the
hospital beds today are occupied by the mentally ill. Nurses themselves should be well-adjusted people who are objective, though sympathetic, in the handling of patients. Basically, nurses are attracted to the profession because of the service they can render mankind. They should find both challenge and happiness in the performance of their duties.

We want all of our educated young American women to have self-disciplined, well-adjusted personalities without destructive traits, to have personal integrity, tolerance, and understanding. We want them to believe that all people are essentially alike regardless of color, creed, or race, that monetary returns are not the chief motivation in choosing a vocation, that they are responsible for social and political progress, and that they do have a debt to society. We want them to get along well with other people, to have a sense of humor, to face life receptively and objectively, to react less with emotions and more with intellect, to recognize their own limitations, and to be able to earn a living.

If our educated people cannot achieve these constructive forces in their own lives where can we expect to find them?

All of these things are as readily to be desired for the trained nurse as for any other professional woman. Society, which fundamentally foots the bill, has the right to demand that every effort be made to produce such people. It is a challenge to educators to try to help build such qualities into the lives of the young women being trained.

Perhaps we can all say that we recognize the need for these things but that progress in the right direction is slow. Perhaps then we should say that we will make no compromise on them but that our patience will not be too tried or that we will not become too discouraged if we have to make compromises on the tempo with which we can help people fulfill them in their own lives.

So we begin and end with character and personality as being basic to the foundation of the building of a successful and happy life and career.

**A NATIONAL STUDENT NURSE RECRUITMENT PROGRAM**

**MARGARET CARRINGTON, R.N.**

Recruitment of students throughout the years has been an important continuing activity of the nursing profession. In times such as the present, when the demand for nurses so greatly exceeds the supply, the problem of securing an adequate number of students requires concentrated effort. Since the end of hostilities and the termination of enrollment in the U. S. Cadet Nurse Corps, this problem has become increasingly acute. The League's Department of Studies reported that 17 per cent fewer students were enrolled in state-accredited schools of nursing on January 1, 1947, than on January 1, 1946. The American Hospital Association's survey, prepared in February, 1947, indicated that 903 hospitals of all types had closed approximately 32,100
beds. Of these institutions, 574 may be classed as general hospitals in which 15,600 beds are not available for use. Lack of personnel was listed as the factor which compelled 86.2 per cent of the general hospitals to close some of their facilities.

Recognizing that only through the preparation of a sufficient number of students will an adequate supply of nurses be insured, the professional nursing organizations and the American Hospital Association agreed to collaborate in planning and executing an aggressive national recruitment program. It is my purpose to consider first some elements inherent in any successful recruitment program on a national level and, secondly, to describe the 1947 Student Nurse Recruitment Program.

Recruitment of individuals for any enterprise requires application of the same psychological principles and techniques employed by skillful salesmen. In other words, recruitment is a selling device. We have to convey the idea of studying nursing to qualified candidates. We have to convince them that in nursing they will find opportunity for satisfying professional careers comparable with or exceeding those offered by other activities competing for their interest.

Since the degree of professional competency is determined to a great extent by the quality of preparation, the selection of a school of nursing is an important consideration to a prospective student. As a result of the efforts of the National League of Nursing Education, state leagues and associations, and individual schools, high school and college counselors have acquired a considerable amount of information about nursing and schools of nursing which they have passed on to students who have expressed interest in preparing for this profession. In choosing schools of nursing, many students have apparently followed rather carefully their counselor's advice and suggestions and, as a result, we hope they have been much more selective since January, 1946, than they were during the war years.

Many factors, in addition to counselor's advice, influence a student's selection of a school of nursing. Among these is the reputation of the hospital with which a school is associated. What is the extent of the hospital's educational interest in its school of nursing and how is this demonstrated? Does the hospital agree to finance a sound basic program in nursing education, or does it think of its school of nursing only as a means of supplying comparatively less expensive nursing service? What of its personnel practices? Are the graduate nurses satisfied with their working conditions and with the hospital policies? As a result, are they good emissaries of the school of nursing as a profession? To quote from an address by Dr. Eli Ginzberg:1 "Unless the work is sufficiently attractive on a competitive basis with other types of work, it will be difficult, if not impossible, to recruit the numbers required."

What about the medical staff in the hospital? Are its members interested

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in helping the faculty of the school of nursing to accomplish its educational functions, both through their assistance with clinical instruction and their courteous co-operation in the hospital divisions? Physicians are in an especially strategic position to exemplify fine professional ideals for young students to emulate. We need more men of the sympathy and understanding of nursing displayed in the practice and writings of Sir William Osler.

What about the standing of the hospital in the community? Has it a reputation for taking good care of its patients? Even in these days when the demands for hospital care greatly exceed the available facilities, are those of us in responsible positions treating our fellow citizens in such a way as to make them feel that the hospital will do all in its power to meet their needs? Is the hospital assuming leadership as a centralized health agency in the community?

Since approximately 90 per cent of this nation's schools of nursing are departments of hospitals, the reputation of any hospital is a compelling consideration for a potential applicant for admission to its school of nursing. Judging from the early and as yet incomplete reports of students accepted for admission in this fall class, schools of nursing associated with colleges or universities and those associated with hospitals whose genuine interest in providing sound educational facilities is well recognized are faring better in securing their desired quotas of students. This adds support to the somewhat tentative conclusions, expressed before in this paper, that potential candidates for schools of nursing are much more selective in their choice of schools than they were a decade ago. If this be true, then it follows that hospitals which have the clinical facilities required for adequate instruction in nursing and which desire to continue their schools of nursing will need to make sure that they provide educational opportunities sufficiently challenging to satisfy much keener and far better informed prospective applicants than they have had in the past.

What are some of the substitutes offered in lieu of this real educational opportunity to prospective applicants? One class of substitutes relates to financing of the course and consists of suggestions to eliminate tuition fees and/or pay allowances. As a general rule the intelligent young woman, genuinely interested in securing the best kind of preparation, is not easily beguiled by that kind of salesmanship. She knows that universities and colleges charge tuition, although she does not always realize that the tuition fees are sufficient to meet only a small share of the institution's budget. She, therefore, expects to pay tuition for her education in nursing. If her clinical experience is of the kind and amount necessary for her education, she will probably believe that the actual nursing service she renders while gaining this clinical experience is a fair return for her education and maintenance. She will be less sure of the kind of education she may expect if the hospital-controlled school offers her allowances. Therefore, it appears that the quality of education offered may be an important factor in the
student's selection of a school and outweighs in significance immediate financial gain resulting from a "no tuition and pay allowance policy." Those of us interested in education hope that this is true.

In any successful recruitment program it is necessary to sell the prospective applicant not only on the kind of a school to select for preparation in nursing but, far more important, to sell her on nursing. If there are only a few people in any endeavor and one wishes to attract others to that endeavor, it is not good psychology to stress the fact that there are so few people in it now. Immediately the question arises: What is wrong with the endeavor? Why are there not more people interested? Yet we followed this very course in previous recruitment programs. We emphasized too much the need for nurses and failed to stress the opportunities nursing affords. During the war it was important to talk about the need and students were stimulated to enter nursing school because of real patriotic desire to do their share. But now, when we fortunately do not have that kind of motivation, it is much better to emphasize, enthusiastically, opportunities. The slogan with which you are all familiar, "Nursing is a Proud Profession," was chosen to amplify this idea in the 1947 Student Nurse Recruitment Program. Another kind of inaccurate statement impeding recruitment is "shortage of nurses." We hear so much about the shortage of nurses and, yet, today more registered nurses are actively engaged in nursing than ever before in this country. Instead of stressing the "shortage aspect" we should endeavor to explain the reasons for the "increased demand." The fact that thousands of additional professional nurses are required right now to meet the present health needs and that many more will be needed in the near future is the best index of the opportunities lying ahead for the prospective student nurse. We should use this thought as a talking point to stress the opportunities nursing affords. We should play up the idea of an expanding, growing, vitally needed profession offering limitless opportunity.

If we agree with this concept, namely, that recruitment means selling the idea of nursing to potentially eligible candidates, we may proceed to inquire how this selling job is accomplished. What are some of the factors to be considered? First, assignment of responsibility for the over-all direction of the program. The direction of the national recruitment program for 1947 is centered in the National Committee on Careers in Nursing and the American Hospital Association which have joined forces in a manner that will be described later on in this paper. Responsibility for the implementation of such a program should be entrusted to individuals skilled in public relations and in advertising work.

A second important consideration is determining how a national level recruitment program can be financed. How much of the advertising must be paid for by the organization sponsoring the campaign? How much can one expect to have donated by interested commercial firms and industrial
organizations? Once a budget for the program has been worked out, the next responsibility is to collect the needed funds.

Another point which must be kept in mind is that planning for successful recruiting requires considerable time, in fact, just as long as for any other nation-wide advertising campaign. A year of planning time is usually required. In thinking of time, it might be well to mention that recruitment, to be successful, must be continuous. In other words it is of no avail to provide an intensive program for two or three months and then do nothing about the project for the rest of the year. Until schools of nursing reach the saturation point with respect to qualified applicants, nursing, as an opportunity, should be kept continuously before the eyes of our young people. Repetition and more repetition is the slogan of advertising agencies.

Like so many other projects, recruitment programs are most productive when they are endorsed by national organizations which are interested in improvement of health and have state and local units. Therefore, it is important at the beginning of a recruitment drive to enlist the support of such organizations as the American Red Cross, American Medical Association, American College of Surgeons, General Federation of Women's Clubs, and many others.

Active participation by individual schools of nursing and local and state committees is another essential in successful recruitment. The national recruitment program was definitely planned to assist local committees and hospitals in the actual work of stimulating interest in nursing. This plan was based on the idea that greater interest could be aroused and wider participation insured if recruitment activities were decentralized. It was felt that the citizens of a community, who recognize the value of having an adequate number of professional nurses practicing in their midst, could be influenced to plan and carry out an aggressive program. So far this plan of encouraging local communities to develop recruitment programs seems to have had some measure of success. The actual result we shall know only after final fall registration figures are available.

It is advisable to send questionnaires at regular intervals to all state-accredited schools of nursing, in order to determine the status of enrollment. Values resulting from this procedure will be described later on in this paper.

At the conclusion of the yearly enrollment, campaign recruitment methods and final results should be evaluated. On the basis of this analysis, constructive plans for the next year's program may be made. These are some of the essential considerations to be kept in mind in planning and directing a student nurse recruitment program on a national level. Let us now review the 1947 Student Nurse Recruitment Program.

As early as March 9, 1946, the Council on Professional Practice of the American Hospital Association expressed the concern felt by hospitals as a result of the small number of students recruited in the spring classes and apprehension regarding the possibility of small fall classes. Knowing that
the National Nursing Council had appointed in 1945 a Committee on Careers in Nursing for the purpose of developing a recruitment program, the Council on Professional Practice voted to sponsor, actively, this committee's program. On December 12, 1946, the Careers Committee approved a plan for direction of recruitment by an autonomous or independent committee. This plan was prepared by Emily Johnson whose services were lent by the Nursing Information Bureau. The Careers Committee disbanded January 1, 1947.

Assuming that the Joint Board of the ANA, NLNE, and NOPHN would approve this plan, the Council on Professional Practice, on January 12, 1947, voted approval of the plan, but at the same meeting also voted that, if the Joint Board did not approve the plan, the American Hospital Association should go ahead with a recruitment program in co-operation with the nursing organizations.

The Joint Board met on January 25, 1947, and did not accept the plan for an independent autonomous recruitment committee. Instead it voted to re-activate the Committee on Careers in Nursing for one meeting to make recommendations concerning recruitment. This committee, at a meeting on February 18, recommended the creation of a recruitment committee to be known as the National Committee on Careers in Nursing to function under the Nursing Information Bureau.

On February 22, the Board of Directors of the American Hospital Association voted to appoint its own committee on recruitment, hereafter referred to as the Student Nurse Recruitment Committee, and to invite representatives of the national nursing organizations, the American Medical Association, and the American College of Surgeons to sit in on it. The letters of invitation requested moral and financial support and stressed the Association's firm desire to co-operate.

This is a brief explanation of the creation of the two national committees primarily interested in student nurse recruitment. On March 13, the first meeting of the Student Nurse Recruitment Committee was held. Mildred Riese, vice president of the American Hospital Association, was elected chairman. Only Association representatives were present. It was voted to recommend to the Careers Committee the suggestion that the two recruitment committees have interlocking memberships.

The National Committee on Careers in Nursing met in New York on March 19th. Dr. Hullerman and Miss Riese represented the Student Nurse Recruitment Committee. Emilie Sargent was elected Chairman of the Careers Committee. At this meeting the suggestion for interlocking memberships was approved. Miss Sargent and Florence Seder or Emily Johnson were appointed to represent the National Careers Committee on the Student Nurse Recruitment Committee.

The National Committee on Careers in Nursing also voted to send 3,000 copies of a publication to be prepared by the Nursing Information Bureau.
to the American Hospital Association for distribution with newsletters to hospitals and to supply additional copies at cost.

At the time of the International Council of Nurses' Congress in Atlantic City the members of the Nursing Information Bureau staff, Miss Roberts, Miss Seder, Mrs. Johnson, and Miss Sargent met informally with the presidents of three national nursing organizations, Miss Densford, Miss Sleeper and Miss Hubbard, to discuss the scope of the Careers Committee. They all agreed that the National Committee on Careers in Nursing should represent nursing in its broadest sense rather than nursing organizations as such. It was further agreed that the National Committee on Careers in Nursing should be free to act on matters concerning recruitment of student nurses without referral to the several boards of directors of the organizations.

Several meetings of the Student Nurse Recruitment Committee and of the Careers Committee were held during the spring and summer. Representatives reported on the activities of each group and the progress made up to date.

Studies Made for the Student Nurse Recruitment Committee

Minimum Age Requirement Study. At its first meeting, the Student Nurse Recruitment Committee requested that the Association's headquarters prepare and send to secretaries of state boards of nurse examiners a questionnaire designed to secure definite information about age requirements as stated either in nurse practice laws or in board regulations for admission to schools of nursing and for licensure. This action was taken because reports from many areas indicated that otherwise eligible applicants for nursing, who were refused admission because they were not 18 years old, had turned to other fields and were eventually lost to nursing.

The following report from Galen Jones, Director, Division of Secondary Education, U. S. Office of Education, has a bearing on the consideration of 17 years as a requirement for admission to schools of nursing: "Estimates based on 1942 data indicate that of 1,161,199 public high school graduates, 294,854 were 17 years of age. Of these 17-year-old graduates, 58.2 per cent were girls (roughly 171,000)."

At the June 26 meeting of the Student Nurse Recruitment Committee the findings resulting from the study of age regulations were presented. The following statements summarize the report.

1. The minimum age requirement for admission to state-accredited schools of nursing in 1947 is 17 years in 12 states, 17+ years in 19 states, 18 years in 13 states, and no stated requirement in 4 states (District of Columbia included. Nevada has no school of nursing). Summarizing these data, 31 states have a minimum age requirement of less than 18 years and 4 states have no age requirement.

2. During the period 1941-1946, 26 states lowered the admission require-
ment to less than 18 years, 2 states removed all reference to age either in the nurse practice act or in the regulations for accredited schools, and 12 states lowered age requirement from 18 years to 17 years, 6 months, effective only during the war period. Of the 8 states reporting no changes in the age requirement between 1941-1946, 2 have no stated age requirement, 1 has 17 years, 3 have 17+ years, 1 has 18 years, and 1 state lowered its age requirement in 1947 to 17 years.

After discussing this report, the Committee, believing that an age requirement which results in removing a large number of high school graduates from a nation-wide pool of prospective nursing applicants is a deterrent to successful recruitment and that currently used methods of determining maturity of students are more valid than the assumption that chronological age is always a measure of maturity, approved the following:

RESOLVED, that the Student Nurse Recruitment Committee recommend to the national nursing associations the adoption of a national recommendation that state legislation or regulations arbitrarily restricting admissions to nursing schools on the basis of age are undesirable, and further be it

RESOLVED, that the national nursing organizations be requested to inform state nursing organizations of their recommendations.

Studies of Student Enrollment. Several years ago the National Nursing Council estimated that in 1946 about 40,000 new students would be required to meet the existing needs. The 1946 enrollment of new students in all state-accredited schools was 30,899, or about 9,000 fewer than the goal set for that year. This 1946 enrollment figure was 25,668 less than the 1945 figure of 56,567 students and 7,214 less than the 1940 figure of 38,113.

A survey made by the American Hospital Association late in 1946 revealed that hospitals with accredited schools of nursing expressed need for 45,000 new students in 1947. Therefore, the Student Nurse Recruitment Committee voted at the first meeting held on March 13 that the goal to be reached in 1947 should be 45,000 new students.

Another series of studies was made during the past spring and summer to determine the effectiveness of the 1947 student nurse recruitment program. The Association prepared and sent at monthly intervals four post card questionnaires to all state-accredited schools of nursing. The schools were asked to report the number of new students they hoped to enroll in the 1947 fall class, the number accepted up to date, and the number of favorable applications pending.

From the reports tabulated in April, June, July, and August, it has been possible to evaluate the progress schools have made in their efforts to recruit the number of students they hope to admit this fall. In August, 741 schools reported that they hoped to admit 22,863 students this fall. By applying this figure to the total number of state-accredited schools, 37,800 new students are desired this fall. The Department of Studies of the NLNE recently
reported that 7,546 students were admitted to state-accredited schools of nursing from January 1 to June 30, 1947. Replies to the AHA inquiry reveal that 244 students were admitted in July, 1947. To summarize, the total number of fall class students desired plus those accepted prior to August 1 is 45,600, which is approximately the 1947 goal set by the Student Nurse Recruitment Committee last March.

As of August 15, 741 schools had accepted 16,658 students and had 5,481 applications under consideration for August and fall classes. By applying these figures to the total number of state-accredited schools the approximate number of students accepted would be 27,480 and the number of applications under consideration 9,080 or a total of 36,565, just 1,235 fewer students than schools had indicated they desired.

The 741 schools also reported that since July 1 they had received 19,121 requests for information from prospective students.

Aside from the statistical information made available through these reports, the public relations staff learned which geographical areas and which schools had apparently achieved success in their recruitment campaigns. Letters were sent to leaders in these areas requesting information about how "they did it." Worth-while programs and suggestions have been incorporated in several newsletters.

Budget

Early in March, a tentative budget for the 1947 Student Nurse Recruitment Program was prepared and approved. The cost of the program was estimated at $50,000. On June 26, George Bugbee, executive director, AHA, reported to the Recruitment Committee that of the $40,000 collected for the program ($10,000 from the American Hospital Association, $10,000 from the American Red Cross, $20,000 from schools of nursing on the basis of $1.50 for every new student enrolled in 1946 by the 619 contributing schools and gifts from 3 hospitals without schools of nursing) approximately $37,250 had been definitely contracted for up to September 1. Services contributed by the Advertising Council, Inc., if purchased at regular rates, would have cost more than a million dollars. Because this Council representing the advertising industry accepted nurse recruitment as one of its public service projects, the only expense involved was for paper, printing, and mailing.

Program

C. J. Foley, public relations specialist of the American Hospital Association, and several additional staff members devoted almost their full time during the spring months to the planning and implementation of the program. Throughout the entire campaign, the activities of the Association's Committee, the Careers Committee and the Advertising Council were closely integrated by Mr. Foley, Miss Seder, Mrs. Johnson, and Jean Flinner repre-
senting the Advertising Council. Jean Henderson, Chief, Office of Health Information, U. S. Public Health Service, because of her experience in recruiting students for the U. S. Cadet Nurse Corps, also rendered valuable assistance in developing the program.

Three principles were agreed on by both committees at the very beginning of the campaign. The first principle, that the major portion of activities would be directed towards helping schools to develop local recruiting programs, is stated editorially in the July issue of Hospitals: "No centrally directed campaign can actually enroll a single student. It can plant the idea in the minds of likely candidates and it can spread information on recruiting techniques that are known to be effective. But only a representative of the individual school of nursing can make personal contacts and actually enroll students."

The second principle, that recruitment should stress opportunity and be on the positive side, is featured in the campaign slogan "Nursing is a Proud Profession" which has been used in all advertising materials, spot announcements, and radio scripts. The third principle helped to define the scope of the recruitment activities by "recognizing that a national recruitment program may assist poor schools of nursing as well as good schools to enroll students; that it is not the function of a recruitment program to improve the quality of nursing education and that it will be necessary to use existing facilities for educating nurses, the good schools as well as the poor schools, at least until such time as the better schools can prepare the needed number of graduates." In this connection, it may be well to quote a statement approved by the Careers Committee: "The National Committee on Careers in Nursing recognizes that a national recruitment program may assist 'poor' schools of nursing as well as 'good' schools to enroll students. However, the Committee desires to point out that action to prohibit enrollment of students in schools which do not meet the nursing profession's recommended qualifications is the direct responsibility of state boards of nurse examiners with the support of state and local agencies such as leagues of nursing education.

. . . The National Committee on Careers in Nursing will continue in its publications and publicity materials to stress and define criteria approved by the profession for the selection of a 'good' school of nursing."

The 1947 Student Nurse Recruitment was inaugurated March 6, with a communication from John Hayes, president of the American Hospital Association, addressed to administrators of hospitals with schools of nursing. In the concluding paragraph Mr. Hayes explained the reason for the Association's decision to undertake recruitment assistance. "Thousands of beds throughout the country are closed for lack of personnel, primarily graduate nurses. Continued enrollment of more student nurses is necessary in order to provide the graduate nurses needed."

A brief outline of the recruitment program was enclosed with this letter. On March 20, a special letter was sent to all state-accredited schools of
nursing by Mr. Hayes, carrying information about the proposed financing of the project and requesting schools to contribute to its support.

Because most of the nurses attending this convention are associated with schools of nursing, it can be assumed that throughout the past four to five months you have received the recruitment materials prepared by the American Hospital Association, the Nursing Information Bureau, and the Advertising Council. Therefore, no attempt will be made to describe in detail any one project. Instead, a brief recapitulation of all activities may be helpful.

Recruitment Newsletters

The American Hospital Association's public relations staff prepared and sent a total of 16 newsletters to all accredited schools of nursing, executive secretaries of state nurses' associations, state and local nursing councils, recruitment committee members, presidents of national nursing organizations, and many other groups. Newsletters were mailed once every week or ten days. Each newsletter focused attention on one aspect of the recruitment program. For example, copies of Nursing is a Great Profession, prepared for the Careers Committee by the Nursing Information Bureau, were sent with newsletter number 7 which contained suggestions as to how this pamphlet might be used.

A special newsletter gave information about how schools of nursing may apply for participation under the G.I. Bill. Another letter emphasized the value of securing advertising and publicity and told how to approach advertising managers and editors of local newspapers. One letter dealt exclusively with community organization for recruitment. Several letters were given over to instructions and suggested outlines for interview-type radio programs. Another letter described the official student nurse recruitment posters, where they could be obtained, and where they should be used. Newsletter 5 discussed brochures, booklets and letters to applicants and their part in recruiting student nurses. Newsletter 9 featured reports of successful recruitment programs carried out by schools of nursing, Blue Cross groups, state hospital associations, and community nursing councils.

Advertising Council Activities

The Advertising Council accepted for execution as one of its major public service campaigns in 1947 "Student Nurse Recruitment." The volunteer agency for this campaign is J. Walter Thompson Co. and the co-ordinator is the most efficient Anson C. Lowitz. Jean Flinner, staff executive on the Advertising Council staff, has made many excellent contributions to this program. The features of this phase of recruitment activity have been:

Preparation of newspaper advertising mats.

Placement of 45,000 posters throughout the country in store windows, shops and other commercial establishments through its nation-wide window-display program.
Preparation of 70,000 streetcar and bus cards and 2,000 24-sheet billboard posters. They were placed by the Council and were on display during July and August.

Securing a total of seven weeks of national radio time in 1947 without charge by national advertisers and broadcasting companies in the interest of student nurse recruitment.

Preparation of radio scripts for local station use.

The value of radio broadcasting is expressed in terms of number of listener-impressions. The Advertising Council reported that of the estimated audiences for scheduled national campaigns during the week of May 5-11, 1947, the student nurse recruitment campaign had 105,030,000 listener-impressions or 41 per cent of the total. In summary, of radio circulation for scheduled campaigns (19 weeks of 1947) student nurse recruitment ranked second only to the American Red Cross in estimated number of listener-impressions. For student nurse recruitment there were 680,475,000 listener-impressions (a listener-impression is one message heard by one listener). Among the many nation-wide broadcasts, the programs of Fibber McGee and Molly, Bob Hope, and "The Women in White," have been especially helpful.

Magazine Articles

Because the 1947 program was so late in starting, it was difficult to organize and carry out plans for publication of articles on nursing in popular magazines. Farm Journal, in its May issue, published an article entitled "Nursing—Christianity with its Sleeves Rolled Up" describing the opportunities in nursing. This is an especially interesting chatty type of presentation with pictures of several farm girls who have found much satisfaction in nursing. Publishers of Farm Journal reprinted and mailed copies of this article to a list of from 5,000 to 7,000 provided by the Nursing Information Bureau and the American Hospital Association including directors of schools. On the back cover of the article is a statement by Miss Sargent, chairman, National Committee on Careers in Nursing, congratulating the Farm Journal for its assistance in encouraging young women to enter the nursing profession.

Because of other less helpful articles on nursing recently published in popular magazines, the members attending the National Committee on Careers in Nursing meeting June 6 agreed "that every effort should continue to be made to give positive, constructive materials and interpretations to writers who request information. Furthermore, they should be referred to Public Relations staffs of the American Hospital Association, the American Nurses' Association, and other national organizations for over-all background material on current problems before being referred to individual hospital administrators, doctors, or nurses for information."

At the meeting of the Student Nurse Recruitment Committee held on June 26 there was considerable discussion as to the effect of adverse magazine
publicity on student nurse recruitment. It was the consensus that continuation of this kind of publicity would be seriously detrimental to recruitment. Although it was recognized that dramatic and argumentative material stimulated reader interest, it was felt that some presentations in national magazines had been very one-sided, uninformed, and not in keeping with the facts developed in recent studies. It was voted "that the Student Nurse Recruitment Committee go on record as favoring a meeting of suitable representatives from this committee with publishers of the magazines and that the chairman of the Student Nurse Recruitment Committee and the chairman of the National Committee on Careers in Nursing jointly develop their recommendations as to what will constitute suitable representation."

Support of National Organizations

The American Red Cross early in the campaign contributed $10,000 to assist with financing the 1947 Student Nurse Recruitment Program. In addition, this organization agreed to authorize its chapters to assist with student nurse recruitment in those communities in which this assistance is desired. Copies of Nursing is a Great Profession were sent to the employee staffs in all areas. With the exception of the first meeting, American Red Cross representatives have been present at all recruitment committee meetings and have contributed helpful suggestions. The American Medical Association and the American College of Surgeons endorsed the Association's student nurse recruitment program and appointed representatives to meet with the recruitment committee. In addition, the following national organizations endorsed the 1947 Student Nurse Recruitment Program:

American Dental Association
American Farm Bureau
American Federation of Soroptomist Clubs
American Legion
American Public Health Association
Association of American Medical Colleges
Blue Cross Plan
Florists' Telegraph Delivery International
General Federation of Women's Clubs
Girl Scouts
Kiwanis International
Loyal Order of Moose
National Association of Retail Druggists
National Board of Young Women's Christian Association of U. S. A.
National Committee on Boys and Girls Club Work—4-H
National Congress of Parents and Teachers
National Federation of Business and Professional Women's Clubs
National Retail Dry Goods Association
National Society for Crippled Children and Adults
National Tuberculosis Association
Rotary International
U. S. Junior Chamber of Commerce
Women's Auxiliary to the American Medical Association
The florists' organization sponsored a full-page advertisement on the advantages and opportunities offered by nursing education and nursing as a profession in the July 5 issue of the Saturday Evening Post. This advertisement, like the other advertisements prepared from mats supplied by the Advertising Council, advises young women to seek further information on nursing at their local hospitals. In the June issue of its publication, Mercury Flash, the florists' organization urged its members to assist in local student nurse recruitment campaigns, and suggested that local units provide financial assistance through scholarship awards. Up to date, Florists' Telegraph Delivery International has contributed 61 three-year scholarships in various sections of the country.

Other organizations such as the American Federation of Soroptomists Clubs, the American Farm Bureau Federation, 4-H Club, Rotary International, and Kiwanis International have carried articles on nurse recruitment in their organization publications advising members of ways in which they can be of assistance in the nurse recruitment program. Some of these organizations as well as business firms have sponsored newspaper advertisements on nursing based on mats available through the Advertising Council.

Another activity relating to student nurse recruitment is the American Hospital Association's contest for employee information booklets and school of nursing brochures published by hospitals. Awards will be made at the Association's convention in St. Louis, September 22 to 25. It was believed that by announcing such a contest schools might be stimulated to improve their bulletins or announcements and this would in turn help recruitment.

Hospitals, the American Journal of Nursing, and Professional Nursing have kept their readers well informed about recruitment activities through editorials, special articles, and news items. This publicity has been of great value.

The National Committee on Careers in Nursing

The National Committee on Careers, functioning under the Nursing Information Bureau, has prepared for publication the following: Educational Funds for Student Nurses and Graduate Nurses, Nursing is a Great Profession (previously mentioned), A Revised List of State-Accredited Schools of Nursing, and Opportunities in Nursing.

The July issue of Professional Nursing (NIB) was devoted exclusively to sources of materials, effective techniques and other topics related to recruitment.

Another anticipated aid in recruitment is the Handbook for Career Counselors on the Profession of Nursing being prepared by Phoebe Gordon, assistant director of nursing, University of Minnesota, for the National League of Nursing Education. This concludes a rather condensed summary of recruitment activities on the national level.

Many states and local communities have reported in professional journals and in letters to the two national recruitment committees their methods of organization, assignment of responsibility and programs which have proved
to be successful in stimulating young women to become actively interested in considering nursing as a career. No doubt the participants in the round table discussion on "Recruitment Techniques in Local Communities" will bring the most up-to-date information on the various methods used and will undoubtedly reveal the importance of local initiative by state and local committees.

The national recruitment committees will be greatly interested in learning to what extent the over-all national program has aided and abetted activities and which methods proved to be most productive. This information will be especially helpful in planning the 1948 recruitment program. With the approval of the American Hospital Association and the National Committee on Careers in Nursing, the two recruitment committees will continue their cooperative activities through 1948. The program will again be directed toward helping local committees and individual schools of nursing in their recruiting efforts. As during the past year, Advertising Council, Inc. in 1948 will support recruitment for nursing as one of its public service projects and will direct a national publicity program emphasizing opportunities in nursing and urging young women to ask their local hospital and school of nursing representatives for more information.

In concluding this presentation of some of the principles inherent in successful national recruitment and a brief description of the 1947 activities, may I again emphasize that, in order to secure a sufficient number of well-qualified applicants, we must provide an aggressive continuous recruitment program. We must also insure to these young women the kind of preparation that will enable them to function effectively as professional nurses.

**GENERAL SESSION**

**Wednesday, September 10, 1947—10:30 a.m.-12:00 m.**

**RECRUITMENT TECHNIQUES IN LOCAL COMMUNITIES**

**Presiding:** ELIZABETH M. SMITH, R.N., President, Washington State League of Nursing Education

**Discussion Leader:** MARY ELLA ADAMS, R.N., Supervisor of Nursing, Washington State Department of Licenses, Olympia, Wash.

**Participants:**

FLORENCE H. MILLER, R.N., Senior Instructor, Sheppard and Enoch Pratt Hospital, Towson, Md.

LOUISE ALFSEN, R.N., Iowa Board of Nurse Examiners, Des Moines, Iowa

ELIZABETH KILLEFFER, R.N., Director of Nurses, Fort Sanders Hospital, Knoxville, Tenn.
ANNA T. BECKWITH, R.N., Executive Secretary, Montana State Board of Nurse Examiners, Helena, Mont.

JANET R. NUSINOFF, R.N., President, Connecticut League of Nursing Education

FRANCES H. CUNNINGHAM, R.N., President, Ohio League of Nursing Education

IRENE QUIGLEY, R.N., Chairman, Committee on Careers in Nursing, Northern Branch, California League of Nursing Education

MARGORIE BARTHOLOME, R.N., Dean, University of Texas School of Nursing, Galveston, Tex.

MISS ADAMS: We have all recognized the need for a national program to reach large numbers and to tell the public of opportunities in nursing. We have also recognized the value of individual counseling for a career and of applying the principles of general counseling to nursing. A need for stronger public relations programs is evident. Local programs are needed to bring more detailed information to small groups and to reach those who should go to a counselor for guidance.

Eight states are represented on this panel—eastern, western, northern, and southern states. Recruitment programs have been carried on in many other states, but we hope, through this representative group, to bring out some of the important recruitment methods and techniques which have been used in local communities throughout the country. We hope, also, to have discussion from the audience.

MISS MILLER: The invitation came from the Maryland-District of Columbia Hospital Association for professional nurse representation on a joint committee for the recruitment of student nurses. The ideas suggested by the hospital administrator were as follows:

1. Intensive publicity of appropriate nature in the newspapers.
2. Radio programs.
3. Window displays with the latest hospital equipment as the major point of emphasis in such displays.
4. Booths in department stores and elsewhere, attended by nurses, student and graduate, in uniform.

The Maryland State Nurses' Association wrote to the Maryland-District of Columbia Hospital Association accepting the invitation to unite all recruitment efforts, provided all programs undertaken were educational in emphasis and would meet the criteria of professional programs.

Florence Gipe, director of nursing service and nursing education at the University of Maryland School of Nursing, was appointed general chairman of this joint committee. Miss Gipe immediately went to Washington and dis-
cussed the immediate nursing situation with the American Council on Educa-
tion. The recommendations she obtained from this educational directive were:

1. To select five or six outstanding educators to help them formulate the
   program. A newspaper columnist, an outstanding professor of the Johns
   Hopkins University faculty, as well as other persons primarily qualified and inter-
   ested in the progress of education and professional schools were selected. It
   was the opinion of this group that no store windows or public booths should
   be used—that soliciting education is not like advertising a circus parade. If
   such methods were used there would be a peak of interest and then a drop.
   What nurse recruitment programs should aim for is to establish a secure
   plateau of interest that would substantiate continuous recruitment of student
   nurse groups.

2. There should be a definite avoidance of any programs primarily devel-
   oped to appeal to the emotions. If a work is appealing enough and education
   is emphasized people will seek that program. You don’t see other professional
   school representatives standing on street corners or in department stores seek-
   ing prospective members for their schools.

3. All information given to the public and all dispensing of program plans
   were screened and released through the Maryland State Nurses’ Association
   office by the executive secretary. This was done primarily to bring to the public
   a more conscious awareness of the fact that professional nursing does have a
   stable organization and that when information is desired by anyone concern-
   ing any phase of professional nursing or closely related interests, the Mary-
   land State Nurses’ Association Headquarters is the place to obtain this. The
   public should be trained to know the location of the Maryland State Nurses’
   Association Headquarters. Another idea formulated was that family represent-
   atives in which the mother was a graduate nurse and her daughter, who was
   also a nurse, might make a team for a short broadcast on the radio that would
   be stimulating to other similar family groups.

Specific Activities

1. Professional information in the form of articles for the newspapers was
   released by the executive secretary of the Maryland State Nurses’ Association
   from the Headquarters of the Maryland State Nurses’ Association.

2. A list of schools of nursing in the state of Maryland was published. This
   list indicated the type of control in effect (in a total of twenty-three schools of
   nursing there are nine religious sects represented), the schools of nursing
   nationally accredited or state accredited or both, and, at the end, all licensed
   practical nurse schools in existence in the state of Maryland. The practical
   nurse schools were in this published list in order to make the public aware of
   the fact that all nursing should come under the jurisdiction of professional
   nurse educators.

3. Enoch Pratt Library designated one of its display windows to be used
for professional nurse recruitment. No equipment in any form was included in the contents of this display. There were professional books, books written by nurses, schools of nursing catalogues, and other pertinent material which emphasized the educational and professional preparation of professional nursing. This display continued for two weeks.

4. A program of special guidance and counseling by the individual directors of the schools of nursing in Maryland was planned and made available to prospective students for ten days. This program was carried out at the Maryland State Nurses’ Association Headquarters in Baltimore. The young women who visited Headquarters were interviewed by the directors who happened to be present that particular day and registered the following data: name, home address, high school and place in the high school, and the school of nursing of preference. A card was then mailed by the Maryland State Nurses’ Association to the director of the school of nursing of the student’s preference with this student’s name and address, so that that director could follow up this stated interest in her school program.

5. A program of open house was carried out in the various hospitals in Maryland during a week in May. Interested young women had the opportunity of seeing all departments as they functioned in the hospital, and this excursion was followed by tea served in the nurses’ residence. The registration book that was filled in by each young woman who visited the various hospitals was sent to the Maryland State Nurses’ Association Headquarters and follow-up cards were mailed. Open-house days were staggered so that no two hospitals had open house on the same day in the same area. This program will be a yearly function.

6. A standing committee has been appointed, consisting of lay members primarily interested in education and professional progress, including a member of the Board of Regents of the University of Maryland and two professors—one from the faculty of Johns Hopkins University and the other from the University of Maryland.

7. The results of this recruitment program have been very gratifying to many of the schools of nursing in this area in that the tentative enrollment for the fall classes is complete.

Miss Alfsen: The student nurse recruitment program in Iowa arose out of the critical shortage of nurses which was occasioned by the decrease in student enrollments (1946-47 enrollments were 35 per cent below the 1940-41 figures) and the hospital expansion program. The recruitment program was sponsored by the Iowa League of Nursing Education.

The activities of the previous year had consisted of localized efforts with some duplication. A need was expressed for an over-all state-wide plan with emphasis on the local angle. The present plan was organized for that purpose.

An advertising agency of Des Moines was employed as public relations counsel and a plan was prepared by Harriet Lingo, a member of the staff of the agency. The cost of the proposed plan was estimated at $10,000.
At this point the Iowa league had a plan but lacked funds. Co-operation and support from all Iowa hospitals (the ultimate consumers of the products of the program) was sought. Each hospital was asked to contribute $1.25 per bed. The program was endorsed by the Iowa Hospital Association. The hospitals provided the major portion of the $10,000. Other contributions were from the state and local leagues, the state nurses' association, and the state medical society. Almost the entire amount has now been secured.

The state was divided into twenty districts, each of which had a chairman to handle arrangements for speakers, the scheduling of films, and the distribution of films and to arrange for local newspaper releases and publicity. Central direction was set up through Miss Lingo at the Iowa League of Nursing address. From this central point general publicity releases were issued, pamphlets and posters were distributed, and information was sent to various groups.

The channels for publicity were members of the state leagues, hospital administrators, the Blue Cross, high school and grade school principals, junior colleges, druggists, physicians, civic organizations such as chambers of commerce and rotary clubs, pastors in every church in the state, the Women's Auxiliary of the American Legion, and farm bureaus. The Women's Auxiliary of the American Legion offered a scholarship to the high school senior who submitted the best 200-word essay on "Why I Want to Be a Nurse."

As to publicity materials, a 16 mm. ten-minute sound film was prepared in local nursing schools showing the educational, humanitarian, and future security aspects of nursing. Two pamphlets were printed: "We're So Glad Our Daughter Is Going to Be a Nurse," prepared for parents and distributed through women's clubs and churches, and "Who, Me?" prepared for prospective students and written from the young girl's point of view. A "Fact Manual" on the campaign was distributed to all Iowa newspaper editors and radio stations and accompanied all showings of the film. All promotional material emphasized the slogan, "Nursing Is More Than a Job... It Is a Profession."

The recruitment program in Iowa fostered a greater understanding and greater co-operation among groups, made the public more aware of the importance of nurses and nursing, and resulted in an increased number of student enrollments. It is planned to continue the program through the Women's Auxiliary of the Iowa State Medical Society.

MISS KILLEFFER: A state-wide recruitment program was inaugurated in Tennessee last year under the auspices of the Joint Committee on Student Recruitment of the Tennessee State Nurses' Association and the Tennessee Hospital Association. Funds for this purpose were contributed by the hospital association, the medical profession, various industrial organizations, and other interested groups. These funds were used for the maintenance of a headquarters with a full-time nurse director, for the preparation of a recruitment film, for publication of a brochure entitled "Making Nursing Your Career" which lists schools of nursing in the state, for scholarships for students, and for such expenses as clerical help and travel for the director.
Locally, the district nurses' association recruitment committee served as a clearing-house of all activities and a local council was set up with a physician and the president of the nurses' association as co-chairmen. The support of many groups was enlisted: directors of schools of nursing, hospital administrators, the academy of medicine, medical auxiliaries, health departments, the Red Cross, councils of social agencies, civic groups, ministers, theaters, and superintendents of high schools.

Both spot announcements and a sponsored program were arranged for on the radio. A film is in preparation, pamphlets were prepared, and sponsored advertisements were placed in newspapers. Posters were placed in store windows, post offices, schools, and other public buildings. A speakers' bureau of graduate and student nurses was set up, and every high school, YWCA, and 4-H club was asked to make use of this service. Parent-teacher associations, county agents and home demonstration agents, and recreation centers were visited. A letter was sent to every registered nurse in the state enlisting her help, and students were asked to write to their friends.

The success of the program is reflected in the increase in the number of applicants for schools of nursing, and plans are under way to continue the program.

MISS BECKWITH: In Montana a state-wide recruitment program was undertaken by the State Nurses' Association under the Professional Counseling and Placement Service. Efforts were directed toward supplying accurate and complete vocational information about nursing to the vocational counselors in schools and to all young women interested in nursing as a career supplementing the publicity provided by national agencies with similar material based on local situations, and arousing interest in a career of nursing.

Efforts toward raising funds were disappointing in that only $1,000 was collected, principally from hospitals connected with schools of nursing. However we did the best we could with what we had and enlisted many individuals and groups in the program. Sources of funds were schools of nursing, hospitals, and the State Nurses' Association. One publication was printed and paid for by the State Department of Public Instruction, which also distributed this material. Another pamphlet was printed and paid for by the Board of Nurse Examiners. Local expenses were covered by the district associations responsible for the program.

The methods of carrying on the recruitment program were developed by the Counseling and Placement Service and the State Nurses' Association. Materials were prepared and distributed to local agencies and to individuals. The materials used, in addition to the two pamphlets mentioned above, were information for speakers, a sample speaker's talk, radio publicity material, newspaper and magazine releases, and materials for booths at local fairs.

The methods used were the development of a speakers' bureau on a state-wide basis, the contacting of local groups and agencies to develop interest
in conducting local campaigns, and the development of a clearing-house for disseminating information to those interested in becoming nurses.

As an example of the interest aroused regarding the opportunities in nursing, I should like to tell you about the Soroptimist Club in Great Falls. The director of the Counseling and Placement Service met with an instructor in the College of Education which is located in Great Falls to enlist her assistance with the speakers' bureau. This instructor became so interested that she proposed that the Soroptimist Club, of which she was a member, undertake the entire program in that area. After meetings with the committee and the entire membership, this proposal was accepted. The program was carried through by the members of the group under the leadership of a committee composed of nurses and club members.

Another tool which may be of interest to you is the preparation and printing of the two pamphlets. One is called "Becoming a Nurse" and gives general information about cost and programs in all the accredited schools of nursing in the state. The other is called "Montana Has Good Schools of Nursing" and is a pictorial pamphlet showing what a good school of nursing provides for the student.

Another project which may be of interest took place this summer. I said that we had been disappointed in the results of our efforts to raise the necessary money for our campaign. We have been discussing ways and means for our future program. During the summer, District Number 5, which is in the Billings area, raised $7,000 for the State Nurses' Association as a whole by conducting a lottery on a car purchased by the District. All of this money may not go into the recruitment program for the coming year but it is the most successful method of raising money that we have found so far.

The success of our program can not be gauged as yet. Indications are that the number of students admitted in 1947 will about equal the number admitted before the war years. Plans for our future program have not yet been determined.

Mrs. Nusinoff: The Connecticut recruitment program has been somewhat traditional and conservative following a typical New England pattern.

The Connecticut State League of Nursing Education Enrollment Committee has acted as a steering committee as well as a co-ordinating agency for recruitment activities. The central or executive committee has been enlarged so as to include a representative from each of the schools of nursing in the state. These nurses met together to outline the program for the year. An effort was made to stress the importance of carrying on a general nurse recruitment program rather than one for a particular school.

These representatives acted as members of a speakers' bureau. They agreed to personally call on the high schools and junior colleges in their regions to ask for an opportunity to talk with counselors, principals, and student groups. It was also suggested that they contact service clubs, churches, and profes-
sional groups asking for an opportunity to interpret nursing to their membership.

In the limited time given to each of us it would be impossible to tell of all the types of publicity used. However, I would like to mention a few which we found effective.

Radio skits and dramatizations were employed. There was participation in Career Day programs. In one city two scholarships were awarded for the best essays on "Why I Want to Be a Nurse."

Although all of these measures of bringing nursing into the public eye are valuable, we feel that our most productive recruitment agent is good-will or good public relations. The majority of our students, when asked, say they came into our schools because they know or have known a nurse and have admired her, or they or some member of their family has been a patient at some time. Another channel through which we receive students has been the high school principal or counselor. For years many of our schools have been building up a good rapport with this group and through their interest and understanding many fine students are being directed into nursing.

Our program is a continuing one, and our plans for the coming year have been tentatively drawn up. The recruitment of candidates for schools of attendant nursing is going to be combined with the recruitment for the professional schools of nursing; that is, those applicants who do not meet standards for professional programs are to be directed into the attendant schools conducted by the state Board of Education.

Another project which was started last year is to be continued. This is a study to explore the possibility of setting up collegiate schools of nursing throughout the state. For the past two years our collegiate schools have enrolled more students proportionately than the schools with three-year programs. There seems to be a decided trend on the part of young women to enter this type of school and at present our facilities are inadequate to accommodate the applicants.

In conclusion I wish to say that the Connecticut State League of Nursing Education has attempted in its recruitment activities to encourage the enrollment of well-qualified students; attaining mere numbers is not our goal.

Miss Cunningham: Ohio had no state-wide program, but programs were organized in three communities—Cincinnati, Akron, and Cleveland. Many schools have had very active programs, some of which were excellent, but a good deal of duplication occurred. For example, three different schools carried their campaigns into one high school in the same week, demonstrating the need for one group to cover each community.

The three organized programs in Ohio have been similar in the methods they used but they differed in the agencies which have carried them out. In Cincinnati, a subcommittee on careers in nursing was formed under the Council on Community Nursing which is one of the councils of the Public Health Federation. Funds were supplied by the council.
Akron carried out its program through the local league of nursing education and the directors of schools of nursing and hospitals. Funds ($400) came from the league and the hospitals with schools.

For Cleveland, whose program I shall describe in detail, the league Committee on Public Relations and the Central Committee on Nursing worked out a plan and a budget which included the cost of a moving picture. The Cleveland Foundation asked that all organized nursing groups and the hospital council be represented on the advisory committee. A grant of $6,050, excluding the cost of the moving picture, was made. The part-time services of a regular publicity person were secured and were of great value.

Many types of publicity were used. A speakers' bureau was organized and speakers were sent to many high schools. The parent-teacher association had a nurse on its program and other organized groups such as the Girl Scouts, the YWCA, and youth conferences, were approached. Vocational counselors were given information about nursing. Posters and pamphlets with an insert giving information about local schools of nursing were distributed to city libraries, the YWCA, vocational counselors, physicians' offices, and hospitals.

The newspaper publicity proved again the value of a paid public relations worker. News about nursing was released; pictures of open-houses, of the Florence Nightingale Memorial, and of students attending the ICN Congress were published; and a refutation of the article in Collier's magazine was issued. A meeting was held with faculty advisers of high school papers and many articles on nursing were published in these media. Through the local newspapers a contest was held to find "Cleveland's Ideal Nurse."

Radio publicity was also used. In addition to spot announcements, fifteen interviews were broadcast with students, directors, and the "ideal nurse." Car cards for buses and street cars were issued.

We believe that the program was successful. Although some few schools were able to enroll only about half as many students as they wanted, most schools enrolled about 80 or 90 per cent of the number they would have liked to have.

It is important to continue the program, but I am looking forward to the day when we will not have to have recruitment programs. Through a good continuous public relations program the public can be brought to know and understand nursing, the satisfaction it gives to its practitioners, the type of young women who should enter the profession, and the characteristics of a good school of nursing.

The following suggestions rise out of our experience:

1. Employ good publicity people.
2. Keep in continuous touch with high school faculties, vocational counselors, colleges, and registrars.
3. Continue to inform these groups about the students after they have entered schools of nursing. Let them know also about what the students do
when they graduate and of any honors which they receive. Interpret the reasons for failures.

4. Improve the educational programs in our schools. As Mr. Christian said, "Do good—and then talk about it!"

MISS QUIGLEY (speaking for Mrs. Grace M. Bowley): The Careers in Nursing Committee of the California League of Nursing Education had its inception a little less than two years ago. This committee assumed the responsibility of the citizens' committee which was organized during the war and functioned as part of the State Defense Council. It was October 1945 when the state office was closed and the California League of Nursing Education took over the recruitment problem.

The committee was first composed of a state chairman and six committee members from various parts of the state. This organization made meetings practically impossible because of the distance the members would have to travel. Thus all business had to be conducted by mail and this soon proved impractical. In September 1946 the structure of the committee was changed. The Board of Directors asked each of the three branches of the California league to appoint a subcommittee of from three to five members to function in their respective parts of the state as the state committee with the state chairman acting as a co-ordinator. This arrangement has proved much more satisfactory since the subcommittees can be reached through their respective chairmen, and committee correspondence and activity can be handled more easily and more effectively under this plan. The name, Careers in Nursing Committee, was adopted in May 1946 to conform to the name of the national committee.

The league was not able to finance the activities of this new committee so the Association of California Hospitals was asked for financial aid. A sum of $500 was granted by the association for 1946, and an equal amount in 1947. The Hospital Association fund is used for all major expenses; the league provides stationery and postage for committee correspondence.

A speakers' panel was soon made up of faculty members from the various schools of nursing throughout the state. Letters of information about the Careers in Nursing Committee, and about the availability of speakers, were sent to all high schools and colleges in the state. Reports to date indicate that approximately 12,459 young women have been reached by these speakers in about 139 group meetings.

The committee has realized the importance of placing adequate information in the hands of those who counsel prospective student nurses. In 1946, letters with the illustrated pamphlet, "Professional Nurses at Work," were mailed to the deans of girls in all California high schools, and letters enclosing the pamphlet, "Nursing a Career for College Women," were sent to the deans of women in the California colleges. This year letters were again sent to all high schools and colleges in the state, emphasizing the importance and desirability of nursing as a profession, and telling of the many opportuni-
ties open to young women who enter this field. With these letters the committee enclosed the illustrated pamphlet, "Nursing Offers You a Career Now," together with its own publication, "Information on Accredited Schools of Nursing in California." Letters with these same enclosures were sent to the public libraries throughout the state in 1946 and 1947.

The booklets, "Information on Accredited Schools of Nursing in California" have answered a real need. There had been no such source of general information for students, nor for counselors in the schools. After these booklets were received in the high schools and colleges, the committee received many requests for additional copies. The committee was also gratified to receive many letters of appreciation for making such information available. Copies of this booklet are sent to individual students who write for information about entering nursing. The latest illustrated pamphlet or booklet from the Nursing Information Bureau is always sent along with our booklet.

Questionnaires are sent to the directors of the California schools of nursing at intervals to obtain information and suggestions to guide the committee in its recruitment activities.

Postcard questionnaires were sent to all students who had entered California schools of nursing in the fall of 1946, to determine the sources of information the students thought most helpful to them in choosing nursing as a career and in choosing the school they entered. The majority of students listed "graduate nurses" as their most helpful source of information about nursing, and "visits to the schools of nursing" as most helpful in choosing their school.

It is difficult, if not impossible, to estimate and evaluate the results of the work of this committee at this time. It seems reasonable to believe, however, that through a sustained, well-planned program such as we are trying to carry on, many of the desired results will eventually be realized. In addition to increasing the enrollment of well-qualified young women in our schools of nursing, it is the desire of the committee to create a better understanding of nursing and to gain public support and good will. It is our sincere belief that without the understanding and support of the public, a recruitment program cannot achieve the results desired.

Miss Adams: An interpretation of nursing as a career as well as of nursing itself is needed and student recruitment can be a focal point for public relation and public information programs throughout the country.

It has been made clear that in order for programs to be effective they must be well planned; the results do not come without effort. Co-ordinated programs sponsored by representative organizations of nurses and allied groups with personnel who have been given the responsibility, time and salary to promote the programs are essential. Adequate funds are necessary and ways and fruitful means of securing the money have been pointed out. Committee workers are important but often cannot give the necessary time to carry on the program. Expense for travel also needs to be included in the planning
along with other costs. Programs on a state level which in turn are carried on through local communities have been described and their effectiveness shown.

Interesting eligible girls for nursing is not only the responsibility of those in nursing education but of all nurses—private duty, staff nurses, administrators in hospitals connected with schools and those which are not connected with schools, public health nurses, nurses in schools and industry, and student nurses. All nurses have a stake in the quality and adequacy of nursing care patients will and do receive and so toward those who enter the profession. The interest of all nurses themselves must first be enlisted in order for a student enrollment program to have continued success. The public includes nurses, the allied professions, employers of nurses, consumers of nursing, both men and women, and counselors in high schools and junior and senior colleges. The value of the daily contacts of nurses with patients and the public in general in public relations is not to be underestimated.

It seems appropriate that one state, at least, has adopted the name for the state league committee to conform to that of the National Committee on Careers in Nursing.

The co-ordination of planning for recruits for schools of nursing of professional standards with schools for practical nursing is important in order that all those who wish to nurse may find the school which fits their ages, abilities, and background.

Programs should be planned for sustained and continuous effort rather than as sporadic "high pressure" techniques when classes are being formed.

The results of the recent programs indicate an increase in enrollment over a year ago. One advantage shown has been that more applicants from whom to select resulted. Counseling for enrollment into any profession is the first step in the guidance programs which should be carried on throughout the student’s period in the school chosen and throughout her employment in the profession.

The eventual evaluation of a good recruitment program can be made in terms of the number of nurses who can adequately give nursing care in the communities throughout our nation and are happy with the choice of their profession as students and graduate nurses.

The efforts toward recruitment are only our first responsibility. A continued effort must be exerted toward providing a sound educational program in our schools as well as toward procuring students to make up our schools.
ROUND TABLE

Wednesday, September 8, 1947—2:00-3:30 p.m.

CO-OPERATIVE PLANNING FOR ADVANCED COURSES IN SPECIAL FIELDS OF NURSING

Presiding: VIRGINIA HENDERSON, R.N., Assistant Professor of Nursing Education, Division of Nursing Education, Teachers College, Columbia University, New York, New York

Participants:

A. EVELYN BURKE, R.N., Director, Public Health Nursing Education, King County Health Department, Seattle, Washington

HELEN C. DELABARRE, R.N., Instructor of Nursing, Neurological Institute, Columbia-Presbyterian Medical Center, New York, New York

AGNES A. DIX, R.N., Assistant Professor of Nursing Education, The Catholic University of America, Washington, D. C.

ELIZABETH K. PORTER, R.N., Professor of Nursing Education, University of Pennsylvania, Philadelphia, Pennsylvania

ALICE ROCKWOOD, R.N., Assistant Director, University of Colorado School of Nursing, Boulder, Colorado

MARY S. TSCHUDIN, R.N., Assistant Professor and Educational Director, Harborview Division, University of Washington School of Nursing, Seattle, Washington

M. GRACE WATSON, R.N., Senior Health Nursing Consultant, Washington State Department of Health, Seattle, Washington

In preparation for the discussion, the participants analyzed the chief problems and presented the following in written form to the audience:

Problems Involved in Co-operative Planning for Advanced Courses in Special Fields of Nursing

1. What are the "special fields of nursing"?
   For example are they:
   (a) Clinical specialization with nursing practice as the special field?
   (b) Teaching and supervision in a nursing service?
   (c) Administration in a nursing service?
   (d) Consultation in a nursing service?

2. To what extent should preparation for teaching and supervision, administration, and "consultation" be dependent upon advanced study in a special field of (clinical) nursing service?
3. If preparation for teaching and supervision, administration, and "consultation" through "advanced" study presupposes "advanced" preparation in obstetric nursing, pediatric nursing, orthopedic nursing, psychiatric nursing, etc., to what extent, if any, should these two aspects of advanced study run parallel?

4. How should the nursing profession organize to promote, most effectively, the advanced education of nurses for special fields of nursing?

5. How should nurses in sections of the country (as, for example, states) and local communities organize to promote:
   (a) Analysis of their needs for advanced preparation,
   (b) Analysis of the facilities available for advanced preparation,
   (c) Utilization of the facilities available,
   (d) Promotion of more adequate facilities?

6. To what extent should the "advanced" preparation of nurses who plan to function as "practitioners," teachers and supervisors, administrators, and "consultants" in hospitals and other community health agencies differ?

or

How much similarity and overlapping is there between the interests and needs of so-called "institutional" and so-called "public health" nurses?

7. To what extent is a group of common problems facing all clinical practitioners of nursing? To what extent is it possible for psychiatric nurses, surgical nurses, and pediatric nurses to study such problems in a "core course"?

_A Tentative Program of Clinical Study to Illustrate Concept of a "Core Course"

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<tr>
<th>Suggested Types of &quot;Core Content&quot;</th>
<th>Suggested Concurrent Seminars</th>
<th>Related Concurrent Field Work</th>
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<tr>
<td>Unit I. Adaptation of Nursing Care to Age Factors</td>
<td>Pediatric Nursing Seminar</td>
<td>Pediatric Nursing</td>
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<td>Unit II. Adaptation of Nursing Care to Emotional or Constitutional Factors</td>
<td>General Medical-Surgical Nursing Seminar</td>
<td>General Medical-Surgical Nursing</td>
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<td>Unit III. Nursing in Communicable Conditions</td>
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<td>Unit IV. Nursing Before, During, and After Operation</td>
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<td>Unit V. Nursing in Long-Term Illness</td>
<td>Orthopedic Nursing Seminar, Psychiatric Nursing Seminar</td>
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8. To what extent is the profession accepting and acting on the recommendations of the Committee on Postgraduate Clinical Nursing Courses of the NLNE that such courses be on a collegiate level?

9. When advanced clinical courses are offered as part of a college program leading to a degree, how can the problems of meeting admission requirements and satisfying prerequisites be solved if colleges and universities must be depended upon to provide the immediate demand for large numbers of clinically expert nurses?
Discussion

A brief discussion from the floor followed an hour's free and informal discussion by the participants. The general feeling seemed to be that advanced nursing education, especially in the clinical areas, is so relatively underdeveloped that few final decisions can be reached on most of the questions that were raised. Some points brought out and tentative conclusions reached are summarized as follows:

1. Preparation for specialized clinical practice has not been given proper emphasis, nor the need for it due recognition—that ultimately the teacher, the supervisor, and the consultant should be clinically expert practitioners in their chosen fields.

2. More effective organization on the national, state, and local levels is needed for the promotion of advanced nursing education and for the development of standards in nursing specialization.

3. There is great overlapping in the needs of so-called "institutional" and "public health" nurses in advanced nursing education, and an effort should be made to bring these two groups together in educational programs for graduate nurses. Some persons thought their interests and needs might be identical if their respective functions were broadly interpreted. Others thought that their programs of study should have some common and some special elements.

4. That a "core content" could be developed for all advanced clinical nursing courses was generally accepted by the participants in the group discussion. (There was not sufficient time for adequate consideration by the audience of the tentative analysis of "core content" as shown under question 7.) Attention was called to the current work of the NLNE Committee on Postgraduate Clinical Nursing Courses on this proposed plan. The possibility that such an organization of content might have value in the basic curriculum was discussed briefly.

5. Certain participants emphasized the importance of intensive study of advanced nursing education with relation to (1) effective over-all planning, (2) development of vital functional courses, and (3) the establishment of standards for clinical specialization as preparation for the practice of nursing, teaching, supervision, and "consultation."

It was generally accepted that the community must provide economic security and professional recognition for the clinically expert nurse practitioner; otherwise, she will be drawn from the field of practice into teaching or administration.
ROUND TABLE

Wednesday, September 10, 1947—2:00-3:30 p.m.

CURRICULUM PROBLEMS IN PRACTICAL NURSE EDUCATION

Presiding: ELLA MAY THOMPSON, R.N.; President, National Association for Practical Nurse Education, New York, N. Y.

Participants:

GRACE CAMERON, R.N., Director, Broadway-Edison Technical School of Practical Nursing, Seattle, Wash.

LENORE BRADLEY, R.N., Supervisor of Nursing Education, New York State Board of Examiners of Nurses, Albany, N. Y.

LUCY D. ENOS, R.N., Instructor in Practical Nursing, University of Minnesota, Minneapolis, Minn.

LILLIAN K. HOCKING, Co-ordinator of Women’s Occupations, Broadway-Edison Technical School, Seattle, Wash.

The participants in the discussion were actively concerned with practical nurse education in states with and without licensure laws. Practical nursing curricula now in use vary rather widely in the separate states; discussion presented specific programs and curricula now operating, indicating the methods used in developing these curricula.

A practical nursing course given as a part of the adult education program in a city school system was described by Lillian Hocking and Grace Cameron. Importance of using the advisory committee, provision for adequate facilities, and careful selection of teachers and supervisors were stressed. Since there is no licensing or approving authority for practical nursing schools in the state of Washington, this program was developed with guidance from the state nurses’ association, the state league of nursing education and the state public health nursing group. The need for revision of the curriculum to meet changing concepts of practical nurse education was emphasized, with recognition of the aid given by the job analysis of the practical nurse occupation.¹

Lenore Bradley, senior supervisor of nursing education for the New York State Board of Examiners of Nurses in the state education department, discussed the over-all practical nursing program as developed in a state that has had a practical nurse licensure law since 1938. The New York state practical nursing curriculum was based on one previously used for the training of attendants. It was revised and amplified to meet the requirements for practical nurse training. It was set up for a nine-month minimum course, ¹

but most of the schools have extended their courses to one year. An advisory committee meets periodically to evaluate and revise the curriculum. Miss Bradley stressed the value of one law for the control of the practice of nursing, the importance of well-prepared instructors and the necessity for safeguarding practical nurse education from the type of exploitation that has operated in professional nurse education.

The following points were emphasized as fundamental in the development of a practical nursing program:

The need for a representative body of experienced people.
Familiarity with available information.
Recognition of individual community needs.
Appreciation of the need for sound policies.
Use of consultant services—workshop techniques, and so on.

Recent publications prepared by the National Association for Practical Nurse Education, the Joint Committee on Auxiliary Nursing Service, and the U. S. Office of Education offer concrete guidance in the development of practical nursing programs. It was pointed out that these publications agree on basic principles and indicate the active interest of professional nurses in the sound development of this vocational field.

Miss ENOS: The development of the curriculum in practical nursing at the University of Minnesota School of Nursing came as the result of three factors: (1) because of the definite need for the practical nurse to assist the professional nurse and the licensed physician in the care of patients; (2) because of a realization of the importance of developing the practical nurse program under the supervision and guidance of a school of nursing rather than in any other department or organization not specifically qualified to do so; and (3) because a practical nurse program would make possible the preparation of teachers in practical nursing.

When the introduction of a practical nurse program was discussed, the faculty of the Minnesota School of Nursing felt that the practical nurse student should have adequate, careful supervision and guidance by qualified members of the nursing staff, since her instruction and supervision is just as important as that for the professional nurse student. A committee was made up of members of the school of nursing faculty, drawn from the nursing education, clinical and public health fields, to insure consideration of all aspects of the practical nurse program. A student nurse was also a member of the committee.

Meetings of this committee brought forth many problems involving the setting up of the program. I will discuss for you some of the major problems incurred and how they were approached by the committee.

Before starting to develop a curriculum it was of course extremely necessary to have some knowledge of the duties and responsibilities of the practical nurse. To do this the committee referred to the pamphlet on Practical
Nurses and Auxiliary Workers for the Care of the Sick, a publication of the Joint Committee on Auxiliary Nursing Service, and to pertinent articles in the professional magazines as well as to available textbooks such as Dakin and Thompson’s Simplified Nursing. Later, when the U. S. Office of Education bulletin, An Analysis of the Practical Nurse Occupation—with Suggestions for Training Programs was published, the Practical Nurse Committee used it as an aid in developing background. The committee also studied the curricula of other practical nurse programs that were already in operation.

After this intense study and preparation, the committee began to outline a curriculum for the practical nurse program keeping the following points in mind:

The Curriculum should: (1) ultimately prepare the student to give the type of care which would benefit the patient and his family, the professional nurse, the physician, the community and of course, the practical nurse herself; (2) provide for the student a general education for personal and cultural development, and for effective citizenship, this being essentially a part of the program for every student; (3) be one which would fulfill any requirements set up by the State Board of Nurse Examiners (Practical nurse legislation in Minnesota did not become effective until August 1, 1947, and the University of Minnesota School of Nursing began work on the practical nurse curriculum almost one year before this); (4) include those suggestions made by the U. S. Office of Education which the faculty committee felt were applicable to the particular situation.

The Curriculum would therefore have to be one that would be approved by the faculty of the school of nursing and by the University of Minnesota Board of Regents.

With these points in mind the Practical Nurse Committee developed a program which I will outline briefly for you.

The program is one year (four quarters) in length and operates on the regular university calendar. The practical nurse student pays fees and tuition that are comparable to those paid by university students receiving the Associate in Arts degree. As do other students in the university, the practical nurse student provides her own maintenance curriculum itself.

The total number of class hours carried by the student is approximately 40. About one quarter of those credits are earned in general education courses given by the general college of the university. I might give you a brief idea of the content of some of those courses.

Individual Orientation: mental hygiene to give the student a better understanding of herself; elementary psychology

Human Biology: anatomy and physiology; prevention and incidence of diseases; personal hygiene; community health

Food and Nutrition
The remaining credits—constituting approximately three-quarters of the total number—are earned in the nursing practice courses which include approximately 20 hours per week of supervised practice. These courses include:

Elements of nursing care (spread over three quarters)
Care of mother and child
Introduction to practical nursing: relationships; correlation of general education courses with practical nursing

The clinical or supervised experience is scheduled to meet the needs of the student as the supervisor sees fit. The major part of the clinical experience is obtained at the University of Minnesota Hospital located on the main campus.

The fourth or last quarter of the student's experience has been set aside as one in which she will be encouraged to decide upon the type of work into which she will go immediately on completion of the program. Opportunity for this experience will be provided in a community nursing agency, a psychiatric hospital, a tuberculosis hospital, or a rural hospital. This experience is to give the student a fuller orientation to the details of the field in which she expects to take her first job.

I might mention here that the program has been in operation for a very short time and that details are still being developed by periodic meetings of the Practical Nurse Committee.

All developments of the program were discussed with the hospital administrator and director of nurses before being put into practice and this policy has been continued since that time. The instructor has also worked very closely with the floor supervisor, head nurses, and assistant head nurses; in fact conferences have been held almost daily with the head nurse and assistant head nurse.

ROUND TABLE

Wednesday, September 10, 1947—3:45-5:00 p.m.

BUILDING AN UNDERSTANDING OF THE CURRICULUM WITHIN THE SCHOOL OF NURSING

Presiding: Mildred I. Lorentz, R.N., Director, School of Nursing and Nursing Service, Michael Reese Hospital, Chicago, Ill.

Participants:

Lucy D. Germain, R.N., Director, School of Nursing and Nursing Service, Harper Hospital, Detroit, Mich.

E. Louise Grant, R.N., Director, School of Nursing and Nursing Service, Methodist Hospital, Indianapolis, Ind.
SISTER CYRIL, R.N., Director, Seton School of Nursing, Colorado Springs, Colo.

MADELEINE McCONNELL, R.N., Director, School of Nursing and Nursing Service, St. Luke's Hospital, Chicago, Ill.

ADA FORT, R.N., Associate Dean, Emory University School of Nursing, Emory University, Ga.

The chairman opened the session by stating that regardless of the type of school, its location, its stage of development, and the educational background or experience of its faculty, there are certain to be curriculum problems, and the faculty in each school in the country is concerned to a greater or lesser degree with these problems. Although some schools have found satisfactory solutions to various phases of the problem of curriculum interpretation, all schools need help and suggestions as to how to secure the support and understanding of all who participate in undergraduate nursing education.

In order that the discussion of problems of curriculum interpretation might be kept on a practical level, several leading questions had been proposed around which the discussion was centered.

Question I. What curriculum problems arise due to lack of understanding of specific clinical experiences and inability to keep abreast of changing emphases in the curriculum?

Some examples given were:

1. In the operating room service, doctors frequently urge longer service for students or insist that they not be rotated through various types of service so that students may become expert scrub nurses in a particular type of surgery.

2. Hospital administrators sometimes suggest that students be placed in such departments as X-ray and pharmacy because service is needed there. They may insist that non-nursing duties such as collecting patients' fees in outpatient clinics be performed by nurses.

3. Students in diet school are often assigned tasks that have no educational value.

4. Hospital boards and school committees may object to the faculty's recommendations that students have additional affiliations, experience in health agencies, and so on because students are so badly needed for service in hospitals.

5. Physicians who are asked to lecture frequently do not keep to desired content of course but air their own views on nursing education, conduct of a school of nursing, and so on.

6. Head nurses, because of service needs, may not assign students according to their educational needs.
7. In outpatient departments or clinics students may not be assigned to learning experiences but to routine service tasks.

8. Physicians object to students leaving operating room and other busy services for classes.

9. Head nurses often object to conferences and other forms of clinical teaching because they do not appreciate the educational value of such teaching in rounding out the education of the student nurse and in fulfilling curriculum aims.

10. Many doctors, nurses, and allied workers do not understand that increased education, especially general education, is to prepare nurses for better and more intelligent nursing practice. Many think that we are educating nurses away from the care of patients.

Question II. How can we as nursing educators secure understanding of the nursing curriculum and support of it from hospital administrators, hospital boards and school committees?

Hospital administrators and members of boards of trustees and advisory committees are busy people. They have a variety of backgrounds—in business, religion, education, law, and other vocations. They have different responsibilities of which nursing is but one. The nurse educator can best secure an understanding of the nursing curriculum by interpreting the program to them in terms of their thinking, seeking every opportunity to widen the sphere of their knowledge about nursing. It is all very well to invite them to attend meetings of the League on local, state and national levels. They must first, however, have a background in order that the subject matter of the discussion will not lead to confusion and misunderstanding.

The nurse educator has countless opportunities to create a better understanding and hence secure more support for the educational program. The following are some suggestions:

1. Participate willingly and actively in all hospital administrative activities, for example, discussion groups on cost accounting, personnel, job analysis, and so on.

2. Take time to discuss the nursing program regularly with the hospital administrator.

3. Attend hospital meetings as well as nursing meetings. Become familiar with the hospital attitude toward nursing. Be ready to interpret nursing education programs in relation to better patient care.

4. Refer selected articles from professional nursing journals to those in authority, for example, articles on personnel practices, co-operative programs with universities, and the organization and functions of advisory committees. Carry through on this by providing an opportunity to discuss the information in relation to a project that is under consideration.

5. Write informative and descriptive reports of current activities, limiting
the amount of statistical data given. Seek advice on how to improve the content in terms of reader interest.

6. Invite the hospital administrator, heads of other departments, and members of the board of trustees and advisory committee to annual meetings of the faculty. Distribute written reports of faculty activities pertaining to the curriculum, recruitment, selection of students, and so on.

7. Include members of the advisory committee in meetings of the faculty and faculty committees, for example, curriculum, library committees. Let them know the aims, objectives, and plans for a more satisfactory curriculum together with the problems that are expected in achieving the goal.

Plan for a better understanding in the future, too. An increasing number of administrative interns are spending a year in the office of some hospital administrators. Nurse educators in such institutions have a golden opportunity to help nursing in the years to come. Ask for these interns to spend time in the nursing department. Plan to acquaint them with the educational and administrative programs and show how these two are closely interrelated phases of nursing. Arrange a schedule which includes the nursing office, the classroom, and the wards where patients are nursed and the effectiveness of the curriculum evaluated.

Organizations such as this may well help the nurse educator in her job of interpreting nursing by becoming familiar with the content of nursing classes given in courses and institutes in hospital administration. Who teaches the classes? Is the subject matter inclusive enough? Would joint thinking of both those responsible for such programs and League representatives mean a better background for a more sound nursing program?

Recently the American Hospital Association announced a new publication for trustees. There is every chance that here is another channel to use in securing better understanding of the nursing curriculum.

In any field, effective public relations comes only when the would-be informer is himself informed. Nurse educators are no exception.

Question III. What methods can we use to interpret our nursing curriculum and its objectives to physicians?

Five were described:

1. The participation of one or more physicians on the school of nursing committee.
2. The attendance of the nursing director at medical staff meetings.
3. The participation of physicians in the teaching program.
4. The explanation of the planned clinical experience program of the student nurses.
5. The sufficiency of nursing care and its quality.
The participation of physicians on the school committee. There should be one or more members of the medical staff on the school committee, not appointed by the medical staff but selected by the nursing committee because of a real concern in assisting in the development of policies for the school of nursing and because of some knowledge of nursing education. The physician, if possible, should be one actively engaged in medical education.

The suggestion may be made that it is more democratic to allow interested associations or societies, such as the medical board, to elect or appoint their own representatives. As a rule it has been found more suitable for the nursing committee to recommend appointments, thus assuring the selection of well-qualified members. The same policy is generally followed by school, college, and university boards.

Attendance of the director of nursing at medical meetings. If in a particular hospital the director of nursing has not been invited to attend these meetings, by explaining to the president of the medical staff that she would be prepared to give information relative to the school and to answer questions she will very likely be invited. She should neither expect nor want to be present at meetings of the executive committee of the medical board; as the nursing faculty must be responsible for their program and, in executive meetings, may often have to discuss confidential matters, the same situation prevails in the medical executive committee. The director of nurses needs to remember the following points in attending medical board meetings:

1. She is probably the only member of the nursing department present. It is generally wise not to bring up controversial matters.

2. She has the opportunity to inform the staff of current developments in the school program and to explain briefly developments in nursing education in general.

3. When controversial problems do arise or when there is need to plan for new procedures requiring joint consideration by the medical staff and the nursing faculty, it is well to ask for the appointment of a special joint committee if the matter cannot be referred to existing standing committees.

The participation of physicians in the teaching program. This gives the following opportunities of interpreting the curriculum:

1. The physician and the nurse reviewing together their respective teaching outlines for a given subject.

2. The explanation by the nursing instructor and by the educational director of the relationship of this particular course to the curriculum as a whole.

3. Conferring with the department head when there is need for change in the curriculum as related to his particular field.

4. The conferring with the department head relative to the selection of physicians to teach the course pertaining to the department.
5. The enlisting of the aid of staff members in the clinical instruction program.

6. The inviting of the medical instructors to a specific faculty meeting when the program can be a planned discussion of the nursing curriculum.

7. The letter of appreciation sent annually to each medical instructor.

The explanation of the plan for the rotation of students and the plan of clinical instruction. Few doctors will be interested in the total curriculum but almost all will be interested to know of the educational program which has preceded the assignment of the student nurse to the particular service of which he is a part. He will also be interested in the minimum requirements as set by law.

The sufficiency of nursing care. All doctors are interested in the nursing care which their patients receive. The skillful administration of the total program of nursing service and nursing education, the constant striving by all members of the nursing staff, including students, to attain the objectives of the school, and the sufficiency of nursing care and its quality will gain favorable interest in the nursing curriculum.

In conclusion, we can expect thorough and enlightened interest and understanding by only a few members of the medical profession—those who actually participate in the program of nursing education. These physicians will help us interpret our program, if it has been clearly interpreted to them.

It is our responsibility to develop our curriculum and the methods of teaching so that we can meet the ever-changing needs of society for nursing service, our responsibility to devise plans for, and to gain support for a sufficiency in nursing service, but more important still, to assure society of quality nursing. Then we will attain a favorable interest and understanding of our curriculum by physicians in general, who are essentially friends of nursing. "By their works shall ye know them."

Question IV. How can we interpret the nursing curriculum to heads of various hospital departments in which students receive experience?

A definite plan for meeting this problem should be carefully worked out by the school faculty. Perhaps this can best be accomplished by including every department head in an orientation meeting which could be launched by each departmental section group of the nursing faculty. Among the specific methods which might be used to interpret the curriculum to heads of various hospital departments are the following:

1. Much can be accomplished at regular departmental meetings to inform the group generally.

2. All department heads should be placed on the school's mailing list to receive the school paper, other releases that would interest them, and a "house organ" if there is one.

3. Heads of special departments in a hospital organization, such as the
dietary and outpatient departments, should belong to all school committees and help in forming policies which cover departmental area teaching. For example, a comprehensive examination for the clinical experience obtained in the dietary department should be just as carefully and completely worked out as an examination for any other service. This will be done only if all the special service personnel responsible for students are included in plans for the school.

4. One method of arousing interest is the review of the results of students' achievement in examinations, particularly the state board examinations. Members of the medical staff as well as the clinical teachers and supervisors are always eager to see what students have achieved in the field they help to teach. In one school, the analysis of the state board examination results are used for at least three faculty meetings after examinations. Several years ago the lowest grade was in surgical nursing. It was interesting to note how the operating room supervisor, surgical supervisor, clinical teachers, the orthopedic division, and the several physicians who gave lectures on surgery were all concerned about the results of the examination. A subcommittee was formed with members from the various departments relating to surgical nursing. Three meetings of this group were held, and the following month a plan was outlined for strengthening the student's knowledge of the entire surgical nursing program. Two of the medical staff, the operating room supervisor, the surgical supervisor, and one of the head nurses on surgery asked, when the reports of the next state board examinations were received, where the students stood in surgical nursing. In other words, when there is group participation, there is also a feeling of responsibility on the part of the group to help in the preparation of the nurse.

Question V. How can we interpret the curriculum of the school of nursing to participating agencies?

1. Arrange for regular staff meetings in which both agencies have representatives.

2. Send copies of course outlines and discuss objectives of the school with the directors of the agencies.

3. Discuss experience records sent from the agency as to how well it satisfies the general objectives of the school.

4. Invite members of the agency to meetings of the curriculum committee.

Question VI. How can we secure support and understanding of the curriculum and certain clinical experiences from supervisors and head nurses?

Supervisors and head nurses are key faculty members. They are in strategic positions either to promote or to disrupt the student program. There will be worth-while and far-reaching dividends for the nurse educator who recognizes the importance of these co-workers and makes her plans accordingly. Activities which will promote support and understanding are:
1. Give faculty status to head nurses and supervisors and show them that you recognize that they are important to the school.

2. Acquaint them with the objectives and aims of the curriculum and show them how they can assist in meeting the desired goal.

3. Promote participation in the planning through granting them membership on the curriculum committee and other faculty committees.

4. Encourage supervisors and head nurses to study and evaluate their own services. In this way they will know the contributions that might be made to the clinical experience of the students and will discover how they themselves may participate in teaching. They will also feel free to make concrete suggestions during the formative stages of the program.

5. Plan for the growth and development of the supervisor and head nurse through inservice education by giving them the opportunity to attend school on either a full- or part-time basis and by holding individual and group conferences at regular intervals.

6. Provide facilities for making written reports or minutes of committee meetings and discussion groups. These should be available to supervisors and head nurses.

7. Provide adequate personnel in order to have a reasonable work load. Otherwise administrative and teaching responsibilities are not evenly balanced.

8. Arouse the interest of head nurses in student education by encouraging them to audit doctors’ lectures occasionally, by promoting their contact with other head nurses either in or outside the home hospital, and by encouraging their attendance at League meetings and workshops.

9. Seek a better understanding between the teaching personnel in the classroom and on the ward. Make certain the problems of the supervisor and head nurse are understood by the person making class schedules and planning student rotation.

10. Encourage head nurse personnel to become acquainted with course outlines and plans for teaching the particular clinical area in which she is involved. Better still, give a copy to each head nurse.

11. Encourage supervisors and head nurses to plan the ward teaching program co-operatively. In this way each knows the content and teaching methods used and understands how she contributes to carrying it through effectively.

Good personnel policies and work relationships are essential for supervisors and head nurses. It is just as important for them to plan their time on and off duty in advance as it is for the general staff nurses. In order that they may do this, class schedules should be available two or three months ahead of time and meetings of committees, faculty, and other groups should be held at stated hours at regular intervals. Also, friendly avenues of inter-
communication within the faculty group will prove conducive to co-operative enterprise.

Question VII. Do staff nurses need an interpretation and understanding of the nursing curriculum?

It is necessary for staff nurses to have such an understanding for several reasons. In the first place, students ask them questions and they should be able to answer them in the light of the teaching program. Secondly, example is a strong teacher, and staff nurses who have had the curriculum objectives interpreted to them can co-operate more effectively in "setting an example" to student nurses. Lastly, staff nurses are the ones who interest young women in entering nursing so they should know enough about the curriculum to be able to interpret it to potential students.

This interpretation of the curriculum to staff nurses can be accomplished in the following ways:

1. Have regular staff nurse meetings.
2. Plan an inservice program.
3. Include a discussion of the school objectives and the curriculum in the orientation program of staff nurses.
4. Use all opportunities to discuss the school program in alumnae meetings and ask that study groups be planned about nursing education.

To bring about good relations between the staff nurse and the school,

1. Stress the use of the procedure manual and the fact that routine practice saves time for all.
2. Teach students the "why" of what they practice.
3. Use every opportunity to insist that the care of the patient is a job for the group to do together.

Question VIII. Do auxiliary workers such as nurse's aides or nurse's assistants in our hospitals need some interpretation of the nursing curriculum?

The first and possibly best answer to this question is that the Volunteer Nurse's Aide Program of the American Red Cross considered it essential that some interpretation of the nursing curriculum be given to their students. The work of the nurse's aide or nurse assistant is supplementary to the work of the professional nurse. It is impossible for her to understand her position in the over-all plan for nursing care unless she has some idea of the objectives of nursing education. She is a part of the organization of nursing care, therefore needs to know what responsibility in patient care the profession of nursing assumes and what part she is responsible for; why there are limitations to her activities and why there is a clearly defined area of work for which she can be held responsible.
In one hospital nurse’s aides are given brief preparation for their work and a specific outline of their duties. On each ward is a folder giving detailed information about the duties of the head nurse, assistant head nurses, afternoon and night charge nurses, general staff nurses, student nurses, volunteer nurse’s aides, paid nurse’s aides, maids on the nursing service, and orderlies. Each worker is given an outline of her duties and has the opportunity of reading the duties of other divisions of nursing service.

Both the volunteer nurse’s aides and the paid nurse’s aides can be of unusual service to nursing education from the standpoint of public relations because they occupy the unique position of working at the bedside of the patient with the graduate nurse and the student nurse and thus have the opportunity of seeing the nursing curriculum in action. They also actually help in the care of patients. This group should be a constant stimulus to the professional nurse. They depend upon her for leadership and they must look to her for example; also when they go home each night they are bound to carry favorable or unfavorable impressions of nursing service and nursing education. We need interpretation and understanding from the lay public for nursing service. Here is one of the best means of procuring it.

The volunteer nurse’s aide may in time become a valuable candidate for membership on the school of nursing committee, or she may decide she wants to enter the school of nursing. A young woman who is trying to find out if she is really interested in entering a nursing school sometimes accepts a position as a paid nurse’s aide in order to find out more about the actual situation in the hospital. Thus, the nurse’s aide can be of great help in the recruitment of student nurses.

**SYMPOSIUM**

**Wednesday, September 10, 1947—3:45-5:00 p.m.**

**PRACTICES IN SCHOOLS OF NURSING**

**Presiding:** Clara Queeréau, R.N., Secretary, Committee on the Administration of the Accrediting Program, National League of Nursing Education

**Speakers:**

Blanche Pfefferkorn, R.N., Director of Studies, National League of Nursing Education

Anna D. Wolf, R.N., Director, School of Nursing and Nursing Service, The Johns Hopkins Hospital, Baltimore, Md.

Miss Pfefferkorn, speaking on the subject “These Are Our Schools,” presented information similar to that contained in her report as Director of Studies. The reader is therefore referred to this report on pages 115-119.
STUDENTS ADMITTED TO PROFESSIONAL SCHOOLS SHOULD BE QUALIFIED FOR PROFESSIONAL WORK

ANNA D. WOLF, R.N.

The preceding meetings and topics discussed at those meetings bear upon this subject—particularly the discussions on public relations, recruitment, and graduate study.

Of special significance are the factors considered in the opportunities open to young women in occupations, as discussed by Miss Hocking, and the results of the recruitment program sponsored by the American Hospital Association in cooperation with the National Committee on Careers in Nursing, as described by Miss Carrington. These indicated the nationwide response to the call for the employment of young women for all occupations and especially for nursing. In the latter discussion, the question was raised as to whether or not certain qualifications relative to age required by states or schools were necessary and should be retained.

Specifically, that requirement has been met with considerable opposition in the recruitment of students to schools of nursing. A student graduating from high school must, generally speaking, spend some time in some other occupation before entering a nursing school, if the age of 18 for admission and the age of 21 for registration are retained. The factor of competition for bright, young, high school graduates becomes more pronounced.

The title of this particular discussion suggests that upon admission to a school of nursing, applicants should be potentially so qualified that they are capable of and interested in becoming professional women. They should be able to meet professional obligations through application to study which will result in personal development and self-expression as they participate in students' professional nursing assignments and, upon graduation, in professional nursing services.

The title suggests also that schools of nursing must offer to prospective students and to those admitted a professional educational program. This implies that the school obligates itself to a curriculum which will lay a solid foundation for graduate professional service. Upon such a basic professional program graduates should be qualified satisfactorily for any "first level" positions open to graduate nurses and should also be qualified to progress in professional services and to matriculate for advanced programs of study which may be required for their promotion to positions of greater professional responsibility.

In order to pursue a consideration of the subject, it is well to review briefly the elements or factors involved in a profession. Among many and various definitions offered, I choose those expressed by Dr. Abraham Flexner, as fully described in his address "Is Social Work a Profession?" presented before the National Conference of Charities and Correction thirty-two years ago (1915). He states that professions (1) involve essentially intellectual
operations accompanied by large individual responsibility; (2) are learned in nature, members of the group constantly resorting to laboratory or seminars for fresh supply of facts; (3) are not merely academic or theoretical but are practical in their aims; (4) possess a technique capable of communication through highly specialized educational discipline; (5) become self-organized with activities, duties and responsibilities, which completely engage their participants, a group consciousness developing thereby, and (6) have social and public interests in mind and are increasingly concerned with the achievement of social ends.

If nursing is interpreted as a profession in this sense even in small measure, the following questions concerning the selection of students for professional nursing may be asked. Do the appeals in the recruitment of students foster the admission of those who are motivated for such professional service? Are the appeals for scholarly applicants? Is nursing interpreted to prospective students and guidance officers as a profession in this sense? Is the course of study considered a scholarly pursuit? Are our schools offering or can they offer professional education which meets such a definition? Do our schools have true professional status in our educational system?

Each school in our country may establish within the limited requirements of the state in which it is located its own standards for selection of students and its own curriculum. A school may plan its own educational administrative policies which relate to the total program and responsibilities that that school assumes.

Our literature has emphasized the significance of wise and careful selection of students. The factors generally considered important have been educational achievement, intellectual capacity, age, health (emotional and mental as well as physical), personal character and individual characteristics. Although high school graduation has been required as the minimum educational qualification by all schools only within the last twenty years, the National League of Nursing Education has made pronouncements within the past ten years that the professional nursing curriculum should include two years of study of general education beyond high school or else be built upon that educational background.

The intellectual capacity of the student may be judged by a consideration of the achievement of the student in her class (whether she stood in the upper third or fifth in her group), or again by the use of special tests which may be given in school or in college or as pre-tests before admission to the school of nursing.

As Miss Pfefferkorn points out, the age of students has been steadily younger year after year. In the early days of the establishment of schools of nursing the ages of 22 to 25 were not infrequently required by our best schools. This was because of the opinion held by leaders in nursing that nursing was a serious responsibility requiring maturity and sound judgment based upon a broader social background than a more youthful individual
might possess. Even those schools have gradually changed their age require-
ments at admission to 20 and 18, and now during World War II to 17 years
of age. Why is this? Because we believe a 17-year-old girl of 1947 is as
mature as a 22-year-old girl in the 1910's and 1920's? Because of our em-
phasis upon high school graduation as a requirement and the danger inherent
in the loss of many 17-year-old graduates of high school if we require our
students to be older? Because the responsibilities of nursing have been less-
ened through the years, hence, nursing does not need older, more experienced
and better prepared applicants? Because we need many more applicants?
We could add many more questions to these. Probably an answer of "yes"
to the last question is the real reason.

The personal characteristics required of applicants for professional service
are well known and established. Sound health coupled with a deep sense of
integrity, sound judgment, and social acceptability are usually particularly
emphasized. The maturity of the student has always been stressed and thought
to be greater in relation to her age. Today many of us are inclined to say
age is not an index to maturity. Certainly life experiences are greater at each
year's end and should bear upon the development of the individual, all things
being equal. This does not mean that age alone is a safe index but it does
mean that age is another important index to consider in the selection of stu-
dents for professional service. These additional years should mean broader
educational and social disciplines through study or through occupation. I
am convinced there is considerable change in an adolescent between 17 and
20 and that it is shown in responses of the individual to professional obliga-
tions imposed upon her.

I raise the question whether to suggest and foster the idea of an interim
of student hospital-nursing between high school and marriage is in itself a
very commendable service to the public and is justifiable as a major recruit-
ment motive to the profession.

These adolescents of 17 in large part have an earnest desire, although
sometimes quite sentimental, to become professional nurses. However, we
should ask ourselves are they ready at that age to make such a decision and
with such limited social and educational experience to pursue professional
study, if we accept the definition of a profession as offered earlier? Are they
ready for the responsibilities required? Should our appeal to prospective ap-
licants for nursing schools be made to older girls and those with broader
preparation and/or experience? If we do admit these adolescent students
should we not provide a more comprehensive educational program for them?

The collegiate schools of nursing do this by the inclusion of cultural sub-
jects within their course of study, if the student is not enrolled with one or
two years of college work. These schools should appeal undoubtedly to a
more select group of students, who will feel they will receive a better educa-
tional program because the program is under a recognized educational system,
is more inclusive, and is accredited for an academic degree.
Hospital schools, on the other hand, plunge their young students immediately into a professional program and do not offer any general cultural subjects. Hospital schools must adjust their professional program of study to meet the needs of a younger, less experienced, and less qualified group of students than do collegiate schools.

Do we secure in these very young students girls who are earnest in their desire for a career, or is the hope and place of marriage so great that nursing as a profession becomes only a secondary reason for enrollment and will be only a temporary activity? Reference is made to a statement from the Richmond News Leader, Monday, August 25, 1947, entitled "Nurses and Matrimonial Sweepstakes." This article emphasizes the fact that a girl would do well to go into nursing because her chances of marriage are much better than in other fields. Such an inducement does not necessarily mean the development of a profession of nursing. One raises the question as to what factors in the recruitment of students should be emphasized? Are we justified in stressing preparation for marriage as a primary reason for such an educational discipline or the service the individual may give to the hospital for one, two or three years until the above is accomplished? Or should the major emphasis be upon professional service after graduation? We should face this matter squarely and recruit students accordingly.

Age as a factor is extremely important in our consideration of these questions. It is noted in studies that have been made that the less education a girl has, the greater her chances of marriage before the age of 25. It has been said that the girl with sixth grade education has three times the chance of marriage by her twenty-fifth birthday than has a college graduate. I do not know what the difference is for high school girls but undoubtedly there must be some difference. It has been said that 45 per cent of girl college graduates are unmarried at 30 years of age, 33 per cent at 35 years of age. As we reduce the age of admission to schools of nursing shall not a higher percentage drop out because of marriage earlier?

The argument that the student who graduates at 17 from high school is the most intelligent and precocious does not necessarily mean she will enter nursing. Isn't she more likely to enter college? Nor does it necessarily follow that she will be the most responsible and most mature student, emotionally and intellectually, nor does it answer the question as to whether she is ready for admission to a professional school which gives no further general or cultural education. It might even be asked if such a student should be encouraged to enter a professional school before she has further general cultural education. Would not the collegiate school of nursing offer her the best opportunity of study for future professional service?

The opportunities for the best students in high school to go to college are generally made known to them. If it is a question of whether a bright high school girl goes to college or to a school of nursing, I doubt very much that a nursing school would be selected unless it were a collegiate school or unless
the economic status of her family is quite low. In other words, I do not believe that, if schools generally speaking change their matriculation requirements to the age of 17, they will necessarily be admitting the brightest girls from high schools. Undoubtedly they can admit more students. Obviously the age factor of high school graduation bears a relation to the age the student began her schooling and not necessarily the brilliance of her mind, unless she has demonstrated this through an accelerated program of study and in relation to the achievement of her class.

The economic and social factors in this matter cannot be overlooked. If marriage comes early in a girl's life after graduation from nursing school her education will have cost her little, relatively speaking. If the graduate seeks a career in nursing, to advance will mean to return to college with 17-year-old girls to make up educational deficiencies unless she happens to be in a community where this type of adult education program is offered and she can study on a part-time basis. She may find the course she had in nursing not given much academic credit and that she is qualifying herself to become an instructor or supervisor or even an administrative officer and pursuing academic work for a Bachelor's degree five to ten years or even more after graduation from nursing school. Her promotion in professional service and her economic gain may be retarded as qualifications of nursing faculty membership and public health positions include academic preparation as a requirement. It is true that her economic status at that age may make it possible for her to study part- or full-time; however, her economic loss is greater in the long run. Her economic status at the age of 17 was undoubtedly considerably lower than at the age of 25 to 30 when she must drop out of her professional work to begin study which she should have had at the age of 17 and which should have been a part of or a basis for her professional educational work in accordance with present thinking.

It is recognized that study on a part-time basis may not require such a serious economic loss to the individual. On the other hand, part-time study is not available to all nurses and sooner or later full-time study is required for a Bachelor's degree in most institutions. It is my belief that the age of a student upon admission is, therefore, a very important element in relation to the maturity of the individual, upon the factor of marriage as an outcome of the course of study, upon the factor of future promotion in the profession and upon the factor of economics to the professional nurse.

We should ask ourselves, after we have selected students upon whatever basis is determined, are we really offering courses of professional character? Is the curriculum, its contents and emphasis, and its administration conducive to scholarly work? Is the instruction given on a level comparable to that in our colleges? Is it stimulating to the students? Does it excite them into further studies and research in the lines of greatest interest? Is the guidance within the school and after graduation such as would stimulate scholarship and research which are inherent elements of a profession?
In these matters we need to search ourselves deeply. We should ask ourselves, have we the right to recruit exceptional students, of whatever age and preparation, unless we can assure them of a professional program of study. A professional school should qualify students for scholarly work as well as for a practical service. Any professional school should be productive of some individuals capable of and interested in pursuing original work.

In closing, I wish to re-emphasize that in answering the question we have before us we should give consideration to a better qualified and more mature applicant for admission to our schools of nursing, and, if we do enroll such students, we should qualify them better for professional nursing through the administration of a strong curriculum in a progressive school.

GENERAL SESSION

Wednesday, September 10, 1947—8:15 p.m.

Presiding: RUTH SLEEPER, R.N., President, National League of Nursing Education

Speakers:

ELDON L. JOHNSON, Ph.D., Dean, College of Liberal Arts and Graduate School, University of Oregon, Eugene, Ore.

ESTHER LUCILE BROWN, Ph.D., Director of the Study of Schools of Nursing, National Nursing Council, New York, N. Y.

GENERAL EDUCATION AND THE PROFESSIONS

ELDON L. JOHNSON, Ph.D.

More than three centuries ago, Francis Bacon, a contemporary of Shakespeare, looked at higher education and complained: "Among so many great foundations of colleges in Europe, I find it strange that they are all dedicated to professions, and none left free to arts and sciences at large." It is hard to say whether Bacon was incomparably modern or we are still almost medieval. In any case, what he said three centuries ago remains a prolific source of endless debate between the liberal-arts advocates and the professional-school advocates. I suspect the persistence of the controversy indicates real merit on both sides and the continuing good sense of a happy combination of the two.

In every complex human activity there is a twofold division of human effort: the generalized and the specialized; the ends and the means; the theory and the practice; the over-all view and the specialized skill. In science we have the broad principles in pure science and the specific applications in technology. In military organization we have the directing general-staff and the operating line. In government we have policy-formation and policy-execution. This common dual arrangement has found its place, quite natu-
rally, in our pattern of higher education in the liberal arts and in the professions, the one with broad and even nebulous objectives and the other with explicit goals. The proper relation between these two is quite naturally a source of much discussion, even of controversy. Fundamental relationships of this kind give rise to never-ending dialectic, as indeed they should, because life must be lived in terms of where on the scale of values we strike a balance between such ever-present alternatives.

I can think of no better place to discuss this relationship than before an ancient and noble profession such as you represent. As a liberal arts dean I am profoundly interested in general education and as a graduate dean I am also greatly interested in professional training. I have no fixed formula for bringing about a perfect and enduring balance between the two, but I do have some observations I wish to make on the factors which must go into the making of such a balance. My remarks will be general, never at any time attempting to prescribe a curriculum for your or any other profession. Because of ignorance of your special and peculiar problems in nursing education (although I am trying to learn about them as rapidly as possible) I must draw my illustrations from the professions in general and let you make such application to your profession as you find possible.

Contrary to much popular opinion, professional education is as old as our universities—in many cases a great deal older. Bologna of the twelfth and thirteenth centuries was preparing lawyers. Salerno, Cordoba, and Montpelier were training in medicine. Emperor Frederick II founded the University of Naples in 1224 to train his administrators. Paris, Oxford, and all the other universities of the Middle Ages were educating for the clergy, as were Harvard, Yale, and Princeton in our own early history.

Professional education has an ancient and worthy tradition, but I think it can be properly admired for better reasons. Complicated life such as we live today, based on science and technology and the minute division of labor, simply could not go on without heavy dependence on the professions and professional education. The vocations founded on prolonged and specialized training in the performance of some specific service are as essential to us as common labor, the “hewers of wood and the drawers of water,” were to ancient times. It is quite significant that the concept of “profession” as we know it and the very word itself emerged out of medieval times, with the rise of trade and cities, and with the rebirth of learning. Man’s development since then cannot be fairly traced without generous credit to the rising use of these valuable divisions of human labor. The advantages of specialization which are so obvious to us today were also apparent as long ago as the age of Plato, who defined justice as everyone’s doing that for which he is best fitted. Plato also believed in the fullest education to develop such fitness. But we have now carried this obvious advantage—this means of exacting maximum skill from everyone for the common good—so far that one is justified in asking whether we are not in danger of having nothing but a congeries of dis-
sociated specializations, with no solid base, no common ground, no unifying thread. I trust we can readily agree that specialized education, whatever its merit, has gone too far when it crowds general education out entirely or reduces it to ineffectuality. When that occurs I for one want to join Francis Bacon in raising grave doubts about the wisdom of the trend of events.

The world is plagued today with discord and divisive interests. Its conscious forces are centrifugal; its awareness is of differences, not of similarities. Ideologies rend the "one world." National sovereignties negate world unity. Racial prejudices supersede human equality. Pressure groups subvert rational government. Local interests thwart the national will. Economic gradations obscure the common man. Educational specialization cuts the whole man into disparate interests as if he consisted of interchangeable parts so familiar to mass production. The babble of professional vocabularies has deprived us of a common language. The myopia of professionalism, too busy to take time to study the past, can deprive us even of our common heritage.

Again this world-wide disunity is finding its counterpart in American higher education, in the trend, at least in years past, toward dismantling the liberal arts college and scattering its parts among the professional schools. In a world of discord and disintegration, the liberal arts college is one of the few remaining centers of unity and cohesion, the special task of which is to see man and life whole. To permit its being torn asunder is to hasten the disintegration that we agree we wish to avoid. We have enough ways of seeing man as this, that, or the other interest. We have precious few ways of seeing him as a composite that transcends all these specialities. We take elaborate pains to train him or her as a doctor, lawyer, nurse, chemist, or engineer but we give less attention to training him as a man and as a unit of society. We often lose sight of the fact that even in earning a living, one does so as a whole being and as a man among men, or as an organism and as an associated being. Man truly does not live by bread alone. In addition to being a worker or professional man, he is a father, a husband, a neighbor, a citizen. What the world needs today, as always, is not better architects, lawyers, engineers, or physicists, but better men and women. Education must reckon with that fact.

The danger of overspecialization in education, developing the skills and neglecting the man, is implicit in problems we face every day. In education, for example, knowledge of pedagogy alone does not make a great teacher. Nor does knowledge of Shakespeare, or economics, or nursing. It takes something more, something which has so many intricate facets that we can only safely say that a class is no better than the person who teaches it. We have the same problem in government and business, both of which are increasingly bringing together great aggregations of power calling for tremendous interpretation, choice, and judgment by public servants and private managers. What are the safeguards for the citizen's liberties and property under such a system? There are legal safeguards, to be sure, and access to the courts, but that is only a last desperate resort. Day-to-day protection rests very heavily
on the quality of the person who exercises such extensive judgment. We are thus placed increasingly at the mercy of what John Stuart Mill calls "ordinary men." It behooves education, therefore, to broaden the horizons of even the ordinary man.

Tolstoy's *War and Peace* also graphically portrays the supreme importance of the throbbing, functioning, whole individual even under the regimen of a vast army and a military specialist such as Napoleon. At Austerlitz and at Borodino the highly touted genius of the military strategist failed, Tolstoy shows, because orders were predicated on false assumptions, or prior events which never occurred, or information out of date when received, or firing power overestimated, or dozens of other assumed eventualities. The supreme importance of man was overlooked, the supreme importance of the feelings, values, and spirit of the common soldier, who determined the outcome in the final analysis. The emphasis, Tolstoy would say, is on men, not on specialties.

If I seem to burden you with emphasis on humanism, on the whole man, and on the general rather than the specialized view, I do so because that is the core of general education. To the extent that the world needs this emphasis, it needs general education along with training for the professions. To put it tritely, it needs education for life as well as education for livelihood. Permit me to illustrate the relation between general education and professional training by reference to science and public service.

No one can hope to embark on a scientific career nowadays without prolonged and meticulous preparation of a professional nature. In many cases he must take a long list of prescribed courses, or a prescribed curriculum, determined in the final analysis by the national organization of members of that profession. The reasons for this pronounced trend in nearly all professions are numerous. Human knowledge has been extended so that more courses are needed to encompass it. Defects observed in graduates lead to new and supposedly remedial courses. Standards need to be raised. Supply needs to be controlled. And then, I suspect, professionalization sometimes simply succumbs to the human desire to monopolize wherever possible. At any rate, a student aspiring to be a chemist, a physicist, a doctor, or a nurse must specialize greatly, with a definite vocational goal in mind. He simply must have more and more knowledge of science. But we have the recent statement from the president of Harvard, himself a chemist, that knowledge of science is by no means the same as understanding of science. That is a significant statement. President Conant is saying that straight "training in science," as we call it, is not enough. Straight professionalization is not enough. He is making, in part, the same criticism as that made by Professor Jacques Barzun of Columbia, who has written of the "Ivory Lab"—that isolated, complacently detached, other-worldly spot, the Ivory Lab, which can engulf the scientist as completely as the Ivory Tower can engulf the humanist or the social scientist.

These critics are saying that science doesn't exist in a vacuum. It is related
to all other kinds of human activity. It has vital connections and interrelationships with society and its destiny. These are, of course, matters of special concern in general education. The best scientific education, therefore, needs a strong general-education base or it is unorientated, aimless, and devoid of human values. A scientist who is not conversant or in harmony with essential human values may actually be a menace to humanity. Witness those Nazi scientists who made the concentration camps their macabre laboratories. And in our own experience, paradoxically enough, it is the perfection of the most inhumane weapon which has thrown the scientists headlong into the arms of the humanists. What we could see only dimly before, the atomic bomb has made crystal-clear: science has social implications and social obligations. The scientist must understand what he is doing, not merely keep doing it in contempt of the consequences. The atomic bomb has made science aware, as never before in its history, of man in a social and humanistic sense. We are now witnessing the cheering spectacle of Einstein, Urey, Szilard, Fermi, the Comptons, Oppenheimer, and others of scientific distinction pleading the cause of society and of man’s salvation from the perverted use of his own ingenuity, with more fervor than those professionally trained in the social sciences and humanities. It is, I repeat, a cheering and hopeful sign. We should pray that their entreaties will be heeded.

An obvious by-product of this humanistic awakening of science would seem to be a better understanding between general education and professional training. Each must surely see the merit of the other and recognize the limitations of itself—recognize that each is supplementary to the other. If the world needs the science of atomic-bomb production, it also needs the statesmanship of atomic-bomb control. It would be the apotheosis of folly for man so to dehumanize science that it destroys man himself. What kind of education permits such insanity?

To illustrate further the problem of balancing general education and professional training, let me refer to an area in which I have had considerable personal experience—public administration. In Andrew Jackson’s time it was assumed that working for the government was so simple that any well-intentioned person could do a creditable job. No special training was necessary. We have moved in a century from that position to the present one in which we are assiduously training young men and women for the public service, for the foreign service, for personnel work, for junior administrative assistants, and so on. We have several schools especially devoted to that kind of training and fixed curricula are beginning to emerge, the unmistakable earmarks of a profession. Twenty years ago it would have been a rare university that had more than one course dealing with public administration—the art of administering the public’s business—although we had plenty on how to administer private business. But from this one general course have grown the elaborate curricula and the special schools of today. There was a new course in public personnel administration, then one in public budgeting, then in
public purchasing, then in public relations, then in public accounting, then in public planning, then in procedural analysis. Then we start over again. It was not enough that public personnel administration be split off from plain "public administration." Public personnel administration was in turn split into position classification, personnel relations, safety, employee welfare and health, pay problems, employment and placement, counseling, and training. Then we may start over again with a particular course such as the last-named, "training," and begin splitting it into courses in on-the-job training, supervisory training, secretarial training, and even the training of trainers. I suppose the logical evolution is not only a course in how to run applicant blanks through the typewriter, but perhaps how to do so specifically with the application of John Doe. Happily, we have not yet reached that state. I have painted an exaggerated picture, but the trend is unmistakably there—the customary trend toward overspecialization or specialization to the exclusion of all else. You can readily see that one could soon get a professional-school curriculum out of such an approach which might turn out skilled technicians in public service, but they would inevitably be the captives of their own specialization. They would know little of the public institutions of which they must be a part, little of the economy upon which their every action impinges, little of the philosophy on which government is based, little of the relation of their work to the citizen and the nation. They would have knowledge but not understanding.

I am sure you agree that you don't want to be governed by dehumanized robots. Government is a human institution, for human benefit. It needs humane administration. It cries out for broader men and women who are more understanding, more conscious socially, more analytical, more aware of vital relationships, and more capable of intelligent generalization. Such qualities should lie at the base of specialized training. They are the special products of general education. Personally, I prefer that my public servants be more understanding than efficient. There was a certain sort of hideous efficiency even about the Nazis! I therefore regret and resist any professional-training program in public administration which seriously reduces general education in order that the young man or woman may learn in college what he or she could better learn on the job after employed.

The professions are merely the branches of the main tree. They are essentially private in character, designed to perform specialized services and to earn a livelihood for the individual. All these professions are merged and subsumed in the trunk of the tree—in society itself, or in what we sometimes call "the public." It is this public aspect, this common denominator, this general meeting ground, which we cannot afford to neglect. It is again the justification for general education as a firm foundation for professional training. Regardless of profession, everyone is a citizen, a member of society. That is fundamentally more important than his profession because that is the common ground on which he meets all other people and on which he
and all others must work out their common problems. The point I wish to make here is clarified if we examine the essential goals of public-supported education, both at the secondary and college level. Why public education? Obviously the public expects to get something in return for its support. It expects public benefit. It expects better citizenship, more intelligent participation in public affairs, more effective democracy. Every man and woman is involved. Public support, which is generalized, cutting across all kinds of professions, calls for general education, cutting across the training for all kinds of professions, to become a significant part of all publicly supported education.

My plea is that when young men and women go to our schools of education to become teachers, they have something to teach; when they go to our schools of journalism, they have something to write about and to appraise events with; when they go to our schools of business administration, they understand the public and social setting in which private business operates; when they go to our schools or departments of scientific specialization, they understand not only the impact of science upon the atom but also upon man; when they go to our schools of nursing, they understand more about life than anatomy.

We need a balance between general education and training for the professions. The tendency toward fragmentation in education has gone too far already in many areas. Specialization stands for the diversity of man's interests. Overemphasis on any one interest distorts man himself. We need education in unity as well as in diversity. If we cannot get away from thinking in terms of specialities, then we need somewhere to specialize in man as a total, integrated, functioning being—as the composite of his diverse interests, as the indivisible entity which cannot be dissected by excessive specialization without the bleeding away of that which distinguished him from other animals, from a robot, or from a cadaver. We may be quite unlike in our professions but we are quite alike in our humanity and our membership in society.

It is for such reasons that I believe every kind of professional training should be well grounded in general education. By that I do not mean that the first two years of college must be reserved to general education and all specialization deferred until the junior year, for example. The same ends may be served by having general education and professional education overlap and run parallel, with more emphasis on the general at the beginning and more on the professional at the end. Every student, regardless of his special interests, needs to have a synoptic view, a chance to see the parts and the whole, a knowledge of relationships. He needs to know the heritage of the past, but let me hasten to add the often-neglected corollary: he also needs to know present-day problems and issues that will inevitably project themselves into the future. In other words, the traditional classical education, or a repetition of the studies which were considered liberal arts in the Renaissance, is hardly enough. He needs to have an opportunity to develop values
and ideals which alone can give society direction. He needs to master the art of communication because that alone can bring him out of himself and into full participation in society. The "community" must obviously rely on communication. He must become aware of the physical environment in which he must live. He must develop a public awareness as a counterweight to his private interest.

Through what courses may such education best proceed? As I stated at the outset, I shall not attempt to prescribe a curriculum. Clearly, there must be an admixture of the humanities, the sciences, and the social sciences. But the particular course is not as important, in some ways, as the method used. For example, as President Conant inferred, science can be taught for mere knowledge or for understanding, for mere manipulation or for perception of its human consequences and interrelationships. A classical language may be the means of dealing with form, style, and grammar or it may be the medium through which another civilization is understood. Most courses, unless strictly vocational, can be humanized, and they should be for general education. Some courses have the advantage, however, because they are inherently humanistic. Someone has defined the humanities as those subjects which no amount of inhumane instruction can completely dehumanize. But the student does need to explore and cogitate upon the nature of man; and no one is really educated unless he has, as Justice Holmes suggested, questioned his own first principles. He is not educated, regardless of his station in life or his professional standing, unless he feels compassion when he sees need, feels remorse when injury is caused, feels elation when beauty is seen, and feels indignation when injustice is done. Man is a social being. Therefore, he must be prepared to meet his obligations as a citizen or associated being. Man is also an individual. Therefore he must be prepared to live with himself without boring himself. He must so develop, as someone has suggested, that when he calls on himself, he finds someone at home. It matters little what specific courses he takes if these ends are served. Given agreement on the broad objectives, the selection of adequate courses can be trusted to follow. There is no magic in courses as such; it is how they are directed that counts.

The fabulous strides which have characterized western civilization in recent centuries have been made possible by the development of skills, the perfection of specialization, and the contribution of the professions. Professional training has helped carry us forward with great strides. It will do so in the future. Its contributions I need not eulogize before an audience such as this. Just think for a moment, who would want the medical or nursing service which the eighteenth century could supply? Who would want the legal advice which an attorney picked up "reading law" in an uncle's office? Who would want to try to carry on our machine-civilization without carefully trained engineers of all kinds? Obviously, we cannot face the present or the future without unprecedentedly heavy reliance on the professions.
But we cannot go forward without direction. That requires leadership; and leadership requires perspective, breadth, and ability to see objectives. In spite of the titanic advances we have made through specialization, which has permitted us to reach pinnacle after pinnacle, we seem not sufficiently to have lifted the common base. Spiritual vitality is lagging. It is a profoundly disturbing thought that, technically and professionally, Nazi Germany was well-educated, yet she was capable, internally and externally, of barbarities that revolt a civilized mind. Something profoundly significant was lacking. I don't think we know precisely what it was but we do know that, whatever the causes, human values were sacrificed to the machine-like efficiency needed to attain strictly national, and hence antisocial, ends.

With physical science, we know how to terminate life on a terrifying scale. With medical science, we know how to prolong life and assuage its pains. With technology, we know how to enrich life in a material sense. We have colossal forces at our command—for good or evil, as we choose. We need techniques for improving services and for earning better livelihoods, but we also need better understanding for survival and for associated living. Our specialities and our professions operate within a prescribed frame of reference, within a certain social context, within a societal pattern of which they are but minor parts. It seems fitting, therefore, that we strive to balance both aspects, the general and the specific. That is the task before us in working out the relation between general education and training for the professions. We still face the problem stated by Francis Bacon more than three hundred years ago. It will never be solved permanently. It must be re-solved for every generation. For our generation, which may quickly be praying for mere survival, anything other than a practical, short-run view will be extraordinarily hard to take. Yet the cause of this plight, the discovery of methods of making atomic bombs, itself forcefully illustrated that what may seem to be the most theoretical or most impractical view is often in the long run the most practical of all. Life consists of striking balances between extremes; and so it must be with general education and specialized education. Our standard for striking the balance must be found in an atomic age which boasts of its industrial "know-how" but most conspicuously exhibits its social and political "don't-know-how." Education must help to bring the one in line with the other.

PROFESSIONAL EDUCATION FOR THE NURSING OF THE FUTURE
A PROGRESS REPORT ON THE STUDY OF SCHOOLS OF NURSING

ESTHER LUCILE BROWN, PH.D.

Several months ago the National Nursing Council asked the writer if she would direct preparation of a report on who should organize, control, administer, and finance professional schools of nursing. Because of the extreme importance of this subject to the social welfare of our nation, the Carnegie Corporation—acting upon the farsighted advice of Dr. Oliver C. Carmichael,
administrative head of the Carnegie Foundation for the Advancement of Teaching—made generous financial provision for the preparation of the report. The Russell Sage Foundation granted the writer leave of absence to direct preparation of the report, and has subsequently expressed interest in publishing the manuscript.

When completed, the report will represent the co-operative effort of many persons: the members of the workshop who met last spring in New York under the able leadership of Lawrence Frank to consider the future nature of nursing; the Professional Advisory Committee, with its dynamic chairman, Pearl Mclver, that makes available to the director experienced opinion concerning needed educational developments; the Lay Advisory Committee, composed of thoughtful and interested members of the public, whose points of view the director will seek upon her return to New York in October. In a less formal manner the report will reflect the philosophy and experience of the imaginative Division of Nursing of the U. S. Public Health Service; of the directors and faculty of representative, forward-looking schools of nursing in various parts of the nation; of informed and understanding physicians, dentists, public health officials, and hospital administrators whom the director had the good fortune to encounter in various cities in her travels; of numerous organizations, such as the American Council on Education, and of scores of individuals who have expressed profound interest in the undertaking.

Above all, the report will reflect the great skill and devotion of Marjorie B. Davis, executive secretary of the National Nursing Council, in handling the innumerable administrative aspects of this undertaking.

Lest anyone question why the several national associations in nursing that have striven valiantly over the years to raise standards of nursing education and practice have not been consulted more extensively as yet, the director would like to offer the following explanation. The "shortage of nurses," as everyone recognizes, has produced a state of great emotional tension among those who are unable to procure nurses when needed. Although this "shortage" has many social and economic causes, of which one of the most important is the present large effective demand for nursing services, there is a considerable tendency on the part of those most directly affected by the "shortage" to blame the nursing associations for the current situation.

Because objective consideration of nursing is particularly difficult but also particularly important at this moment, the director wishes to give the public every reasonable assurance that serious effort has been made to view nursing service and education in terms of what is best for society—not what is best for the profession of nursing as a possibly "vested interest." Hence she suggested early to the National Nursing Council that should she find the larger interests of the public in conflict with the interests of nursing at any point, she would be obliged to represent the public welfare. The Council willingly accepted this decision because, as it said, nursing will benefit over the years in direct proportion to its ability to serve the public welfare. Attention must
be centered on the community at large and its needs, agreed the Council, not on nurses.

In order, therefore, to avoid any possible criticism that she had unconsciously let herself be conditioned in behalf of nurses rather than of society through extended conferences with the professional associations centered in New York—and, equally, to acquaint herself better with the goals of nursing and nursing education throughout this sprawling nation which represents our community at large—the director concluded that she should early make as extended a field trip as time permitted to various parts of the United States. She should attempt to look at nursing and nursing education *in action* in a score of different geographic situations; she should listen to current plans for the extension of health services in those areas, and examine the relationship between local plans and broad general trends for extension of health services. Finally, she should try to draw whatever conclusions possible about the implications of the plans and the trends in health care for the future of nursing education.

The pages which follow are a condensed record of some of the conclusions reached, at least tentatively, after the completion of the first half of the field trip. It must be remembered that the director has had the additional benefit of the fertile thinking of the workshop, of the Professional Advisory Committee which met with her for three entire days in July and of many reports, data, and statistics made available to her by the Division of Nursing of the U. S. Public Health Service. During the last decade, moreover, a large proportion of her time has been devoted to an examination of the adequacy or inadequacy of the service rendered society by physicians, nurses, dentists, and social workers. Without such orientation, this field trip would have been merely a learning experience on the most elementary level.

*Relation of Nursing Service to Nursing Education*

Thus far several references have been made to nursing and health services. The writer has not forgotten that her mandate for directing preparation of a report relates exclusively to professional nursing education. In order to consider who should operate schools of nursing on the professional level, however, the writer felt that she must first have as definite a concept as possible of the direction in which nursing and health services are likely to move in the second half of this century. With such a concept in mind, it would then be possible to consider the kind of professional education needed to prepare nurses for practice within those services. Not until these two steps had been taken could one realistically discuss in whose hands responsibility for professional education should be reposed.

*Nursing Service in the Second Half of the Twentieth Century*

Blueprints already drawn for hospital construction indicate that hospitals—on a scale previously unknown to the United States—will have to be staffed
with an almost staggering number of personnel of all specialized kinds. Research in the medical, physical, and biological sciences, furthermore, is daily adding to the new techniques and equipment necessary for the diagnosis and treatment of disease.

These facts alone have at least two distinct implications for professional nursing. First, the administrative and supervisory functions of nursing service are almost certain to be greatly increased. If still more hospitals than currently exist are to operate efficiently, many nurses must be provided with adequate professional preparation, adequate recognition, and adequate assistants to carry the heavy responsibility involved in the administration and supervision of nursing care that can never cease for as much as one Sunday or holiday. Everyone connected with the operation of hospitals will have to learn that there can be no short cuts to, or economy in, good administration and supervision, and that without good administration and supervision, there can be no superior hospital care of patients.

Second, the increased number of hospital beds and the probably still more exacting and complicated methods of diagnosis and treatment of the future will make larger demands upon staff and head nurses acting in the role of physicians' assistants. Interestingly enough, many doctors still seem to think they would be satisfied if only enough good old-fashioned bedside nurses were provided them. They forget the extent to which they have handed over to the nurse in the last two decades nearly a score of complicated techniques—according to a count made for Dr. W. T. Sanger, president of the Medical College of Virginia—and have called upon her to assist them with another score of new and difficult procedures which modern medicine has developed. This trend toward delegating more and more responsibility to nurses is almost inevitable, unless the medical profession is to be increased many fold or some other type of assistant personnel is to appear. In addition, professional nurses will have to carry the responsibility for, and much of the actual nursing care of, acutely ill patients.

But other changes besides enlarged numbers of hospitals are on the horizon. In recent years important segments of the public have learned the value of medical care and are demanding that more of it be provided them. The success of hospital insurance plans has pointed to the sound use of the insurance principle as a way of meeting surgical, medical, and nursing bills. Group medical practice is developing, although slowly, to provide efficient, co-ordinated care, particularly to groups of persons who are subscribers to a medical or health care program. Simultaneously, public health services are being increasingly developed.

As health insurance, group practice, and public health services expand, emphasis will be increasingly shifted, the writer believes, from sickness to health; from therapy to prevention. Indications are everywhere apparent that the medical, dental, nursing, and social work professions, assisted by the scientists, are rapidly coming to realize that attention must be focused more
sharply on the prevention of disease and of bad social and living conditions that provide the seed bed for many diseases. Through its increased education in health matters, moreover, the public may be near to insisting that the various professions engaged in therapy demonstrate equal ability to keep people well. Those who struggle with the fiscal problems of our counties, cities, and states, furthermore, want a new approach tried. The ever-increasing financial burden of the institutional care of the ill, particularly of the mentally ill, is beginning to limit sharply public and private funds available for positive living, such as schools, playgrounds, public housing, libraries, museums, and music. At the same time this institutional care appears to do relatively little to improve the basic health of the nation.

Should emphasis move appreciably from therapy to prevention in the years immediately ahead, even the function of the hospital would be altered. It would be vested with greater responsibility, not only for curative treatment, but also for preventing the recurrence of disease wherever possible and for teaching positive health. For its intramural function, the hospital would have to be staffed with a personnel equipped to view the patient, far more than now, as a total person—a person who would be found frequently to need either reconditioning to his environment or who would need to have his environment reconditioned to him. Knowledge currently available about the role of insecurity, fear, frustration, and hate as causes or concomitants of physical sickness would have to be translated into therapeutic practice.

It is probable, moreover, that the hospital would be vested with important extramural functions. Much current planning indicates that it would become a unit in a co-ordinated system of health facilities. Were it a teaching and research hospital, it might be expected to provide consultative, instructional, and highly technical services for a certain number of community hospitals and health units within its integrated sphere. The smaller community hospitals, and the local health units to be situated generally on the outer periphery of the designated area are being increasingly conceived of as places for the private diagnosis and treatment of disease, for the centralization of public health functions, and for the specialized training of medical and nursing students in community needs and rural health practice under the supervision of the teaching institution.

In several blueprints for co-ordinated health care now being made, we see the hospital emerging as more truly a health center; we see the artificial line of demarcation between private practice and public health more faintly etched; we see differentiation lessened between the quantity and quality of health care available to urban and rural areas. Above all, we see greater concentration of attention upon the community and normal individuals (well persons), less upon the institutional study by specialists of interesting pathological conditions.

These potential developments have been set down at considerable length because of their profound implications for nursing. Functions with which
the nurse is acquainted through the outpatient departments of hospitals and through public health nursing agencies will unquestionably be much expanded. But new patterns will have to be found by the health and social work professions for integrating the services of many now autonomous agencies, and for redirecting interest and funds into co-ordinated programs for health.

In the formulation of new patterns, nurses may be expected to participate in two ways. Because of the considerable knowledge of the community, community attitudes and resources that public health nurses have gained, their voices are likely to be as important at the conference table where new plans are being formulated as are public health nurses at present who sit on official or unofficial boards or committees for the extension of the more traditional public health services. At the conference table they will function as members of a planning team, together with specialists from the other health professions. In addition, nurses will have to assume a perhaps larger and more active role in the planning of those portions of programs that most closely relate to nursing.

After plans have been made and operations begun, nurses will supposedly administer and supervise the nursing services and act as assistants to physicians. However, health teaching—both of individuals and of groups—will be one of the most dominant necessities in health conservation. It is at this very point that the nurse may establish her greatest usefulness, or she may lose her largest opportunity. Physicians, dentists, and scientific and technical personnel are not likely to provide an effective challenge. Even though they might wish to cultivate this function, their numbers could not be increased with sufficient rapidity. The profession of social work seems to have plotted out an area of interest to itself and of profit to society in which other techniques than teaching are uppermost. On the other hand, the health teacher is a serious competitor. Her initial advantage of trained skill in the art of teaching is causing certain agencies to make extensive provision for her use. It is high time, the writer assumes, for the profession of nursing to decide whether it wishes to have and maintain supremacy in health teaching—a field of almost limitless potentialities for increasing the public welfare.

Whatever its decision concerning this point, the functions of the professional nurse of the future are likely to be so numerous and so important that no energy can be wasted, as energy has been prodigiously wasted in the past and is still wasted to a lesser degree, in the doing of routine and repetitive tasks that can be performed satisfactorily by trained attendants or trained practical nurses. The Professional Advisory Committee agrees with the director that for the bedside care of the chronically or subacutely ill and of the convalescent, the practical nurse with a high school education and a year of sound training in nursing techniques and in understanding human personality can well replace the graduate nurse. She can also carry a large part of the nursing care of the acutely ill, if she works as a member of a team under
the supervision of the professional nurse. Similarly the trained attendant can assume many useful, although more sharply prescribed, functions.

Not until graduate nurses are freed from a large part of the burdensome load of providing bedside nursing care “around the clock,” can they turn their attention to some of the broader needs of society for their services. Then, and only then, will they function in any considerable numbers as professional, rather than vocational, persons.

Type of Education Needed to Produce the Professional Nurse of the Future

For specialized nursing of the acutely ill and serving as the physician’s assistant; for supervision and administration of institutional nursing service; for planning, administration, and supervision of community health services; for the teaching of health to groups and to individuals; for administrative, teaching, research and writing positions within schools of nursing and professional associations—for such functions, that the writer considers the appropriate functions of the professional nurse, no high school background is sufficient on which to build, and no form of professional education which contains elements of apprenticeship training is adequate.

All of the above tasks require a very considerable knowledge of the physical, biological, and particularly the social sciences, a careful acquaintanceship with the English language as a tool for communication, and some comprehension of how to utilize intellectual concepts. All of these tasks, furthermore, require judgment and initiative; ability to assume initial, continuing, and final responsibility; skill in determining facts from which conclusions can be deduced; aptitude in planning and especially in interpretation; training in how to work co-operatively, rather than hierarchically, with other persons.

These are attainments that are the symbol of, and the justification for, professionalism. They are acquired only with time that permits growth, and with careful planning for the development of the individual student. Provision for emotional as well as physical maturity and for education that is broad and imaginative in scope rather than narrowly technical are absolute prerequisites. Technical skill is, of course, a necessity for successful performance. The writer does not wish to do more than mention it here, however, for the very reason that the major attention of schools of nursing has always been centered upon it, and also because technical proficiency can supposedly be acquired rather quickly and easily, providing the student has sufficient motivation for wishing to learn.

In Education for Responsible Living, Dr. Wallace Brett Donham has set down certain observations that are particularly pertinent to this discussion. Long ago he concluded that business was extremely efficient in a narrow, specialized way, but that in its relation to the community, to personnel questions, and to the larger issues of life, it was generally inept and backward.
Hence he decided as dean of the Harvard Graduate School of Business Administration that he would attempt to focus attention on how business men might better meet the important problems of community leadership and of their relations with other persons.

The primary objective of the School, therefore, became not so much the training of specialists as the developing of "the student's capacity to examine as many of the constantly changing facts and forces surrounding administrative situations in business as he can bring effectively into his thinking, and to use these facts imaginatively in determining current policies and action. This capacity is an essential condition to socially sound performance of the administrator's most important functions. . . . Breadth of background and the capacity to integrate many viewpoints at the point of action are both to administrators and to citizens as such, more important than specialization."

If nursing educators agree with Dr. Donham's belief in the value of breadth of background and ability to integrate many viewpoints, it would seem obvious that prospective professional nurses must have at least two years of the intellectual and emotional maturing process which the college is best able to give, and that the subsequent clinical training must continue that process to the fullest. The handful of hospital schools of nursing which are most fortunate in their finances, their relative independence, and their ability to emphasize educational growth are doing much to approach this goal. Even they have grave doubts, however, about keeping their eyes always fixed on education rather than on a contribution to the nursing service of the hospital.

If a true profession is to be created, emphasis must be continuously centered on the student's development. The years for productive service are those after the basic professional education has been completed. So long as the aims of education and the aims of practice continue to be confused, it is the director's opinion that we shall be unable to produce persons capable of contributing anything like their maximum potentialities to the public welfare. If we succeed in producing a true professional nurse, rather than a vocationally trained person, her competency will probably be so much larger than is that of the average nurse of today that we shall wonder how we could ever have afforded to squander human energy and talent by requiring that the student provide a considerable part of the nursing care of the hospital.

At such time as professional education becomes the indivisible goal of the school of nursing, those responsible for planning and administering that education will have to have freedom to contract with whatever hospitals, health units, or other community agencies are needed for the clinical training of students. Should, for example, experience in a hospital with large clinical facilities and excellent medical and nursing practices and also in a rural health unit be found requisite to produce the kind of nurse who will move in the vanguard of ongoing health services, that fact must be recognized. Similarly, it must be recognized that for such a period as the student is within a given institution, she is there exclusively for her educational growth and
emotional development, and not for any immediate benefit in service that may accrue to the institution. The social justification for her being in the institution as a student learner rather than an immature practitioner is that the public needs a body of mature professional nurses, just as it needs a body of professional physicians.

The establishment of a nursing curriculum, however, that combines two years of academic study with some twenty-four to thirty months of clinical training will not, in and of itself, result in the graduation of nurses whose professional development is well begun. Some schools of nursing that are now eagerly seeking college or university "connections," or have recently achieved them, are perhaps too optimistic about what such "connections" will achieve, unless much further planning is done. So short are two academic years that they must be used to the best possible advantage. In some schools visited, which had been under the control of a degree-conferring university for a decade, little seemed to have been accomplished to guarantee that the academic period be as fruitful as possible, and no attempt had been made to integrate the work of the academic and the clinical years. Frequently planning had not extended beyond recommending or requiring that certain specified subjects be studied during the college period.

A considerable range of subjects was suggested in the annual bulletins. Although many schools emphasized the biological and physical sciences, others suggested that time should be spent largely on "cultural" subjects. Thus the sciences would be left to the preclinical period within the school of nursing which is most frequently of six months' duration. An occasional school recommended, for unspecified reasons, that mathematics or philosophy should be studied. Many emphasized sociology and psychology without noting that, within those large fields of specialization, some of the subject matter is of incomparable importance for nursing and some is very unimportant. Frequently no clear differentiation had been reached between what subject matter was appropriate for the academic years and what for the preclinical months. In general, however, there was a tendency to stress the desirability of a rich, varied program during the college period.

Curriculum planning is an exceedingly difficult task, and the more it departs from emphasis upon technical subjects closely related to practice, the more difficult it becomes. There are, fortunately, some specialists in education and some individual professors who have struggled with selecting appropriate content from the various sciences and social sciences for the education of particular pre-professional groups, to whom one can turn for help. The writer speaks with little authority about detailed matters of curriculum, but she assumes that a course of study can be evolved which is at once of real potential value for professional practice and is profoundly "cultural" in its connotation.

In addition to making a better allocation of subject matter and time within the college and the preclinical period, we must use clinical years for
broad intellectual growth in a way scarcely known at present. Nothing in nursing education is so profoundly disturbing to the director as the degree to which the clinical student is isolated from developing trends in health and social services and from intellectual stimulation in general. Since the war several medical schools have devised plans for the extension of medical and health services that are of the utmost significance both to the particular communities and to nursing. Schools of nursing in the same universities appear to have done little to learn about and discuss these plans. Neither do students generally seem to be informed about the programs of the U. S. Public Health Service, the Children's Bureau, the Commission on Hospital Care, Dr. Michael Davis' former Committee on Research in Medical Economics, the late Wagner-Murray-Dingell bill, the meaning of group medical practice, and so on.

If they are unacquainted with social planning in their own field, what do they hear during their clinical years of broader community and national developments, such as slum clearance, public housing, recreation, extension of public welfare programs, attempts to lessen ethnic and racial strains and tensions, all of which have profound implications for the physical and spiritual welfare of our nation.

If the nurse is to conceive of herself as an active participant in, and a contributor to, an ongoing, democratic society, certain drastic changes must be introduced in the clinical years. First, the setting within which the student lives and works must be made more socially and intellectually democratic. She needs to be given larger responsibility for her own personal life. She needs to be surrounded by an atmosphere in which contacts among administrative nursing personnel, faculty, graduate nurses, and students are informal and continuing. She must be provided with opportunities to hear and participate in discussions of proposed health services and broad social developments within groups composed, not merely of nurses, but of health and social work personnel of all kinds, of university students, of community leaders. Unless a successful effort can be made to leave the student nurse the physical energy, and to give her the will, to do something more constructive than the average student now does with her evening hours within the nurses' residence, all other plans for education will be of little avail.

Who Should Organize, Control, Administer, and Finance Schools of Nursing?

We have noted at least some of the functions appropriate to professional nursing, and we have considered the breadth and quality of academic and clinical training requisite to produce competent, forward-looking professional nurses able to fulfill such social obligations. If the argument thus far presented is accepted, can anyone question that the control and administration of both preprofessional and professional education for nursing should be
vested in the university or in some other institution of higher learning? Is any institution or agency, whose first responsibility is service, able, except in rare circumstances, to provide the richness of educational experience necessary?

Training for almost every profession has had its origin in apprenticeship. The individual physician, dentist, lawyer, engineer, teacher, or librarian has taught other persons how to follow in his or her footsteps. At a later stage, proprietary or independent schools have frequently been established whose primary purpose has often been financial profit, prestige, or ego-satisfaction for the director rather than professional education for the student. Service institutions within several professions, such as the city public library and the large social work agency, have created training schools chiefly as sources of future personnel on which they could draw in an era when university schools were nonexistent or few in number. Today apprenticeship, and proprietary, independent and service-controlled training schools are almost at an end. Practically every profession has brought its system of education under the aegis of institutions of higher education, for the very reason that the sole purpose of those institutions is education.

Only in the legal profession where the bar has never made a concerted effort to close a number of miserable independent schools, and in nursing where schools are still predominantly under hospital ownership and control, is the process far from complete. Even in nursing, however, more than 150 schools have established some connection at least with a college or university, and a considerable proportion of them are definitely integral parts of institutions of higher learning. About the ultimate future of the professional school of nursing there is little question. It will almost certainly come to repose within the institution of higher learning just as have the medical and dental schools and schools of public health.

But there are more immediate considerations of great importance. They revolve around who should organize and finance schools of nursing. When any profession decides that the education of its students should be controlled by institutions of higher learning, there is a sharp tendency for individual schools to seek affiliation with universities or colleges. Understandably, each school attempts to make the best case possible for affiliation in submitting its application. The policy-making body of the institution of higher learning unfortunately is not always as well informed as it should be about contemporary and future trends in a particular profession. To be adequately aware of the direction in which each of several professions is moving is no easy matter. Therefore, many an institution has probably decided to grant affiliation to the school under consideration on the seeming merits of the application. But let us suppose that the policy-making body had begun its deliberations by inquiring what type of professional service the community served by the university or college needed for the present and the foreseeable future, and had then proceeded to inquire what kind of professional education would be requisite to prepare for that service. Quite likely, answers to
these questions would not infrequently reveal that the school making application was not the one best suited to achieve the desired goal.

Inherent danger, it is feared, lies in the present trend of individual schools of nursing to obtain university or college "connections," unless they have first sought the considered judgment of those in nursing and the other health professions who are most concerned with the planning of well co-ordinated, well distributed health services, and of the best possible professional training for providing that service.

Individual schools should probably be discouraged by the profession from approaching institutions of higher learning. Instead, in a number of regional centers throughout the United States, committees composed of able representatives of nursing education and nursing service, assisted by members of other health professions and by educators, might well attempt to plan for future health needs and for nursing education to meet those needs. These committees would then attempt to determine what institution or institutions of higher learning would theoretically be most receptive to, and efficient in, cultivating the professional education desired. After these steps had been taken, the committees would be ready to approach the designated universities or colleges with a carefully formulated brief. Should they succeed in gaining interest for their proposal, they could appropriately offer to serve as consultants during the period that a school was being established.

Unless some such provision is made, the future is likely to show university and college schools of nursing as badly conceived as to function and as badly distributed as are the schools of several other professions that "just grew" in the days before much knowledge of planning was available.

We should hope, however, that the entire initial responsibility for organizing university or college schools of nursing would not have to be borne by the nursing and allied professions. Nursing is a social need, second perhaps only to teaching. During much of our national history recognition of the importance of the school teacher and public provision for her training has existed. No such degree of recognition or provision has been accorded to other professions. In fact, the very profession that holds second place in numbers needed has been left with the least public support. To a degree unparalleled in any other profession, the nurse has had to pay for her own education through service to the hospital.

Because of society's universal and continuing need for nursing, the director concludes that the state university or state college should expect to assume its full quota of responsibility for professional education in this field. Schools of agriculture and of engineering exist in every state college or state university or both; schools of medicine have been established in many state universities. It is difficult to see how any public institution that has committed itself to the operation of schools of agriculture and engineering can neglect so important a field as nursing. It is even more difficult to under-
stand how any institution which maintains a medical school can overlook the nurse without whose assistance the physician is almost helpless.

In similar fashion private universities and colleges, which have expressed interest in forwarding the health and welfare of the local community or of the nation, should see in the school of nursing one effective instrumentality for achieving this goal.

Universities and colleges—public or private—in a position to respond to this urgent need for professional education should, therefore, not wait until the nursing profession knocks at their door. They should go to it, and ask for counsel about the creation of schools co-ordinate in rank and prestige with other professional schools on their campus.

We come now to the final consideration. Who shall finance professional schools of nursing? Part of the answer is implicit in what has been said about the state institution. Because the general public needs nursing, the director concludes that that same general public should make generous contribution through state or local tax funds toward the ultimate satisfaction of its needs.

Schools of agriculture have been subsidized in no small part by federal funds. For the very reason that the hour for creating higher schools of nursing is so late, the demand for nursing so crying, and the budgetary problems of many states so great, the federal government could appropriately assist, it is believed, with establishing schools, whose initial expenses will unavoidably be large.

Foundations, private persons of wealth, and private institutions of higher learning have often been quicker than has the public in sensing and responding to social needs. Three university schools of nursing in the United States and one in Canada have been helped financially to a position of large leadership through the wisdom of two foundations and one woman, now a member of the Congress. It is sincerely hoped that private wealth may respond even more generously to this current challenge.

To a degree hitherto unknown, except in a very few schools of nursing, the student will unquestionably have to contribute in tuition and fees to her education. Such provision is as reasonable—or as unreasonable—as is the system practiced in other forms of higher education. If increased tuition, however, is not to exclude some potential students of great fundamental ability and interest, numerous scholarships or a large loan fund must be available.

The cost of the kind of education envisaged in this report cannot be "worked out" in the hospital. It is a bill to be charged in very considerable part, the writer assumes, to the American society at large, in smaller part to farsighted private persons and organizations, and in the least amount consonant with truly sound education to the student herself.
GENERAL SESSION

Thursday, September 11, 1947—9:00-10:15 a.m.

CURRICULUM RESEARCH IN NURSING

Presiding: Henrietta Doltz, R.N., Director of Nursing Education, University of Oregon, Eugene, Ore.

Speakers:

Edgar M. Draper, Ph.D., Professor of Secondary Education and Curriculum, University of Washington, Seattle, Wash.
Margaret A. Tracy, R.N., Dean, University of California School of Nursing, San Francisco, Calif.

THE RESPONSIBILITY OF THE INDIVIDUAL STAFF MEMBERS FOR CURRICULUM RESEARCH

Edgar M. Draper, Ph.D.

The topic assigned to me this morning is one which is very timely and challenging. It is challenging because so few have understood the actual accomplishments of staff members in the field of research to date, and it is timely because educational progress as well as good teaching in the future will be intimately related to teacher research in the curriculum field. While extensive research projects have been carried on by the teachers in all types of schools and colleges in this country in the last two decades, it would be incorrect to suggest that any large percentage of teachers at any level have either the training or the time in their heavy teaching schedules for this highly professional work.

It may appear incongruous to discuss the staff member's place in any type of research work when we consider first, that this fall in any number of states teachers are being employed who have had only a high school education and six or eight weeks of professional training at a teacher-training institution; second, that many teachers completed such minimum requirements years ago, and, since receiving their life certification based on these minimum requirements, have done little if any professional or academic work; and third, that many teachers are being retained in our schools for the coming year simply because no adequate retirement system for teachers has been developed in many of the states. Everyone will agree that higher certification standards, accompanied by increased salaries, reasonable teaching loads in terms of pupil hours per day, and an adequate retirement system are essential prerequisites for the development of any professional program for teachers in the field of curriculum research.

While the problems facing American education in terms of student
growth and development would be insurmountable if it were necessary to leave them to the groups mentioned above, it is heartening to note that in certain states such as Washington, California, and New York the pre-service training of teachers includes five years of professional and academic work at the secondary level and four years of professional and academic work, leading to the A.B. degree, at the elementary level. It is also stimulating to know that many special certificates are being issued in administration, supervision, guidance, health, library, recreation and other special types of services at both levels. Research work in the curriculum field will have to depend largely upon the efforts of these highly trained people. In colleges and universities most of the instructors are well qualified academically, but have had little or no training in methodology, guidance, or techniques of curriculum improvement.

In order that the implications of curriculum research for the staff member may be apparent it is essential that we define the term "curriculum." In the past this term has had various connotations and even at the present time professional people are not in agreement concerning its meaning. During the first two decades of the twentieth century the curriculum was defined largely in terms of subject matter, and research projects were instituted by college professors, who were writing the textbooks for the public schools, in order to determine what words should be included in the speller, what problems and exercises in the arithmetic, and what stories were suited to the readers at particular grade levels. The teacher's task in curriculum improvement, if any responsibilities were assigned to her, was to assist in the selection of the textbook and then assist, motivate, and evaluate each student in the acquisition of a mastery of the content. The second stage, which began about 1920, introduced the course of study in American schools. These early courses of study merely outlined the subject matter to be taught and made some suggestions regarding effective methods or procedures in stimulating pupils to acquire the mastery of the content which was outlined to conform to a selected text or to several texts in the optimum situation. Small committees of teachers worked very hard to produce helpful and effective courses of study and those who participated undoubtedly developed professionally. Unfortunately, the great majority of the teachers did not have an opportunity to participate in this course of study construction and, as a result, there was little more professional growth for the teachers in basing their work on a course of study and a textbook rather than merely a textbook. In neither case was the child or the student the center of the program; rather the emphasis was on formal subject matter and formal classroom procedure. Too often, at the college or university level, courses of study organized as lectures were developed by the professor and taught year after year with only minor modifications in content or procedures.

At present, the curriculum is regarded as the experiences which students have in school under the guidance of the faculty. It is the result of the
interaction of many important factors such as subject matter, the social and
the physical environment, the beliefs, knowledges, attitudes and skills of
both teachers and pupils, and the abilities, interests, and understandings of
both teachers and pupils. Formal procedure has tended to be replaced by
liberal and democratic relationships in the classroom as the interests and
concerns of students have been given prominence. Initiative, enterprise and
problem-solving have superseded rote learning on the part of students, and
an integrated approach based on a wide range of activities and projects has
made possible an appreciation of the interests and needs of pupils on the
part of teachers which was not inherent at least in programs emphasizing
merely subject matter. When the curriculum is considered from the stand-
point of the welfare of the student many opportunities exist for the develop-
ment of research projects based on the individual development approach to
curriculum improvement. These research studies will be concerned with
the enrichment of subject matter, the social situation, and the psychological
study of the growth and development of students, and the more advanced
and worth-while studies will be developed around not one, but an integration
of all three of these important factors.

In order that we may take a practical approach to this problem of research
in the field of the curriculum, let us think of some school system or college
department with which we are familiar in terms of the training of the
faculty, the types of children and students, the buildings and equipment
facilities and materials with which to expand the textbook horizon of the
pupils, leadership in the supervisory and administrative staffs, special serv-
ices in such fields as health and guidance, and the opportunities presented
for the expansion of the classroom into the community, the state, the nation,
and the world. We would probably agree that many teachers on the various
levels from the kindergarten to the university do not know what is ex-
pected of children on the other levels and may be slow to learn the growth
pattern and the achievement status of the students coming to them each year.
There can be a great deal of overlapping of objectives as well as great gaps
in experiences which make for a low quality of learning on the part of all
students. These situations make for confusion and lack of understanding
on the part of both teachers and students. It is of great significance that the
pupil usually brings with him to the new teacher and the class only his
academic grades and a few scattered facts relating to his health, his intelli-
gence quotient, and his family. There is scant if any information concerning
his adjustments in the previous class, his relationships to the teacher and
the pupils in the class, his participation in school and out of school activities,
his interests, drives, or enthusiasms for particular academic and nonacademic
activities.

Research in the field of student growth and development is postulated on
the premise that each teacher is familiar with the general patterns of physical,
mental, and emotional maturation. It also implies that each pupil must be
studied as an individual in terms of these patterns, and adaptations must be provided to realize the potentialities of all of the students in their growth and development as normal persons. Promotion from grade to grade or advancement from class to class, and all that this implies in terms of the sequence of academic and nonacademic activities, must be studied by all of the teachers having contact with the pupil. The uniform class procedure and the uniform curriculum for all pupils in any class will not stand up under the close scrutiny and study of the development of the students by the teacher. Each student must be regarded as an individual having certain potentialities and his own maturation rate. An example of the study and research in the development of children is in the field of reading where it is now an accepted practice to permit the child to select his own time for the beginning of formal reading. Much has been written and spoken concerning "reading readiness." It is just as true, however, that maturation levels are attained by individual children for entrance into other types of formalized work and drill. Readiness is a term that can be utilized at the high school and college levels as well as in the first years of the elementary school.

In order for the teacher to secure adequate information concerning the individual student so that adjustments can be made in the curriculum program of the school or college it is necessary for the teacher to know the techniques utilized by the behaviorist psychologists. It is only through a study of the drives, impulses, and tendencies of each student that the teacher will be able to formulate a pattern of work for him. At the present time, teachers are making studies of the behavior of children at all grade levels in order to determine their needs, interests, and problems. These studies utilize certain research procedures familiar to the social worker and the educator such as the case study, the check list or the questionnaire, and the interview. When data have been secured through these techniques, the most difficult work of the teachers must be undertaken in the determination of the adjustments which should be made in the curriculum in order to meet the individual needs of the pupils.

It is at this point that curriculum research is breaking down in the schools and colleges at the present time. The teacher is presented with a curriculum for a particular grade or class and feels that it is her responsibility to see that each student acquires a mastery of it during the semester or year. On the other hand, if the teacher has made a study of the pupils in the class, she has found, no doubt, that a number of them will not be interested in certain aspects of the material as outlined, will have very little need for various units of it, and will find no challenge in the academic approach contemplated by the school or college authorities. How can the teacher be freed to teach students rather than subject matter exclusively? Any meeting of educators will emphasize the approach based on a study of student growth and development, but few consider the implications of this approach in a practical situation. The task of meeting the needs of forty pupils in a classroom so that
they are successfully integrating their personalities in terms of relating all phases of their environment, including the curriculum, to their developmental patterns is a staggering problem when the teacher has been handed a "must be completed curriculum" containing few suggestions for meeting the needs of the individual child.

The most important concept in the child growth and development theory of curriculum enrichment is that the pupil learns as a whole child. Any phase or type of learning must fit into his total pattern of growth. There are no special or unique learnings in fields such as skills, understandings, or appreciations which are not immediately incorporated into his total growth pattern. For this reason one of the most important fields of research for the staff members in the future will be in teaching all phases of the curriculum in relationship to every other phase in order that this integrative process can be promoted in the students.

The best learnings can only result when the natural relatedness of experiences is utilized. The pupils' daily program is broken up into many artificial learning periods. Little attempt is made to draw all fields of human knowledge together to get better answers to questions asked by pupils or presented by teachers. Teachers go from a period in reading to a period in social studies without relating the objectives of reading to the objectives of social studies. On the higher levels, especially in the college or university, this becomes more evident. Learning cannot be regulated by the ringing of a bell or the ticking of a clock. It must give full consideration to the relatedness of things to be learned and problems to be solved.

The participation of the learner is very important in learning. Learning is an active and not a passive process. It is the effort and participation of the individual that bring learning and benefit to him. The contribution which each student makes is all-important. Teachers tend to do many of the things that students should be expected to do for themselves. The fear of mistake should be replaced with the desire to let pupils try out and learn new and better ways of dealing with classroom problems. As long as teachers do the assigning, ask the questions, plan the activities, announce the right pages, then answer many of the questions, the best type of learning will not result for the students. Students need to be guided into ever higher levels of self-directed participation. The role of the teacher needs to be one of guiding, encouraging, and evoking the best efforts of every student. Condemning mistakes and frowning on inadequate answers only slows up and inhibits maximum learnings.

The total, over-all picture of what is being done is also important. The child needs to see the overview of what the group is moving toward, or what his school or college is attempting to realize. He should then see where his contribution fits into the total scheme of things. This adds meaning to what he is attempting to do and gives directions to his efforts.

The best learning will result when a variety of approaches and materials
are utilized. Too often the college student as well as the child is given only a textbook to challenge his interest and ability. His program becomes one of reading from page to page. He is then checked upon a very limited amount of learning materials and mediums of expression. The book is only one approach. There should be opportunities for many firsthand contacts, work experience, contact with resource persons, visual and auditory aids, as well as many firsthand personal experiences. Even when these resources are easily available too few teachers avail themselves of their use.

In the learning of skills, too much time is spent on routine drill. Skills are best learned when short-time meaningful drill is developed along with the actual application of the skill. When actual situations are utilized the time element can be reduced and the mastery can become much more complete. Rote learning is wasteful of time and effort while meaningful practice for short periods of time has proven very effective. The best results will come when the learner is concerned about his results and desires to improve as much as he possibly can.

The knowledge of progress is most essential to all learning, especially the phases we think of as skill learnings. It is only by continually evaluating progress that one is able to show improvement. Knowledge of progress also stimulates interests which in turn cause the individual to put forth greater effort. Too often students are allowed to practice their mistakes because there is little emphasis upon direction to take and goals to be achieved. The learner needs to be helped to keep before him, at all times, not only what he has set out to realize but how well he is doing and how successful are his efforts.

The specific types of curriculum research which can be utilized by staff members are best illustrated for our purposes by reference to the opportunities presented in a college of education or a school of nursing. It is essential that the staff as a whole agree upon the basic principles to be achieved in the growth patterns of the students. This statement of principles, if sufficiently expanded, could become a philosophy of education for the particular department. The work at this stage is not entirely of the research type although extensive studies should be made of the literature in the field, the pattern developed in other institutions, and the activities of the graduates in their field of endeavor. Each staff member should participate in the work and should be in agreement with the findings after many round table discussions of their implications.

As soon as the basic principles have been developed, it will be possible to determine the objectives of the educational program of the department or college. These should be stated in terms of the student and those which are related should be brought together in the organization of courses of study. As these objectives are organized in courses of study, relationships should be noted between the various courses in the department or college as certain objectives appear to have a place in more than one course of study.
Mutual understanding of the learning experiences to be developed in courses having common objectives will eliminate overlapping of work and the frustration of students. It will also serve as an integrating force in the entire curriculum of the college and will stimulate normal growth patterns in the students.

The allocation of objectives to the various courses of study will make it possible for units of work to be developed. Each objective will usually indicate a unit of work, and these units can then be arranged in a sequential pattern of development for the students. The work of the unit can be broken down into specific objectives, each constituting a problem or a project of the unit.

Each specific objective or problem can then be organized so that the learning experiences indicated for the student and the teaching procedures to be utilized by the instructors can be shown in relationship to each other. Learning experiences will include readings in assigned and in supplementary materials; investigations by individuals or committees of students; excursions; visual and auditory aids; laboratory or clinical work, and round-table or panel discussions by student groups. Teaching procedures will include specific assignments to reference materials, planning and organizing individual and group research projects, planning for and summarizing the results of excursions, indicating visual materials and other types of supplementary materials in relationship to the learning experiences of the pupils, adjusting the work equitably, and adapting the various phases of the work to the needs and interests of the students.

At the conclusion of each unit of work the teacher will have need to evaluate the growth of the students as a result of the learning experiences developed throughout the unit. Some plans for evaluation will be very informal and will include conferences with the students for the purpose of discussing the various papers and bibliographies which they have developed in various phases of the work, noting their ability to work with groups, and assaying their social adjustment and their co-operative attitude in attacking a problem. Other types of evaluating will be more formal and will consist of both objective and informal tests.

The staff member will also have occasion to evaluate the unit of work as such at the conclusion of the course. The students can render valuable assistance in such evaluations and their co-operation should be sought. However, the teacher will want to develop a resource unit for each unit of work and the continuous revision of the resource unit will assist greatly in the evaluation of the unit of work.

In conclusion, I should like to emphasize that curriculum research is the basis of good teaching and that it is the most important responsibility of every staff member during his work in the school or college. It is not an activity to be developed spasmodically when a particular urge to improve the curriculum challenges the staff; it is an essential phase of teaching and,
as such, must be a continuing phase of the work of the instructor. The study of the students, the basic principles of the curriculum, the objectives of the course of study, the learning experiences of the pupils, the teaching procedures to be utilized by the instructor, the evaluation of student growth in the class and the evaluation of the units of work making up the course of study present unlimited opportunities for the development of continuous research projects by the staff member. Any staff member engaged in such research studies will tend to stimulate his students to research work on their level and the morale of the class and the department or college will be greatly improved. A teacher who is professionally growing through research activities will be a real stimulation to students and his efforts will pay rich dividends to himself, his department, and the students who are privileged to work with him.

THE NEED FOR RESEARCH IN OUR SCHOOLS OF NURSING

MARGARET A. TRACY, R.N.

When the chairman of the Committee on Program first asked me to participate in this discussion she assigned me the topic "Securing Faculty Participation in Curriculum Research in the School of Nursing." This topic implied that there was difficulty in securing such participation, rather than in finding members of our faculties trained in research methods and securing for them opportunities and facilities for carrying out much-needed research. After consideration it seemed more appropriate to us both that we stress other needs for research in nursing; for example, research in the curriculum and factors which so profoundly affect it, in the qualifications of the faculty who teach it and of the students who are enrolled in it, in the administrative setup of the school which offers it, and in the facilities which it commands. It might be well to consider the general needs of research in solving the many complex problems affecting nursing. This discussion, therefore, will deal generally with "The Need for Research in Our Schools of Nursing." Since all of us are well aware of the problems of our school, it might be helpful to review together what some of the outstanding ones are and how research might help us in their solution.

Our problems can be grouped under several headings: administrative; the curriculum, including content, duration, and arrangement of courses, and experience; admission standards for our schools; and the postgraduate education of the nurse. It would not take a trained research worker to select a dozen vital topics for study after even a cursory examination of one of the League's publications, the 1946 edition of State-Accredited Schools of Nursing. We find that the great majority of our schools are operated by hospitals; about 10 per cent have any connection with colleges or universities. What the effect of this control has been on the product of our schools we
hope to have answered for us in part by Dr. Esther Lucile Brown who is now studying this question.

These hospitals vary from one with a daily average of 15 patients to one with 3,794 patients. (We are considering only general hospitals operating schools of nursing.) Think of the difference in clinical experience which the students in those two hospitals enjoy. Nor is the school connected with the smaller hospital an exception. Another one, with three students, is connected with a hospital averaging 20 patients, 10 of whom are surgical. There are in this country more than 300 schools approved by state boards of nurse examiners which are connected with hospitals with a daily average of fewer than 100 patients. What size hospital offers the optimum practice field for students to give them the range of experience upon which to develop sound professional judgment? What size student body is essential if the school, in the real sense, is to be economically feasible? Over what period of time should the total course extend?

To return to the League’s blue book of State-Accredited Schools, at the present time the length of the basic program varies from 24 to 60 months. The 36-month course is the prevailing pattern, but what that 36 months includes is by no means so uniform. One school teaches surgical nursing in 16 weeks, while another devotes 44 weeks to this experience. If 16 weeks is adequate, then 44 must be wasteful. It is interesting to go back to the time when the 36-month pattern was established. The Eleventh Annual Report of the American Society of Superintendents of Training Schools for Nurses carries an article by Mrs. Hunter Robb. I quote: ¹

But the first change of real note was the lengthening of the term of training from two to three years. . . . Nor can we say that this increase in the duration of the training has always been very advantageous from a purely educational standpoint, for it is obvious to all that while the added year of experience is of undoubted value to the student, the hospital, of the two, reaps the greater benefit, particularly where the nurse’s hours on duty have not been shortened. To add on a whole year to the course of training and claim that it is for educational improvement is manifestly a delusion unless a fair proportion of the extra time is devoted to study alone.

It is both encouraging and discouraging to delve into our past. It is encouraging because forty years ago our leaders saw the dangers inherent in our system and warned us against them. It is discouraging because in spite of the best efforts of our nurse educators through the years, we have failed to emancipate ourselves from the administrative fetters which have hindered our development. Over and over again in our League reports we find statements such as this:²

If nurses' schools are ever to become distinctively educational, they must associate themselves with other educational organizations, must become part of an educational organism. ... At present the position of the nurses' school seems to be a false one. With all due respect to the hospitals we love and serve, they are tying us down, binding us and grinding out whatever aspirations we may have to make the best and most of our schools. To accomplish anything we must be free,—not to stand alone, which seems beyond the limits of easy imagination, nor to desert the hospitals which we would not leave if we could, but to have the positions of the schools readjusted so that they, recognized as of educational nature, complete in themselves and not an insignificant part of either, may unite with hospitals and with colleges, taking from both but in return giving back full measure in helpfulness.

That cry was uttered forty years ago by M. Helena McMillan. Yet still only a handful of our schools are affiliated with educational institutions and are freed from the excessive service demands of the hospitals which operate them. There is ample opportunity and urgent need for research in this field. Perhaps a partial answer to the question of why more women are not going into schools of nursing can be found here. A careful survey of this whole problem might bring as revolutionary a change in our schools of nursing as did the Flexner report in medical education.

The hospitals, which now predominantly control and support our schools, admittedly have a stake in their future developments. The more forward-looking hospital administrators are recognizing the fact that the present system of nurse education may very well kill the goose that lays the golden egg. The high standard of patient care which exists in the modern hospital is threatened unless we can attract and hold a sufficient quantity of qualified students to meet the demands made upon us for service.

In this period of inflationary costs, when all hospital administrators are hard pressed to meet their obligations for the care of the sick, they may be more receptive to suggestions that the cost of nursing education be met as are those for every other professional group and may join with us in making studies which, if carefully done and properly presented, will win that public support essential to placing our schools once and for all on a sound educational basis, as parts of educational institutions.

Standards of admission to our schools vary from simple high school graduation with no subject or scholarship requirement to college graduation. The published standards too frequently fail to stress scholastic ability as a guide for selection. Yet a truly professional worker can only be developed from the ablest of our students.

In a recent review of this question, a faculty committee from a large state university brought in the following report:³ "The student admitted to the professional curriculum must have sound intellectual preparation. He must have the foundation of a general education before he can be trained in advanced or special disciplines. In the training process as in the industrial, the

³Teaching in the Professional Curricula. Proceedings of the Second All-University Faculty Conference, University of California, 1947.
standard of the finished product depends as inevitably upon the quality of the raw material as upon the efficiency of the conversion procedures."

Ten years ago the NLNE recommended an admission standard for our schools of nursing of "two years of education beyond high school." Yet today only a small proportion of the students entering our schools of nursing can meet this educational standard.

What of our teaching? Inadequacies in numbers as well as in preparation, combined with the very heavy load which our instructors must carry, is an old story to all of us. We could go on and on citing the problems. Today, however, our main topic is to consider how research can help us in the solution of these problems. Even a sketchy review of our literature reveals that we have recognized our difficulties and have made valiant efforts to resolve them for at least forty years of the fifty years this organization has been in existence. That real progress has been made no one will deny, but fundamentally the same weaknesses in our educational system remain.

Government, general education, and industry have turned to research for answers to some of their knottiest problems. Why not nursing? Government and industry turn to the universities for help in their research problems, why not nursing?

We have had many definitions of research. One which is given in T. L. Whitney's *The Elements of Research* is quoted in an article in the *Saturday Evening Post* by a General Motors executive: "Research is a high hat word that scares a lot of people. It needn't. It is rather simple. Essentially, it is nothing but a state of mind, a friendly welcoming attitude toward change. Going out to look for change instead of waiting for it to come. Research for practical men is an effort to do things better and not to be caught asleep at the switch. The research state of mind can apply to anything. Personal affairs or any kind of business, big or little. It is the problem solving mind contrasted with the let-well-enough-alone mind. It is the composer mind instead of the fiddler mind; it is the tomorrow mind instead of the yesterday mind."

Most nurses, like businessmen, are practical people. They are constantly thrown into situations where collection of evidence by observation, the first step in the scientific method, which is the essence of research, is expected in their daily work.

The selection of more mature students with the better educational background is an essential first step. These better qualified students must be under teachers who themselves have an appreciation of the scientific method. Then we can reasonably expect our graduates to recognize the importance of continued research and study of every element of the profession. We can produce a generation of nurses who are research-minded.

Our methods of education must fit the students whom we teach. "Concerning judgment, we would consider the mind of our student as the sharp and flexible tool of his professional art, and not the depository of its facts. The
committee submits, therefore, that the training of the professional man or woman should proceed through four phases—the creation through preliminary collegiate general education of an essential intellectual background and potential; the establishment of a firm technical foundation of competent acquaintance with the appropriate basic sciences; specific training in the chosen technology, and sufficient experience in research for the candidate to recognize the importance of the investigative attitude, and to cherish it in his postgraduate life and practice.\(^4\)

Since our present schools of nursing are not attracting a sufficient number of students of professional caliber, we need to find out why this is so. Furthermore, we must have a clear-cut answer which the public will recognize as true.

Once again we are giving consideration to a revision of our curriculum guide. University centers do exist in every part of this country where research can be done on every aspect of the curriculum. One of our friends has pointed out "that only a few of our numbers have a college degree and still fewer a postgraduate degree." He has stated correctly that most of us do not know the fundamental techniques of research and that we have not had the assistance available to other professional groups—that of the colleges and universities.

We do have, however, a growing number of nurses who have studied in the graduate schools of our best universities. In a hundred or more centers nursing has at least gained a toe hold. We can utilize our own qualified membership and we can, as he suggested, ask for aid, and I have no doubt it will be forthcoming.

Ten years ago when this organization met in Boston, President Beatley of Simmons College told us, "Standards of professional preparation should therefore be defined in terms of goals to be achieved rather than of procedures to be followed. When thus defined, they contribute a constructive force in that they encourage experimentation and varied lines of approach on the part of the institutions which aspire to excellence. In their common interest the college and the professional association should work out together such standards as will secure for the profession, workers who are not only technically competent but professionally wise."\(^5\)

Some of us are fortunate enough to be connected with educational institutions which give our faculty members opportunity for sabbatical leave to study, to write, to do research. All of us can encourage such practices. As Professor Ginzberg has said, "Research will not provide the solutions, but without research there will be no solutions, at least no right solutions."\(^6\)

Graduate education must be built upon sound undergraduate preparation. The student who emerges from the professional school "recognizing the im-

\(^4\)bid.


\(^6\)Ginzberg, Eli. Perspectives on Nursing. AJN, 47:474, 1947
portance of the investigative attitude” will develop a wholly different con-
cept of postgraduate nurse education.

Perhaps by that time we will have our “Academy of Nursing” suggested
in the Rich report, to encourage and foster research studies in our field. In
the meantime, we can bend our energies to the development of professional
schools which will produce such graduates.

Nursing today once again stands at a crossroad. The clamor which we hear
on every side about our deficiencies in quantity and quality is itself indicative
of the importance of our contribution in the field of health. We can choose
whether we shall continue the apprenticeship method of training, through
which, seventy-five years of experience have shown, we cannot produce
enough truly professional workers, or halt long enough to give careful study
to our problems before charting a new course for the schools which produce
our practitioners. These are the fundamental needs for research in nursing
today.

**CLOSING BUSINESS SESSION**

**Thursday, September 11, 1947—9:00 a.m.-12:30 p.m.**

The closing business session, held in the* Moore Theatre, was called to
order by Ruth Sleeper, the president. The roll call indicated that representa-
tives of thirty-six state leagues were present.

**REVISION OF THE BYLAWS**

In addition to the recommendations for revision of the Bylaws which had
been circulated among the members and adopted at the opening business
session, the chairman of the Committee on Revision presented several recom-
mendations for revision which had arisen from the discussion at the meeting
of the Council of State Leagues on September 7, 1947. Since these recom-
mendations had not been appended to the call of the meeting, their
adoption would require unanimous vote of the active members present and
voting.*

Mimeographed copies of these recommended revisions had been passed
among the members at the opening business session at which time discussion
on them was begun. For the convenience of the reader, however, the discus-
sion at the two business meetings is reported here.

As the chairman pointed out, the purpose of the recommendations was
twofold: (1) to facilitate the admission of new members to the League by
providing for less cumbersome mechanisms of admission, and (2) to open up

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*Bylaws—Article XVII, Section 2. These Bylaws may be amended at any annual
convention by the unanimous vote of the active members present and voting, without
previous notice.
membership to a larger number of people by removing some of the restrictions on membership qualifications.

The first recommendation pertained to the deletion of Article I, Section 2, a. (1) and (2) from the Bylaws. These paragraphs specify that:

SEC. 2. An applicant for nurse membership shall, after October 1, 1946, qualify by:

a. (1) Having been graduated from a school of nursing accredited by the legally authorized state accrediting agency and connected with a hospital having a daily average of 50 patients during the final year of the applicant's course and offering a program consisting of practice and instruction in medical, surgical, obstetric, and pediatric nursing; or

(2) Having been graduated from a school of nursing accredited by the legally authorized state accrediting agency and connected with a hospital having a daily average of from 30 to 49 patients, and either having had in her undergraduate course an affiliation or affiliations of not less than six months in a state-accredited school of nursing connected with a hospital having a minimum daily average of 100 patients, or having completed satisfactorily, after graduation, a course of courses of not less than six months.

The deletion of these paragraphs from the Bylaws would leave the requirement of registration in one or more states as the only educational prerequisite for League membership for nurses in the United States. Lenore Bradley (New York) pointed out that even the requirement of graduation from a state-accredited school would be removed, since it is possible for a person who has not been graduated from an accredited school to be registered under waiver on the basis of so-called experience qualifications. She stated that there are still many hundreds of non-accredited schools of nursing in operation throughout the country, and questioned whether the League, which has always promoted accreditation, should accept graduates from non-accredited schools for membership. She further pointed out that the adoption of the proposed revision would create an inequality in eligibility between nurses in this country and those who have been graduated from schools of nursing in foreign countries. Nurses in this latter group, according to Article I, Section 2 a. (3), must have been graduated from a school of nursing which has been accredited "by a board or other authority constituted for that purpose in the country in which such school of nursing is located."

It was accordingly moved by Miss Bradley and seconded by Mary Turner (West Virginia) that the proposed revision of the Bylaws deleting Article I, Section 2 a. (1) and (2) be amended so that the first part of these paragraphs be retained, namely, "Having been graduated from a school of nursing accredited by the legally authorized state accrediting agency." The deletion would then apply only to the specifications pertaining to the daily average number of patients in the hospital connected with the school.

In the discussion which followed, it was brought out that this would not be retroactive and would therefore not bar present League members who have not been graduated from state-accredited schools. It would, however, as Virginia A. Henderson (New York) pointed out, make ineligible for
new membership nurses who have not been graduated from accredited schools but who have made up for that deficiency after graduation. Margaret Carrington (Illinois) made the suggestion that the phrase "or having completed satisfactorily, after graduation, a course or courses of not less than six months" might be appended to the requirement of graduation from a state-accredited school, but no motion to this effect was made.

Katharine Amberson (New York) called attention to the fact that the Bylaws do not state whether the school must be accredited at the time the applicant for membership was graduated from it or at the time of her application for membership. The chairman replied that the Bylaws have always been interpreted to require that the school be accredited at the time of the applicant’s graduation.

Miss Henderson expressed the opinion that membership should be open to all those who are participating in educational activities regardless of formal educational preparation. Harriet H. Smith, Chairman of the Committee on Revision, stated that the Committee on Revision had been of the same opinion. She pointed out that Article I, Section 2 d. of the Bylaws, which specifies the types of position which the applicant must hold, would be a sufficient safeguard against the admission of unsuitable members.

Madeleine McConnell (Illinois), on the other hand, expressed doubt as to the advisability of making radical changes in membership qualifications at a time when the national professional organizations are engaging in a study which may eventuate in considerable change in their structures.

Isabel Stewart (New York) pointed out that the subject of membership qualifications is dependent upon the basic question: What is the purpose of the National League of Nursing Education? She stated:

"I remember when we were talking about the title of the League. I said I didn’t know but what we should change the name of the League. Instead of calling it a ‘league of nursing education,’ we should decide whether we were going to have a ‘league for nursing education’ or a ‘league of nursing educators.’

"A league for nursing education would be an organization for the promotion of sound nursing education, one to help us build good schools and to raise money for this purpose, and then we could admit all kinds and conditions of people who really want to promote good nursing education.

"On the other hand, if you want to have a group of specialists who are going to confer on their problems, who are going to have a great many common interests and common ideas because they are specialists, then it seems to me that you must confine or restrict the organization’s membership to a group of specialists who know what they talking about when they are considering their problems in nursing education and who have something very specific to contribute to it.

"We have always opened our meetings to a great many people who were not education specialists. We have always welcomed visitors. But it seems
to me that in building up an organization we must decide whether our purpose is the promotion of nursing education or whether we are thinking in terms of a group of specialists who are concerned in discussing seriously the problems in which they are involved. They must be people who have actual responsibility for nursing education.”

With regard to the elimination of the remaining part of paragraphs a. (1) and (2) in Article I, Section 2, that is, the requirements as to the daily average number of patients in the hospital connected with the school from which the applicant for membership has been graduated, Bernice Anderson (New Jersey) pointed out the difficult procedures which these stipulations involve. Even the recent graduate seldom knows the exact daily average number of patients in the hospital with which her school is connected. Oftentimes the records of the school and those of the state board are at variance, and those of the American Medical Association may disagree with both. The result is that, in the case of hospitals where the daily average is in the neighborhood of fifty, the Committee on Eligibility must enter into a correspondence with these agencies, and, as far as the state board is concerned, this correspondence is frequently a voluminous one. Miss Anderson questioned whether such a fixed and inflexible regulation were necessary, and suggested that committees on eligibility might be permitted to use their discretion.

A vote was then taken on the proposed amendment to the proposed revision, namely, that the phrase “Having been graduated from a school of nursing accredited by the legally authorized state accrediting agency” be retained. Since there were twelve negative votes, the amendment to the proposed revision was not adopted.

A vote was then taken on the motion to adopt the revision recommended by the Committee on Revision, namely, that Article I, Section 2, a. (1) and (2) be deleted from the Bylaws. This motion to revise was lost since a preponderance of those present voted against it.

It was then moved by Lucy Germain (Michigan) and seconded by Virginia Henderson (New York) that, in lieu of the difficulties which might arise if many changes were made at the present time in the League’s requirements for membership, action on any further recommended revisions to the Bylaws be deferred pending further study by the Committee on Structure and by the Committee on Revision. It was then moved by Anna D. Wolf (secretary, NLNE), seconded by Nellie X. Hawkinson (Illinois), and carried to delete “further study by the Committee on Structure” from this motion. Inasmuch as some of the proposed revisions did not pertain to eligibility qualifications, it was further moved by Margaret Carrington (Illinois), seconded by Mildred Pinner (Hawaii), and carried that the motion be amended so that it would apply only to recommendations concerned with membership requirements.

The motion as amended, that action on any further recommended revisions which pertain to membership requirements be deferred pending further study by the Committee on Revision, was then voted upon and carried
unanimously. This action resulted in the following proposed revisions being referred to the Committee on Revision for further study:

Present Bylaws

ARTICLE I

SECTION 2. An applicant for nurse membership shall, after October 1, 1946, qualify by:

d. (1) Holding an advisory, executive, teaching, supervisory, assistant supervisory, head nurse or assistant head nurse position in an educational or preventive organization or in a government service employing nurses; or

(2) Holding a position as director of nursing service in a hospital without a school of nursing; or

(3) Holding a position as administrator or instructor in a school of practical nursing approved by the legally authorized state accrediting agency or the National Association for Practical Nurse Education.

Proposed Bylaws

ARTICLE I

SECTION 2. An applicant for nurse membership shall, after October 1, 1947, qualify by:

d. (1) Holding a position which involves advisory, executive, teaching or supervisory responsibilities in a school of nursing or health agency or in a government service employing nurses; or

(2) Holding a position which involves advisory, executive, teaching, or supervisory responsibilities in a hospital without a school of nursing; or

(3) Holding a position which involves advisory, executive, teaching, or supervisory responsibilities in a school of practical nursing approved by the legally authorized state accrediting agency or the National Association for Practical Nurse Education.

The following proposed revisions of the Bylaws were then acted upon. Since the vote on all of them was unanimously in the affirmative, they were adopted.

Present Bylaws

ARTICLE I

SECTION 7. An active member in good standing in any state league who changes her residence to another state may be admitted by transfer, sent by the treasurer of the state league she is leaving to the treasurer of the state league to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues. Members living in one state and working in another or temporarily located in a state may be permitted to continue their membership in the state of their choice.

Proposed Bylaws

ARTICLE I

SECTION 7. An active member in good standing in any state league who changes her residence to another state may be admitted by transfer, upon request to the executive secretary of the National League of Nursing Education who will notify the treasurers of both state leagues of such transfer. A member who has paid her dues for the current year before transferring to another state league will receive a membership card from and be granted full membership privileges by the state league to which she has transferred without further payment of dues for the current year. A member who transfers to another state league before she has paid her current dues will pay such dues to the state (or local) league to which she is transferring. A member living in one state and working in another or temporarily located in a state may be permitted to continue her membership in the state of her choice.
ARTICLE IV

SECTION 1. The Board of Directors shall:
k. Act upon applications for membership.

ARTICLE VII

SECTION 5. The Committee on Eligibility. This committee shall check the qualifications of the applicants applying for individual membership according to the requirements of the Bylaws and, if sufficient data are not furnished on the application form, shall secure such data by correspondence.

ARTICLE VIII

SECTION 1. The annual dues for all active members of the National League of Nursing Education shall be $5.00, except that dues for assistant supervisors, head nurses, and assistant head nurses shall be $4.00 for the first year only, after which they shall be $5.00.

ARTICLE IV

SECTION 1. The Board of Directors shall:
k. Act upon applications for membership referred by the Committee on Eligibility.

ARTICLE VII

SECTION 5. The Committee on Eligibility. This committee shall check the qualifications of the applicants applying for individual membership according to the requirements of the Bylaws and shall approve for membership those applicants who qualify. Applications which present problems shall be referred by the Committee on Eligibility to the Board of Directors.

ARTICLE VIII

SECTION 1. The annual dues for all active members of the National League of Nursing Education shall be $5.00.

REPORT OF THE JOINT COMMITTEE ON THE STRUCTURE OF NATIONAL NURSING ORGANIZATIONS

At the opening business session the members had received printed copies of the report and recommendations of the Joint Committee on the Structure of National Nursing Organizations as well as copies of the eleven recommendations of this report as modified by the League Board of Directors at its meeting on September 5-7, 1947. Since all action on these recommendations was taken at the closing business session, the proceedings at both meetings with regard to the Structure Study are reported here.

The secretary read each recommendation as it had been submitted by the Joint Committee on Structure, then as it had been modified by the Board of Directors of the League. A few minor amendments were proposed from the floor and adopted.
Recommendations as Submitted by the Joint Committee on Structure

CONTINUING JOINT COMMITTEE

1. It is recommended that a Joint Committee on the Structure of National Nursing Organizations be continued.

2. It is recommended that each of the six national nursing organizations have representatives on the Joint Committee on Structure, all of whom are free to exercise voice and vote in the joint work of the Committee.

3. It is recommended that the future work of the Joint Committee on Structure be to develop the concrete measures outlined in these eleven recommendations, for submission to the organizations concerned, with emphasis on:
   
   a. Designing effective machinery for coordination among the organizations now and after realignments.
   
   b. Studying further structural changes needed.
   
   c. Continuing provision of interpretative materials and other helps to national, state, and local groups and to individuals.

4. It is recommended that the member agencies support the work of the Joint Committee on Structure by at least one contribution out of their organization funds on the basis of 10¢ per individ-

Recommendations as Adopted by the NLNE Membership

CONTINUING JOINT COMMITTEE

1. As submitted by the Structure Committee.

2. As submitted by the Structure Committee.

3. It is recommended that the future work of the Joint Committee on Structure be to develop the concrete measures outlined in these eleven recommendations as modified by the NLNE Board of Directors and membership, for submission to the organizations concerned, with emphasis on:
   
   a. Designing effective machinery for coordination among the organizations now and after realignments.
   
   b. Studying further structural changes needed.
   
   c. Continuing provision of interpretative materials and other helps to national, state, and local groups and to individuals.

4. As submitted by the Structure Committee.
ual nurse member and $5 per agency or school member.

As greater unity of purpose in the nursing profession is manifested, effort should be resumed to explore the possibility of securing foundation and other support for the structural reorganization.

**IMMEDIATE STEPS TOWARD GREATER UNITY**

5. It is recommended that a subcommittee of the Joint Committee on Structure be named to study and plan ways in which an effective organization for nursing service and education can be developed immediately, and to bring its plans back to the Joint Committee.

It is suggested that this subcommittee have representation from all six organizations, but greater representation from NLNE, NOPHN, and ACSN.

The present Joint Committee recognizes that simply merging nursing organizations as they now exist and function is not all that is needed. Instead, present functions of all nursing organizations should be evaluated anew to see where responsibility for each necessary major activity lies. Certainly a way must be found to deal with tasks now being left undone.

This recommendation is made because a great deal of similarity exists between the approach and functions of NLNE, NOPHN, and ACSN. They all deal with problems that are the responsibility of the community as well as of the nursing profession. They are now cooperating on accreditation, practical nursing, basic and advanced nursing curricula, and testing. It is believed that preparing a plan which will combine the programs of the three organizations will be a practical beginning toward developing a comprehensive organized effort for better nursing service. The Committee is aware of the fears which have been expressed that such a merging of the three groups might delay and possibly prevent total unification.

**IMMEDIATE STEPS TOWARD GREATER UNITY THROUGH THE APPOINTMENT OF SUBCOMMITTEES**

5. As submitted by the Structure Committee.

It is suggested that this subcommittee have an equal number of representatives from all six organizations.

The Joint Committee recognizes that simply merging nursing organizations as they now exist and function is not all that is needed. Instead, present functions of all nursing organizations should be evaluated anew to determine how major activities can be carried out without duplication. Certainly a way must be found to deal with tasks being left undone.

This recommendation is made because all organizations are concerned with total nursing service and therefore have a direct concern with or responsibility for education. They all deal with problems that are the responsibility of the community as well as of the nursing profession.

Unification of functions has already begun in the accreditation of schools and of programs, in the preparation of curricula for professional nursing, in testing, and in legislation. It is believed that the preparation of a plan which will combine these functions will be a practical beginning toward the development of a more comprehensive unification of activities for better nursing service. The Committee is aware of the fears which have
of the profession. It believes, however, that better coordination and balance now in the nursing service and education areas where lay participation is vital will make it easier rather than more difficult to coordinate those activities later with the activities that all nurses agree should be dealt with by professional nurses only. The doors would not be closed to greater unification, but it is realistic to make a beginning in the area of greatest agreement.

6. It is recommended that a subcommittee of the Joint Committee be named to study and plan ways in which ANA may absorb the functions of NACGN.

Such action would seem to be in accord with the fifth plank in the platform which ANA adopted at the Atlantic City Biennial in September, 1946 namely, "Removal, as rapidly as possible, of barriers that prevent the full employment and professional development of nurses belonging to minority racial groups." That plank recognizes the crucial importance, in the world struggle for survival of democratic principles which is now in progress, of wiping out racial discriminations in the United States.

Furthermore, a report which NACGN made to the ANA board of directors in January 1947, recommended:

"1. That the American Nurses' Association take the necessary steps to absorb the functions now carried by the National Association of Colored Graduate Nurses.

"2. That sufficient Negro personnel be provided to interpret the needs of the Negro people to the entire staff and membership of the American Nurses' Association, and to continue to stimulate work among Negro nurses."

Both nursing and non-nursing groups in some of the southern states are showing the way to inclusion of both white and Negro members in the same organization. There are no legal barriers to such integration. Until such time as Negroes can enter the national nurses' organization through every state organization, direct

6. Although the League believes that membership in the ANA should be open to all professional nurses irrespective of racial or religious differences, since Recommendation 6 involves the present status of two other organizations, the League is of the opinion that it should take no action on this recommendation.
membership in the national organization should be made available to qualified professional nurses in states that exclude them from the state organization.

It is suggested that this subcommittee have representation from all six organizations, but greater and equal representation from ANA and NACGN.

7. It is recommended that a subcommittee of the Joint Committee be formed to analyze the organizational activities and functions of the various national nursing organizations as they relate to industrial nurses and industrial nursing, and to formulate recommendations leading toward unification of these interests.

It is suggested that this work be started immediately, and that the subcommittee contain representation from all organizations interested in this special field with greater representation from AAIN.

7. As submitted by the Structure Committee.

It is suggested that this work be started immediately, and that the subcommittee include representatives from all organizations interested in this special field with an equal number of representatives from AAIN, ANA, and NOPHN.

NON-NURSE MEMBERS

8. It is recommended that in whatever organization is finally established (1) strictly professional matters be left under the sole control of professional nurses, and (2) the organization structure include provision for non-nurse members who meet membership requirements.

Nurses have long recognized that all potential consumers of nursing service and community planners (among them nurses) have a responsibility for advancement of nursing education and service through which the developing and changing needs for nursing can be met.

8. It is recommended that in whatever organization is finally established (1) professional nurses should retain sole control over strictly professional matters, and (2) non-nurse members who meet membership requirements should be admitted to share in the responsibility for advancement of nursing education and service through which the developing and changing needs for nursing can be met.

9. Now that differentiation between professional and practical nurse duties, and the functions and

9. Now that differentiation between professional and practical nurse duties, and the functions and
standards of the various nursing auxiliaries are more clearly defined, it is recommended that a subcommittee of the Joint Committee be named to propose appropriate relationships between the professional and practical nurse groups.

The Joint Committee believes that professional nurses must, because they must be concerned with total nursing service to the community, recognize that they need to cooperate with organized practical nurses in analyzing and defining duties and responsibilities of the two groups, and in furthering licensure and bettering educational standards of the practical group.

**National Academy of Nurses**

10. It is recommended that, in view of a general consensus in favor of a National Academy of Nurses essentially as recommended in the Rich report, a subcommittee of the Joint Committee on Structure be set up now to work out a recommended basis for establishing an Academy, and balanced machinery for the development of the nursing specialties, in close harmony with the evolving structure of national nursing organizations as herein recommended.

It is suggested that this subcommittee include representation from all six organizations, but greater representation from NLNE and ACSN.

**Experiments in Coordinated Action**

11. It is recommended that the Joint Committee on Structure and the separate organizations give every encouragement and aid to experiments in coordinated action.

**Nursing Specialties and the National Academy of Nurses**

10. It is recommended that a subcommittee of the Joint Committee on Structure be set up now to work out a recommended basis for the establishment of a National Academy of Nurses and balanced machinery for the development of the nursing specialties in close harmony with the evolving structure of national nursing organizations.

It is suggested that this subcommittee include an equal number of representatives from all six organizations.

**Experiments in Coordinated Action**

11. As submitted by the Structure Committee except that the word "them" (line 9) was changed to "these."
periments in coordinated action on the state and local level, such as the Michigan Nursing Center Association, and that the Joint Committee study them with a view to utilizing procedures that may have worth in the national structure, and recommending procedures of demonstrated value to other state and local groups.

**Resignation of Member from Structure Committee and Appointment of New Member**

The chairman announced the resignation of Esther Lucile Brown as the League’s non-nurse representative on the Joint Committee on the Structure of National Nursing Organizations. It was moved, seconded, and carried unanimously that Genevieve K. Bixler be appointed to fill the vacancy created by Dr. Brown’s resignation.

**Vote of Confidence**

A vote of confidence in the League representatives on the Structure Committee was moved by Sister M. Olivia Gowan (District of Columbia), seconded by Ruth Lynch (New York), and carried unanimously.

**REPORT OF THE COMMITTEE ON RESOLUTIONS**

The committee wishes to thank the Washington State League of Nursing Education for inviting the National League of Nursing Education to meet in Seattle for its Fifty-first Convention and to extend its appreciation to the Board of Directors of the National League of Nursing Education for accepting the invitation which gave the membership the opportunity to meet again in the state of Washington after an interim of twenty-five years.

We also desire to express our appreciation to Adelaide A. Mayo and the Headquarters Staff of the National League of Nursing Education and to Marion Kent and the headquarters staff of the Washington State Graduate Nurses’ Association for the assistance which has been given in preparing for the convention.

The Committee on Program merits special commendation for providing us with a program giving us a clearer insight into, or understanding of, the functions of the professional nurse in the future and many suggestions for developing an educational program to prepare such individuals.

The Committee on Convention Arrangements has spared no effort to
make our visit a very pleasant one in spite of many obstacles presented by
an unforeseen change in plans necessitating the shortening of the length of
time for the Convention.

To the following organizations which have so willingly and ably given
assistance in the convention arrangements, we offer our sincere thanks:

To the Seattle Chamber of Commerce for its generous contribution of
supplies and adequate personnel for handling registration and furnishing
information; to the Seattle Hotel Association for the comfortable and plea-
sant accommodations and with special thanks to the Olympic Hotel and Moore
Theatre for their interest in providing adequate space for our meetings; to
the Board of Directors of the Seattle Visiting Nurse Association and to the
Allied Florists' Association of Seattle for the lovely floral contributions
which portray, so well, the natural beauty of the state; to the Board of Trus-
tees of the Children's Orthopedic Hospital of Seattle for the delightful tea
and social hour given for the Board of Directors and the Council of State
Leagues of the National League of Nursing Education; to the many Seattle
stores and shops for the attractive window displays and expressions of wel-
come; to the newspapers and radio stations of Seattle for the generous pub-
licity given to our convention; to the members of numerous interested
organizations as well as students in schools of nursing in Tacoma, Everett, and
Seattle who served as monitors and ushers for the many meetings; to the
allied professional associations, schools of nursing, and hospitals in the vicin-
ity for their financial contribution and other assistance; to the Martin Plumb
Sign Company for its generous contribution of the many signs which helped
us find our way about with ease, and to the Lippincott Publishing Company
for its lounge which added much to our comfort and enjoyment.

The membership wishes to recognize and express sincere appreciation
for the outstanding contribution given by Clara Quereau for her untiring
efforts and successful accomplishment in developing and carrying forward
the accreditation program; and to Phoebe Kandel, Anna D. Wolf, Sister
M. Olivia Gowan, and Margaret Carrington for their many years of loyal
service and valuable contributions to our organization as officers and members
of the Board of the National League of Nursing Education.

Respectfully submitted,

DORRIT D. SLEDGE, Chairman
FRANCES H. CUNNINGHAM
JULIA HEREFORD

REPORT ON ATTENDANCE

Virginia Olcott, Chairman of the Committee on Convention Arrangements,
reported a total registration at the Convention of 568; nurse members to-
talled 450, non-nurse members 8, guests 88, speaker-guests 4, and students 18.
REPORT ON THE ELECTION OF LEAGUE OFFICERS

Miss Lulu B. Payne, Chairman of Tellers
National League of Nursing Education
1790 Broadway
New York 19, New York

My dear Miss Payne:

Pursuant to engagement I have rechecked the tabulations compiled by the tellers, showing the results of the voting by mail of the members of the National League of Nursing Education for the election of Vice President, Secretary, and members of the Board of Directors.

The results shown by the tabulations after minor adjustments are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ballots received</td>
<td>3,443</td>
</tr>
<tr>
<td>Total valid ballots</td>
<td>3,323</td>
</tr>
<tr>
<td>Total invalid ballots</td>
<td>80</td>
</tr>
<tr>
<td>Total ballots postmarked after August 12 and not included in count of valid ballots</td>
<td>40</td>
</tr>
</tbody>
</table>

Vice President: Hazelle B. Macquin, 1,883; Sister John of the Cross, 1,414
Secretary: Henrietta A. Loughran, 1,880; Laura E. Rosnagle, 1,400
Directors: Ruth Harrington, 2,135; Deborah MacLurg Jensen, 2,015; Anne L. Austin, 1,858; Loretta E. Heidgerken, 1,750; Edna B. Groppe, 1,683; Virginia Olcott, 1,408; Mary H. McKinnon, 1,390; Henrietta Doltz, 878

The 80 ballots designated by the tellers as invalid were due to the omission of the required signatures of the voters on the mailing envelopes.

Very truly yours,

Berner and Derry
[Certified Public Accountants]

Respectfully submitted,

Lulu B. Payne, Chairman of Tellers
Esther E. Kreps, Co-chairman

The secretary read the names of the elected officers and the president declared them to be as follow:

Vice President: Hazelle B. Macquin
Secretary: Henrietta A. Loughran
Directors: Ruth Harrington, Deborah MacLurg Jensen, Anne L. Austin, Loretta E. Heidgerken.

The meeting adjourned at 12:30 p.m.
CERTIFICATE OF INCORPORATION

NATIONAL LEAGUE OF NURSING EDUCATION

THE AMERICAN SOCIETY OF SUPERINTENDENTS WAS REGISTERED APRIL 26, 1907, AND ON CHANGE OF NAME THE NATIONAL LEAGUE OF NURSING EDUCATION WAS REGISTERED JULY 22, 1914, IN NEW YORK COUNTY.


Bylaws amended June 21, 1924; May 29, 1925; May 22, 1926; June 17, 1929; June 10, 1930; April 11, 1932; June 12, 1933; April 23, 1934; June 3, 1935; May 10, 1937; April 25, 1938; May 17, 1940; May 19, 1942; June 19, 1943; September 23, 1946; September 8 and 11, 1947.

CERTIFICATE OF INCORPORATION*

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned, citizens of the United States, Jane Delano, Clara D. Noyes, and Georgia Nevins, citizens of the District of Columbia, and Lillian Clayton, a resident of Philadelphia, Pa., and Elizabeth A. Greener, a resident of the City of New York, desiring to avail ourselves of the provisions of Sec. 599, et sequitur, of the code of law of the District of Columbia, do hereby certify as follows:

1st. This organization shall be known as the National League of Nursing Education.
2d. The term for which it is organized shall be perpetual.
3d. The object of this association shall be to consider questions relating to nursing education; to advance educational aims and standards in nursing; to assist in furthering the development of public health; to aid in measures for public good by co-operating with other bodies, educational, philanthropic, and social; to promote helpful and cordial professional relationships, and to develop and maintain the highest ideals in the nursing profession.*
4th. The number of its trustees for the first year of its existence shall be thirteen.

IN WITNESS WHEREOF we have hereunto set our hands and seals on this 13th day of March, 1917.

James Picker, E. J. Morton as to Elizabeth Greener, R.N. (Seal)

| Lillian Clayton, R.N. (Seal) | Jane A. Delano (Seal) |
| Georgia Nevins (Seal) | Clara D. Noyes (Seal) |

*As amended: amended September 23, 1946, by vote of the League membership in convention; amendment recorded October 18, 1946.
ARTICLE I

MEMBERSHIP

SECTION 1. Members in the National League of Nursing Education shall be classified as follows:

A. Nurse members with qualifications as set forth in Sections 2 and 3:
   Active, including sustaining
B. Lay members with qualifications as stated under Section 4:
   Active, including sustaining
C. Honorary members as defined in Section 5

SEC. 2. An applicant for nurse membership shall, after October 1, 1946, qualify by:

a. (1) Having been graduated from a school of nursing accredited by the legally authorized state accrediting agency and connected with a hospital having a daily average of 50 patients during the final year of the applicant's course and offering a program consisting of practice and instruction in medical, surgical, obstetric, and pediatric nursing; or
   (2) Having been graduated from a school of nursing accredited by the legally authorized state accrediting agency and connected with a hospital having a daily average of from 30 to 49 patients, and either having had in her undergraduate course an affiliation or affiliations of not less than six months in a state-accredited school of nursing connected with a hospital having a minimum daily average of 100 patients, or having completed satisfactorily, after graduation, a course or courses of not less than six months; or
   (3) Having been graduated from a school of nursing in a foreign country, such school of nursing having been accredited by a board or other authority constituted for that purpose in the country in which such school of nursing is located.

b. Having become a registered nurse in one or more states.

c. Being a member of the American Nurses' Association.

d. (1) Holding an advisory, executive, teaching, supervisory, assistant supervisory, head nurse or assistant head nurse position in an educational or preventive organization or in a government service employing nurses; or
   (2) Holding a position as director of nursing service in a hospital without a school of nursing; or
   (3) Holding a position as administrator or instructor in a school of practical nursing approved by the legally authorized state accrediting agency or the National Association for Practical Nurse Education.

e. Being recommended for active membership by the Committee on Eligibility.

SEC. 3. A sustaining member is an active member interested in furthering the financial welfare of the League, who has paid the dues required of such membership.

SEC. 4. An applicant for lay membership shall qualify for active or sustaining membership by:

a. (1) Having been or being a member of a board of trustees of a hospital conducting a school of nursing; or
   (2) Having been or being a member of a school of nursing committee; or
   (3) Having been or being a member of a board of trustees or of a faculty of a college or university concerned with nursing education; or
(4) Having been or being a member of a board or a committee member of a public health agency concerned with nursing education for student or graduate nurses; or

(5) Having been or being a member of the administrative or teaching staff of a school of nursing; or

(6) Having made or making important surveys or studies or other recognized contributions to nursing education.

b. Being recommended for lay membership by the Committee on Eligibility or by special action of the Board of Directors.

SEC. 5. Honorary membership may be conferred by a unanimous vote of the voting body at the annual convention or business meeting on persons who have rendered distinguished service or valuable assistance to the nursing profession, the names having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two persons at any convention. Honorary members do not pay dues.

SEC. 6. a. An applicant for active membership in the National League of Nursing Education shall be accepted in one of four ways:

(1) As a member of a local league of nursing education, which gives automatic membership in state leagues and the National League of Nursing Education; or

(2) As a member of a state league where there is no local league, which gives automatic membership in the National League of Nursing Education; or

(3) As an individual member if residing in a state which has no state league, or upon special action of the Board of Directors; or

(4) As an individual member if residing in a state where Negro nurses are not eligible for membership in the state league. Membership in the National Association of Colored Graduate Nurses will be accepted in lieu of membership in the American Nurses’ Association.

b. Applicants desiring to join the National League of Nursing Education as individual members shall make application on a form furnished by the executive secretary. The form, after being properly filled in, shall be sent with the required dues to the executive secretary.

SEC. 7. An active member in good standing in any state league who changes her residence to another state may be admitted by transfer, upon request to the executive secretary of the National League of Nursing Education who will notify the treasurers of both state leagues of such transfer. A member who has paid her dues for the current year before transferring to another state league will receive a membership card from and be granted full membership privileges by the state league to which she has transferred without further payment of dues for the current year. A member who transfers to another state league before she has paid her current dues will pay such dues to the state (or local) league to which she is transferring. A member living in one state and working in another or temporarily located in a state may be permitted to continue her membership in the state of her choice.

SEC. 8. An active member in active military service who is not permanently located may retain her membership on an individual basis by paying dues directly to the National League of Nursing Education.

SEC. 9. An active member who has withdrawn from the National League of Nursing Education or whose membership has lapsed on account of nonpayment of dues may be reinstated by paying the regular annual dues for the current year to the state in which she is a resident, except as provided in Sec. 7.
ARTICLE II
Officers

SECTION 1. The officers of the National League of Nursing Education shall consist of a president, a vice president, a secretary, and a treasurer, all of whom shall be nurses. These four officers, and eight directors, one of whom shall always be a lay member, and, as ex officio members, the president of the American Nurses' Association, the president of the National Organization for Public Health Nursing, and the editor of the American Journal of Nursing, shall constitute a Board of Directors.

ARTICLE III
Elections

SECTION 1. The president, the treasurer, and four directors shall be elected in the even-numbered years to serve for two years. The vice president, the secretary, and four directors shall be elected in the odd-numbered years to serve for two years.

SEC. 2. All elections of officers and directors referred to in Section 1 of this Article shall be held by mail within two months preceding the annual convention or business meeting. All elections shall be by ballot. All elections shall be had by plurality vote.

SEC. 3. The president shall appoint the necessary tellers of election.

SEC. 4. All members whose dues have been received at Headquarters by the first day of the month preceding the month of the annual convention or business meeting shall receive ballots. Ballots, enclosed in special envelopes, shall be returned to Headquarters by the date indicated annually.

SEC. 5. Tellers shall count and record all votes, and all records shall be checked by an auditor, and a certified and sealed report shall be given to the secretary.

SEC. 6. Each officer shall hold office until the adjournment of the annual meeting at which her successor has been elected.

SEC. 7. In the event of a vacancy in the Board membership, the Board of Directors shall fill the vacancy until the next election.

ARTICLE IV
Duties of the Board of Directors and Officers

SECTION 1. The Board of Directors shall:

a. Supervise the affairs of the League, perform all necessary functions of management, and devise and mature measures for its advancement and welfare.

b. Hold a business meeting immediately preceding and immediately following each convention and meet at other times at the call of the president or at the request of five or more members of the Board.

c. Transact the general business of the League in the interim between annual conventions.

d. Report to the League at each annual convention the business transacted by it during the preceding year.

e. Provide for the proper care of all books and papers of the League.

f. Select a place of deposit for funds and provide for their investment.

g. Provide for the auditing of accounts.
b. Provide for the maintenance of National Headquarters and for making this office the center of all activity of the League in connection with the American Nurses' Association and the National Organization for Public Health Nursing.

i. Appoint an executive secretary, define her duties, except as herein provided, and fix her compensation.

j. Appoint all committees not otherwise provided for.

b. Act upon applications for membership referred by the Committee on Eligibility.

SEC. 2. The president shall:

a. Preside at conventions and at all meetings of the Board of Directors and the Council of State Leagues and be a member ex officio of all committees.

b. Issue vouchers for all bills paid by the treasurer.

c. Perform all other acts and duties of a general nature as may be incident to her office.

SEC. 3. The vice president shall perform the duties of the president in her absence or during her inability to act and such other duties as may be delegated to her by the president.

SEC. 4. The secretary shall:

a. Keep the minutes of the convention and of the meetings of the Board of Directors and of the Council of State Leagues.

b. Preserve all papers, letters, and records of all transactions, and have custody of the corporate seal.

c. Present to the Board of Directors all applications for membership together with the recommendations of the Committee on Eligibility.

d. Report to the Board of Directors at each annual convention or upon request.

e. Within one month after retiring, deliver to the new secretary all books, papers, and reports of the League in her custody with a supplemental report covering all transactions from January 1 to the close of the annual convention.

f. Send a notice of the annual convention to each member at least one month in advance.

SEC. 5. The treasurer shall:

a. Collect, receive, and have charge of all funds of the League, and deposit such funds in a bank designated by the Board of Directors.

b. Pay only such bills as have been ordered by the president.

c. Give a bond subject to the approval of the Board of Directors for the faithful performance of her duties, said bond to be paid from the treasury.

d. Report to the Board of Directors the financial standing of the League at each annual convention and upon request.

e. Deliver, one month after retiring, to the new treasurer all papers, books, records, money of the League in her custody, with a supplemental report covering all transactions from January 1 to the close of the annual convention.

SEC. 6. Necessary expenses incurred by officers or committees in the service of the League shall, upon approval of the Committee on Finance, be refunded from the general treasury. Necessary expenses of the directors shall be fixed at an appropriate amount by the Committee on Finance in its absolute discretion, and shall be included in the budget of the finances of the League. The amount so fixed shall be refunded from the general treasury.
ARTICLE V

COUNCIL OF STATE LEAGUES

SECTION 1. The officers of the National League and the presidents of the state leagues belonging to the National League shall constitute a Council of State Leagues.

SEC. 2. The duties of the Council of State Leagues shall be to keep the National League informed of the progress of nursing education in the states represented and to co-operate with the National League of Nursing Education.

SEC. 3. Meetings of the Council of State Leagues shall be held in connection with each annual convention or business meeting and at any other time as called by the Board of Directors. The members shall be prepared to report on the work in their respective state leagues.

SEC. 4. In the absence of its president a state league may be represented in the Council of State Leagues by an alternate appointed by the state league.

ARTICLE VI

EXECUTIVE SECRETARY

SECTION 1. Except as herein specifically provided, the duties of the executive secretary shall be outlined by the Board of Directors.

SEC. 2. She shall be responsible for the disbursements of all Headquarters funds as assigned by the Board of Directors, and in this capacity shall be bonded.

SEC. 3. She shall attend the meetings of the Board of Directors and shall be a member ex officio of all committees.

ARTICLE VII

STANDING COMMITTEES

SECTION 1. Except as otherwise specifically provided, standing committees shall be appointed by the Board of Directors to serve for one year. Lay members shall be entitled to all the privileges of membership on committees which are extended to nurse members. The standing committees shall consist of at least three members and shall be as follows:

a. Administration of the Accrediting Program
b. Convention Arrangements
c. Curriculum
d. Eligibility
e. Executive
f. Finance
g. Measurement and Guidance
h. Nominations
i. Program
j. Publications
k. Revision
l. Studies
SEC. 2. The Committee on the Administration of the Accrediting Program. This committee shall be responsible for the application of the policies and procedures of accrediting, which includes responsibility for the administration of the program.

SEC. 3. The Committee on Convention Arrangements. This committee shall be responsible for the plans to be followed in carrying on the annual convention by making arrangements for suitable places for general and committee meetings, hotel accommodations, exhibits, and general information.

SEC. 4. The Committee on Curriculum. The work of this committee shall include the study and presentation of the curriculum for schools of nursing and any other activity approved by the Board of Directors.

SEC. 5. The Committee on Eligibility. This committee shall check the qualifications of the applicants applying for individual membership according to the requirements of the Bylaws and shall approve for membership those applicants who qualify. Applications which present problems shall be referred by the Committee on Eligibility to the Board of Directors.

SEC. 6. The Executive Committee. This committee shall have the power to act between Board meetings upon all matters which are referred by the president or executive secretary which do not require the formation of new policies, and to pass upon applications for membership which come from states where there are no state leagues.

SEC. 7. The Committee on Finance. This committee shall prepare and present a budget of the finances of the League to the Board of Directors, advise concerning investments, and approve other than routine expenditures.

SEC. 8. The Committee on Measurement and Guidance. The committee shall study those needs of the profession and nursing education the solution of which may be approached through measurement, evaluation, and educational guidance, and shall carry on research relating to nursing ability and achievement.

SEC. 9. The Committee on Nominations. The committee shall consist of five members, two of whom shall be appointed by the chair and three by the house. On or before each September 1 preceding the annual convention, this committee shall issue to each state league a form on which the state league shall submit the name of one nominee for each office to be filled. These forms shall be signed by the president or secretary of the state league and returned to the Committee on Nominations of the National League of Nursing Education before December 1 preceding the annual convention.

From the forms returned by the state leagues, the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for each office, and eight names for the office of directors. If the list of names submitted is not sufficient to form a ticket, the Committee on Nominations shall have power to add names so that a full ticket may be made up. No name shall be presented to the Board of Directors or to the convention, either by the Committee on Nominations or from the floor, unless the nominee has consented and is free to serve if elected. This report shall be in the hands of the secretary by January 1.

The list of nominations shall be published in the *American Journal of Nursing* and mailed to each state league at least two months previous to the annual convention.
SEC. 10. The Committee on Program. The chairman of this committee shall request from the members of the Committee on Program, the officers of the National League of Nursing Education, the state leagues, and chairmen of all committees, suggestions for the program. This committee shall submit a draft of this program to the Board of Directors to be acted upon at the mid-year meeting. The committee shall be responsible for all correspondence, unless otherwise instructed.

SEC. 11. The Committee on Publications. This committee shall study publication needs of the nursing profession in relation to the program of the League and shall act in an advisory capacity to the executive secretary, at her discretion, in her function as editor of the Nursing Education Department of the American Journal of Nursing.

SEC. 12. The Committee on Revision. This committee shall investigate the eligibility of all state leagues applying for membership in this organization and make recommendations concerning the applications to the Board of Directors. It shall receive all proposed amendments to the Bylaws of this association and submit them for action at the annual convention. This committee, also, shall review state leagues’ proposed amendments or revisions to their constitution and bylaws for the purpose of keeping them in harmony with the Bylaws of this organization. The committee will send them, with recommendations, to the executive secretary of the National League of Nursing Education.

SEC. 13. The Committee on Studies. This committee shall approve the studies to be undertaken by the Director of Studies, the plans for and reports of such studies, and otherwise serve in an advisory capacity to the Director.

SEC. 14. Each committee shall present a written report of its activities to the annual convention and to the Board of Directors at the mid-year meeting, and keep the executive secretary informed of its work, as may be indicated, during the year.

ARTICLE VIII

DUES

SECTION 1. The annual dues for all active members of the National League of Nursing Education shall be $5.00.

a. In states where there is a state league, dues ($5.00) for all active members shall be paid through the state league on the basis of membership as of March 1 of each year, except for the first year of membership, when dues shall be paid at the time of application.

b. In states where there is no state league, dues ($5.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

SEC. 2. The annual dues for sustaining members shall be $13.00, which shall entitle the members to receive pamphlets published by the League during the year, not to exceed $2.50 in value.

a. In states where there is a state league, dues ($13.00) for all sustaining members shall be paid through the state league on the basis of membership as of March 1 of each year, except in the first year of membership, when dues shall be paid at the time of application.

b. In states where there is no state league, dues ($13.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.
SEC. 3. Any state leagues or individual members failing to pay the annual dues by the first day of April shall receive a notice from the treasurer, and if the dues are not paid within two months, they shall forfeit all privileges of membership. Active individual members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

ARTICLE IX

MEETINGS

SECTION 1. A convention or business meeting of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held conjointly with the convention of the American Nurses' Association; in the odd-numbered years it shall be held at such time and place as shall be determined by the Board of Directors.

SEC. 2. The order of business at each convention shall include:

a. Reading of the minutes
b. Annual reports of all officers
c. Annual reports of presidents of all state leagues of nursing education
d. Annual reports of all standing committees
e. Address by the president
f. Miscellaneous business
g. Election of officers and directors

ARTICLE X

REPRESENTATION

SECTION 1. The voting body at the annual convention of the National League of Nursing Education shall consist of active and sustaining members of state leagues in good standing, and individual active and sustaining members in good standing.

ARTICLE XI

QUORUM

SECTION 1. A quorum of the Board of Directors shall be eight members.

SEC. 2. A quorum of the Council of State Leagues shall be ten members other than the officers.

SEC. 3. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.

ARTICLE XII

FISCAL YEAR

SECTION 1. The fiscal year of this association shall be the calendar year.
ARTICLE XIII

STATE LEAGUES

SECTION 1. Where the term "state league" is used in these Bylaws, the word "state" shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to any territory, possession, or dependency of the United States of America, and the rights and privileges, responsibilities and obligations of all members in the states, the District of Columbia, the territories, possessions, or dependencies shall be the same. (See Article I, Sec. 5, Bylaws, American Nurses' Association.)

SEC. 2. A group of League members desiring to form a state league of nursing education shall make application on the form furnished by the executive secretary. This form shall be properly filled in and, with a copy of the proposed constitution and bylaws, shall be sent to the executive secretary for referral to the Committee on Revision of the National League of Nursing Education. With a letter of approval, the proposed constitution and bylaws shall be sent to Headquarters for final approval by the Board of Directors.

ARTICLE XIV

DUTIES OF STATE LEAGUES

SECTION 1. It shall be the duty of each state league:

a. To know that all requirements for membership in the state and local leagues meet the requirements for membership in the National League of Nursing Education.

b. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of March of each year.

c. To send to the president, secretary, and executive secretary of the National League of Nursing Education and to the American Journal of Nursing the names and addresses of all officers immediately after their election or appointment, together with the date and place of the next annual meeting.

d. To report the activities of the state and local leagues at the annual convention and at such other times as may be required.

e. To confer with the Committee on Revision of the National League of Nursing Education regarding changes in the state constitution and bylaws; all proposed changes shall be sent to the executive secretary by the state league in duplicate, together with two copies of the old constitution and bylaws; the executive secretary shall forward one copy each of the proposed revisions and the old constitution and bylaws to the Committee on Revision; signed approval or recommendations shall be sent by the Committee on Revision to the executive secretary, who will return them to the state league; upon the adoption of any changes, the state league shall send one copy of the revised bylaws to the executive secretary.

f. To help organize local leagues, when desired.

g. To provide official representation, as a member of the Council of State Leagues, at each annual convention.

ARTICLE XV

PARLIAMENTARY AUTHORITY

SECTION 1. Deliberations of all meetings of the National League shall be governed by Robert's Rules of Order Revised.
ARTICLE XVI

THE OFFICIAL ORGAN

SECTION 1. The American Journal of Nursing shall be the official organ of the National League of Nursing Education.

ARTICLE XVII

AMENDMENTS

SECTION 1. These Bylaws may be amended at any annual convention by a two-thirds vote of the active members present and voting. All proposed amendments shall be in the possession of the secretary at least two months before the date of the annual convention and be appended to the call of the meeting.

SEC. 2. These Bylaws may be amended at any annual convention by the unanimous vote of the active members present and voting, without previous notice.
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*No state league
LIST OF MEMBERS

HONORARY MEMBERS

Bolton, Mrs. Chester C. ...................... Richmond Road, South Euclid, Ohio
Burgess, May Ayres ......................... Hotel Dorset, 30 W. 54 Street, New York, N. Y.
DeWitt, Katharine ......................... 151 College Avenue, Poughkeepsie, N. Y.
Goldmark, Josephine ...................... 89 Hillcrest Road, Hartsdale, N. Y.
James, Mrs. Henry ......................... 133 E. 64 Street, New York, N. Y.
Johnston, Mary E. ......................... Glendale, Ohio
Lockwood, Mrs. Charles .................. 295 Markham Place, Pasadena, Calif.
Nutting, M. Adelaide ...................... 500 W. 121 Street, New York, N. Y.
Osborn, Mrs. William Church ............ 40 E. 36 Street, New York, N. Y.
Winslow, C. E. A., Dr. P. H. ............. School of Public Health, Yale University, New Haven, Conn.

LIFE MEMBER


ACTIVE MEMBERS

Key to Symbols

* Sustaining member
† Lay member
‡ No state league

ALABAMA—72

Alexander, Mrs. Julia L.*
Box 633, Tuskegee Institute

Barney, Mrs. Charlotte
Sylacauga Hospital, Sylacauga

Basham, Nina M.*
1020 Woodward Bldg., Birmingham 3

Baskett, Mrs. Lois P.
Veterans Hospital, Tuskegee

Corker, Lottie C.
South Highlands Infirmary, Birmingham 5

Coupe, Anna L.
Providence Hospital, Mobile

Crawford, Annie L.
Professional Center, Montgomery

Crawford, Jewelle R.*
Veterans Hospital, Tuskegee

Denny, Linna H.
1320 N. 25 St., Birmingham 4

Dick, Katherine R.*
Jefferson-Hillman Hospital, Birmingham 3

Grimmett, Julia M. J.*
Veterans Hospital, Box 546, Tuskegee

Hardman, Hazel
Jefferson-Hillman Hospital, Birmingham 3

Harvey, Mrs. Lillian H.*
Tuskegee Institute, Tuskegee Institute

Hoeric, Gertrude
Crippled Children's Hospital, Birmingham 4

Horn, Gladys*
301 N. Gates St., Dothan

Houser, Mrs. Oma D.
Norwood Hospital, Birmingham 4

Howell, Ammie O.
Jefferson-Hillman Hospital, Birmingham 3

Jameson, Florence M.
Veterans Administration Center, Montgomery 10

1This list includes those members whose 1947 dues reached NLNE Headquarters by December 31, 1947.

2Bylaws (revised by vote of the membership September 23, 1946), Article 1, Sec. 3: "A sustaining member is an active member interested in furthering the financial welfare of the League, who has paid the dues required of such membership." Article VIII, Sec. 2: "The annual dues for sustaining members shall be $13.00, which shall entitle the members to receive pamphlets published by the League during the year, not to exceed $2.50 in value."
KILPATRICK, MRS. WANITA
Norwood Hospital, Birmingham 4

LOVELL, BERNICE R.
Jefferson Tuberculosis Sanatorium, Birmingham

MAFFING, CONSTANCE
Box 796, Tuskegee Institute

MCDONNELL, ELIZABETH T.
Route 2, Box 87, Birmingham

MCELDERY, BERTHA
203 Court, Talladega

MITCHELL, IRENE E.*
Jefferson-Hillman Hospital, Birmingham 3

MOFFETT, IDA*
Baptist Hospital, Birmingham 9

NICKERSON, MATTIE E.
10 Sixth Ave., S., Birmingham 5

O'CURRAN, JESSIE L.
St. Margaret's Hospital, Montgomery 5

OLIVER, MYRTLE
Jefferson-Hillman Hospital, Birmingham 3

OSBORNE, NETTIE J.
P.O. Box 34, Tuskegee Institute

PHILLIPS, OLIVE W.
Veterans Hospital, Lake City, Fla.

RANDOLPH, LULA G.*
Veterans Hospital, Tuskegee

RAY, MARTHA
Jefferson-Hillman Hospital, Birmingham 3

RAY, ODESSA N.
Veterans Hospital, Montgomery 10

ROBERTS, MRS. ROSS E.
East End Memorial Hospital, Birmingham 6

SANNER, MARIE
St. Vincent's Hospital, Birmingham 5

SELLARS, RUBY
Norwood Hospital, Birmingham 4

SISTER AMELIA LENZ
St. Margaret's Hospital, Montgomery 5

SISTER CECILIA ROME
City Hospital, Mobile 16

SISTER CLAIRE NEUHOFF
City Hospital, Mobile 16

SISTER HELEN NEUHOFF*
Providence Hospital, Mobile 17

SISTER HELEN SONNIER
St. Margaret's Hospital, Montgomery 5

SISTER JANE FRANCES BYRNE
St. Margaret's Hospital, Montgomery 5

SISTER LAURA NICAISE
City Hospital, Mobile 16

SISTER LAURENCE
St. Margaret's Hospital, Montgomery 5

SISTER MARIANA FLynn
721 N. La Salle St., Chicago 10, Ill.

SISTER MARIE BREITLING
Providence Hospital, Mobile 17

SISTER MARIE CELINE NORICK
Holy Name of Jesus Hospital, Gadsden

SISTER MARTINA LLOYD
City Hospital, Mobile 16

SISTER MARY AGNES TEHAN*
St. Vincent's Hospital, Birmingham

SISTER MARY ANN NEELLEY
Providence Hospital, Mobile 17

SISTER M. HILDEGARD HOLBEIN
Blessed Martin DePorres Hospital, Mobile 21

SISTER MILDRED MARY LAMBERT
City Hospital, Mobile 16

SISTER ROBERTO DEGNAN
St. Margaret's Hospital, Montgomery 5

SISTER ROSANNA WHITE*
City Hospital, Mobile 16

SISTER STANISLAUS PHILLIPS
City Hospital, Mobile 16

SISTER THEODORA PENN
St. Margaret's Hospital, Montgomery 5

SISTER VALERIA
St. Vincent's Hospital, Birmingham 5

SISTER VINCENT THOMAS
Providence Hospital, Mobile 17

STEELE, MRS. AGNES
Duchy City Hospital, Tuscaloosa

STONE, JESSIE L.
22 Riverside Dr., Montgomery

STUDINKA, MRS. JULIA S.
St. Vincent’s Hospital, Birmingham 5

SWEETON, LUCIA M.
6 Julia St., Montgomery

TAYLOR, EMMA F.*
401 Headland Ave., Dothan

THIGPEN, LORNA W.
Jefferson-Hillman Hospital, Birmingham 3

THRASHER, MRS. JEWELL W.*
Frazier-Ellis Hospital, Dothan

THUSS, MRS. LOUISE
2337 Southwood Rd., Birmingham 9

TURNER, ALICE M.
Veterans Hospital, Tuskegee

WHITTEN, ALMA
Veterans Hospital, Tuscaloosa

WHITTEN, FRANCES*
Route 2, Box 192, Birmingham 9

WILDSMITH, LOIS M.
5624 Sixth Ave., S., Birmingham 6

WILLIAMS, FANNIE V.*
Veterans Hospital, Tuskegee

WILLIAMS, SALLIE M.
Veterans Hospital, Tuscaloosa

BOYD, FLORENCE
1008 E. Edison St., Tucson

DAILEY, HELEN J.
1005 E. Mitchell St., Tucson

ERHARDT, MRS. FRIEDA B.*
P.O. Box 3923, Phoenix

GAINES, MRS. OLGA P.
P.O. Box 241, Tucson

LIEBECK, CLARA M.
St. Mary's Hospital, Tucson

LOZIER, MRS. LOUISE B.
417 W. Clark St., Mesa

MALEDAY, MRS. MARGARET J.
Box 1190, Bisbee

NIEHUTS, GRACE M.
Good Samaritan Hospital, Phoenix

SHELLABARGER, M. ELIZABETH
Box 1734, Phoenix

SMITH, MRS. EVELINA G.
Windsor Hotel, Phoenix

SISTER MARY BEATRICE JOHNSON*
St. Mary's Hospital, Tucson

WAGNER, MARY F.
St. Mary's Hospital, Tucson

‡ARIZONA—12

406
ARKANSAS—48

AUSTIN, MRS. E. ABERCROMBIE  
A. M. and N. College, Pine Bluff

BARNUM, JUNE J.  
Veterans Hospital, Little Rock

BLACK, SALLIE M.  
Veterans Hospital, North Little Rock

BOOZMAN, MRS. CATHERINE R.  
906 N. 15 St., Fort Smith

BROWN, BILLYE J.  
1004 W. Second, Little Rock

BUFFALO, RACHEL E.*  
St. Joseph’s Hospital, Hot Springs

BURNS, NETTIE J.  
2100 Moss, North Little Rock

CARPENTER, MARIAN E.  
Room 1621, Pyramid Life Bldg., Little Rock

CARROLL, ETHEL A.  
Veterans Hospital, North Little Rock

CORNELL, ANNA M.  
1301 Abigail St., Little Rock

GOLDENBURG, MRS. ETHEL L.  
Methodist Hospital, Hot Springs

HENKE, ELLA M.  
University Hospital, Little Rock

HILL, ANITA O.  
901 N. West St., Morrilton

HOELTZEL, ELIZABETH M.  
1106 Barber Ave., Little Rock

HOLLAND, ELVA N.  
Baptist State Hospital, Little Rock

HORTON, MYRTLE  
2614 W. 15 St., Little Rock

JAMES, LOUISE  
State Health Dept., Little Rock

JENKINS, ELDA H.*  
Veterans Hospital, North Little Rock

LAMBERTON, L. CAROLYN  
316 E. 20 St., Little Rock

LAMPSMANN, BEVERLY R. P.  
1300 Brown, Little Rock

LYNCH, LOUISE  
Baptist State Hospital, Little Rock

MERRELL, FRANCES F.  
1109 Bishop, Little Rock

ORIGER, WILMA G.  
708 Lexington St., Fort Smith

OWENS, ARITA  
1706 Laurel, Pine Bluff

PHILLIPS, ELLEN  
Box 96, Russellville

RAMPEY, HULDA R.  
838 Collins, Little Rock

REEVES, ETHELLE  
Apt. 2, 409 Woodlawn, Little Rock

SALLEE, LILA  
621 Thomasville St., Pocahontas

SISTER BRIDGID  
St. Vincent’s Infirmary, Little Rock

SISTER CATHERINE MARION NABER  
St. Vincent’s Infirmary, Little Rock

SISTER M. CALLISTA  
St. Joseph’s Hospital, Hot Springs

SISTER MARY CONSILIA CREAMER  
St. Edward’s Mercy Hospital, Fort Smith

SISTER MARY DELPHINE DUVALL  
St. Joseph’s Infirmary, Hot Springs

SISTER M. EUGENIUS McCURTH  
503 Walnut St., Texarkana

SISTER MARY FABIAN  
St. Joseph’s Hospital, Hot Springs

SISTER MARY KEVIN GALLAGHER  
Warner Brown Hospital, El Dorado

SISTER MARY LEONARDO BRENNOCK  
St. Edward’s Mercy Hospital, Fort Smith

SISTER MARY LOUIS  
St. Vincent’s Infirmary, Little Rock

SISTER M. MILDRED FELDERHOFF  
St. Bernard’s Hospital, Jonesboro

SISTER MARY SEBASTIAN MARKEY  
St. Edward’s Mercy Hospital, Fort Smith

SISTER M. THOMASINA WALTERSCHEID  
St. Bernard’s Hospital, Jonesboro

SMITH, MARY E.  
2101 W. 16 St., Little Rock

STEINKAMP, ILA W.  
1014 Pyramid Life Bldg., Little Rock

TATE, EUPHA H.  
1115 Ecy St., Fort Smith

TWEDDY, MRS. ALLIE L.  
Sebastian County Health Dept., Fort Smith

VAUGHAN, MARGARET S.  
300 W. 16 St., Little Rock

WENNE, A. EUNICE  
Baptist State Hospital, Little Rock

WRIGHT, MARY T.  
336 State Capitol Bldg., Little Rock

ARKANSAS—48

ADAMS, MRS. GENEVA W.  
105 Pacific St., Bakersfield

AIDEM, MRS. ZENA R.  
1425 42 Ave., San Francisco 22

AKERMAN, HELEN  
529 92 St., Oakland 9

AKERS, LILLIAN E.  
3201 L St., Sacramento 16

ALFORD, MARIAN  
479 37 St., Oakland 9

ALLEN, LEOLLA  
119 W. Mariposa, Stockton

ANDERSON, DOROTHY E.  
2355 California St., San Francisco 15

ANDERSON, MARY L.  
1229 40 St., Sacramento 16

CALIFORNIA—410

ARENT, BERYL  
1017 O’Farrell St., San Francisco

ATKINSON, BEATRICE  
4058½ Front St., San Diego 3

ATTEBERRY, MAXINE  
312 N. Boyle Ave., Los Angeles 33

AUSTIN, HELEN  
314 N. State St., Los Angeles 33

BAER, LUCILLE  
Los Gatos Rd., San Jose

BAIN, BEATRICE  
1421 26 St., Sacramento 16

BAIN, RUBY V.  
1421 26 St., Sacramento 16

BAIRD, MRS. BEATRICE M.  
Santa Clara County Hospital, San Jose 14
CALIFORNIA

BAKER, L. LOUISE
Children's Hospital, Los Angeles

BANSMER, BERNICE V.
3317 X St., Sacramento

BARNES, SARAH B.
San Diego General Hospital, San Diego 3

BAUGHMAN, DR. IMO P.
638 N. Kenmore Ave., Los Angeles 4

BAWLEY, GRACE M.
3232 Geary Blvd., San Francisco

BECKER, SARAH
632 S. Lucas, Los Angeles 14

BEHRENS, EDNA H.
Sonoma County Hospital, Santa Rosa

BELDEN, LELA
2825 S. Hope St., Los Angeles 7

BELLI, ROSE M.
St. Luke's Hospital, San Francisco 10

BENNER, NELA W.
314 Stanford Ave., Palo Alto

BENNETT, BETHIE
18757 Ashton Ave., Los Angeles 24

BENNITT, MRS. MILDRED O.
129 Wheeler St., Fontana

BENSON, BEATRICE
1846 Spruce St., Berkeley

BENTON, HAZEL S.
1439 Clay St., San Francisco 9

BERNAT, GRACE B.
2154 Pierce St., San Francisco

BERRY, BERTHA
1028 Octavia St., San Francisco

BIGGAM, JEAN L.
French Hospital, San Francisco 18

BINHAMMER, HANNAH M.
2 Hill Point Ave., San Francisco 17

BLACK, LURA
703 N. K St., Tacoma 3, Wash.

BLATCHFORD, LYNDA L.
Box 164, Livermore

BLUM, MILDRED E.
3614 Kingsley St., Oakland 10

BOECK, STELLA M.
217 N. Sinclair, Glendale 6

BORDEN, EVA L.*
Box 21, Loma Linda

BOSWORTH, REBECCA C.
1250 Elysian Park Dr., Los Angeles 26

BOUTON, FLORENCE L.
1572 N. Grand Oaks Ave., Pasadena 7

BOWERS, MRS. MARIAN H.
Loma Linda Sanitarium & Hospital, Loma Linda

BRADY, MRS. ALICE W.
3600 42 St., Sacramento 17

BRETH, MARGARET A.
San Jose Hospital, San Jose 14

BRISTOW, MARGARET
St. Luke's Hospital, San Francisco 10

BROOKS, MRS. AGNES S.
1303 19 St., Sacramento 14

BROWN, E. CONSTANCE
3994 H St., Sacramento

BROWN, MRS. ELIZABETH H.
139 S. Commonwealth Ave., Los Angeles

BROWN, LOUISE M.
769 Glenmore Blvd., Glendale

BROWN, MILDRED
424 S. Alvarado, Los Angeles

BURG, HAZEL F.
P.O. Box 136, Clarksburg

BURKE, KATHRYN T.
2240 Golden Gate Ave., San Francisco 18

BUZZELL, PAULINE
Orange County Hospital, Orange

BYER, MURIEL A.
238 S. Berendo, Los Angeles

CAHILL, MONICA
Birmingham V. A. Hospital, Van Nuys

CAMERON, MRS. CLAUDIA M.
3633 Clement St., San Francisco 21

CAMPBELL, ALBA D.
St. Helena Sanitarium and Hospital, Sanitarium

CAMPBELL, ELIZABETH F.
Bartow Sanitarium, Los Angeles 26

CAMPBELL, VIVIAN*
424 Washington Bldg., Los Angeles 13

CARLSON, IRENE E.
1520 Ortega St., San Francisco

CARRICK, MRS. PANSY R. B.
Route 1, Box 145A, Folsom

CARROLL, MAURA C.
153 Dolores St., Apt, 4, San Francisco 3

CASTILE, PEARL L.
University of California Hospital, San Francisco 22

CHILDS, BARBARA E.
Box 644, Loma Linda

CHIN, MRS. JANE
303½ W. 11 St., Los Angeles 6

CHRISTENSEN, MRS. FERN
Pacific Union College, Angwin

CLARK, BERNADETTE G.
1124 Carson St., Torrance

CLARK, CATHERINE
901 Exposition Blvd., Los Angeles 7

CLARKE, ELEANOR S.
2209 Post St., San Francisco 15

COATES, MARY
Franklin Hospital, San Francisco 14

COBBAN, FRANKE F.
1501 E. Wilson Ave., Glendale 6

COEFFIELD, MARGARET
2200 Post St., San Francisco 15

COLE, ELLA M.
1813 Michigan St., Los Angeles 33

COLE, HARRIET E.
73 Station Ave., Daly City 25

COOK, WILMA
White Memorial Hospital, Los Angeles 5

CORTNEY, RUTH
2524 W. Fourth St., Los Angeles 5

COUCHLIN, JULIA M.
3994 H St., Sacramento

COWAN, FRANCES P.
245 Vicksburg St., San Francisco

COWGILL, THELMA
Arroyo Del Valle, Livermore

DAVIS, ENOLA
615 Glenmore Dr., Glendale 6

DeDoes, MRS. RUBY M.
2201 Pierce St., San Francisco 15

DEUTSCH, MRS. MARIE E.
324 N. Lincoln Ave., Monterey Park

DEUTSCH, STEPHANIE
The Langley Porter Clinic, San Francisco 22

DOBNEY, ELIZABETH N.
San Bernardino County Hospital, San Bernardino

DOERR, MARIE
16743 Magnolia Blvd., North Hollywood

DOSSEY, DOROTHY R.
French Hospital, San Francisco 18

408
DuQUAINE, LYDIA A.
Veterans Administration Center, Los Angeles 25

DYBBHAL, VIOLET A.
1473 E. California Ave., Glendale 6

EBRING, ADELINE C.
552 C St., Oakland

EILERS, MARTHA E.
1245 Fifth St., Los Angeles

ELLIOIT, CLARICE
Lucerne Hall, Joaquin Hospital, Stockton

ELLIS, ROSEMARY
1444 Seventh Ave., San Francisco 22

ELMER, MRS. AGNES R.
2255 Hayes St., San Francisco

ELVIDGE, HAZEL E.
1030 Eighth St., Bakersfield

ERICSON, HELEN I.
2340 Clay St., San Francisco 15

ESTES, ALMA O.
1607 Palm Dr., Apt. 5, Bakersfield

ESTEY, ALICE M.
213 Mydla St., Temple City

FALCONER, MARY W.
984 Longley Ave., San Jose

FALETTO, JENNIE M.
1530 Rodney Dr., Los Angeles 27

FARNWORTH, ADELINE
1920 Michigan Ave., Apt. 102, Los Angeles 33

FAY, LUCY M.
2731 Claremont Blvd., Berkeley 5

FEARON, SARAH E.
624 S. Lucas Ave., Los Angeles 5

FEIDER, RUTH E.
2911 Orange Ave., La Crescenta

FERGUSON, ADA C.
Veterans Hospital, Los Angeles 25

FERGUSON, CARRIE
1401 E. 31 St., Oakland 2

FLOOD, EMMA M.
1010 44 St., Sacramento 16

FLUCK, NAOMI E.
320 W. 15 St., Los Angeles 15

FOLENDORE, MRS. GERTRUDE R.
Shriners Hospital, San Francisco 22

FOX, DOROTHY E.
501 38 Ave., San Francisco 21

FREIDINGER, STELLA M.
4526 Melbourne Ave., Los Angeles 27

FURLONG, MIRIAM F.
1916 E. Sixth St., Long Beach 4

GAFFE, ANASTASIA C.
Cottage Hospital, Santa Barbara

GAMA, MRS. NAOMI
1722 Quincy Dr., Bakersfield

GANN, ORPHA C.
312 N. Boyle Ave., Los Angeles 33

GANONG, CONSTANCE L.
40581/2 Front St., San Diego 3

GAY, MARY S.
Birmingham V. A. Hospital, Van Nuys

GERTNET, KATHERINE T.
Veterans Hospital, San Fernando

GIBSON, ELLEN L.
1400 E. California, Glendale

GILES, MARY D.
3325 Chanute Rd., Santa Rosa

GIRACOSSIANZ, ROXANA
3765 Market St., San Francisco 14

GLASS, BETTY
734 S. Ardmore Ave., Los Angeles

GLOOR, EMMA Z.
San Francisco General Hospital, San Francisco 10

GOMBERT, EVELYN
2340 Clay St., San Francisco

GOMMEL, MARJORIE
2001 Grove St., San Francisco 17

GOSS, ELEANOR C.
3201 Bruce St., Oakland 2

GOULD, HELEN N.
P.O. Box 1800, Stockton

GOWAN, NAOMI M.
St. Helena Sanitarium, Sanitarium

GRAF, MRS. CATHERINE
106 S. Prospect, Loma Linda

GRAMS, ERNESTINE
Hollywood Hospital, Los Angeles 27

GRAVES, FLOSSIE P.*
157 S. Los Robles, Apt. 8, Pasadena

GUSTAFSON, RUTH H.
San Francisco Hospital, San Francisco 10

GUTERMUTE, HARRIET S.
University of California Hospital, San Francisco 22

HACK, BERNICE
Birmingham Hospital (VA), Van Nuys

HAIG, RENA
1770 Broadway, San Francisco 9

HAINES, RUTH E.
San Jose Hospital, San Jose

HALL, ETHEL
1964 Third Ave., Sacramento 14

HANHAUSER, MARGARET C.
San Jose Hospital, San Jose

HANLON, ANNA M.
715 16 St., Sacramento

HANNA, HAZEL L.
Veterans Hospital, Ft. Miley, San Francisco

HANSEN, HELEN F.
1100 N St., Sacramento 14

HASSETT, MAY A.
Samuel Merritt Hospital, Oakland 9

HAWKINS, BERNICE
1920 Michigan Ave., Los Angeles 33

HAWXHURST, MRS. ANNE B.
118 Esperanza, Sierra Madre

HEATH, MAY J.
San Jose Hospital, San Jose 14

HEIGHTMAN, SALLY
2340 Clay St., San Francisco 15

HELMER, MRS. DOLORES A.
404 Maple St., San Francisco

HENDRA, MABEL C.
3567 D St., Sacramento 16

HENDRICKS, MAUDE E.
2209 Quincy Dr., Bakersfield

HENISE, ERMA P.
Box 19, Sanitarium

HERRICK, RUTH U.
U. S. Veterans Hospital, Livermore

HERTSGAARD, MABEL O.
Santa Monica Hospital, Santa Monica

HILL, ANN E.
700 El Camino Del Mar, San Francisco 21

HODGE, RUTH
1231 Shatto St., Los Angeles 14

HOGAN, MARY A.
3876 Sacramento St., San Francisco 18

HORNKOHL, ELsie
245 El Cerrito Dr., Bakersfield

HUCKINS, LUCILLE
1243 35 St., Sacramento

409
HIUSMAN, MEGHIELD
4033 Fountain Ave., Los Angeles 27
HURT, MRS. SUSANNA E.
1810 42 St., Sacramento 16
INGMIRE, ALICE E.
University of California Hospital, San Francisco 22
JANSEN, HENRIETTA J.
3032 Tec St., Sacramento
JENNINGS, VERENA M.
Mount Zion Hospital, San Francisco 15
JOHNSON, BARBARA E.
342 S. Boyle Ave., Los Angeles
JOHNSON, ANNA
3459 Piedmont Ave., Oakland 11
JOHNSON, LUCILLE J.
2419 Cipotl Ave., Sacramento 16
JOHNSON, MARTHA E.
1625 Quincy St., Bakersfield
JOHNSON, MARTHA K.
300 B Vallejo Dr., Glendale
JOHNSON, MYRTLE
1543 Michigan Ave., Los Angeles 33
JOHNSON, RUTH V.
San Bernardino County Hospital, San Bernardino
JOYARD, ANTOINETTE M.
3465g Palmetto Dr., Pasadena 2
JULIAN, ESTHER
Veterans Administration, Palo Alto
KENDALL, KATHERINE
1012 Irving St., San Francisco 22
KENNEDY, HELEN A.
222 H St., Chula Vista
KERR, VIOLA M.
San Diego County General Hospital, San Diego 3
KESLER, JANE L.
453 S. Catalina, Los Angeles 5
KISH, VELMA K.
320 W. 13 St., Los Angeles
KISZ, MARY V.
White Memorial Hospital, Los Angeles 33
KLEMP, OLIVE W.
1922 N. Verdugo Rd., Glendale 9
KOHLRASER, MRS. GRACE C.
1341 Sacramento St., Berkeley 2
KOONTZ, WINIFRED M.
920 W. Compton Blvd., Compton
KOEZEL, ROSA N.
Box 19, Napa County, Sanitarium
KVIEN, MINNIE R.
1401 E. 31 St., Oakland 2
LANSING, GRACE E.
Orange County Hospital, Orange
LAUFMAN, MRS. SARAH S.
Franklin Hospital, San Francisco 14
LAWRENCE, BESSIE
2340 Clay St., San Francisco
LEE, MAGGIE
Queen of Angels Hospital, Los Angeles 26
LEE, MRS. MARY C.
3314 Harrison St., Oakland 11
LEHMAN, LAURA L.
253 S. Hudson Ave., Pasadena
LINDBLOOM, RUTH
4300 Second Ave., Los Angeles 43
LINDSTROM, RIZPAH
107 N. Craigmont, San Jose
LINK, MARCELLA M.
301 Orange Grove Ave., Alhambra
LODALH, PEARL V.
12192½ New Jersey St., Los Angeles 33
LOTSPIECH, RUTH L.
1042 Irving St., Apt. 1, San Francisco 22
LOUCKS, JANE W.
809 Channing, Palo Alto
LOVAND, DOROTHY K.
1441 Seventh Ave., San Francisco 22
LUTZ, FRIEDA
Loma Linda Sanitarium, Loma Linda
MAAKESTAD, CARRIE E.
San Francisco Hospital, San Francisco 10
MACKENZIE, BARBARA
2243 Caselli Ave., San Francisco 14
MACKENZIE, CHRISTINE
2057 36 Ave., San Francisco 22
MAC CRILL, HELEN M.
4644 De Longpre Ave., Los Angeles 27
MACLEAN, MARGUERITE L.
277 Wayne Ave., Oakland 6
MacOWAN, AMY
1439 Hawthorne Ter., Berkeley 6
MAHONEY, MARIE M.
232 Clinton Pk., San Francisco 3
MALONE, BARBARA M.
1934 31 Ave., San Francisco 22
MANN, ESTELLA
2254 Ocean View Ave., Apt. 1, Los Angeles 25
MANSER, CHRISTINE
P.O. Box 64, Sanitarium, St. Helena
MAPES, MRS. ELIZABETH
2656 Sixth Ave., Sacramento 17
MARAUDA, MRS. ELSA J.
812 Woodrow St., Olddale
MARSCH, VEDA S.
300 B Vallejo, Glendale
MARTINETTI, ROSE M.
540 Leavenworth, San Francisco 9
MARTINS, MRS. EDITH V.
1633 S. Orange Grove Ave., Los Angeles 33
MAURER, MRS. RUTH D.
St. Joseph's Hospital, Orange
MAXFIELD, MAUDE L.
Huntington Memorial Hospital, Pasadena
MCALLER, ROSE
St. Francis Hospital, San Francisco 9
MCCANDLESS, MRS. ALENE L.
1711 S. Lucretia Ave., Los Angeles
MCLASKIE, MAUDE
1045 Ashby St., San Jose
McCoy, MARY L.
4002 Mono St., Fresno
McCULLOUGH, MILDRED K.
2114 Zonal Ave., Los Angeles 33
McFADDEN, MRS. LETOILE K.
212 Sixth Ave., San Francisco 16
McGARRY, MRS. CLARA S.
21502 Donker Ave., Torrance
MCGINNITY, ANNA
1118 Pacific St., Bakersfield
MCGOVERN, MARY E.
Samuel Merritt Hospital, Oakland 9
MCGUIRE, JANET
1218 Shatto St., Los Angeles 14
MCKINNON, MARY H.
Biltmore Hotel, San Francisco
MCLAIR, MRS. THELMA M.
141 E. Olive St., San Bernardino
McMURRAY, MARGARET P.
Langley Porter Clinic, San Francisco 22
MEANS, BARBARA J.
67 Congress St., Pasadena

410
MEMBERS

PEARCE, MIRIAM S.  
2417 N. Hancock, Los Angeles 13

PECK, MARGARET J.  
Shriners Hospital, San Francisco 22

PEPPLER, EDWINA R.  
St. Luke's Hospital, San Francisco 10

PETERTON, FLORENCI1 J.  
San Bernardino County Hospital, San Bernardino

PFAHL, MRS. VIVA C.  
3932 Miller Way, Sacramento

PFEFFER, NELLA H.  
Knapp College of Nursing, Santa Barbara

PIERCE, MADGIE L.  
2017 14 Ave., Apt. D, Oakland

PILLANT, MRS. EDITH B.  
1200 N. State St., Los Angeles 33

PLANING, MRS. MARY N.  
2103 W. Boulevard, Los Angeles 16

POFFENBERGER, LILLIAN G.  
Stockton State Hospital, Stockton

POWELL, VERONICA E.  
Birmingham Hospital (VA), Van Nuys

POXON, MARY E.  
605 W. Fifth St., Apt. 3, Santa Ana

PUTTLE, JO ELLEN  
2293 Washington St., San Francisco 15

QUIGLEY, IRENE M.  
720 Sutter St., San Francisco 9

QUIGLEY, MARJORIE L.  
732 Lorraine Blvd., Los Angeles

RADICK, HAZEL R.  
1706 Lawson, Northridge

RALSTON, MABEL CLAIRE  
2400 Bath St., Santa Barbara

RAMPSON, ALICE G.  
311 Mound St., Loma Linda

RANDALL, LOUISE F.  
1131 Randall St., Los Angeles 27

REEFS, OLIVE M.  
2633 Azusa St., San Francisco

REICH, OLGA L.  
775 Eighth St., San Francisco 18

REID, ANNIE F.  
1212 Shatto St., Los Angeles 14

REXROTH, MRS. MARIE  
692 Wisconsin St., San Francisco 10

REY, MRS. CARRIE M.  
431 41 Ave., San Francisco

RHEINLANDER, M. SUE  
General Delivery, San Bernardino

RICHARDSON, AUGUSTA B.  
Sacramento Hospital, Sacramento 17

RINGESHEY, GRACE E.  
620 Pacheco St., San Francisco 16

RITTER, MADELINE L.  
2340 Clay St., San Francisco 15

ROBINSON, PAULINE  
Los Angeles County General Hospital, Los Angeles 33

ROCCA, MARIAN  
3307 Bruce St., Oakland

ROCHEX, JEANNE  
290 Castlemoado Ave., San Francisco 16

RODACK, DONELLE N.  
1699 Lawton, San Francisco 22

ROHNER, RUTH C.  
390 Central Ave., Oakland 9

ROHRS, LOIS L.  
416 S. New Hampshire, Los Angeles 5

CALIFORNIA

MELCHERT, LEAH A. C.  
Box 1963, Ventura

MELLER, VIOLET M.  
416 S. Grandview Ave., Los Angeles

MICHAIL, SYLVIA A.  
Veterans Administration, West Los Angeles 25

MIDDLETON, JEANNE  
544 Anderson St., Loma Linda

MILLS, MATILDA A.  
1898 Al Michigan Ave., Los Angeles 33

MONTEITH, MRS. MARY C.  
Aparato 16, Montemorale, N. L., Mexico

MORLEY, ETHEL  
4148 C St., Sacramento 10

MORRILL, FLORA  
1326 N. St., Sacramento

MORBRO, MARGARET  
Route 2, Box 1265, Del Paso Heights

MOSHER, HELEN E.  
830 W. Compton Blvd., Compton

MOSLEY, MRS. HELEN  
1532-34 St., Bakersfield

MUHS, ETHEL  
Sacramento County Hospital, Sacramento 17

MULYANE, MRS. GABRIELLE T.  
San Bernardino County Hospital, San Bernardino

MUNSON, BARBARA A.  
1921 Eighth Ave., San Francisco 22

MURPHY, RUTH E.  
550 Mission St., San Francisco 5

MURRAY, B. LOUISE  
1710 Pacific Ave., San Francisco 9

MYERS, ELSE E.  
Orange County Hospital, Orange

NELSON, CLAIRE B.  
White Memorial Hospital, Los Angeles

NELSON, HARRIETTE E.  
2400 Bath St., Santa Barbara

NELSON, MARIAN A.  
2065 Michigan Ave., Los Angeles

NEWTON, CHARLOTTE A.  
2100 Balboa St., San Francisco 21

NEWTON, MILDRED  
1921 Eighth Ave., San Francisco 22

NICKELL, IRIS E.  
3901 14 Ave., Sacramento 17

NICOLAS, ZELLA  
1414 S. Hope St., Los Angeles

NOWAK, ALICE H.  
5402 Edgewood Pl., Apt. 2, Los Angeles 35

OFFENBACH, DOROTHY L.  
530 McAllister St., San Francisco

O'LOUGHLIN, ANNE A.  
San Francisco Hospital, San Francisco 10

OLSEN, BELVA L.  
65 Guerrero St., San Francisco 3

OLSON, HELEN D.  
3700 California St., San Francisco

PAIGE, AURELIA M.  
2179 S. Bentley, Los Angeles

PARISIO, MRS. MYRTLE P.  
921 E. 28 St., Oakland 10

PARKER, HARVEY M.  
223 Richland Ave., Glendale 6

PARSONS, CORINNE  
280 Union St., San Francisco

PARSONS, HELEN  
423 Font Blvd., San Francisco

PATTERSON, MRS. RITCHIE L.  
989 Hillcrest Blvd., Box 358, Millbrae

411
ROMSTEAD, PETRA J.
Samar Merritt Hospital, Oakland 9

ROBBISON, ALICE L.
67 Delmar, San Francisco

ROSA, DOLORES E.
456 Sixth Ave., San Francisco 18

ROSSETTI, VIOLA
Children’s Hospital, San Francisco 18

ROTH, EUNICE A.
Fresno General Hospital, Fresno

RUDDY, SARAH
Long Beach Community Hospital, Long Beach 4

RULE, FRANCES M.
3504 68 Ave., Oakland 3

RUPP, MR. MAJOR L.
Birmingham V. A. Hospital, Van Nuys

RYAN, THERESA G.
1438 N. Gardner St., Hollywood

RYGH, MARION
1350 Fenn Ave., Los Angeles 33

SALANT, SYLVIA
613½ N. Madison Ave., Los Angeles

SALAS, MURIEL
49 S. 15 St., San Jose 12

SAUNDERS, FLORENCE
730 41 St., Sacramento 16

SCHMELZEL, DELORES J.
78 Congress St., Pasadena

SCHIFF, CAROLYN T.
907½ S. Coronado, Los Angeles

SCHMIDT, MARY E.
111 O’Farrell St., San Francisco

SCHEDER, MARJORIE L.
1716 E. Glenoaks, Glendale

SCOTT, ANNA E.
333½ Columbia Ave., Los Angeles 13

SCOTT, FRANCES J.
1124 W. Carson St., Torrance

SCOTT, SARA M.
550 14 St., San Francisco 3

SCOTT, MRS. VERA L.
800 College Ave., Livermore

SEWELL, MARY
550 14 St., San Francisco

SHAHNOLTZER, GLADYS W.
448 Eighth Ave., San Francisco

SHELDON, VERA
San Bernardino County Hospital, San Bernardino

SHERIDAN, ELIZABETH
823 Slater St., Santa Rosa

SHUGREN, MARGARET
2328 13 Ave., Oakland 6

SIEVERT, MARIAN H.
245 E. Montana St., Pasadena 6

SISTER ALPHONSA AUCOIN
Mary's Help Hospital, San Francisco

SISTER DOROTHEA BERTONNEAU
145 Guerrier St., San Francisco

SISTER GENEVIEVE
300 Central Ave., Oakland 9

SISTER GREGORY PFAFF
St. Vincent's Hospital, Los Angeles 5

SISTER HELEN
St. Vincent’s Hospital, Los Angeles 5

SISTER IRENE FLANAGAN
St. Vincent's Hospital, Los Angeles 5

SISTER LEANDER
O’Connor Sanitarium, San Jose 14

SISTER MARY AGNES CUMMINGS
St. Joseph's Hospital, San Francisco 17

SISTER M. BAPTIST
Mercy Hospital, San Diego 3

SISTER MARY BEATA
Mercy College of Nursing, San Diego

SISTER MARY BENIGNUS
4001 J St., Sacramento

SISTER MARY BERCHMANS
St. Mary’s Hospital, San Francisco 17

SISTER M. BERNADETTE FARELL
Mercy Hospital, Sacramento

SISTER MARY CARMELITA CYS
St. Mary’s Hospital, Orange

SISTER MARY CECILIA SHAW
Mercy Hospital, Bakersfield

SISTER MARY EMMANUEL
4001 J St., Sacramento

SISTER M. FEBRONIA MAIER
2301 Bellevue Ave., Los Angeles 26

SISTER M. HEDWIG MULLER
Queen of Angels Hospital, Los Angeles 26

SISTER MARY PETER
4001 J St., Sacramento

SISTER MARY PHILIPS
St. Mary’s Hospital, San Francisco 17

SISTER M. RITA CLARE
Queen of Angels Hospital, Los Angeles 26

SISTER M. THERESI FARRELL
4001 J St., Sacramento

SISTER MARY VERONICA
4001 J St., Sacramento

SLEDGE, MRS. DORRIT D.
French Hospital, San Francisco 18

SMITH, BLANCHE G.
1217 N. Mission Rd., Los Angeles 33

SMITH, DORIS E.
2115 30 St., Sacramento

SMITH, MILDRED L.
White Memorial Hospital, Los Angeles 33

SMITH, MRS. PURCELLE P.
2630 Claremont Ave., Berkeley 5

SOMOGLYI, MARY M.
P.O. Box 1889, Stockton

SPANGENBERG, PRISCILLA E.
P.O. Box 1889, Stockton

SPURGEON, MRS. OLLIE T.
Veterans Hospital, San Francisco

SQUIRE, JESSIE
Samuel Merritt Hospital, Oakland 9

STANTON, HELEN M.
225 Roosevelt Way, San Francisco 14

STEEL, MRS. KATHARINE M.
3487 Barham St., Pasadena 8

STEFFEN, ANNA M.
Los Angeles County General Hospital, Los Angeles 33

STEINBRONER, FRANCES C.
4067 Third Ave., Los Angeles

STEINMETZ, EDNA A.
2210 Eye St., Apt. 10A, Sacramento 16

STEPHENS, JESSIE E.
Samuel Merritt Hospital, Oakland 9

STEPHENS, LUCILLE C.
2541 Eighth Ave., Sacramento

STILSON, GLADYS M.
2315 Sacramento St., San Francisco 15

STOCKNIS, MRS. EVA A.
1212 Shatto St., Los Angeles

STRAIN, Oleta L.
1028 Anza St., San Francisco

412
ACKLEY, STELLA
4200 E. Ninth Ave., Denver 7

ALLEN, LOUISE
Denver General Hospital, Denver 4

ANDERSON, JULIA M.
1130 13 St., Greeley

ANKENY, A. FAITH
St. Luke's Hospital, Denver 5

ARMSTRONG, INEZ L.
Children's Hospital, Denver 5

AUSTIN, MRS. BERNETTA H.
2740 Steele St., Denver 6

BAILEY, DOROTHY J.
1500 Sherman St., Denver 5

BARTLE, MRS. MARY E. A.
3441 Stuart St., Denver 12

BATeman, MRS. MADELEINE I.
93 Mill River Ave., Lynbrook, N. Y.

BEERY, JENNIE M.
1236 Garfield St., Denver 6

BLOOM, RUTH S.
1003 Spruce St., Boulder

BOTTINELLI, MARGARET
1717/4 Tenth Ave., Greeley

BOWDEN, VESTA
515 Majestic Bldg., Denver 2

BROWDER, JANE J.
St. Anthony Hospital, Denver 4

BURKE, MARY L.
4155 Grove St., Denver 11

BUSCHE, MRS. ELIZABETH P.
2300 N. Cascade Ave., Colorado Springs

BRECKENRIDGE, TELMA
2035 Clay St., Denver 15

BROYLES, MRS. DOROTHY
331 S. W. Ave., Austin 37

BROWN, MRS. MARY D.
1800 W. 2nd Ave., Los Angeles 35

BRUSH, MRS. EVELYN
430 E. 16th St., Denver 6

BUTTERWORTH, MRS. BALDWIN
1716 14th St., Denver 5

CALIFORNIA—COLORADO

WEAVER, JULIANNE
1830 Pennsylvania Ave., Los Angeles

WELCH, THERMA
232 Union Pl., Los Angeles

WELKER, MARTHA A.
1200 N. State St., Los Angeles

WELLMAN, THORA
P.O. Box 1989, Stockton

WELLS, MABEL H.
331 W. Ave., Los Angeles 37

WESSLER, MARTHA
1749 1/2 38 St., Sacramento

WEYBRE, RHODA A.
1467 47 Ave., San Francisco 22

WHITE, M. EULALIA
Box 27, Sanitarium

WHITTEKIN, MRS. CLAIRE G.
San Joaquin Hospital, Oakland

WHITTINGTON, DOROTHE W.
14 Ave. & Lake St., San Francisco

WIGEN, LYNNE
Samuel Merritt Hospital, Oakland 9

WILDER, BERNICE
2625 Eye St., Sacramento 16

WIPPERMAN, RUTH
Loma Linda Sanitarium, Loma Linda

WOOD, MURIEL
St. Francis Hospital, San Francisco 9

WOODARD, BLOOMA J.
Paradise Valley Sanitarium & Hospital, National City

WOODDOLL, ERMA B.
Sutter Hospital, Sacramento 16

WOODWARD, MRS. IDA A.
1355 39 St., Sacramento 16

YOUNG, MABLE
1654 Shatto St., Los Angeles

YOUNG, VIRNA M.
St. Luke's Hospital, San Francisco 10

ZEMAN, MILDRED
2525 42 St., Sacramento 17

ZIEG, FRANCES M.
2003 Bath St., Santa Barbara

ZORIN, MARGUERITE
St. Luke's Hospital, San Francisco 10

COLORADO—120
CARLSON, MRS. ADELINe S.
St. Luke's Hospital, Denver 5

CHORNEY, ROSE
State Hospital, Pueblo

CLARK, FRANCILE
1130 Wood Ave., Apt. 3, Colorado Springs

CLARKE, ZELDA M.
883 S. Emerson St., Denver 9

COLESTOCK, RUTH
4200 E. Ninth Ave., Denver 7

CORMAN, INIS I.
3530 E. Colfax Ave., Denver 7

COULTER, MRS. PEARL P.
University of Colorado, Boulder

CUSHMAN, MRS. OCA
Children's Hospital, Denver 5

DAY, DOROTHY E.
4200 E. Ninth Ave., Denver 7

DICKINSON, MADOLIN R.
Denver Tuberculosis Society, Denver 2

DUNCAN, MILDRED T.
715 E. Tenth Ave., Denver

EMBERTON, MRS. MARY H.
515 Majestic Bldg., Denver 2

ERICKSON, JEAN W.
Children's Hospital, Denver 5

ERWIN, JOY
516 Garfield, Denver 6

EWING, MAUD L.
2300 Cascade Ave., Colorado Springs

FAIRFAR, MRS. ABLINE M.
4200 E. Ninth Ave., Denver 7

FLEMING, Muriel M.
Boulder Sanitarium & Hospital, Boulder

FREY, MARY
1112 University Ave., Boulder

GERLACK, BERTHA C.
University of Colorado General Hospital, Denver 7

GLOECE, FLORENCE L.
Corwin Hospital, Pueblo

GOETZ, BARBARA
301 E. 19 Ave., Denver 5

GREENE, DORIS M.
4200 E. Ninth Ave., Denver 7

GROVES, RUTH
c/o Servicio Cooparativo Inter-Americano,
Casilla 1141, Guayaquil, Ecuador

HANSEN, GENEVIEVE E.
Boulder Sanitarium & Hospital, Boulder

HANSON, MRS. ROSAMOND B.
990 S. Race St., Denver 9

HARRIS, MRS. ELIZABETH F.
Colorado General Hospital, Denver 7

HARTZLER, LOLA B.
Children's Hospital, Denver 5

HOARE, BERNICE M.
St. Luke's Hospital, Denver 5

HUBER, HELEN M.
2300 N. Cascade, Colorado Springs

JACOBSON, MRS. LILLIAN B.
Denver General Hospital, Denver 4

JOHNSON, EDITH K.
Children's Hospital, Denver 5

JOHNSON, MRS. VERNE B.
Boulder Sanitarium & Hospital, Boulder

KALADIC, MRS. DOROTHY B.
Memorial Hospital, Colorado Springs

KALSBECK, THERESA
1812 S. Ogden, Denver 10

KENNEDY, MRS. MABEL
Children's Hospital, Denver 5

KING, MRS. ELSIE B.
2525 S. Downing, Denver 10

KLEPP, MRS. ANNA
2525 S. St. Paul St., Denver 10

KNUTSON, MARTHA T.
4200 E. Ninth Ave., Denver 7

KOEBKE, ADA
Children's Hospital, Denver 5

KOHLER, ALICE
Corwin Hospital, Pueblo

LITZINGER, BLANCHE
1075 Emerson St., Denver 3

LOUGHRAN, MRS. HENRIETTA A.
566 Ninth St., Boulder

MARTIN, JULIA R.
Denver General Hospital, Denver 4

MINOR, MRS. DOROTHY I.
Denver General Hospital, Denver 4

MOOMAW, LILLIAN M.
Denver General Hospital, Denver 4

MOTT, MRS. PAULINE S.
Denver General Hospital, Denver 4

MUNZER, LUCILE B.
St. Anthony's Hospital, Denver 4

MURCHISON, IRENE
University of Colorado, Boulder

NELSON, EUNICE R.
3100 Seventh Ave., Greeley

NELSON, MRS. KATHRYN J.
Boulder Sanitarium & Hospital, Boulder

O'MALLEY, ASENAHI M.
Colorado General Hospital, Denver 7

OWEN, CARRINGTON
4200 E. Ninth Ave., Denver 7

PARRSONS, JOSEPHINE A.
Veterans Hospital, Ft. Logan

PATTERSON, WINIFRED J.
3600 E. Colfax Ave., Denver 6

PERDUE, ELLEN
314 14 St., Denver 2

PFIRMMER, NORMA
312 Majestic Bldg., Denver 2

Pritchard, HELEN
St. Joseph's Hospital, Denver 6

RHEINLANDER, M. SUE
1317 11 Ave., Greeley

RICH, BERTHA E.
Children's Hospital, Denver 5

ROBERTS, GERTRUDE
1401 Faidon, Denver 7

ROCKWOOD, ALICE
4200 E. Ninth Ave., Denver 7

ROSS, ALICE M.
4200 E. Ninth Ave., Denver 7

RUSSELL, JANICE I.
3600 E. Colfax Ave., Denver 6

RUSSELL, MARY E.
St. Luke's Hospital, Denver 5

RYLE, JESSICA M.
St. Joseph's Hospital, Denver 6

SCHAAT, EVA
4200 E. Ninth Ave., Denver 7

SCHLOTFELDT, ROZELLA M.
4200 E. Ninth Ave., Denver 7

SCHUERMAN, GLADYS
2290 S. Williams St., Denver 10

SCHWOCHERT, ANNA B.
2500 N. Cascade Ave., Colorado Springs

414
SICHELS, MAYME
Children’s Hospital, Denver 5
SINGER, MRS. BERNICE D.
Denver General Hospital, Denver 4
SISTER ANNE ANDERSON
St. Joseph’s Hospital, Denver 6
SISTER ANNETTE SULLIVAN
Mt. San Rafael Hospital, Trinidad
SISTER CYRIL MAHRT
Seton School of Nursing, Colorado Springs
SISTER FRANCES CLARE HARRINGTON
St. Joseph’s Hospital, Denver 6
SISTER KATERI MANGAN
Seton School of Nursing, Colorado Springs
SISTER M. BARBARA ANN
St. Anthony’s Hospital, Denver 4
SISTER M. DOMMINA
St. Francis Hospital, Colorado Springs
SISTER M. ERIHARDA HAGEMAN
225 E. Pikes Peak, Colorado Springs
SISTER M. FIDELIA
St. Anthony’s Hospital, Denver 4
SISTER M. GETULIA CREMER
St. Anthony’s Hospital, Denver 4
SISTER MARY JEROME WEMPE
1619 Milwaukee St., Denver 6
SISTER M. LAWRENCE LANGDON
Mercy Hospital, Durango
SISTER MARY LINUS
St. Joseph’s Hospital, Denver 6
SISTER MARY LOUIS WENZL
St. Anthony’s Hospital, Denver 4
SISTER M. PETRILLA
St. Anthony’s Hospital, Denver 4
SISTER MARY RAYMOND ROONEY
1619 Milwaukee St., Denver 6
SISTER MARY RICARDA
Mercy Hospital, Denver 6
SISTER M. RUBINA
St. Anthony’s Hospital, Denver 4
SISTER M. URBAN MEHRING
Mercy Hospital, Denver 6
SISTER MAUREEN TRACY
Mercy Hospital, Denver 6
SNYDER, MARJorie
5095 Beach Ct., Denver
STACK, CHARLOTTE
Mercy Hospital, Denver 6
STALLMANN, DOROTHY P.
Colorado General Hospital, Denver 7
STAPLE, GRACE E.
1515 Park Ave., Denver 6
TAYLOR, ERMA B.
Denver General Hospital, Denver 4
TAYLOR, LOUISE B.
655 Majestic Bldg., Denver 2
TRELSTAD, INEZ B.
655 Majestic Bldg., Denver 2
ULAND, OPAL
Denver General Hospital, Denver 4
WADE, VIRGINIA K.
3327 Aeltt St., Denver 11
WALKER, MARY C.
Box 1260, Denver 1
WEISENHORN, ANNA E.
2300 N. Cascade Ave., Colorado Springs
WYNDLE, WAUNDA M.
621 W. Colorado Ave., Colorado Springs
ZURAWSKI, HELEN
Corwin Hospital, Pueblo

ABDELLAH, FAYE G.
90 York Sq., New Haven
AGOSTINO, RUTH*
35 Garden St., Stamford
ALLING, OLIVE A.*
Hotel Taft, New Haven
ALUBAUSKAS, HELEN S.
46 Russell St., Waterbury 21
ANDERSON, JULIETTE
37 Jefferson St., Hartford 2
ANDERSON, MAJA C.
26 Coolidge St., Hartford
APPLEMAN, MARY E.
200 Eastern Point Rd., Groton
BAILEY, EDNA
30 Garden St., Middletown
BARRY, CHRISTINE M.
37 Reynolds St., Norwich
BAUMEISTER, HELEN M.
Bridgeport Hospital, Bridgeport 8
BEAMISH, GRACE E.
Box 236, 160 Retreat, Hartford
BEAR, MRS. JULIA
66 Franklin St., Ansonia
BEDUL, JANE J.
Box 361, Middletown
BECAY, EMILY
39 Westerly St., New Britain
BELAS, ANN H.
91 La Salle St., New Britain
BERNHARD, ROSE K.
37 Jefferson St., Hartford 6
BIEHUSEN, IRMA M.
373 Orchard St., New Haven
BIXLER, ELIZABETH S.*
310 Cedar St., New Haven
BORG, MRS. VIVIAN
205 Bassett St., New Britain
BRACKETT, MARY E.
19 Avalon Pl., Wethersfield
BROOKS, ETHEL A.*
Hartford Hospital, Hartford 6
BURNHAM, MARGARET R.
Bridgeport Hospital, Bridgeport 8
BURT, CAROL H.
William W. Backus Hospital, Norwich
BUTTERWORTH, MRS. ELIZABETH T.
Sunset Farm, West Hartford
BYRNES, ANNA M.
Stamford Hospital, Stamford
CAILLOUETTE, MARY L.
43 Fourth St., Meriden
CARMICHAEL, BERNICE M.
75 Hunting St., Bridgeport
CARIUSHLO, ANN M.
290 Congress Ave., Waterbury
CASEY, JOSEPHINE V.
405 Pequonnock St., Bridgeport
CASSIMATIS, GEORGE
16 Rowan St., East Norwalk

CONNECTICUT—223
CASTIGLIONE, RITA M.  
90 Townsend Ave., New Haven
CLARK, H. MELISSA  
45 Hawkins St., New Britain
CLARK, MRS. REBECCA T.  
827 Wilcoxson Ave., Stratford
CLARKE, HELEN L.  
21 Washington Manor, West Haven
CLAUSEN, E. MILDRED  
223 Orange St., Waterbury 9
COCHRANE, RITA M.  
161 Cook Ave., Meriden
COLEMAN, MARGUERITE M.  
209 Farmington Ave., Hartford
CORNELL, ANNE M.  
Norwalk General Hospital, Norwalk
CORNWALL, CLAIRE  
392 Main St., Portland
CROWDIS, EVA A.  
Hartford Hospital, Hartford 6
CUMMINGS, ELVA E.  
161 Cook Ave., Meriden
DANKERS, EMILY E. A.  
37 Jefferson St., Hartford
DEBOW, ALICE  
Waterbury Hospital, Waterbury 61
DENNING, CATHERINE E.  
56 Colborn Ave., New Haven
DIMOCK, G. LUella  
115 Watertown Ave., Waterbury 59
DOLAN, JOSEPHINE A.  
University of Connecticut School of Nursing, Storrs
DOUGLAS, MARION H.  
25 Atwood St., Hartford
DOWERS, MRS. CATHERINE  
113 Winthrop St., New Britain
DUDLEY, MURIEL G.  
41 Mountain View Dr., West Hartford
DUMONTIER, MRS. MARGUERITE R.  
70 Howe St., New Haven 11
DUNCAN, MARY  
62 Park St., New Haven
DUNN, AGNES M.  
74 Hirsch Rd., Stamford
DUXBURY, VIVIAN M.*  
45 Hawkins St., New Britain
EATON, HAZEL A.  
29 Crescent St., Middletown
EBINGER, LOIS E.  
350 Congress Ave., New Haven
ELDRIDGE, MRS. MARGARET B.  
37 Jefferson St., Hartford
ELLIOTT, ETHEL M.  
Box 38, Storrs
ELSOPENETER, MAXINE M.  
Bridgeport Hospital, Bridgeport 8
ERICSON, ANNE S.  
104 Hart St., New Britain
FARRELL, HELEN E.  
37 Jefferson St., Hartford
FIELDS, THERESA  
131 Oreo St., Norwich
FINKELESTEIN, BEATRICE†  
Yale University School of Nursing, New Haven
FITCH, FRANCES A.  
359 Woodland St., Hartford
FITZSIMMONS, CATHERINE M.  
49 Cedar St., New Britain
FLINT, MRS. CHRISTINE M.  
25-O, Box 81, Hamden
FOGG, PATRICIA M.  
11 Division St., Greenwich
FOX, ELIZABETH G.  
35 Elm St., New Haven
FRANK, MARIAN L.  
100 Price Blvd., West Hartford
GABRIEL, RUTH M.  
350 Ocean Ave., New London
GARITY, ANNE E.  
190 W. Broad St., Stamford
GERRES, OLIVE M.  
37 Jefferson St., Hartford
GLADDEN, FRANCES  
64 Robbins St., Waterbury 61
GMITTER, ELIZABETH  
Bridgeport Hospital, Bridgeport 8
GOLDE, ELIZABETH  
1523 Chapel St., New Haven
GOLDER, GRACE  
37 Jefferson St., Hartford
GOODRICH, ANNIE W.  
Far Hills, RFD 1, Colchester
GORHAM, MARY T.  
555 Maple Ave., Hartford
GOSS, VIRGINIA B.  
64 Robbins St., Waterbury 61
GOUDELOCK, SARAH W.  
Waterbury Hospital, Waterbury 61
GRANT, LAURA M.  
739 Howard Ave., New Haven
GRIFFIN, MARGERY L.  
50 William St., Wallingford
GRIFFIN, RUTH S.  
24 Wall St., Middletown
GUITE, RUTH C.  
118 Russell Rd., New Britain
HALL, PRISCILLA K.  
Norwalk General Hospital, Norwalk
HARRELL, VIRGINIA  
Greenwich Hospital, Greenwich
HASBROUCK, EVELYN M. S.  
14 Mitchell Ave., Waterbury
HATCH, BESSIE M.  
Bridgeport Hospital, Bridgeport 8
HETTRICK, MARY J.  
590 Main St., Glastonbury
HIGBY, LUCILE M.  
160 Retreat Ave., Hartford 2
HINDS, DORIS  
132 Jefferson St., Hartford
HOLSTEIN, HILDÉGARD  
13 Hamilton Ave., Stamford
HOOPER, SARAH L.  
Stamford Hospital, Stamford
HORTON, ETTA F.  
350 Ocean Ave., New London
HULBURT, MARGARET  
510 Cedar St., New Haven
INGRABEN, ETHELYN  
37 Jefferson St., Hartford
ISAKSON, HELEN  
Uncas-on-Thames, Norwich
IVANISIN, ANNA B.  
37 Jefferson St., Hartford 2
JOHNSON, GERTRUDE F.  
142 Hunting Hill Ave., Middletown
JAYNE, MARTHA  
310 Cedar St., New Haven
JONES, ARLENE M.  
63 Pleasant St., Danbury

416
MEMBERS

MELDRIFF, DOROTHY
116 Woodland St., Bristol

MERTIN, MRS. SYLVIA W.
Stamford Hospital, Stamford

MOORE, MYRTLE
61 Robbins St., Waterbury 61

MOREAU, HECTORETTE M. L.
Box 361, Middletown

MORGAN, MRS. HARRIETT E.
Newfield State Hospital, Newton

MOSTYN, MRS. ROSE D.
35 Hughes St., Hartford

MOWERY, JANET
Waterbury Hospital, Waterbury 61

MUDGE, JANET A.
1215 Chapel St., New Haven

MURREN, ESTHER M.
140 Asylum St., Bridgeport

MYSILWIEC, DOROTHY G.
111 Orange St., New Britain

NASH, MRS. ANNA M.
Crystal Lake, Middletown

NELSON, MRS. E. MILDELD
64 Robbins St., Waterbury 61

NICHOLSON, GRACE C.
Meriden Hospital, Meriden

NOSAL, MRS. PAULINE G.
New Britain Hospital, New Britain

NUSINOFF, MRS. JANET R.
Connecticut State Hospital, Middletown

OHULSON, AGNES K.
State Board of Nurse Examiners, Hartford

OSTER, L. ELIZABETH
323 Center St., West Haven

OSTAPCHUK, ANNE T.
170 Orchard St., Bridgeport

PARDEE, JOSEPHINE G.
Bridgeport Hospital, Bridgeport 8

PARKE, VIDEEN M.
92 E. Main St., Meriden

PARKER, HELEN G.
40 Wall St., New Haven

PARKER, MRS. BERTHA R.
59 Wethersfield Ave., Hartford

PERUSE, JEANNE A.
46 Pine St., East Hartford

PETERSON, NANETTE E.
Danbury Hospital, Danbury

PHIPPS, DOROTHY L.
30 Forest Ave., Ansonia

PIRHALA, PAULINE L.
270 Huntington Rd., Stratford

PITT, DOROTHY
Bridgeport Hospital, Bridgeport 8

PRICE, MAURINE E.
28 Crescent St., Middletown

RAYMOND, MRS. RUTH C.
376 Washington St., Norwich

REDMOND, MARION M.
161 Church St., New Haven

REEVE, IRMA E.
312 Townsend Ave., New Haven 13

REILLY, LILLIAN B.
Hospital of St. Raphael, New Haven

REYNOLDS, CAROL M.
310 Cedar St., New Haven

RICHARDSON, MILDRED A.
Bridgeport Hospital, Bridgeport 8

RUPPRECHT, GERTRUDE
28 Crescent St., Middletown

KAPLAN, ELEANOR M.
120 Richards Pl., West Haven

KERBELIS, ANELIA F.
75 Hunting St., Bridgeport

KETCHAM, KATHERINE
333 Winthrop Ave., New Haven 11

KIRKWOOD, ELIZABETH S.
389 Humphrey St., New Haven 11

KOPCZYK, ELEANOR C.
24 Crown St., New Britain

KRAFICK, GERTRUDE
122 Oak St., Southington

KRONUS, ANAMEE L.
2407 Main St., Bridgeport 6

KUMMER, PAULINE V.
496 Whitney Ave., New Haven

LABORDE, HELEN
Meriden Hospital, Meriden

LACROSS, CAROLYN J.
Norwalk General Hospital, Norwalk

LAKE, ARMINA N.
1 Division St., Stamford

LAMB, DORIS F.
37 Jefferson St., Hartford 6

LATTIMER, CECILIA J.
Danbury Hospital, Danbury

LEGGETT, GRACE L.
99 Windsor St., Waterbury

LESCHER, MARIE E.
66 Home Ave., Middletown

LEWIS, ELEANOR W.
Institute of Living, Hartford

LOFTUS, MRS. EXEMA M.
196 Montauk Ave., New London

LONCZAK, MAE
536 Arctic St., Bridgeport

LUKOWSKI, MARIAN C.
125 Elizabeth St., Norwich

LUND, NELLIE M.
254 Wethersfield Ave., Hartford

LUSEBRINK, ELSA C.
Bridgeport Hospital, Bridgeport 8

MACLEAN, JEAN
49 Allen Pl., Hartford 6

MALLORY, MRS. CHARLES A.
4 Fairview Ave., Danbury

MANFRED, MARGUERITE L.
Hartford Hospital, Hartford

MANULLA, THERESE J.
28 Crescent St., Middletown

MARCHANT, HELEN M.
20 Ten Acre Rd., New Britain

MARTIN, MAMIE F.
Connecticut State Hospital, Middletown

MCLARE, DOROTHY C.
Norwalk General Hospital, Norwalk

MCLURE, MILDRED
Meriden Hospital, Meriden

McDANIEL, SUSIE M.
Norwalk General Hospital, Norwalk

McDONALD, MRS. ELIZABETH B.
175 Park Rd., Waterbury

MCDOWELL, VIOLET E.
New Britain General Hospital, New Britain

MCKENZIE, MRS. MARIAN T.
7 Laurel Park, Norwich

MEIER, IDA M.
326 W. Washington St., Norwich

MELBY, ELIZABETH
Yale School of Nursing, New Haven
SORENSEN, ELsie M.
37 Jefferson St., Hartford

SPEIDEL, ALMA
1089 N. Main St., Waterbury

SPERRY, MRS. JEAN B.
41 Rockmere Ave., Old Greenwich

STEWART, Peggy Z.
Grace Hospital, New Haven

SULLIVAN, HELEN M.
231 Connecticut Ave., New London

SWAENPOEL, MRS. GLADYS M.
18 Henry St., New London

SWANSON, MYRTLE V.
117 Bassett St., New Haven

SWEETON, BARBARA M.
47 Briarwood Rd., Newington

TANGNEY, MARY E.
37 Jefferson St., Hartford

TAYLOR, Effie J.
472 Whitney Ave., New Haven

THIELKER, DORETTA C.
37 Jefferson St., Hartford

THOMPSON, ADENA C.
31 South St., New Haven

THOMPSON, GERTRUDE M.
37 Jefferson St., Hartford

TIERNEY, JAYNE E.
75 Hunting St., Bridgeport

TOELLE, HEDWIG C.
310 Cedar St., New Haven

TOUCHTON, GERTRUDE
35 Elm St., New Haven

VENDRELLA, MARY
261 Lincoln St., Waterbury

VITTORIO, JEAN C.
605 Ogden St., Bridgeport

WEBER, DORRIS
35 Elm St., New Haven

WENDT, MRS. MARION
57 Dexter Ave., Meriden

WESOLOWSKI, HELEN M.
23 Smith St., New Britain

WHEATLEY, MARY
153 Hill Hill Ave., Bridgeport

WIDMER, MRS. CAROLYN L.
University of Connecticut, Storrs

WILCOX, ONA M.
26 Crescent St., Middletown

WILSON, JOAN M.*
Joseph Lawrence Hospital, New London

WOLLSCHLAGER, MRS. IRENE B.
193 S. Colony St., Meriden

WOOD, MARION S.
37 Jefferson St., Hartford

Woolston, MARY J.
171 Broadway, Norwich

YOUNG, MRS. ANASTASIA
47 S. Main St., Middletown

---

ASHMORE, EMMA A.
Wilmington General Hospital, Wilmington

BLASKA, ESTHER A.
100 Poplar St., Wilmington

BOWMAN, MRS. FRANCES F.
609 Eureka St., Wilmington

BROWN, ESTHER L.
2207 Monroe St., Wilmington

BUTLER, MARGARET M.
603 W. 29 St., Wilmington

CASTLE, MRS. ANNA V.
1101 Gilpin Ave., Wilmington

---

DELAWARE—72
CROSSLAND, EMILY B.
45 Lawson Ave., Claymont

DAVIDSON, KATHERINE E.
405 Hillcrest Ave., Wilmington

DeBARRERES, MARIE L.
P.O. Box 269, Wilmington

DILLON, MRS. MILDRED D.
Wilmington General Hospital, Wilmington 14

DOWNES, MRS. GLADYS M.
1008 Delaware Ave., Wilmington

GIBSON, SARA F.
305 Madison St., Wilmington

GLADDING, ANNE
913 Stuart Rd., Wilmington 67

HALL, CYPRIS
Delaware State Hospital, Farnhurst

HAMSTEAD, PEARLEDEAN R.
1315 Washington St., Wilmington

HARRIS, MRS. ELVA C.
1003 Washington St., Wilmington

HEALY, MARY G.
1005 Rodney St., Wilmington

HEALY, MRS. OLIVE L.
1314 Clayton St., Wilmington

HEATH, EVELYN M.
Memorial Hospital, Wilmington

HERMAN, GLADYS L.
108 W. 27 St., Wilmington

HOLLOWAY, EDNA M.
2712 W. Sixth St., Wilmington

HOOPES, CATHARINE
St. Francis Hospital, Wilmington

INGERSOLL, JUNE R.
10 Main Ave., Boxwood, Wilmington

JORDAN, MRS. VIRGINIA B.
1312 West St., Wilmington

KELLEY, MRS. MARIAN L.
Delaware Hospital, Wilmington

KENDALL, EDITH R.
Holly Oak

KEPHART, CATHERINE M.
Memorial Hospital, Wilmington

KLAES, MARY M.
141 American Ave., Dover

LANKFORD, SARAH
1222 Washington St., Wilmington

LEWIS, MABEL
Delaware Hospital, Wilmington 15

LITTLE, MRS. GRACE L.
1211 Shalleries Ave., Wilmington

MALISZEWSKI, AGNES L.
1013 Linden St., Wilmington

MANOLOVE, MRS. EULA W.
621 Delaware Ave., Wilmington

MARVEL, E. REEVES
Delmar

MAYO, MRS. ANN C.
Delaware State Hospital, Farnhurst

McDONOUGH, MARGARET R.
Veterans Administration Hospital, P.O.D. 308, Wilmington 99

MILES, MONEA B.
1008 Delaware Ave., Wilmington

MILLER, MRS. ELIZABETH S.
1501 Van Buren St., Wilmington

MORAN, CATHERINE E.
1313 N. Clayton St., Wilmington

MORAN, MARY A.
1313 Clayton St., Wilmington

MORATH, ADA E.
St. Francis Hospital, Wilmington

MOSE, CAROLYN F.
Delaware State Hospital, Farnhurst

MUENCH, GENEVIEVE
9014½ Jackson St., Wilmington

MYERS, MRS. R. BLAIR†
911 Delaware Ave., Wilmington 19

NESTRI, MRS. NETTIE H.
Delaware State Hospital, Farnhurst

PAUR, MRS. EVELYN G.
1099 Jefferson St., Wilmington 11

PRAWDZIK, DOLORES M.
1330 Washington St., Wilmington 13

QUAY, ANNA M.
Memorial Hospital, Wilmington

RHOADES, LUCILE K.
Veterans Administration Hospital, P.O.D. 308, Wilmington 99

RINEHART, ELIZABETH M.
403 Tyrone Ave., Wilmington

SCHRANCK, BERTHA C.
Delaware Hospital, Wilmington

SISTER MARY CASIMIRA
St. Francis Hospital, Wilmington

SISTER MARY CATHERINE JOSEPH
St. Francis Hospital, Wilmington

SISTER MARY CHARLES
St. Francis Hospital, Wilmington

SISTER MARY DOMINIC JEWELL
St. Francis Hospital, Wilmington

SISTER M. HERMAN JOSEPH
St. Francis Hospital, Wilmington

SISTER M. LAURENCITA KLEKOTKA
St. Francis Hospital, Wilmington

SISTER MARY MARGARET AGNES
St. Francis Hospital, Wilmington

SMITH, MRS. EMILY D.
600 W. 12 St., Wilmington

SMITH, MRS. MAE P.
Delaware State Hospital, Farnhurst

SMITH, REBECCA M.
Wilmington General Hospital, Wilmington 14

STEVENS, MRS. ALICE L.
309 S. Walnut St., Wilmington

STRUSOWSKI, MRS. BEATRICE F.
225 N. Broom St., Wilmington

SULLIVAN, MARGARET H.
1330 W. 11 St., Wilmington

SWANK, ELEANOR G.
1802 Monroe St., Wilmington

SWEENEY, ALICE M.
1026 W. Sixth St., Wilmington

TIERNEY, MRS. LORETTA S.
2403 Jefferson St., Wilmington

TRUICK, MRS. ALBERTA P.
Delaware Hospital, Wilmington

TUCKER, ROBERTINE L.
501 W. 14 St., Wilmington

WARD, ANNE M.
Delaware State Hospital, Farnhurst

WILSON, LAURA
Memorial Hospital, Wilmington

WOODEN, MRS. JOAN F.
108 W. 54 St., Wilmington

419
AXEN, FRIEDA
1900 Florida Ave., N.W., Washington

BALLARD, RUBY J.
Gallinger Municipal Hospital, Washington 3

BALTZ, LT. COL., KATHERINE E.*
Office of the Surgeon General, War Dept., Washington 25

BARNES, EDYTH G.*
5119 Second St., N.W., Washington

BERDAN, ELsie T.
USPHS—1663, 3117 Northampton St., N.W.,
Washington

BEVERLY, CLARA E.
1611 IS St., N.W., Washington

BIER, MARY A.
2630 Pierce Mill Rd., N.W., Washington 10

BILLMEYER, MARY P.
1406 Downing St., N.E., Washington 18

BLANCHFIELD, FLORENCE A.
2730 Wisconsin Ave., N.W., Washington 7

BOWLING, GERTRUDE H.
810 Albee Bldg., Washington 5

BOWMAN, CLAIRE
1150 N. Capitol St., Washington 2

BREDENBERG, VIOLA C.
3024 Tunlaw Rd., N.W., Washington

BROWN, MARION
2301 Catholic Ave., N.W., Washington 3

BRYANT, MARY K.
1150 N. Capitol St., Washington 2

BURGESS, MARY L.
626 B St., N.E., Washington 2

BURNETT, D. LOIS
6840 Eastern Ave., N.W., Washington 12

BUTZERIN, EULA B.
ARC Nursing Service, National Headquarters,
Washington 13

CAFFERTY, KATHRYN W.
2128 Perry St., Apt. 21, Washington 17

CALLAHAN, MAU, FLORENCE H.*

CASASSA, MRS. ELSIE C.
Sibley Memorial Hospital, Washington 2

CAULFIELD, MRS. MILDRED V.
2521 H St., N.W., Washington 7

CHAMPION, MRS. ELIZABETH S.*
Glenn Dale Sanitarium, Glenn Dale, Md.

CHILDS, RUTH E.
Children's Hospital, Washington 9

CLAYTON, ELIZABETH H.

CORCORAN, MARY E.
Div. of Mental Hygiene, USPHS, Washington 25

COREY, MRS. BONNIE W.
2115 P St., N.W., Washington 7

COULBOURNE, SUSIE A.
Freedman's Hospital, Washington 1

COWAN, M. CORDELIA
229 Eighth St., N.E., Washington

DIAMOND, LILLIAN
St. Elizabeth's Hospital, Washington

DIX, AGNES A.
1808 Uppshur St., N.E., Washington

DORAN, RUTH
1232 17 St., N.W., Washington 9

DRIVER, RACHEL A.
1358 Euclid St., N.W., Apt. 43, Washington 9

DUNN, MARY J.
duPont Apts., USPHS, Washington 14

DYKSTRA, MATILDA E.
Veterans Administration, Washington 25

EDLIN, PAULINE
1841 Bay St., S.E., Washington 7

FISH, JANET
1624 32 St., N.W., Washington 7

FISHER, MRS. EVELYN J.
Hotel Roosevelt, Washington 9

FLIPPING, JEANETTE M.
1314 Franklin St., N.E., Washington 17

FORTUNE, ELLA L.
P.O. Box 4443, Brookland Sta., Washington 17

FREEMAN, RUTH B.
American Red Cross, Washington 13

FRYE, MARY L.
Garfield Memorial Hospital, Washington 1

GAUSEHEM, ELIZABETH
3306 Marion St., N.W., Washington 16

GORDNER, LOIS E.
2601 10 St., N.W., Washington 9

GOUDREAU, MRS. MARY M.
Gallinger Municipal Hospital, Washington 3

GRAPENTHIN, LOUISE
212 Newcomb St., S.E., Washington 20

GRIFFEE, MRS. LEAH M.
Washington Sanitarium & Hospital, Takoma Park 12

GRIFFITH, PEARL A.
816 E. St., N.E., Apt. 510, Washington 2

HARRIS, MRS. NANCY E.
1617 Holbrook St., N.W., Washington

HASSELBUSCH, CHARLOTTE
637 Ingraham St., N.W., Washington 11

HAWTHORNE, MARY L.
2199 Eye St., N.W., Washington 6

HAY, MABEL N.
40 Plattsburg Ct., N.W., Washington 16

HAYDON, EDITH M.*
St. Elizabeth's Hospital, Washington 20

HAYES, MARGARET L.
3412 Third St., N. Arlington, Va.

HEINTZELMAN, RUTH A.
2220 20 St., N.W., Washington 9

HEISLER, ANNA
5412 Harvard Rd., Bethesda 14, Md.

HOWLAND, ELIZABETH B.
1901 15 St., N.W., Apt. 2, Washington 9

JAMES, MRS. EDYTH T.
Dept. of Nursing Education, Washington Missionary
College, Takoma Park 12

JENNEY, MARY O.*
1328 Jefferson St., N.W., Washington 11

JOHNSON, GLADYS I.
3015 Kansas Ave., N.W., Washington

JORDAN, ISABELLE M.
U. S. Children's Bureau, Washington

JORGENSEN, GLADYS
1150 N. Capitol St., Washington 2

KAHL, F. RUTH
6912 Hillondale Rd., Chevy Chase 15, Md.

KING, ALMEDA
Veterans Administration Bldg., Room 744,
Washington 25

KNAUFF, MRS. KATHERINE M.
3500 14 St., N.W., Washington 10

LAMASTER, VERA W.
321 34 St., N.E., Washington 19

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<th>Name</th>
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<td>1406 Harvard St., N.W., Washington</td>
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<td>SISTER MARY ALBERT</td>
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<td>SISTER M. OLIVIA GOWAN*</td>
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<td>SISTER MAURICE SHEEHY</td>
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<td>TAYLOR, RUTH G.</td>
<td>1940 Biltmore St., Washington</td>
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<td>THUMA, MARION E.</td>
<td>London Hall, Apt. 6, 15 &amp; M Sts., N.W., Washington</td>
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<td>TILLEY, MRS. ALLIENE N.</td>
<td>5435 Carpenter St., S.E., Washington 20</td>
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<td>TREASURE, MRS. EDNA H.</td>
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<td>VETOICH, ELEANOR M.</td>
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FLORIDA—67

ALFORD, MRS. MURIEL M.
Mound Park Hospital, St. Petersburg

BAKER, RUTH E.
3115 Washington Rd., West Palm Beach

BEHNEN, MRS. EDNA J.
Florida Sanitarium & Hospital, Orlando

BROWN, MRS. MARY C.
1501 N.W. Second St., Miami 6

BURNHAM, MRS. IRENE W.
Good Samaritan Hospital, West Palm Beach

CAMPBELL, MRS. TINY A. C.
Box 3983, Bay Pines

CARNegie, MARY E. L.
A. & M. College, Tallahassee

CLARK, MRS. MAE T.
Florida State Hospital, Chattahoochee

CLARKE, MRS. ETHEL
Florida Sanitarium & Hospital, Orlando

CRICK, MRS. RUTH C.
2412 1/2 Taylor Ave., S., St. Petersburg

EAGAN, DORIS
Florida State Hospital, Chattahoochee

FICKLEN, ARDELL
Florida Sanitarium & Hospital, Orlando

FULGHAM, DORA
Florida State Hospital, Chattahoochee

GALLOWAY, OLIVE
Tampa Municipal Hospital, Tampa 6

GASSNER, EDITH
Mound Park Hospital, St. Petersburg

GEELEY, FLORENCE
716 New York St., West Palm Beach

GEELEY, GERTRUDE
716 New York St., West Palm Beach

GUTWALD, KATHRYN R.
513 41 St., West Palm Beach

HAMPTON, L. LUCILLE
Nurse's Quarters, Bay Pines

HARDEN, Verna L.
12 E. Marion, Chattahoochee

HERIN, MAZIE C.
Florida Sanitarium & Hospital, Orlando

HIER, MRS. BESSIE I.
3103 Horatio, Tampa

INGLIS, MRS. DELCIE C.
St. Luke's Hospital, Jacksonville

JOHNSON, OLETA B.
Florida State Hospital, Chattahoochee

JONES, FLORENCE M.
Brewer Hospital, Jacksonville

JONES, RUTH M.
Veterans Hospital, Miami Beach

KINGMAN, MARGARET
Alachua County Hospital, Gainesville

LeBLANC, ILA
Veterans Hospital, Miami Beach

LEONARD, MRS. PHYLLIS R.
Box 1007, St. Augustine

MASURE, MRS. RAMONA D.*
P.O. Box 1234, Jacksonville

MAXWELL, RACHEL M.
Florida Sanitarium & Hospital, Orlando

MEIKS, MAE
Box 2952, Tampa

METTINGER, RUTH E.
State Board of Health, Jacksonville

MILLER, BERTHA G.
Veterans Hospital, Miami Beach

MURPHY, MERCEDES
112 S. Bronough, Tallahassee

MUSTARD, ALICE I.
Jackson Memorial Hospital, Miami 36

NEAL, ELINOR F.
Brewer Hospital, Jacksonville

O'BRIEN, MRS. DOROTHY M.*
Pensacola Hospital, Pensacola

PEEPLES, HAZEL M.
110 Cherry St., Lakeland

REED, CAROLYN
Veterans Administration Center, Bay Pines

REINHARDT, LOUISE
6121 24 Ave., N., St. Petersburg

REYNOLDS, INA B.
Nurse's Quarters, Bay Pines

RINES, DOROTHY
601 Highland St., N., St. Petersburg

RIPKE, MRS. CARLOTTA S.
Belle Glade

SCHUENKE, CLARA
10601 First Ave., N., St. Petersburg

SHEARSTON, HELEN E.
2272 S.W. 11 Terrace, Miami 35

SHUTTLEWORTH, MRS. ETHEL
St. Luke's Hospital, Jacksonville

SIMMONS, GENEVA
Jackson Memorial Hospital, Miami 36

SIMMONS, INEZ T.
Florida State Hospital, Chattahoochee

SISTER ALBERTA BECKWITH* Pensacola Hospital, Pensacola

SISTER CHRISTINE O'GORMAN
St. Vincent's Hospital, Jacksonville

SISTER FIDELIS BILLINGSLEA Pensacola Hospital, Pensacola

SISTER HELEN McCANN
St. Mary's Hospital, Rochester

SISTER VIRGINIA KELLEY Pensacola Hospital, Pensacola

STAFFORD, EURADEAN
James M. Jackson Memorial Hospital, Miami 36

STOLBRAND, MRS. ANNE H.
Du Val County Hospital, Jacksonville
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<td>WOLF, LOREE</td>
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<td>2500 Fifth Ave., S., St. Petersburg</td>
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<td>YONGE, MRS. MAUDIE C.</td>
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<td>2017 Oak St., Jacksonville 4</td>
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<td>YOUNG, ETELKA W.</td>
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<td>Florida State Hospital, Chattahoochee</td>
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<td>ADDIC, MRS. GEORGE</td>
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<td>Emory University Hospital, Emory University</td>
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<td>ALEXANDER, MRS. ELIZABETH H.</td>
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<td>Powers Ferry Rd., Atlanta</td>
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<td>ALEXANDER, MRS. HILDA C.</td>
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<td>P.O. Box 274, Emory University</td>
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<td>AMASON, RUTH L.</td>
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<td>Lawson V. A. Hospital, Box 54, Chamblee</td>
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<td>ANTHONY, MARGARET L.</td>
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<td>Veterans Hospital, Thomasville</td>
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<td>ATKINSON, LUCILE</td>
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<td>Harbin Hospital, Rome</td>
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<td>BABIN, RUTH M.</td>
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<td>411 Forrest Ave., N.E., Atlanta 3</td>
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<td>BATTIN, GLADYS L.</td>
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<td>Lawson V. A. Hospital, Chamblee</td>
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<td>BAXTER, MARY B.</td>
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<td>BISCHOFF, MARY W.</td>
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<td>State Hospital, Milledgeville</td>
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<td>BONNER, MRS. MYRA</td>
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<td>BOWEN, VERA L.</td>
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<td>BRACKETT, IDA A.</td>
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<td>Lawson V. A. Hospital, Chamblee</td>
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<td>BRANDTNER, HILDA A.</td>
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<tr>
<td>5936 Peachtree Rd., Atlanta</td>
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<td>BRIDGES, ELEANOR L.</td>
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<td>Lawson V. A. Hospital, Chamblee</td>
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<td>BROWN, MRS. JULIA H.</td>
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<td>Downey Hospital, Gainesville</td>
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<td>BUNTY, FLORA B.</td>
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<td>Lawson V. A. Hospital, Chamblee</td>
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<td>CANDLESH, JESSIE M.</td>
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<td>640 Forrest Ave., N.E., Atlanta</td>
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<td>CARON, MRS. MARY R.</td>
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<tr>
<td>University Hospital, Augusta</td>
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<td>CARTER, MRS. MARY M.</td>
</tr>
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<td>P.O. Box 395, Brookhaven</td>
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<td>CATHHER, MRS. LESSIE</td>
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<td>Fulton County Court House, Atlanta 3</td>
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<td>CHEEVERS, MRS. RUBY P.</td>
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<td>State Hospital, Milledgeville</td>
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<td>COBB, MRS. DOROTHY H.</td>
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<td>Piedmont Hospital, Atlanta</td>
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<td>COCKE, MARTHA</td>
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<td>Lawson V. A. Hospital, Chamblee</td>
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<td>CONLON, MRS. ALMA R.</td>
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<td>COOK, MRS. ANITA M.</td>
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<td>Emory University Hospital, Emory University</td>
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<td>CROSBY, ELISIE</td>
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<td>12 Capitol Square, Atlanta</td>
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<td>CURRIN, GLADYS</td>
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<td>Emory University Hospital, Emory University</td>
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<td>DEAN, ANNABEL</td>
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<td>Stephens County Hospital, Toccoa</td>
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<td>DOTY, FLORENCE J.</td>
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<td>DUMAS, SARAH A.</td>
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<td>Dupree, Kathrynn R.</td>
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<td>150 East Ave., N.E., Atlanta</td>
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<td>EDENFIELD, MINA</td>
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<td>Georgia Baptist Hospital, Atlanta</td>
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<td>EBB, FLORRIE</td>
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<td>315 Holderness Ave., S.W., Atlanta</td>
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<td>ESTES, LUCILLE</td>
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<td>Columbus City Hospital, Columbus</td>
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<td>ETHERIDGE, MATTIE</td>
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<td>Emory University Hospital, Emory University</td>
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<td>FEARNSIDE, BLANCHE</td>
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<td>FARLAND, MRS. GLADYS L.</td>
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<td>GARRON, GENEVIEVE</td>
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HASPEL, BERTHA
Columbus City Hospital, Columbus
HASTY, MRS. MARGARET L.
Emory University Hospital, Emory University
HAVILAND, BARBARA
University of Georgia, Athens
HAYES, ALICE L.
Lawson V. A. Hospital, Chamblee
HEARN, ANNE M.
5998 Peachtree Rd., Atlanta
HENLEY, RUTH N.
Emory University Hospital, Emory University
HILLYARD, ETHEL M.
363 Parkway Dr., N.E., Atlanta
HOGAN, MARY V.
St. Joseph's Infirmary, Atlanta
HOOD, MRS. ELIZABETH C.
Bartee State Hospital, Rome
HOWARD, KIDDIE
Forsyth
HUDSON, DANA
Georgia Baptist Hospital, Atlanta
JAMES, MARY E.
227 Courtland St., N.E., Atlanta
JOHNSON, LEILA J.
Lawson V. A. Hospital, Chamblee
JONES, MRS. MAE M.
303 W. Montgomery St., Milledgeville
JONES, MARIE
Emory University Hospital, Emory University
KANDEL, PHOEBE M.*
Holman Hotel, Athens
KELLEY, MARY F.
Lawson V. A. Hospital, Chamblee
KEMP, MRS. E. LUCILLE
Milledgeville State Hospital, Milledgeville
KENNEDY, TRESSA L.
Columbus City Hospital, Columbus
KIRBY, VIRGINIA E.
Crawford W. Long Hospital, Atlanta
KORSSELL, MABEL
Room III, State Capitol, Atlanta 3
LANDRUM, EMMA
Lawson V. A. Hospital, Box 56, Chamblee
LEE, RUTH M.
Lawson V. A. Hospital, Chamblee
LINDSEY, CHRISTINE
Piedmont Hospital, Atlanta
LITTLEJOHN, MRS. MYRTLE W.
Athens General Hospital, Athens
LIVINGSTON, MRS. LILLIAN D.
Piedmont Hospital, Atlanta
LOCKBY, LULA K.
Lawson V. A. Hospital, Chamblee
LOTT, MRS. MERLE K.
925 Fulton County Court House, Atlanta 3
MAGE, LUCY L.
Ponce-de Leon Eye, Ear, Nose & Throat Hospital, Atlanta
MAHONE, GLADYS
Emory University Hospital, Emory University
MARSH, MRS. IRMA
Veterans Hospital, Augusta
MARSHALL, ANITA
Georgia Baptist Hospital, Atlanta
MASSEE, MARIORIE E.†
1055 Clifton Rd., N.E., Atlanta
MATTINGLY, CAPITOLA B.
c/o C. S. Hanners, Macon Rd., Columbus
McCLELLAN, ELIZABETH
Piedmont Hospital, Atlanta
McELVEEN, MAYCIE
Emory University Hospital, Emory University
McGARTY, ALMA F.
Lawson V. A. Hospital, Chamblee
McKIE, EDNA E.
Georgia Baptist Hospital, Atlanta
MILLER, JULIA M.
Emory University Hospital, Emory University
MONSERAT, MRS. JOSEPH, JR.
c/o E. J. Pye, Odom
MORTON, RUBY F.
Lawson V. A. Hospital, Chamblee
MOITT, CLARA G.
Piedmont Hospital, Atlanta
MULLIS, JOYCE L.
Emory University, Emory University
MURRAY, MARY E.
Lawson V. A. Hospital, Chamblee
NEAL, MARIU
Lawson V. A. Hospital, Chamblee
NEFF, S. PEARL
Veterans Hospital, Thomasville
NELSON, LILLIAN O.
Piedmont Hospital, Atlanta
NEWBERRY, BEATRICE
410 Forrest Rd., N.E., Atlanta
O'BRIAN, VIVIAN
113 W. Prachter St., Atlanta
OGLETREE, CLYDE
Lawson V. A. Hospital, Chamblee
OSTERLUND, CONNIE
Emory University Hospital, Emory University
OVERTON, ANNIE L.
St. Joseph's Infirmary, Atlanta 1
PATTERSON, MARY F.
Lawson V. A. Hospital, Chamblee
PAXTON, SHIRLEY
Lawson V. A. Hospital, Chamblee
PIERCE, LOUISE E.
Finney V. A. Hospital, Thomasville
PLUNKETT, OLLIE W.
Emory University, Harris Hall, Emory University
POFFORD, MRS. LOIS J.
1201 Williams St., Valdosta
POLL, JOAN
Lawson V. A. Hospital, Chamblee
POWELL, SADIE M.
University Hospital, Augusta
PRYSE, MRS. MILDRED
110 Forrest Ave., N.E., Atlanta 3
RATIGAN, DR. MARIAN
Grady Hospital, Atlanta
RAY, MIRIAM E.
University Hospital, Augusta
RICHARD, MARGUERITE L.
Lawson V. A. Hospital, Chamblee
SALIS, NANCY E.
Emory University Hospital, Emory University
SALLEY, MRS. ROSABELLE B.
4905 Peachtree Rd., Atlanta
SANCHEZ, FRANCES
12 Capitol Square, Atlanta
SANDERS, MAY
Crawford W. Long Hospital, Atlanta
SIMS, BLANCHE
450 East Ave., N.E., Atlanta
SISTER M. ANTONIA KIRCHNER
St. Joseph's Infirmary, Atlanta

424
HAWAII—39

ARAKI, HATSUNE
347 N. Kuakini St., Honolulu

BARNER, RAE M.
1917 B Alawai Blvd., Honolulu

BILGER, ANNETTA J.
Kauluwelani Children's Hospital. Honolulu 52

BLANK, DOROTHY C.
1559 Thurston St., Honolulu

BOEKER, ELISABETH H.
457 E. Kaneakapolei Pl., Honolulu

BROWN, ELIZABETH
247 Ohua Ave., Honolulu 30

CANARD, LORRAINE P.
2938 Waipuna Rise, Honolulu

CASTELLO, EVELYN
2260 Liliu St., Honolulu 3

CHANG, MRS. ROSIE K.
2910 Park Rd., Honolulu 8

CHINEN, DOROTHY H.
347 N. Kuakini St., Honolulu

DOVERSPIKE, MARY A.
Kuakini Hospital, Honolulu

FREAS, LILLIAN
Kuakini Hospital, Honolulu

FREEMAN, MARIE
Kuakini Hospital, Honolulu

GOYA, MASA
472 N. King St., Honolulu, Oahu

HARTER, BILLY B.
St. Francis Hospital, Honolulu 3

HOLLAND, MILDRED I.
St. Francis Hospital, Honolulu 3

HORIKAWA, NANCY N.
719 A 17 Ave., Honolulu

HORST, GERLIND I.
Punahou Hospital, Hilo

HUGO, MARY A.
Box 1984, Honolulu

JONES, VIRGINIA A.
University of Hawaii, P.O. Box 18, Honolulu 10

KELLER, MIRIAM
The Queen's Hospital, Honolulu

KERR, CHARLOTTE
Leahi Hospital, Honolulu 26

LANE, INEZ M.
St. Francis Hospital, Honolulu 3

LANCASTON, MRS. CLADYS F.
The Queen's Hospital, Honolulu

LOGAN, MARGARET
354 Anali St., Honolulu 3

MATTOS, AMELIA P.
1527 Artesian Way, Honolulu 33

McFERREN, MILDRED C.
The Queen's Hospital, Honolulu

MIOTA, TSURUE
347 N. Kuakini St., Honolulu

NELSON, MARGARET G.
1559 Thurston, Honolulu 9

PARRISH, I. AGNES
4812 C Kahului Ave., Honolulu

PINNER, MRS. MILDRED M.
St. Francis Hospital, Honolulu 3

PRIM, LEONA M.
Box 256, Wahiawa, Oahu

SISTER MARIE THERESA
St. Francis Hospital, Honolulu 3

SISTER MARY ELEANORA NELSON
2260 Liliu St., Honolulu 3

SISTER MARY LAURINE
St. Francis Hospital, Honolulu 3

THOMPSON, MARGARET E.
Grady Hospital, Atlanta 3

TRAWICK, MRS. EUDELLE E.
711 Whitaker St., Savannah

VAN DE VREDE, JANE
Route 1, Smyrna, Atlanta

WARD, MARY F.
Box 925, University of Georgia, Athens

WELLS, CHARITY I.
Emory University Hospital, Emory University

WHISENHUNT, NELLIE F.
Lawson V. A. Hospital, Chambell

WHISNER, WILHELMINA L.
639 First St., S.W., Moultrie

WILLIS, MRS. IRENE
1544 Beecher St., S.W., Atlanta

WINDHAM, VIRGINIA
Crawford W. Long Memorial Hospital, Atlanta

WOODVILLE, LUCILE
Children's Bureau, 411 W. Peachtree St., Atlanta

WOODY, CLARA M.
Lawson V. A. Hospital, Chambell

YOUNG, MYRTIS
1393 Monte Sano Ave., Augusta

ZIMMERMAN, LUCILE
Emory University Hospital, Emory University
HAWAII—IDAHO—ILLINOIS

SISTER WALTER DAMIEN
2260 Lilihia St., Honolulu 3

THOMAS, MARY J.
Leahi Hospital, Honolulu 26

†IDAHO—8

ALDRICH, DOROTHY M.
St. Luke’s Hospital, Boise

De PARTER, ESTHER M.
St. Luke’s Hospital, Boise

HILL, ELIZABETH J.
Idaho Falls Latter Day Saints Hospital, Idaho Falls

MANGUM, MRS. EMILY
425 Holly St., Nampa

THOMPSON, MRS. ARLENE N.
1053 A Ilima Dr., Honolulu 29

TOMOYASU, KIMIYE T.
347 N. Kuakini St., Honolulu

SISTER M. ALPHONSUS
St. Anthony’s Mercy Hospital, Pocatello

SISTER M. CONSOLATA WAGNER
Mercy Hospital, Nampa

SISTER M. FRANCES CLARE
St. Anthony’s Mercy Hospital, Pocatello

WESCHE, MRS. MABEL A.
403 Roosevelt Ave., Nampa

ILLINOIS—609

ABRAHAMSON, JENNIE J.
1041 N. Francisco Ave., Chicago 22

ADAMS, CLARICE M.
Decatur & Macon County Hospital, Decatur

ADRIAENSESSES, MADOLYN V.
Box 152, Harper Ave., Waukegan

AKER, EDNA C.
6104 Woodlawn, Chicago 37

ALEXANDER, MRS. MAXINE E.
70 E. 64 St., Chicago 37

AMSTEIN, CAROLYN
8753 Carpenter St., Chicago 20

ANDERSEN, LORRAINE
1213 N. Austin Blvd., Chicago 51

ANDERSON, JUNE H.
2049 Jarvis St., Chicago 14

ANDERSON, MARY
St. Mary’s Hospital, Quincy

ANDERSON, RUBY M.
2104 Montrose Ave., Chicago 18

ANDRES, MARY L.
201 E. Delaware Pl., Chicago 11

ANLIKER, ELISE M.*
1222 N. La Salle St., Chicago 10

ANSLEY, LEATA B.
1915 W. Adams, Chicago 12

ANTE, MARIE C.
St. Luke’s Hospital, Chicago

ASH, MILDRED A.
1100 N. La Salle St., Chicago 10

AVELLAR, ELIZA C.
5514 S. Blackstone Ave., Chicago 15

BAAR, IDA C.
6317 N. Kenmore Ave., Chicago 40

BAILEY, ISABEL
Memorial Hospital, Springfield

BAKER, MARGARET M.
201 E. Delaware Pl., Chicago 11

BAKKEN, OLGA J.
2216 Ellis Ave., Chicago 16

BALZER, LAVERN L.
4554 N. Winchester Ave., Chicago 40

BARCLAY, MALLIE L.
1000 W. Polk St., Chicago 12

BARKER, CHARLOTTE
861 S. 5 St., Lincoln

BARNETT, MARGARET S.
2016 Ellis Ave., Chicago 16

BAST, IONA
824 W. 62 St., Chicago 21

BATT, MRS. ANNE S.
4122 N. Keeler Ave., Chicago 41

BAUER, SOPHIE A.
218 S. Ashland Blvd., Chicago 7

BAUKIN, FLORENCE J.
1211 N. LaSalle St., Chicago 10

BEEHLER, VERA J.
201 E. Delaware Pl., Chicago 11

BENDER, ALICE J.
710 Sherman, Danville

BENDER, EDITH D.
203 Pleasant Pl., West De Pere, Wis.

BERGERON, MRS. MARCELLA F.
219 N. Second Ave., Maywood

BERLIN, MRS. MYRL R.
723 Hudson St., c/o Mrs. M. W. Spoor, Evanston

BERNOUDY, MRS. TERESA H.
8056 Lucella Ave., Chicago

BIGLER, ROSE
6400 Irving Park Blvd., Chicago 34

BINNER, MABEL W.
707 Fullerton Ave., Chicago 14

BLACKBURN, ELSIE
384 E. Garfield, Decatur 36

BLAKE, AINA W.
5743 Drexel Ave., Chicago 37

BLAKE, FLORENCE C.
5746 Drexel Ave., Chicago 37

BLATT, MRS. ESTELLE W.
529 S. Wabash Ave., Chicago 5

BLISS, RACHEL
1900 W. Polk St., Chicago 12

BLUMBERG, MRS. LUCILE E.
1197 Chatham Rd., Winnetka

BOCKMAN, FLORENCE M.
P.O. Box 2091, Hines

BOGARDUS, MARY I.
950 E. 59 St., Chicago 37

BONNEMA, MRS. CATHERINE M.
10157 S. Wallace Dr., Chicago 29

BONNIN, RENATA
1829 S. Spring St., Springfield

BORGMAN, MRS. IRMA K.
Veterans Hospital, Box 2552, Hines

BORN, BARBARA
5743 Drexel Blvd., Chicago 37

BOWER, MARIAN B.
2236 W. Hallden Ave., Chicago 22

BOWMAN, BLANCHE
Copley Hospital, Aurora

426
BRANDT, SENA H.
201 E. Delaware Pl., Chicago 11

BRAYDEN, MARGARET E.
U. S. Veterans Administration, Hines

BREMER, LUELLE
6001 S. Green St., Chicago 21

BREWER, FRANCES N.
R.R. 2, Elmhurst

BRINK, FRANCES
Children’s Memorial Hospital, Chicago 14

BROMAN, MARYLIN C.
422 W. Dickens Ave., Chicago 11

BROOK, CLARE F.
1201 N. Fifth St., Springfield

BROPHY, MARIE L.*
210 N. Second Ave., Maywood

BROTHER DANIEL HARTNETT
1200 W. Belden Ave., Chicago 14

BROTHER JOHN J. MALONEY
1200 W. Belden Ave., Chicago 14

BROTHER LEO GODWIN*
1200 W. Belden Ave., Chicago 14

BROTHER SILVERIUS CASE*
1200 W. Belden Ave., Chicago 14

BROTHER STANISLAS MURPHY
1200 W. Belden Ave., Chicago 14

BROTHER URBAN WIEGAND
1200 W. Belden Ave., Chicago 14

BROWN, AMY F.
Route 2, Alexia

BROWN, MRS. EVELYN M.
936 Lake Shore Dr., Chicago 11

BRUCK, HELEN O.
531 Fullerton Pkwy., Chicago 14

BRUNNER, WM. C.
6347 S. Peoria St., Chicago 21

BULMAN, MARY M.
St. Joseph’s Hospital, Chicago 14

BURCHIARDI, MARY A.
3816 Blackstone Ave., c/o Professor Samuel K. Allison, Chicago

BURKE, MARGARET D.
1753 W. Congress St., Chicago 12

BURKE, MARIE M.
1900 W. Polk St., Chicago 12

BYRON, BLANCHE
1900 W. Polk St., Chicago 12

CAMPBELL, BRIDGET M.
7536 Clyde Ave., Chicago 40

CAMPBELL, MABEL S.
University of Chicago Clinics, Chicago 37

CARDEW, EMILY
1500 Indiana Ave., Chicago 5

CARLSON, ESTHER M.
5145 N. California Ave., Chicago 25

CARMON, MABEL
5722 Maryland Ave., Chicago 37

CARRINGTON, MARGARET*
4330 Drexel Blvd., Chicago 15

CARROLL, RUTH M.
1819 W. Polk St., Chicago 12

CARSON, MAUDE B.
1219 S. Seventh St., Springfield

CHAPMAN, BERNICE
Wesley Memorial Hospital, Chicago 11

CHEEK, MARGARET M.
Brokaw Hospital, Normal

CHERVASE, MRS. DORIS H.
598 N. St. Louis Ave., Chicago 24

CLARK, FLORINA A.
5743 Drexel Ave., Chicago 37

COBB, THELMIA I.
1004 N. Sixth St., Springfield

COGDILL, ALICE
Alton State Hospital, Alton

COGAN, BERYL
1900 W. Polk St., Chicago 12

COLBY, ESTHER A.
5048 W. Superior St., Chicago 44

COLE, BERYL A.
2630 Chestnut St., Quincy

COMSTOCK, ANN
2816 Ellis Ave., Chicago 16

COOK, MRS. FLORENCE S.
115 Donnemster St., Evanston

CORCORAN, JOSEPHINE
5720 W. Ohio St., Chicago 44

COUPE, DORIS
3851 Washington Blvd., Chicago 24

COX, MRS. GEORGE P.
Veterans Administration Hospital, Downey

CRAWFORD, JANE H.
561 Surf St., Apt. 4B, Chicago 14

CRIPPS, SUSIE
5641 Maryland Ave., Chicago

CROSS, ELEANOR M.
Veterans Administration Hospital, Box 95, Dwight

CROSSON, FRANCES M.
Veterans Administration Hospital, Downey

CUBELL, SUSAN B.
2750 W. 15 Pl., Chicago 8

CURTIS, ELIZABETH B.
1142 S. Michigan Ave., Chicago 5

CUSHMAN, LOIS M.
19 Harrison, Oak Park

DALLMAN, ELEANOR B.
4737 N. Hermitage Ave., Chicago 40

DAMA, MRS. ALICE I.
8017 Harvard Ave., Chicago 20

DANCA, MRS. ELEANOR D.*
815 Marengo Ave., Forest Park

DANNIEL, MALETA M.
520½ N. Sixth St., Quincy

DARMS, FLORENCE D.
1900 W. Polk St., Chicago 12

DAVIES, MRS. ETHEL M.
1113 S. Oak Park Ave., Oak Park

DAVIS, CORALYN A.
5949 W. Circle Ave., Chicago 31

DAWSON, ELLEN G.
2645 Girard Ave., Evanston

DEETH, DOROTHY F.
5641 S. Maryland, Chicago 37

DES COMBES, ARLYE
4554 N. Winchester Ave., Chicago 40

DEVER, ELLEN E.
1900 W. Polk St., Chicago 12

DEVILBASS, GRACE L.
6038 Drexel Blvd., Chicago 37

DEXHEIMER, HARRIET G.
700 N. Fullerton Ave., Chicago 14

DIESON, ALMA
1900 W. Polk St., Chicago 12

DIETERICK, EVELYN
201 E. Delaware Pl., Chicago 11

DIETZ, MRS. LENA D.
Passavant Memorial Hospital, Jacksonville

DOLGOFF, LAURA
1850 W. Jackson Blvd., Chicago

427
DOLL, MRS. HILDEGARDE S.  
1730 W. Congress St., Chicago 12
DOWNING, ALICE E.  
Blessing Hospital, Quincy
DRAEGERT, LUCY C.  
REID, I. Orca
DUFFY, BEATRICE L.  
1900 W. Polk St., Chicago 12
DUNBAR, ROXA K.  
102 W. Ash St., Normal
DUNLAP, MARY M.  
3748 Stony Island Ave., Chicago 37
Dwyer, Alice M.  
1231 Leddie Ave., Springfield
DyRUD, HELEN  
1810 W. Jackson Blvd., Chicago 12
ELDER, FLORENCE  
230 E. Superior St., Chicago 11
ELLINGSON, BERTHA L.  
383 E. Superior St., Chicago 11
ENGEL, MINNIE E.  
518 N. Austin Blvd., Oak Park
ENGLISH, AYCE  
Veterans Administration Hospital, Downey
ERICKSON, HELEN D.  
3719 Southport Ave., Chicago 13
ERIKSON, GENEVA M.  
3612 Grand Blvd., Brookfield
ERJEM, MARION  
1850 W. Jackson Blvd., Chicago 12
ERSNSDORFF, MARY A.  
1900 W. Polk St., Chicago 12
ESSEBE, LOUISE J.  
7720 S. Saganaw Ave., Chicago 49
ESSIG, MAUDE F.  
385 E. Superior St., Chicago 11
ESTABROOK, LAURA  
1340 W. 49 Pl., Chicago 9
EVELEV, RUTH M.  
823 W. Buean Ave., Chicago 13
FALK, MARY E.  
537 Deming Pl., Chicago 14
FASIG, AGNES  
1900 W. Polk St., Chicago 12
FINETTE, MRS. FLORENCE D.  
Lakeland Blvd., Aurora
FJOGSTAD, HENRIETTA  
1138 N. Leavitt St., Chicago 22
FLETCHER, MARCELLA E.  
1201 S. Main St., Jacksonville
FLUGUM, ELPHIA  
1618 W. Adams St., Chicago 12
FORESMAN, VELMA N.  
1900 W. Polk St., Chicago 12
FOREST, HARRIET L.  
1750 W. Congress St., Chicago 12
FRAZIER, HELEN  
426 E. 51 St., Chicago 15
FREIBERG, CATHERINE L.  
4017 Lincoln Pl., East St. Louis
FRENCH, RUTH  
Veterans Administration Hospital, Dwight
FRITZ, ADELAIDE M.  
629 W. Deming Pl., Chicago 14
FROEHIKE, HENRIETTA*  
1750 W. Congress St., Chicago 15
FROOK, BERTHA  
7653 Yates Ave., Chicago 49
FUERBRINGER, LILIAN F.  
5745 Drexel Ave., Chicago 37
FULMER, HARRIET  
4727 Ellis Ave., Apt. 3E, Chicago 15
FULTON, FLORA  
536 W. Webster Ave., Chicago 14
GABLER, MARGARET H.  
5145 N. California Ave., Chicago 25
GABLER, MURIEL  
5145 N. California Ave., Chicago 25
GALLOWAY, CLARISSE M.  
1750 W. Congress St., Chicago 12
GAPPINGER, EDYTHE L.  
La Grange, Ind.
GARTLAND, ROSE M.  
6919 S. Parke Ave., Chicago 37
GAUKROGER, LUCILLE A.  
1900 W. Polk St., Chicago 12
GEIGER, E. ELIZABETH  
1900 W. Polk St., Chicago 12
GEMBALA, MARTHA L.  
4954 W. Cortez St., Chicago 51
GIERING, LYDIA  
3891 Blackstone Ave., Chicago 37
GIKLING, GRATIA  
1919 W. Polk St., Chicago 12
GILBERT, JOSEPHINE*  
1500 Indiana Ave., Chicago 5
GILCHRIST, CLARA M.  
6010 Kimbark Ave., Chicago 37
GILLIE, MARTHA  
338 N. Austin Blvd., Oak Park
GLADSTONE, FLORADAHL  
Michael Reese Hospital, Chicago
GLICKMAN, PAULINE  
2730 W. 15 Pl., Chicago 8
GLUNT, MRS. MARIE  
438 N. Homan Ave., Chicago 21
GOLD, GLADYS  
4719 Drexel Blvd., Chicago 15
GONDEK, HELEN I.  
2822 W. 25 St., Chicago 8
GOODSELL, MRS. RUBA  
3136 Charles St., Rockford
GOULD, ANNE J.  
1900 W. Polk St., Chicago 12
GRAPER, MABEL D.  
2816 Ellis Ave., Chicago 16
GREEK, DESSIE M.  
1750 W. Congress St., Chicago 12
GRESSITT, RUTH S.  
1900 W. Polk St., Chicago 12
GRIFF, EMMA L.  
250 E. Superior St., Chicago 11
GROTH, MARGARET E.  
1900 W. Polk St., Chicago 12
GRUESBECK, MARYALICE  
1900 W. Polk St., Chicago 12
GRUPE, RHODA M.  
1125 S. Fourth Ave., Maywood
GUE, MRS. C. HALLINA B.  
1412 S. Walnut St., Springfield
HAGCMAN, MABEL E.  
411 W. Dickens Ave., Chicago 14
HALL, NELLIE A.  
1517 S. Michigan Ave., Chicago 5
HAMILTON, JUANITA  
1019 W. Polk St., Chicago 12
HANSEN, IDA N.  
4919 N. Bell Ave., Chicago 25
HANSON, ELVERA H.  
Memorial Hospital, Rockford
HARBERT, MARJORIE M. 354 S. Lindley, Decatur
HARDING, BERTHA  Community Hospital, Geneva
HARDY, JUNE T. 3509 Fulton St., Chicago 24
HARPER, LELA L. 129 N. Oak St., Hinsdale
HARRISON, RUTH L. 2730 W. 15th Pl., Chicago
HARTLEY, ALICE 1900 W. Polk St., Chicago 12
HAUGHEY, ROSEMARY H. East Moline State Hospital, East Moline
HAWKINS, NELLIE X. 5648 Dorchester Ave., Chicago 37
HEIL, MRS. DELAIS 2517 Cambridge Ave., Chicago 14
HENDERSHOT, CLARE  Box 647, Newton, Iowa
HENNESSEY, CYNTHIA M. 1230 E. Main St., Danville
HERIN, LURA G. 700 Fullerton Ave., Chicago 14
HEIRMANN, ADELE F. 1900 W. Polk St., Chicago 12
HESSE, MRS. DOROTHY M. 159 N. Grove Ave., Oak Park
HICKS, AGNES R. 3823 Washington Blvd., Chicago 24
HILL, EDNA S. 1900 W. Polk St., Chicago 12
HILL, KATHLEEN 7340 S. Claremont Ave., Chicago 36
HILLQUIST, SIGNE R.R. 4. Box 96-A, Elgin
HILTON, HILDA 518 N. Austin Blvd., Oak Park 11
HIRSCH, ELIZABETH B. 420 Wrightwood, Chicago 14
HITZ, RACHEL M. 1634 W. Jackson Blvd., Chicago 12
HOPPER, LAURA M. 326 N. Hamlin Ave., Chicago 24
HOLDER, VIRGINIA A. 1900 W. Polk St., Chicago 12
HORNEY, IVA L. 1900 W. Polk St., Chicago 12
HOSTMAN, LOUISE 1553 E. 60th St., Chicago 37
HOTTSCHEID, ALMA 415W 6th St., Springfield
HOWE, MINNIE B. 201 E. Delaware St., Chicago 11
HOWINGTON, PEARL 120 N. Oak St., Hinsdale
HUBBARD, MABEL W. 1720 W. Congress, Chicago 12
HUSKIN, JAMES L. Bethany
HUGUES, JOSEPHINE F. 426 E. 51st St., Chicago 15
ICE, DOROTHY 518 N. Austin Blvd., Oak Park
LMSCAHL, HANNAH O. Veterans Administration Hospital, Downey
JAEGER, GERTRUDE F. 6557 Harvard Ave., Chicago 21
JARCHOW, ANNA L. 935 Sheridan Rd., Evanston

JEFFRIES, SALLIE U. S. Indian Service, Merchandise Mart, Chicago 54
JENKINS, KATHRYN 1900 W. Polk St., Chicago 12
JENNINGS, MRS. BABETTE S. 2440 Lake View Ave., Apt. 2F, Chicago 14
JEVNE, GRACE O. P.O. Box 584, Oak Park
JOHNS, SOPHIE S. 1900 W. Polk St., Chicago 12
JOHNSON, HELEN C. 3536 Webster Ave., Chicago 14
JOHNSON, SIGRID G. 1900 W. Polk St., Chicago 12
KAY, CORA E. 1500 Indiana Ave., Chicago
KEISER, IGNE E. Alton Memorial Hospital, Alton
KELLISON, ANNE C. 202 W. Ash St., Normal
KERSKY, GEORGE H. 804 S. 18th Ave., Maywood
KIMBALL, LENORA 1900 W. Polk St., Chicago 12
KINKEL, MARIE H. 2816 Ellis Ave., Chicago 16
KING, LEONA 1900 W. Polk St., Chicago 12
KIRCHNER, ANN Chicago Lying-In Hospital, Chicago
KIRKALDY, MARION D. 1430 E. 69th Pl., Chicago 37
KLAUSER, BERTHA E. 1427 Dickens Ave., Chicago 14
KLEIN, ANNA M. Veterans Administration Hospital, Downey
KNOTT, KATHARINE L. 1036 N. Dearborn St., Chicago 10
KNOX, CECILIA M.* 2746 Hampden Ct., c/o Mrs. Wm. Elbersen, Chicago
KOGER, ORPHA E. Manteno
KOST, CASSIE E. 1900 W. Polk St., Chicago 12
KOZLOWSKI, BERNICE O. 2292 N. Harding Ave., Chicago 18
KUZMA, TILLIE Veterans Administration Hospital, Downey
KYLE, ETHEL B. Deaconess Hospital, Lincoln
LAIRD, ANN L. 18190 W. Polk St., Chicago 12
LANGILL, BLANCHE M. 2650 Ridge Ave., Evanston
LARSON, CECELE 1517 S. Michigan Ave., Chicago 5
LARSON, CLARA 5743 Indian Ave., Chicago 37
LARSON, EVANNAH K. 5100 Cornell Ave., Chicago 15
LARSON, LILLIAN E. 1900 W. Polk St., Chicago 12
LARSON, OLIVIA M. 1900 W. Polk St., Chicago 12
LEAHY, CATHERINE M. 7524 Parnell Ave., Chicago 20
LEAZENBEE, ETHEL M. 5723 University Ave., Chicago
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEEDER, MARGARET A.</td>
<td>5330 Blackstone Ave., Chicago 15</td>
<td>Chicago</td>
</tr>
<tr>
<td>LENNAN, MARION</td>
<td>4739 N. Maplewood, Chicago 15</td>
<td>Chicago</td>
</tr>
<tr>
<td>LEONARD, MRS. ALTA M.*</td>
<td>518 N. Austin Blvd., Oak Park</td>
<td>Oak Park</td>
</tr>
<tr>
<td>LEONARD, HELEN B.</td>
<td>660 Groveland Pk., Chicago 16</td>
<td>Chicago</td>
</tr>
<tr>
<td>LEONARD, THEONA</td>
<td>201 E. Delaware Pl., Chicago 11</td>
<td>Chicago</td>
</tr>
<tr>
<td>LEPETE, MYRTLE*</td>
<td>3251 Washington Blvd., Chicago 24</td>
<td>Chicago</td>
</tr>
<tr>
<td>LEVREAU, HATTIE</td>
<td>1201 S. Main St., Jacksonville</td>
<td>Jacksonville</td>
</tr>
<tr>
<td>LEWIS, MYRTLE E.</td>
<td>1800 W. Polk St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>LINDBLOM, ANNA M.</td>
<td>8015 Luella Ave., Chicago 17</td>
<td>Chicago</td>
</tr>
<tr>
<td>LINDSAY, DOROTHY J.</td>
<td>302 S. Rice Ave., Bellwood</td>
<td>Bellwood</td>
</tr>
<tr>
<td>LINDBRAND, THYRA D.</td>
<td>4896 N. Ashland Ave., Chicago 40</td>
<td>Chicago</td>
</tr>
<tr>
<td>LINSON, LENORA</td>
<td>1900 W. Polk St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>LOCKMAN, MRS. SADIE E.</td>
<td>7344 S. Yates Ave., Chicago 37</td>
<td>Chicago</td>
</tr>
<tr>
<td>LOGAN, ELIZABETH C.</td>
<td>760 Fullerton Ave., Chicago</td>
<td>Chicago</td>
</tr>
<tr>
<td>LONG, ETHEL M.</td>
<td>4300 Drexel Ave., Chicago</td>
<td>Chicago</td>
</tr>
<tr>
<td>LOOMIS, HARRIET</td>
<td>1800 W. Polk St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>LORENZ, MILDRED I.</td>
<td>Michael Reese Hospital, Chicago 16</td>
<td>Chicago</td>
</tr>
<tr>
<td>LUBAS, ANNE L.</td>
<td>2141 W. Superior St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>LUMBART, EMILY M.</td>
<td>4334 N. Winchester, Chicago 40</td>
<td>Chicago</td>
</tr>
<tr>
<td>LUNDGLAD, MRS. RITA L.</td>
<td>144 Harrison St., Oak Park</td>
<td>Oak Park</td>
</tr>
<tr>
<td>MacLAGLAN, MARGERY*</td>
<td>426 St. James Pl., Chicago 14</td>
<td>Chicago</td>
</tr>
<tr>
<td>MacNEIL, JULIA M.</td>
<td>6220 N. Kenmore Ave., Chicago 40</td>
<td>Chicago</td>
</tr>
<tr>
<td>MADDEN, MABEL</td>
<td>700 W. Fullerton Ave., Chicago 14</td>
<td>Chicago</td>
</tr>
<tr>
<td>MAGNER, COLETTE</td>
<td>5035 W. Adams St., Chicago 44</td>
<td>Chicago</td>
</tr>
<tr>
<td>MAHER, MARY M.</td>
<td>60 &amp; Green Sts., Chicago 21</td>
<td>Chicago</td>
</tr>
<tr>
<td>MAHTESIAN, JULIA</td>
<td>2730 W. 15 Pl., Chicago 8</td>
<td>Chicago</td>
</tr>
<tr>
<td>MANDT, GERTRUDE</td>
<td>146 N. Parkside Apt. 406, Chicago 44</td>
<td>Chicago</td>
</tr>
<tr>
<td>MARCHETTI, MILDRED M.</td>
<td>1900 W. Polk St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>MARONDE, ROSE K.</td>
<td>5427 University, Chicago 15</td>
<td>Chicago</td>
</tr>
<tr>
<td>MARSHALL, MRS. BEVERLY M.</td>
<td>227 Forest Ave., River Forest</td>
<td>Detroit</td>
</tr>
<tr>
<td>MARSHALL, MRS. EMMA M.</td>
<td>1439 S. Michigan Ave., Chicago 5</td>
<td>Chicago</td>
</tr>
<tr>
<td>MARTIN, HELEN A.</td>
<td>Memorial Hospital, Springfield</td>
<td>Springfield</td>
</tr>
<tr>
<td>MARTIN, MARGERITE L.</td>
<td>1900 W. Polk St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>MAUSHAK, GRACE E.</td>
<td>950 E. 59 St., Chicago 37</td>
<td>Chicago</td>
</tr>
<tr>
<td>MAXWELL, LENA</td>
<td>807 N. Main St., Bloomington</td>
<td>Bloomington</td>
</tr>
<tr>
<td>McGUINNESS, MADELEINE*</td>
<td>1439 S. Michigan Ave., Chicago 5</td>
<td>Chicago</td>
</tr>
<tr>
<td>MCCONVEY, MARGARET M.</td>
<td>Veterans Administration Hospital, Downey</td>
<td>Downey</td>
</tr>
<tr>
<td>McCLELLAN, NORMA E.</td>
<td>2016 Ellis Ave., Chicago</td>
<td>Chicago</td>
</tr>
<tr>
<td>MCCULLOUGH, EDNA H.</td>
<td>1750 W. Congress St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>MCCULLOUGH, JANE B.</td>
<td>2711 N. Kedzie, Chicago</td>
<td>Chicago</td>
</tr>
<tr>
<td>MCDONELL, IRI DI R.*</td>
<td>5115 Washington Blvd., Chicago 44</td>
<td>Chicago</td>
</tr>
<tr>
<td>MCDougall, Verna D.</td>
<td>534 Lincoln Ave., Waukegan</td>
<td>Waukegan</td>
</tr>
<tr>
<td>McELHINNEY, MRS. ALMA O.</td>
<td>Illinois Soldiers &amp; Sailors Children's School, Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>McNAMARA, MARY L.</td>
<td>8148 S. Marshfield Ave., Chicago 20</td>
<td>Chicago</td>
</tr>
<tr>
<td>McNEILL, MRS. CARRIE H.</td>
<td>1750 W. Congress St., Chicago 12</td>
<td>Chicago</td>
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<tr>
<td>MEEK, WINIFRED E.</td>
<td>37 N. Laverne Ave., Chicago 44</td>
<td>Chicago</td>
</tr>
<tr>
<td>MERNIN, SALLIE L.</td>
<td>Dept. of Nursing Education, University of Chicago, Chicago 37</td>
<td>Chicago</td>
</tr>
<tr>
<td>METZKER, AMALIA L.</td>
<td>Memorial Hospital, Springfield</td>
<td>Springfield</td>
</tr>
<tr>
<td>MEYER, MRS. EDNA Q.</td>
<td>828 N. 29 St., Quincy</td>
<td>Quincy</td>
</tr>
<tr>
<td>MEYER, MRS. M. LOUISE A.</td>
<td>1421 S. First St., Springfield</td>
<td>Springfield</td>
</tr>
<tr>
<td>MIHEL, MARY L.</td>
<td>4416 W. Monroe St., Chicago 44</td>
<td>Chicago</td>
</tr>
<tr>
<td>MIGLIARINI, ELENA M.</td>
<td>123 E. North St., Dwight</td>
<td>Dwight</td>
</tr>
<tr>
<td>MILLARD, NELLIE D.</td>
<td>4327 Lake Park Ave., Chicago 15</td>
<td>Chicago</td>
</tr>
<tr>
<td>MILLER, MILDRED J.</td>
<td>3434 W. Franklin Blvd., Chicago 24</td>
<td>Chicago</td>
</tr>
<tr>
<td>MITCHELL, ELLEN M.</td>
<td>Veterans Hospital, Box 2476, Hines</td>
<td>Hines</td>
</tr>
<tr>
<td>MOBLEY, GLADYS M.</td>
<td>40450 Broadway, Chicago 13</td>
<td>Chicago</td>
</tr>
<tr>
<td>MOELLER, HILDEGARD</td>
<td>1900 W. Polk St., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>MOENCH, MALINDA</td>
<td>4624 S. Greenwood Ave., Chicago 15</td>
<td>Chicago</td>
</tr>
<tr>
<td>MONTZ, MAXINE</td>
<td>201 E. Delaware Pl., Chicago 11</td>
<td>Chicago</td>
</tr>
<tr>
<td>MORLEY, MARY L.</td>
<td>1750 W. Congress Ave., Chicago 12</td>
<td>Chicago</td>
</tr>
<tr>
<td>MORRIS, MILDRED L.</td>
<td>4411 N. Newstead Ave., St. Louis 15, Mo.</td>
<td>Saint Louis</td>
</tr>
<tr>
<td>MORSE, ALICE M.*</td>
<td>536 Webster Ave., Chicago 14</td>
<td>Chicago</td>
</tr>
<tr>
<td>MORTENSEN, FLORENCE E.</td>
<td>7550 Essex Ave., Chicago 49</td>
<td>Chicago</td>
</tr>
<tr>
<td>MOTLL, DOROTHY</td>
<td>Proctor Hospital, Pooria</td>
<td>Pooria</td>
</tr>
<tr>
<td>MUELLER, MRS. MYRTLE L.</td>
<td>10961 Vernon Ave., Chicago 28</td>
<td>Chicago</td>
</tr>
<tr>
<td>MURABO, FRANCES A.</td>
<td>4917 Drummond Pl., Chicago 39</td>
<td>Chicago</td>
</tr>
<tr>
<td>MURPHY, CATHERINE</td>
<td>11 N. Kildare Ave., Chicago 24</td>
<td>Chicago</td>
</tr>
<tr>
<td>MURPHY, KATHARINE I.</td>
<td>4444 N. Damen Ave., Chicago 25</td>
<td>Chicago</td>
</tr>
<tr>
<td>MYERS, TRESSIE V.</td>
<td>2016 Ellis Ave., Chicago 16</td>
<td>Chicago</td>
</tr>
</tbody>
</table>
SISTER BAPTISTA CASPER
2100 Burling St., Chicago 14

SISTER CHARITAS PRINCE
821 E. Mason St., Springfield

SISTER CONSTANCE GIDEON
2100 Burling St., Chicago 14

SISTER ELAINE HUSER
821 E. Mason St., Springfield

SISTER ELIZABETH STEINER
2100 Burling St., Chicago 14

SISTER EMMANUEL
St. Mary's Hospital, Quincy

SISTER HELEN JARRELL
6537 S. Harvard Ave., Chicago 21

SISTER JOHN BAPTIST SCHULZEN
821 E. Mason St., Springfield

SISTER JUDITH FIEDLER
821 E. Mason St., Springfield

SISTER JULIANNE STENCIL
821 E. Mason St., Springfield

SISTER LEON CLARK
821 E. Mason St., Springfield

SISTER MARGUERITE DANNIS
821 E. Mason St., Springfield

SISTER MARY AGNES BURDEAU
1412 W. Park St., Urbana

SISTER MARY ALTISSIMA
1120 N. Leavitt St., Chicago 22

SISTER M. ANYSIA WACKER
1209 S. Walnut St., Rockford

SISTER MARY CAMILLE
2517 S. Prairie Ave., Chicago 16

SISTER M. CELINE
St. Joseph's Hospital, Bloomington

SISTER M. CLEMENT*
2518 Lakeview Ave., Chicago 14

SISTER MARY CORNELIA LEIBLE
St. Mary's Hospital, East St. Louis

SISTER M. DANIEL STEIN
2875 W. 19 St., Chicago 23

SISTER MARY DEPAGIS
St. Therese Hospital, Waukegan

SISTER M. DOROTHEA
3929 Thomas St., Chicago 51

SISTER M. DOROTHEA DURRAN
Little Company of Mary Hospital, Evergreen Park 42

SISTER M. GERTRUDIS
355 Ridge Ave., Evanston

SISTER M. JOLIANA
St. Charles Hospital, Aurora

SISTER M. LAURANA
Our Saviour's Hospital, Jacksonville

SISTER MARY LEO
95 St. & California Ave., Evergreen Park 42

SISTER MARY LOUISE MOONEY*
St. Joseph's Hospital, Alton

SISTER M. MARGARITA
1431 N. Claremont St., Chicago 22

SISTER MARY MARY CATHLEEN
Mercy School of Nursing, Chicago 16

SISTER M. MELITTA BACH
2875 W. 19 St., Chicago 23

SISTER M. MILBORG
St. Anne's Hospital, Chicago

SISTER MARY PETRONILLA
Our Saviour's Hospital, Jacksonville

SISTER MARY PRISCA*
St. Joseph's Hospital, Joliet
SISTER MARY ROSE
2100 Burling St., Chicago 11

SISTER M. THERESA ETTELBRICK
2975 W. 19 St., Chicago 23

SISTER MARY THERESE
2517 Prairie Ave., Chicago 16

SISTER M. THERESE NETZEL
1125 N. Leavitt St., Chicago 22

SISTER MARY WILLA
4950 Thomas St., Chicago 51

SISTER MELANIE PERRY
721 N. La Salle St., Chicago 10

SISTER NELLIE OLESON
1138 N. Leavitt St., Chicago 22

SISTER RENE FISCHER
2160 Burling St., Chicago 14

SISTER ROSELA MERCIER
St. John's Hospital, Springfield

SISTER ST. BERNADETTE LUIGEON
525 Wisconsin Ave., Oak Park

SISTER ST. LAURE
Huber Memorial Hospital, Pana

SISTER ST. PATRICIA
Huber Memorial Hospital, Pana

SISTER ST. TIMOTHY
525 Wisconsin Ave., Oak Park

SISTER ST. VALERIE PLANTE
525 Wisconsin Ave., Oak Park

SKANSE, CATHERINE
5145 N. California Ave., Chicago 25

SKONIECZNA, EVELYN M.
725 N. Ada St., Chicago 22

SKORUPA, EMILY
1900 W. Polk St., Chicago 12

SLEPICKA, BERTHA
1900 W. Polk St., Chicago 12

SLETTE, JOSEPHINE C.
5556 Arbor Street, Chicago 37

SMILDE, SADIE
518 N. Austin Blvd., Oak Park

SMITH, ELEANOR M.
1750 W. Congress St., Chicago 12

SMITH, ELIZABETH E.
1512 Kears Ave., Springfield

SMITH, HARRIET H.
250 E. Superior St., Chicago 11

SMITH, LUIELA G.
Victory Memorial Hospital, Waukegan

SMITH, MRS. MARGARET N.
311 N. Central Ave., Chicago 44

SMITH, MRS. MARY V.
2254 E. 84 St., Chicago 17

SOLBERT, OLGA E.
429 West Ave., Morris

SOOY, HARRIET H.
Springfield Memorial Hospital, Springfield

SPIEGEL, MRS. ARTHUR H.*
2430 Lake View Ave., Chicago 14

STADLER, ARLICE E.
2750 W. 15 Pl., Chicago 8

STAFFORD, HORTENSE
600 Main St., Alton

STAHL, EVELYN H.
5400 Greenwood Ave., Chicago 15

STANARD, ROBERTA
2816 Ellis Ave., Chicago 16

STEMBER, DONNA J.
229 N. Eighth St., Quinley

STEPHEN, HELEN
2640 N. 73 Ave., Elmwood Park

STEWARD, H. MAGDALENE
3251 W. Washington Blvd., Chicago 24

STILWELL, F. GERTRUDE
1668 W. Ogden Ave., Chicago 12

STONE, OPAL B.
1900 W. Polk St., Chicago 12

STOOPS, FRANCES M.
431 W. Main St., Platteville, Wis.

STOUT, INA B.
520 Wrightwood Ave., Chicago 14

STRASSEN, IDA E.
4543 Malden St., Chicago 40

STROUCE, ADELAIDE
420 E. 81 St., Chicago 19

STROEBING, MRS. ISAI E.
401 E. Delaware, Dwight

STRYK, VIOLA
6140 N. Artesian Ave., Chicago 45

TAYLOR, MARY L.
1034 S. 21 Ave., Bellwood

THIE, AMELIA L.
Suburban Hospital, Washington, D. C.

THIELBAR, FRANCES C.
521 Keystone Ave., River Forest

THOMAS, HILLARY
2750 W. 15 Pl., Chicago 8

THOMPSON, ALICE R.
522 Belden Ave., Chicago 14

THOMPSON, HELEN L.
6601 S. Green St., Chicago 21

THOMPSON, LYDIA
4921 Congress St., Chicago 44

THORNTON, MARY J.
1138 N. Leavitt, Chicago 22

TITTMAN, ANNA L.
23 E. Delaware Pl., Apt. 25, Chicago 11

TOBIN, EVELYN M.
245 Washington Blvd., Oak Park 2

TOBINS, LENOIRE
64 Robbins St., Waterbury, Conn.

TORRES, GERRA F.
5421 N. Ashland Ave., Chicago 40

TOWNE, GENEVA
Christian Welfare Hospital, East St. Louis

TRAVIS, HETTIE B.*
1600 W. Maypole, Chicago 12

TRUTTER, ANNA G.
305 E. Cook St., Springfield

TUPPER, JESSIE S. *
129 N. Oak St., Hinsdale

TURNER, ANNE
1719 W. Congress, Chicago 12

UPHOFF, AGNES M.
33 N. Menard, Chicago 44

VAN DE STEEG, EVELYN
1409 S. Michigan Ave., Chicago 5

VAN HORN, ELLA M.
443 W. Wrightwood Ave., Chicago 14

VAN SCHOICK, MILDRED
1435 E. 60 St., Chicago 37

VAN WERT, MYRTLE
3805 W. Division St., Chicago 51

VAUGHN, FLORENCE K.
2816 Ellis Ave., Chicago 16

VOGEL, IRMA C.
424 S. Kirkwood St., Lincoln

VOIGHT, LAURA C.
4209 N. Leavitt St., Chicago 18

VON GREMP, ZELLA
320 S. Ashland Ave., Chicago 7

433
WAGG, MARIE
St. Anthony’s Hospital, Rock Island

WARER, FLORENCIO
2575 W. 37th St., Chicago 23

WALD, CLARA E.
Victory Memorial Hospital, Waukegan

WANG, ELEANOR
Memorial Hospital, Alton

WARMBROOK, BERTHA
Monterey Hotel, 4300 N. Charnel Ave., Chicago

WATSON, MARY L.
1750 W. Congress St., Chicago 23

WATT, THELMAR R.
Manteno State Hospital, Manteno

WEDEL, ESTHER L.
Copley Hospital, Aurora

WESTPHAL, MARY E.
122 S. Michigan Ave., Chicago 3

WHEELER, ALICE M.
Copley Hospital, Aurora

WHITFORD, MRS. MAE
Alexandria Hotel, Chicago 11

WHITNEY, MARSHA T.
5505 S. Christian Ave., Chicago 29

WIEGUS, MRS. LAURA C.
2217 W. Byron St., Chicago 18

WIK, EVELYN D.
120 N. Oak St., Hinsdale

WILEY, ISABELLE
6437 S. Green St., Chicago 37

WILL, C. ELSIE
1163 E. 34th Pl., Chicago 15

WILLIAMS, ELIZABETH C.
322 Weston Ave., Aurora

WILLIAMS, KATHRYN
1900 W. Polk St., Chicago 12

WILLIAMSON, MARGARET S.
2309 S. 29 Ave., Broadview

WILSON, HELEN A.
6017 Kimbark Ave., Chicago 37

WILSON, MABEL M.
1924 W. Monroe St., Chicago 12

WILZEWSKA, MARIE K.
502 W. 62nd St., Chicago 21

WINDBERG, DAGMAR
1900 W. Polk St., Chicago 12

WINCATE, DOROTHY B.
3015 S. Fifth Ave., Maywood

WISE, MARY M.
302 Rice Ave., Bellwood

WISE, OLIVE V.
3126 W. Adams, Chicago 24

WITTE, REGINA A.
1201 S. Main St., Jacksonville

WITZ, WINFRED W.
2164 Ellis Ave., Chicago 16

WOESTHOFF, MARGARET L.
1900 W. Polk St., Chicago 12

WOODBURY, EDNA L.
6102 Woodlawn Ave., Chicago 37

WRIGHT, ELIZABETH H.
6919 Kimbark Ave., Chicago 37

WRIGHT, MRS. LOUISE R.
1400 Lake Shore Dr., Apt. 206, Chicago 10

WRIGHT, MATILDA
1201 S. Main St., Jacksonville

WURZBURGER, CAROL A.
2816 Ellis Ave., Chicago 16

YATES, ALICE F.
6223 W. Wabansia, Chicago 39

YOUNG, ADALINE C.
523 S. Talman, Chicago 29

YOUNG, MRS. GRACE H.
6133 University Ave., Chicago 37

ZUMMO, MRS. VIRGINIA W.
353 Hill St., Chicago 10

INDIANA—139

ABBOTT, JOY
1656 N. Talbot, Indianapolis 2

ADAMS, LEONA B.
1818 E. Third St., Bloomington

ADAMS, EDDITH
605 Harrison St., La Porte

ALLEN, DOTALINE E.
Nursing Education Dept., Indiana University,
Bloomington

ANDRES, EMMA M.
Veterans Hospital, Marion

ARNHOLT, LILLIE M.
2444 N. Talbot St., Indianapolis 5

ASCHLIMAN, ADELINA
Protestant Deaconess Hospital, Evansville 11

BALDWIN, JOSEPHINE E.
4321 Fir St., East Chicago

BARTZ, HELEN F.
540 Tyler St., Gary

BEAVER, EMMA
1656 N. Talbot St., Indianapolis 2

BECKER, MARY E.
93 Adams Ave., Evansville

BILDZ, MARIAN
934 E. Fourth St., Mishawaka

BISCHOFF, PAULINE G.*
Lutheran Hospital, Fort Wayne

BLAACKBURN, RUTH H.
1032 N. Capitol Ave., Indianapolis 7

BLAYLOCK, RUTH O.
920 S.E. Sixth, Evansville 9

BOAL, MARGARET I.
Ball Memorial Hospital, Muncie

BRAKE, MARY G.
1199 E. 19 St., Indianapolis 2

BRALEY, HELEN L.
22 W. 27 St., Indianapolis 8

BRAY, CLARA B.
16 N. Highland Ave., Apt. 3, Indianapolis 3

BRYTTINGHAM, THELMA
605 S. Louisiana, Evansville

BROUGHTON, HELEN
1206 E. National Ave., Brazil

BROWN, DORCAS
Lutheran Hospital, Fort Wayne 6

BROWN, FLORENCE
1730 N. Pennsylvania St., Apt. 1, Indianapolis 2

BURNETT, MRS. ZILPHA M.
1300 Upper 11 St., Vincennes

BURCH, DOROTHY E.
Indianapolis City Hospital, Indianapolis 7

CASY, MRS. RUTH L.
4353 Fletcher Ave., Indianapolis

CAMPBELL, SHIRLEY A.
2103 E. Main St., Richmond

CAMPBELL, SHIRLEY A.
2103 E. Main St., Richmond
HAUENSTEIN, CAROLINE
Indiana State Board of Examination, 633 K. of P Bldg., Indianapolis 4

HAUGK, EDNA
1232 W. Michigan St., Indianapolis 7

HECKARD, MARY E.
1232 W. Michigan St., Indianapolis 7

HEIDGERKEN, LORETTA
521 E. Sixth St., Bloomington

HICKEY, MARIE E.
St. Catherine's Hospital, East Chicago

HOKE, RUBY M.
1601 N. 21 St., Richmond

IVES, MARIE D.
327 Letch St., Fort Wayne 5

JACOBS, ETHEL R.
410 N. Meridian St., Indianapolis 4

JORDAN, THELMA E.
2721 Marion Ave., Evansville 12

KINNEY, MADELINE
412 S.E. Fourth St., Evansville 9

KLAIBER, CECILIA
Methodist Hospital, Indianapolis 7

LANE, NORMA
Indianapolis City Hospital, Indianapolis 7

LATIMER, MARGARET
1232 W. Michigan St., Indianapolis 7

LAUMAN, ANNA
Good Samaritan Hospital, Vincennes

LEHMAN, BETTY L.
Veterans Administration, Fort Harrison

LEWIS, MRS. ERNESTINE M.
1312 W. Jackson St., Muncie

LIBOTTE, RUTH V.
1401 W. Jefferson St., Kokomo

LILLARD, MRS. MADONNA
Marion General Hospital, Marion

LOHR, MARIAN H.
Bloomington Hospital, Bloomington

LONGERE, RUTH
713 Pleasant Run Pkwy., S.S., Indianapolis 3

MABETTE, CYNTHIA M.
1312 S. Meridian St., Indianapolis

MACDOUGAL, EDWINA
1125 Circle Tower, Indianapolis 4

MARSHALL, DOLORES
City Hospital, Nurses' Home, Indianapolis 7

MASON, MARY L.
R.R. 1, Box 232, Evansville

McCLEARY, CATHERINE A.
2355 N. Meridian St., Apt. 14, Indianapolis 8

McGORMICK, GWENDOLYN
1402 N. Alabama St., Indianapolis 3

McCRACKEN, MABEL C.
631 First Ave., Evansville 10

McDONALD, GENE M.
441 N. Washington, Marion

McGILL, INEZ J.
1229 N. Pennsylvania St., Indianapolis 2

McMENEMY, HELEN L.
1232 N. Meridian St., No. 4, Indianapolis

MEIER, FRANCES
619 W. Louisiana, Evansville

MILLET, BLUSH
1338 S. Sherman Dr., Indianapolis 3

MOORE, RENA D.
Methodist Hospital, Indianapolis 7

MURPHY, ANNE M.
Division of Nursing Education, Indiana University, Bloomington

435
ADAIR, ADDIE M.
Browndowns Hospital, Des Moines 14

ALFSEN, LOUISE E.
State House, Room 17, Des Moines 16

ALKIRE, HESTER R.
1427 Fifth St., Des Moines

ANDERSON, AMANDA
Browndowns Hospital, Des Moines 14

ANDERSON, ANNA C.
Lutheran Hospital, Sioux City

ARNO LD, WAVE
Methodist Hospital, Sioux City

BEERS, ADELAIDE P.
Burlington Protestant Hospital, Burlington

BENDER, BEATRICE
Mercy Hospital, Des Moines

BIXLER, MRS. GENEVIEVE K.,
5638 S. Waterbury Rd., Des Moines

BOSSHARDT, LUCY A.
1610 Franklin Ave., Des Moines

BRANK, GERTRUDE H.
Iowa Methodist Hospital, North Nurses Home, Des Moines 14

BROWN, INA M.
Veterans Hospital, Des Moines 10

BROWN, WYLMA A.
Veterans Hospital, Des Moines 10

BRUNER, ISOBELLE M.
St. Joseph’s Mercy Hospital, Sioux City 19

BUTLER, MILDRED E.
Jennie Edmundson Memorial Hospital, Council Bluffs

CABARET, ETHEL B.
St. Joseph Mercy Hospital, Iowa City

CARLSON, ELLEN M.
Iowa Lutheran Hospital, Des Moines 16

COOK, RUTH M.
St. Joseph Mercy Hospital, Mason City

COPPESS, ALICE C.
St. Luke’s Methodist Hospital, Cedar Rapids

CORDER, LOIS B.
Westlawn, Iowa City

COULSON, LAURA J.
Iowa Methodist Hospital, Des Moines 14

COULTER, MARJORIE B.
St. Luke’s Hospital, Davenport

CROMWELL, HELEN
Iowa Lutheran Hospital, Des Moines 16

DANLEY, HELEN M.
Veterans Hospital, Des Moines 10

DOLAN, FLORENCE
1622 Court St., Sioux City 19

DOYLE, GERTRUDE P.
Veterans Hospital, Des Moines 10

EGGERS, RUTH M.
St. Luke’s Hospital, Davenport

EISENLAUER, GRACE B.
Browndowns Hospital, Des Moines 14

FIGGE, PEARL
3946 41 St., Des Moines 10

FITZPATRICK, MARY M.
Mercy Hospital, Marshalltown

FRERIKS, DOROTHY
600 W. Main St., Cherokee

GILLOON, MARY M.
Mercy Hospital, Dubuque

GUENTHER, MARIE
Allen Memorial Hospital, Waterloo

HARALDSON, MAE
Browndowns Hospital, Des Moines 14

HARLING, MRS. ELIZABETH A.
Jennie Edmundson Memorial Hospital, Council Bluffs

HEFNER, AUGUSTA J.
St. Joseph’s Mercy Hospital, Sioux City 19

HEGGEN, MARTHA
Iowa Lutheran Hospital, Des Moines 16

HENDERSON, LAURA
Browndowns Hospital, Des Moines 14
HILL, ETTA C.
Iowa Methodist Hospital, Des Moines 14

HOLCOMB, EDNA
1124 Douglas, Ames

JACKSON, MONA
Iowa Methodist Hospital, Des Moines 14

JACOBSON, ANNA B.
Iowa Lutheran Hospital, Des Moines 16

JENSEN, CHRISTINE
Iowa Lutheran Hospital, Des Moines 16

JOHNSON, PEGGIE C.
1126 N. Broadway, Council Bluffs

JOHNSTON, ANN
St. Joseph’s Mercy Hospital, Sioux City 19

JOY, GRACE E.
1050 E. Washington, Council Bluffs

KAJ, VERONICA
Veterans Hospital, Des Moines 10

KIRBY, CHARLOTTE E.
2274 Grace St., Dubuque

KUSTER, EMMA
Iowa Methodist Hospital, Des Moines 14

Lacey, Katherine M.
St. Joseph Mercy Hospital, Fort Dodge

LAFRENTZ, HELMA
o/o M. L. I. Health & Welfare, 10 Madison Ave.,
New York, N. Y.

Lang, HELEN M.
1117 Pleasant St., Des Moines 14

LIMBACK, FLORENCE C.
St. Vincent’s Hospital, Sioux City 10

LINDSAY, LOLA
Westhavn, Iowa City

MARTIN, MARY A.
St. Joseph Mercy Hospital, Dubuque

McDonald, M. EDNA
Methodist Hospital, Sioux City 18

McGURK, BLANCHE C.
Westown, Iowa City

McLaren, LILLIAN
Iowa Lutheran Hospital, Des Moines 16

MORTIMER, GERTRUDE H.
Iowa Methodist Hospital, Des Moines 14

Mulhall, Ann H.
St. Joseph’s Mercy Hospital, Sioux City 19

MURRAY, MARIE E.
512 Beach St., Council Bluffs

NEUZIL, ROSE
Mercy Hospital, Iowa City

NORELIUS, JESSIE P.
503 Shops Bldg., Des Moines 9

PARK, IDELIA
Jane Lamb Memorial Hospital, Clinton

PAZDERA, ALOISIE
University Hospital, Iowa City

Petersen, BETTY M.
St. Joseph Mercy Hospital, Mason City

PETERSON, BRENDA M.
1117 Pleasant St., Des Moines 14

PETERSON, DORA L.
Iowa Methodist Hospital, Des Moines 14

PHILL, RUTH M.
St. Vincent’s Hospital, Sioux City 10

RANCK, MARGARET
644 35 St., Des Moines

RASSENNES, ETTA H.
St. Luke’s Methodist Hospital, Cedar Rapids

REINHART, EDITH
Jane Lamb Memorial Hospital, Clinton

RENTER, MRS. HELENA
State Hospital, Clarinda

RIESELN, LILLIAN
St. Vincent’s Hospital, Sioux City

ROBERTS, MRS. MARIAN C.
St. Luke’s Methodist Hospital, Cedar Rapids

ROBINSON, DORIS B.
St. Vincent’s Hospital, Sioux City

ROEHLK, HELEN E.
Veterans Hospital, Des Moines

ROSS, DOROTHY M.
Iowa Lutheran Hospital, Des Moines

ROSS, EDNA K.
Veterans Hospital, Des Moines 10

RYER, MRS. GLADYSSE
Veterans Hospital, Des Moines 10

SAGE, VERA M.
State House, Room 17, Des Moines 16

SAMUELSON, MRS. MARJORIE
3619 Cornell St., Des Moines 17

SANDVOLD, NORMA M.
2024 Pierce, Sioux City

SAUERLICH, LUCILLE
Veterans Administration, Des Moines 10

SCHRADER, HAZEL E.
3319 University Ave., Des Moines

SCHUMACHER, MARY
Veterans Administration, Des Moines 10

SEIBERT, RUTH L.
714 15 St., Des Moines

SIMON, MARY J.
Iowa Methodist Hospital, Des Moines 14

SISTER CARMEN MARIE SWIFT
610 N. Fourth St., Burlington

SISTER ERNA SCHWEER
Evangelical Deaconess Hospital, Marshalltown

SISTER LORETTO MARIE
1326 Lombard St., Davenport

SISTER MARIE CAROLYN BUSCHE
Evangelical Deaconess Hospital, Marshalltown

SISTER MARIE ELIZABETH HOPP
Evangelical Deaconess Hospital, Marshalltown

SISTER MARIE WOZIESCHKE
Evangelical Deaconess Hospital, Marshalltown

SISTER MARTHA M. GADE
Evangelical Deaconess Hospital, Marshalltown

SISTER MARY AGATHA BERMEL
St. Vincent’s Hospital, Sioux City

SISTER M. ALVERNA
St. Anthony Hospital, Carroll

SISTER M. ANGELITA
2101 Court St., Sioux City

SISTER MARY ANNUCIA TAOONAN
Mercy Hospital, Davenport

SISTER MARY AVITUS KORESSEL
169 Beaumont Dr., Mason City

SISTER M. BARBARA ANN
Mercy Hospital, Cedar Rapids

SISTER MARY BRIGID
Mercy Hospital, Marshalltown

SISTER M. CAMILLUS
624 Jones St., Sioux City 10

SISTER MARY CLARENCE MCDONALD
Mercy Hospital, Cedar Rapids

SISTER MARY CLARICE KEEFE
Mercy Hospital, Cedar Rapids

SISTER MARY CLAUDINE ARENZ
169 Beaumont Dr., Mason City

SISTER MARY CONCEPTA MULLINS
Mercy Hospital, Des Moines 14
SISTER MARY DANIELITA COOPER  
Mercy Hospital, Cedar Rapids  
SISTER MARY DOROTHY MULQUEENEY  
St. Joseph's Mercy Hospital, Sioux City 19  
SISTER MARY ELAINE  
Mercy Hospital, Cedar Rapids  
SISTER MARY ETHELDREDA  
St. Joseph Mercy Hospital, Clinton  
SISTER M. EUGENE  
624 Jones St., Sioux City 10  
SISTER M. FLORENTINE FRANKLIN  
1209 W. State St., Marshalltown  
SISTER MARY FRANCINE  
St. Anthony Hospital, Carroll  
SISTER M. GERALDINE GLEESON  
Mercy Hospital, Des Moines 14  
SISTER MARY GERTRUDE CRETZMEYER  
St. Joseph's Mercy Hospital, Mason City  
SISTER M. HELEN MACKENZIE  
Mercy Hospital, Des Moines 13  
SISTER MARY IMELDA MURRAY  
160 Beaumont Dr., Mason City  
SISTER MARY IRMA McMANUS  
Mercy Hospital, Marshalltown  
SISTER MARY JEROME BURNS  
Mercy Hospital, Des Moines 14  
SISTER MARY KARIN  
Mercy Hospital, Des Moines 14  
SISTER MARY LA SALETTE RUDY  
St. Joseph's Mercy Hospital, Sioux City 19  
SISTER MARY LOURDES  
St. Joseph's Mercy Hospital, Mason City  
SISTER MARY LOYOLA  
Mercy Hospital, Cedar Rapids  
SISTER MARY MACRINA CURRANS  
160 Beaumont Dr., Mason City  
SISTER MARY MAGDALENE  
Mercy Hospital, Marshalltown  
SISTER M. MARCIA WILHELM  
St. Joseph's Mercy Hospital, Sioux City 19  
SISTER MARY MAURA  
Sacred Heart Convent, Cedar Rapids  
SISTER M. MAUREEN FITZPATRICK  
Mercy Hospital, Cedar Rapids  
SISTER M. MERCEDES  
Mercy Hospital, Cedar Rapids  
SISTER M. MICHAELAEN CANCELER  
624 Jones St., Sioux City 10  
SISTER M. MONICA LIETZ  
St. Vincent's Hospital, Sioux City  
SISTER MARY OLIVIA ROCHFORD  
Mercy Hospital, Dubuque  
SISTER MARY PAUL MEIR  
St. Vincent's Hospital, Sioux City  
SISTER MARY PAULESCA AXMAN  
St. Anthony Hospital, Carroll  
SISTER MARY PAULINE BAINES  
Mercy Hospital, Des Moines 14  
SISTER MARY PETRINA RATLIFF  
2101 Court, Sioux City  
SISTER M. PHILIP  
St. Anthony Hospital, Carroll

SISTER MARY PHILOMENA CROCK  
Mercy Hospital, Iowa City  
SISTER MARY PLACIDA  
624 Jones St., Sioux City 10  
SISTER MARY RAPHAEL  
160 Beaumont Dr., Mason City  
SISTER MARY REGIS FOLEY  
St. Joseph Mercy Hospital, Clinton  
SISTER MARY ROBERTA  
St. Joseph Sanitarium, Dubuque  
SISTER MARY SEBASTIAN GENESES  
Mercy Hospital, Des Moines 14  
SISTER MARY STANISLAUS CAREY  
St. Joseph's Mercy Hospital, Mason City  
SISTER MARY STELLA LILLIE  
St. Bernard's Hospital, Council Bluffs  
SISTER MARY TERESA  
1600 N. Ash, Ottumwa  
SISTER M. THOMAS PHelan  
Mercy Hospital, Cedar Rapids  
SISTER MARY VICTORY HOACLAND  
Mercy Hospital, Cedar Rapids  
SISTER MARY ZITA  
Mercy Hospital, Des Moines 14  
SISTER WILMA ANITA HULSEBUS  
Evangelical Deaconess Hospital, Marshalltown  
SKAHILL, RITA C.  
St. Joseph Mercy Hospital, Dubuque  
SLUYER, MRS. ELLIE D.  
2714 Pierce St., Sioux City 18  
SNEAD, MRS. THELMA D.  
Iowa Methodist Hospital, Des Moines 14  
SQUIRE, ESTHER M.  
Washington County Hospital, Washington  
STANDIFER, HELEN C.  
Veterans Hospital, Des Moines 10  
TULLY, CATHERINE M.  
Mercy Hospital, Dubuque  
WAGNER, HILDECARDE M.  
81 Fremont Ave., Dubuque  
WHITE, MRS. ELIZABETH B.  
Iowa Lutheran Hospital, Des Moines 16  
WIDMER, ESTHER M.  
Wayland  
WIEKEN, GAILYNS R.  
1302 Pierce St., Council Bluffs  
WILCOX, OLIVE  
1117 Pleasant St., Des Moines 14  
WILSON, ARDITH L.  
Broadlawns Hospital, Des Moines 14  
WILSON, MAY S.  
1210 Pleasant St., Des Moines 14  
WORTMAN, JESSIE C.  
Jennie Edmundson Memorial Hospital, Council Bluffs  
WREN, M. A.  
Mercy Hospital, Des Moines 14  
YACKEE, GRACE L.  
Westlawn, Iowa City  
ZEMLICKA, PEARL S.  
Broadlawns Hospital, Des Moines 14

KANSAS—85

ANDERSON, MRS. IRENE C.  
1127 Horne, Topeka  
ANDREWS, GWEN E.  
Box 824, Wadsworth

BEGHE, NORA A.  
Veterans Hospital, North Little Rock, Ark.  
BENTON, EULA M.  
Bethany Hospital, Kansas City

439
BOYLES, RUTH M.  
Christ's Hospital, Topeka

BURGER, FRANCES M.  
2020 Olive Blvd., Kansas City 3

COX, MINNIE  
Abury Hospital, Salina

CR CHANOIS, MARY J.  
2110 Orville, Kansas City 8

FEAR, EDITH A.  
301 S. Denver, Eldorado

FOOTE, ROBERTA E.  
1614 Oakley, Topeka

FORNEY, ESTHER  
Grace Hospital, Hutchinson

FRITZMEIER, MARTHA H.  
124 E. Eighth, Hutchinson

GATTERMEIER, CHARLOTTE J.  
229 N. Estelle, Wichita 7

GESSLER, AURELIA E.  
St. Franciss Hospital, Topeka

GRUBER, MARGARET H.  
St. Francis Hospital, Wichita

HARTUNG, ELDA M.  
University of Kansas Hospitals, Kansas City 3

HASTINGS, ETHEL L.  
1064 N. 26 St., Kansas City 2

HIPPEY, MARGARET  
Kennedy V. A. Hospital, Memphis

HOPPE, CAROL  
Bethany Hospital, Kansas City

JACKSON, MRS. DOROTHY H.  
817 State St., Emporia

JENNIGES, THERESA H.  
Kansas State Board of Health, Topeka

JUNG, ELVA  
University of Kansas Hospitals, Kansas City 3

KROEKER, MRS. MARGARET F.  
535 S. Estelle Ave., Wichita 9

LAW, IRMA  
236 1/2 Commercial St., Emporia

LEASURE, ZILLAH  
Newman Memorial Hospital, Emporia

LOSANSZKY, ROSE M.  
St. Margaret's Hospital, Kansas City 2

MCKINLEY, A. PATRICIA  
Wichita Hospital, Wichita 12

MILLER, CORA A.  
817 State St., Emporia

PATTERSON, SARA A.  
1300 Louisiana Ave., Lawrence

RAPER, LILLIAN  
University of Kansas Hospitals, Kansas City 3

REINBACH, HELEN  
1800 E. 21 St., Topeka

RIDGEWAY, EILEEN M.  
University of Kansas Hospitals, Kansas City 3

RUSE, MRS. MAYBELLE B.  
602 S. Holyoke, Wichita 2

SANDERSON, MARIORIE E.  
Bethany Hospital, Kansas City 2

SISTER AGNES STEINER  
Providence Hospital, Kansas City 2

SISTER HILDEGARDES  
St. Margaret's Hospital, Kansas City 2

SISTER LENA M. SMITH  
Bethel Deaconess Hospital, Newton

SISTER MARY ADELE  
St. Mary Hospital, Manhattan

SISTER M. ALFONSA  
St. Rose Hospital, Great Bend

SISTER MARY ALPHONSON CONWAY  
Mercy Hospital, Fort Scott

SISTER MARY AUSTIN MONSER  
St. Joseph's Hospital, Wichita 9

SISTER MARY BRENDAH MURPHY  
St. Anthony Hospital, Dodge City

SISTER M. CARMEL CLAFFEE  
Halstead Hospital, Halstead

SISTER MARY CATHERINE ECKART  
St. Elizabeth Mercy Hospital, Hutchinson

SISTER M. CONSTANCE  
St. Anthony Hospital, Dodge City

SISTER M. EDDITH BERTRAM  
St. Francis Hospital, Wichita 5

SISTER M. EMELINE  
St. Rose Hospital, Great Bend

SISTER M. EULALIA STADLMANN  
St. Francis Hospital, Wichita 5

SISTER MARY GEORGE WANSKALTE  
St. Francis Hospital, Topeka

SISTER MARY GERMAINE HEIMAN  
638 N. Fifth St., Garden City

SISTER MARY HELEN DOUGHERTY  
Mercy Hospital, Fort Scott

SISTER MARY LEON PHOTTE  
St. John's Hospital, Salina

SISTER MARY LEONA  
St. Anthony Hospital, Dodge City

SISTER MARY LUKE BOWKER  
St. Mary Hospital, Manhattan

SISTER M. MARCELLINE BARKER*  
St. Mary's Hospital, Winfield

SISTER M. PHILOMENA ANTEWERD  
St. Margaret's Hospital, Kansas City 2

SISTER MARY STELLA CROOKHAM  
Mercy Hospital, Parsons

SISTER MARY SYLVESTER MCGOWAN  
St. John's Hospital, Leavenworth

SISTER M. THEOPHANE UMSCHEID*  
St. Mary Hospital, Manhattan

SISTER MARY VALERIA KLENKE  
Mt. Carmel Hospital, Pittsburg

SISTER M. VICTORINE BARRINS  
St. Joseph's Hospital, Concordia

SISTER MARY VINCET  
St. Elizabeth Mercy Hospital, Hutchinson

SISTER M. WINIFRED SHEEHAN  
St. Anthony Hospital, Dodge City

SISTER MEL BRIDE SKIFFINGTON  
St. Joseph's Hospital, Wichita 9

SISTER ROSE PAUL TETYAK  
St. Mary College, Xavier

SISTER ROSE VICTOR  
St. Mary College, Xavier

SISTER TERESA VINCET WASINGER  
St. John's Hospital, Salina

SISTER THEODOSIA HAMS  
Bethel Deaconess Hospital, Newton

SMITH, MRS. ZELMA I.  
Russell City Hospital, Russell

SPECHT, RUTH*  
Grace Hospital, Hutchinson

STECK, ALETA L.  
530 N. Hillside, Wichita 6

SUTCLIFFE, ELIZABETH  
University of Kansas Hospitals, Kansas City 3

SUTTON, GRACE H.  
1142 Randolph Ave., Topeka

TIDRICK, JANET  
509 National Reserve Bldg., Topeka
WERNER, JOSEPHINE F.
St. Catherine's Hospital, Garden City

WILLIAMS, JENNIE
1641 Fairview, Manhattan

WINTERS, MARGARET R.
808 W. Myrtle, Independence

WOLFE, WINIFRED
90 Morningside Dr., Apt. 3C, New York 27, N. Y.

WORMER, MRS. EVELYN M.
762 Oak St., Leavenworth

KENTUCKY—90

ANDERSON, JUNE F.
414 W. Hill St., Louisville

BAKER, RUTH G.
1517 S. Fourth St., Louisville 3

BANNET, JEANNETTE
243 N. 42nd St., Louisville 2

BERRY, BENNETTA
233 E. Clay, Louisville 2

BERRY, MRS. LUCY W.
Deaconess Hospital, Louisville 2

BIEGLOW, LOUISE
226 E. Chestnut St., Louisville 2

BOYD, KATHLEEN
1201 S. Brook, Louisville

BUELL, MARGARET M.
1211 S. First St., Louisville 3

BUSE, MRS. HELEN S.
1144 E. Broadway, Louisville 4

CAMPBELL, MRS. RUTH M.
Deaconess Hospital, Louisville 2

CAUDILL, IBA
Louisville General Hospital, Louisville 2

CHURCH, ELLEN
Children's Free Hospital, Louisville

COUNTS, VERA
127 E. Clay St., Louisville 2

EAST, MARGARET L.
Cumberland Apts., Louisville 3

EVESSLAGE, DOROTHY
S.S. Mary & Elizabeth Hospital, Louisville 10

FEINAUER, MILDRED E.
Nichols Veterans Administration Hospital, Louisville 2

FISHER, ANNA M.
McLainy

FOREMAN, VIRGINIA
Louisville General Hospital, Louisville 2

CAMBLE, MARGARET Z.
Norton Memorial Infirmary, Louisville 3

GIBSON, FLORENCE I.
Berea College Hospital, Berea

GLIFOHER, MRS. MARY A.
920 Reason Ave., Louisville 4

GOBIN, MARY F.
615 Enjay, Louisville

GOREY, MARGARET M.*
Veterans Hospital, Lexington

GREATHOUSE, JESSIE
609 S. Third St., Louisville 2

GREGORY, BLANCHE G.
315 N. 33rd St., Louisville

GRIZZARD, LOUISE
531 W. Ormsby, Louisville 3

HALL, MRS. HELEN M.
1116 S. Second St., Louisville 3

HAMEL, MARIE H.
Nichols Veterans Administration Hospital, Louisville 2

HAYMAN, MRS. ELECTA F.
Louisville General Hospital, Louisville 2

HENNINGER, EDNA
Louisville General Hospital, Louisville 2

HOFMANN, MARGARET I.
Nurses' Quarters, Nichols Veterans Administration Hospital, Louisville 2

JUPIN, MARY E.
922 E. Madison St., Louisville 4

KASMARK, FRANCES F.
Nurses' Quarters, Nichols Veterans Administration Hospital, Louisville 2

KAYS, MARGARET
4033 Hyciffe, Louisville 7

KELLER, DORIS A.
1011 S. 23rd St., Louisville

KNIGHT, ELLA M.
Louisville General Hospital, Louisville 2

KOPAN, MARION A.
1326 Goddard Ave., Louisville

LUSBY, BEATRICE
Louisville General Hospital, Louisville 2

MARRS, BRENDA
Route 5, Louisville

MAY, DORA R.
Kentucky Baptist Hospital, Louisville

McCLELLAND, MRS. MAE B.
Cumberland Apts., Louisville 3

McCORMACK
Veterans Administration Hospital, Box 197, Outwood

McCUTCH, JOY F.
315 Virginia Ave., Lexington

MURPHY, HONOR
96 Valley Rd., Louisville

MYERS, ROSELLA
203 E. Chestnut St., Louisville 2

NORMAN, ELSIE
604 S. Third St., Louisville

PADDERT, ANN F.
2610 Grand Ave., Louisville 11

PAINTER, RUBY H.
1143 S. Third St., Louisville 3

PERKINS, DOROTHY
4011 Hyciffe, St. Matthews 6

POTTINGER, LOUREE
Boston

PURCELL, LILLIAN M.
Massie Memorial Hospital, Paris
KENTUCKY—LOUISIANA

RANEY, LINNIE
2520 Greenwood, Louisville

RAUTH, ELIZABETH
Norton Memorial Infirmary, Louisville 3

ROBERTS, RUBY B.
4301 Vermont, Louisville

RUSSELL, MARY A.
1245 S. Fourth St., Louisville

SANDERS, MARY R.
Dearborn Hospital, Louisville 2

SCHOO, LOUISE A.
2114 Woodford Pl., Louisville 5

SCHWERL, MRS. FAYE L.
Louisville General Hospital, Louisville 2

SHADLE, MRS. DAISY M.
211 Haldeman, Louisville 6

SHIELDS, EDITH M.
1437 Highland Ave., Louisville

SISTER ADELE
St. Joseph Infirmary, Louisville 8

SISTER DOROTHY BELONGIE
St. Elizabeth Hospital, Covington

SISTER EVA RISTA SEIBERT
St. Elizabeth Hospital, Covington

SISTER JANE MIRIAM
1367 S. 12 St., Louisville 10

SISTER JOSEPH BEATRICE
St. Joseph Infirmary, Louisville 8

SISTER MARGARET TERESA
SS. Mary & Elizabeth Hospital, Louisville 10

SISTER M. ALEXIA HATKE
St. Anthony Hospital, Louisville 4

SISTER MARY ANTHONY RATERMAN*
St. Elizabeth Hospital, Covington

SISTER MARY BENIGNA
St. Joseph Infirmary, Louisville 8

SISTER M. HEBERTA KIEFER
St. Anthony's Hospital, Louisville 4

SISTER MARY PLUS BOONE
SS. Mary & Elizabeth Hospital, Louisville 10

SISTER ROBERT ANN
Euphrasia Hall, Lexington

SISTER ROSE WANGLER
St. Elizabeth Hospital, Covington

STACY, FRANCES
Louisville General Hospital, Louisville 2

STANLEY, ANNA
Speers Memorial Hospital, Dayton

STAPLETON, MRS. EMMA W.
Speers Memorial Hospital, Dayton

STREETER, LOIS E.
Veterans Administration Hospital, Lexington

STROUBE, M. JEANNETTE
St. Elizabeth Hospital, Covington

STRUSS, RUTH E.
2615 Byron Ave., Louisville

TAYLOR, ANNE D.
Louisville General Hospital, Louisville 2

THOMAS, MRS. MABEL V.
Louisville General Hospital, Louisville 2

TUCKER, CARRIE
424 W. Jefferson, Louisville 2

TYLER, MARJORIE C.
Louisville General Hospital, Louisville 2

VINCENT, HELEN
Kentucky Baptist Hospital, Louisville 4

WEBB, ILENE H.
622 N. Clark Blvd., Clarksville, Ind.

WHIST, ELLA G.
601 S. 44 St., Louisville

WHIT, ALICE E.
1321 S. Fourth St., Louisville

WILKERSON, OLLIE E.
Kentucky Baptist Hospital, Louisville 4

YOUNG, JANCY
Louisville General Hospital, Louisville 2

LOUISIANA—189

AINCE, LOUISE L.
3153 Judson, Shreveport

ALFORD, RUTH M.
Baton Rouge General Hospital, Baton Rouge

ANDERS, BERTHA M.
Our Lady of the Lake Sanitarium, Baton Rouge

APPLEWHITE, PEARL L.
Elizabeth Sullivan Memorial Hospital, Bogalusa

ARBAGAST, MRS. MARGERY R.
Touro Infirmary, New Orleans 15

BARKER, MRS. ANNIE M.
Horse Shoe Dr., Alexandria

BERNARD, LAURENCE
Charity Hospital, New Orleans 13

BISHOP, MRS. HILDA
1007 Day, Alexandria

BLOUNT, FRANCES
Touro Infirmary, New Orleans 15

BOWE, AGNES
1241 Fourth St., New Orleans 13

BRINK, ANNA R.
Veterans Hospital, New Orleans 12

BROCK, MRS. MATTIE H.
Elizabeth Sullivan Memorial Hospital, Bogalusa

BROWN, MRS. HELoise B.
343 St. Charles St., Baton Rouge

CANTLEY, MARGUERITE
300 Allen Ave., Shreveport

CAPDEVILLE, MRS. MABEL F.
601 Convention St., Baton Rouge 8

CARNES, DORIS
4901 N. Highland Dr., Baton Rouge 5

CARTER, MELBA
2700 Napoleon Ave., New Orleans 15

COLLINS, UMA S.
North Louisiana Sanitarium, Shreveport

COLOMB, BESSIE B.
Touro Infirmary, New Orleans 15

COUNSINS, SOPHIE T.
201 Miro St., Monroe

COUTTS, ISABELLA
Baptist Hospital, Alexandria

CRAWFORD, COLA L.
2901 General Pershing St., New Orleans 15

DAVIS, CECILE
1006 Highland Ave., Shreveport

DAVIS, CLARA M.
126 N. Town St., New Orleans 19

DISCON, ANITA L.
4219 Venetian Pk., New Orleans 15

DOPP, ALTHEA E.
Touro Infirmary, New Orleans 15

442
DRUEDING, MRS. CARRIE M.  
2535 Nashville Ave., New Orleans 15  

DUNK, MRS. MILDRED L.  
2700 Napoleon Ave., New Orleans 15  

ENGELS, ANNA M.  
3500 Prytania St., New Orleans 15  

FABREGAS, MRS. SUE  
450 S. Claiborne Ave., New Orleans 13  

FERNANDEZ, JULIE F.  
1511 Tulane Ave., New Orleans 13  

FONTENOT, LEVIA  
1541 Tulane Ave., New Orleans 13  

FORBES, MARY D.  
C/o Mail Room, Department of State, Washington, D. C.  

FOURBOUX, THELMA  
8329 Pinola St., New Orleans 13  

FRIEDEN, FRANCES  
Veterans Hospital, Alexandria  

FRY, MRS. LOUISE G.  
302 Merrick St., Shreveport  

GIBSON, LOIS F.  
Tri-State Hospital, Shreveport  

GILLEN, MARY E.  
Our Lady of the Lake Sanitarium, Baton Rouge  

GINN, LEONA C.  
1210 Robert St., New Orleans 15  

GOLDEN, LORA C.  
981 Government St., Baton Rouge 10  

GRAFTON, GRACE  
3910 Canal St., New Orleans 19  

GRAY, CLAIRE D.  
615 America St., Baton Rouge 10  

GUZZ, EVELYN J.  
2700 Napoleon Ave., New Orleans 15  

GUICE, STELLA R.  
2700 Napoleon Ave., New Orleans 15  

HAMIRA, MARY L.  
466 W. 35 St., Los Angeles, Calif.  

HARE, MRS. YVONNE T.  
825 N. Rendon St., New Orleans 19  

HEFFRON, ELSIE M.  
1367 Magazine St., New Orleans 13  

HIXON, NELWYNN  
Baptist Hospital, Alexandria  

HOLLIER, LAVINA  
Charity Hospital, New Orleans 13  

HOLLINGSWORTH, MRS. NELLA A.  
Southern Baptist Hospital, New Orleans 15  

HUHNER, MRS. LOUISE W.  
2419 Willow St., Baton Rouge 7  

JACKSON, FRANCES I.  
Highland Sanitarium, Shreveport 50  

JANVIER, CELESTE  
Touro Shakespeare Home, Algiers 14  

JOHNSON, JULIA E.  
1235 Murphy St., Shreveport  

JOHNSON, MARY E.  
Baptist Hospital, Alexandria  

JONES, ELSIE V.  
Lakeshore Hospital, New Orleans  

KENNEDY, BERTIE L.  
Charity Hospital, Shreveport 6  

KESSLER, EVELYN  
831 St. Louis St., New Orleans  

KNOBLOCH, MAE M.  
4027 Magazine St., New Orleans 15  

KOENIG, MARY E.  
Charity Hospital, New Orleans 13  

LANDRY, ROSA L.  
Our Lady of the Lake Sanitarium, Baton Rouge  

LAWRENCE, MRS. ANNE O.  
Veterans Hospital, Alexandria  

LEWIS, MARY W.  
343 21 Ave., San Francisco, Calif.  

MAHON, INA T. E.  
2429 Louisiana Ave., New Orleans 15  

MATHER, HARRIET L.*  
Southern Baptist Hospital, New Orleans 15  

MATTHEWS, MARY  
327 St. Philip St., New Orleans 10  

MAURIN, EMMA  
146 Rosedale Dr., Metairie  

MAY, OLA  
2700 Napoleon Ave., New Orleans 15  

McCANTS, CORNELIA  
1010 North St., Baton Rouge  

McCoy, MRS. ENID  
728 St. Charles, Baton Rouge 10  

McGINTY, LENNIE V.  
T. E. Schumpe Memorial Sanitarium, Shreveport 15  

MEWHINNEY, EDNA A.  
1591 Napoleon Ave., New Orleans 15  

MEYER, HELEN A.  
1321 Alme St., New Orleans 15  

MEYERS, MRS. DELLA E.  
Baton Rouge General Hospital, Baton Rouge 10  

MILLER, RITA E.*  
2600 Gentilly Blvd., New Orleans 19  

MULE, ETHEL I.  
2066 Carondelet St., New Orleans 13  

NASH, MRS. SAIDE S.  
Charity Hospital, New Orleans 13  

NAYLOR, INE B.  
302 Harding St., Tallulah  

NETTERVILLE, GLADYS E.  
2111 Myrtledale Ave., Baton Rouge  

NEWBILL, MRS. KATHERINE W.  
35 Fontainbleau Dr., New Orleans 18  

NEWMAN, MRS. PEARL M.  
1210 Texas Ave., Shreveport 6  

NICHOLS, ANNE E.  
2700 Napoleon Ave., New Orleans 15  

NOBLES, NATALIE M.  
2120 Creswell St., Shreveport  

OLSTAD, MYRTLE  
Veterans Hospital, Alexandria  

PETERSON, KAREN M.  
1321 Alme St., New Orleans 15  

PHANEUF, MADELEINE Y.  
808 St. Ann St., New Orleans  

PINSON, MRS. GLADYS E.  
731 McCormick St., Shreveport 53  

PLOURDE, CISELE A.  
420 S. Prieur St., New Orleans 19  

POPHAM, LOUISA  
2523 Octavia St., New Orleans 15  

PORTER, JOYCE M.  
Caddo Health Unit, Shreveport  

POSEY, FLORA*  
Our Lady of the Lake Sanitarium, Baton Rouge  

PRICE, MARGARET A.  
3518 Piedmont Dr., New Orleans 17  

QUIGLEY, CAROLINE  
210 Maple Ridge Dr., New Orleans 20  

RARDIN, PATRICIA  
2312 Metairie Rd., New Orleans 20  

RICE, MRS. HARRIET M.  
Elizabeth Sullivan Memorial Hospital, Bogalusa
SISTER MARGARET M. SUITS
Charity Hospital, New Orleans 13

SISTER MARIE AUBIERGE YOUNGE
St. Francis Sanitarium, Monroe

SISTER MARIE BRENDAN DONEGAN
St. Francis Sanitarium, Monroe

SISTER MARIE DE LIGOURI LAWTON
St. Francis Sanitarium, Monroe

SISTER MARIE EDANA CORCORAN
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER MARIE MAGDALENE LEMOINE
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER MARY AGNES FORTIER
1321 Annunciation St., New Orleans 13

SISTER MARY AGNESITA
T. E. Schumpert Memorial Sanitarium, Shreveport 15

SISTER MARY ANGELE VERNE
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER M. ELIGIUS CHIESBRO
Charity Hospital, New Orleans 13

SISTER MARY GERTRUDE HENNESY
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER MARY GONZAGUE
T. E. Schumpert Memorial Sanitarium, Shreveport 15

SISTER MARY HILDA MINTKIN
1321 Annunciation St., New Orleans 13

SISTER MARY IMMACULAT O`BRIEN
1321 Annunciation St., New Orleans 13

SISTER MARY IRENE BROUSSARD
1321 Annunciation St., New Orleans 13

SISTER MARY JACQUELINE STOULIG
1321 Annunciation St., New Orleans 13

SISTER MARY JAMES GALLAGHER
Charity Hospital, New Orleans 13

SISTER MARY JAMES McGLOIN
2094 Tulane Ave., New Orleans 13

SISTER M. JANE SWANSON
Mercy Hospital, New Orleans 13

SISTER MARY KOSTKA DELAUNE
Mercy Hospital, New Orleans 13

SISTER M. MICHAEL TROHI
St. Francis Sanitarium, Monroe

SISTER MARY MILDRED DONELLY
Mercy Hospital, New Orleans 13

SISTER MARY NINETTE HAASE
Mercy Hospital, New Orleans 13

SISTER MARY OF ST. FRANCIS HALEY
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER MARY PAUL KANE
T. E. Schumpert Memorial Sanitarium, Shreveport 15

SISTER MARY PAUL VARDIGAN
Charity Hospital, New Orleans 13

SISTER M. WINIFRED LASSIGNE
Mercy Hospital, New Orleans 13

SISTER MARY ZOE PARR
1321 Annunciation St., New Orleans 13

SISTER MICHAEL FRIEDE
Charity Hospital, New Orleans 13

SISTER PASCHAL BUTTERFIELD
Hotel Dieu, New Orleans 13

SISTER PATRICIA GARLAND
Charity Hospital, New Orleans 13

SISTER PHILMENA O`DONOVAN
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER RAPHAEL PASSEK
Charity Hospital, New Orleans 13

SISTER RITA BOYLE
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER ROSARIA SULLIVAN
Charity Hospital, New Orleans 13
SISTER ST. MICHAEL O'SHEA  
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER SCHOLASTICA ATZEL  
Charity Hospital, New Orleans 13

SISTER ST. PATRICK COMERFORD  
St. Francis Sanitarium, Monroe

SISTER STANISLAUS MALONE  
Charity Hospital, New Orleans 13

SISTER SYLVIA BROWN  
Charity Hospital, New Orleans 13

SISTER URBAN OBERLE  
Charity Hospital, New Orleans 13

SMITH, MRS. GLADYS L.  
703 Louisiana Ave., Bogalusa

SOUZA, MARION  
Department of Education, Baton Rouge 4

SOWERS, WILMA  
211 Stella St., West Monroe

SPURGEON, CARRIE M.  
5425 Prytania St., New Orleans

STOKES, MRS. JENNIE H.  
3911 Evangeline, Baton Rouge

STOWE, MRS. CLARA B.  
1225 Pleasant St., New Orleans 15

STRACK, MARGARET M.  
331 Joseph St., New Orleans 15

STUART, MARY E.  
Charity Hospital, New Orleans 13

TEBO, JULIE C.  
601 Pere Marquette Bldg., New Orleans 12

TRIMBLE, ETHEL E.  
1029 Highland, Shreveport

VANDERWALLE, CLEMENCE  
Charity Hospital, New Orleans 13

VAUGHAN, MRS. DOROTHY D.  
403 College St., Shreveport

WAGNON, ORPHA L.  
317 Third St., Alexandria

WARD, MABEL D.  
2700 Napoleon Ave., New Orleans 15

WHITE, CONSTANCE J.  
Touro Infirmary, New Orleans 15

WICKER, MRS. ANNIE L.  
2302 Shelley Ave., Baton Rouge 5

WILLIS, MRS. EMMA G.  
856 Elmwood, Shreveport 53

YARBROUGH, MARY I.  
2005 Prytania St., New Orleans 13

---

MAINE—38

AUSTIN, STELLA  
Central Maine General Hospital, Lewiston

BAILEY, HARRIET  
28 Grant St., Bangor

BOOTH, MABEL F.  
Eastern Maine General Hospital, Bangor

BRENNAN, MARIE J.  
144 State St., Portland 3

CLARK, MYRLEE E.  
Augusta General Hospital, Augusta

CLOUGH, MRS. E. FRANCES P.  
224 State St., Bangor

CURTIS, MARY E.  
Colby College, Waterville

DIZNEY, MARGARET E.  
1 Essex St., Dover

DOANE, EDITH H.  
22 Arsenal St., Portland 4

DUNN, MARION L.  
22 Arsenal St., Portland 4

EMERSON, GRACE B.  
22 Arsenal St., Portland 4

GEORGE, HILDA M.  
Thomaston

GOODWIN, HELEN  
Rumford Community Hospital, Rumford

GOURIE, FRANCES  
Box 926, State St., Bangor

HASKINS, REVA M.  
300 Main St., Lewiston

HENDRICKSON, EFFIE E.  
226 Spring St., Portland

HENDRICKSON, ELLEN J.  
22 Arsenal St., Portland 4

HOLLAND, G. MARION  
68 High St., Portland 3

LENZ, MILDRED  
303 Main St., Lewiston

MADDEN, MRS. MARY T.  
116 State St., Augusta

MEISNER, MARJORIE B.  
22 Arsenal St., Portland 4

MELLEDY, ELEANOR M.  
Central Maine General Hospital, Lewiston

MITTON, ANNE  
Eastern Maine General Hospital, Bangor

OSBORNE, MARY R.  
318 Sabattus St., Lewiston

PARKER, HOPE  
Eastern Maine General Hospital, Bangor

RAGAN, MARY C.  
5 Congress Pk., Portland 3

SHARPE, FLORENCE I.  
Maine Eye & Ear Infirmary, Portland

SISTER BINETTE  
318 Sabattus St., Lewiston

SISTER ANNUNCIATA QUIGLEY  
218 State St., Portland

SISTER MARY BERNICE FITSIMMONS  
144 State St., Portland 3

SISTER MARY EDMUND O'NEIL  
Sisters Hospital, Waterville

SISTER M. ELIZABETH CALLAGHAN  
97 Military St., Houlton

SISTER MARY MARCIA J.  
144 State St., Portland 3

WADDELL, EDITH  
68 High St., Portland

WHITMORE, MARION P.*  
71 State St., Augusta

WING, LUCILLE  
520 Hancock St., Rumford

WITHEE, HELLOISE E.  
79 Bramhall St., Portland

YOUNG, EILEEN M.  
Webber Hospital, Biddeford

445
ABERNATHY, FRANCES
The Johns Hopkins Hospital, Baltimore 5

ADAMS, MRS. HARRETT W.

ADAMSON, JANE C.
The Home for Incurables, Baltimore

ALLEN, LETHA S.
7901 York Rd., Towson 4

AMES, MIRIAM*
The Johns Hopkins Hospital, Baltimore 5

AHERN, ALICE J.
4708 Mosher St., Baltimore 16

ALONGI, CATHERINE
Baltimore City Hospitals, Baltimore 24

ANDERSON, MARY J.
The Johns Hopkins Hospital, Baltimore 5

BAILEY, MARY V. G.
The Johns Hopkins Hospital, Baltimore 5

BALDWIN, AMY F.
Hospital for the Women of Maryland, Baltimore 17

BARRIETT, LILLIAN M.
Maryland General Hospital, Baltimore 1

BAY, DONNIE M.
3624 Greensmount Ave., Baltimore 18

BENCE, ARLENE
512 N. Washington St., Baltimore 5

BENCHOFF, LILLIAN R.
Washington County Hospital, Hagerstown

BETZOLD, K. VIRGINIA
The Johns Hopkins Hospital, Baltimore 5

BIDDLE, MARGARET
517 N. Wolfe St., Baltimore 5

BISHOW, RAE
Sinai Hospital, Baltimore 5

BLAIR, ETHEL H.
Franklin Square Hospital, Baltimore

BORDANSKY, GOLDIE
1443 Park Ave., Baltimore 17

BOWERS, ELIZABETH J.
222 W. Madison St., Baltimore 1

BROOKS, MRS. CLADYS S.
211 Saratoga St., Cumberland

BROWN, ALICE
112 S. Union Ave., Havre de Grace

BROWN, MARGARET F.
2901 Kiddie Dr., Baltimore 14

BROWNLEY, JEANNE
704 N. Broadway, Baltimore 5

BUCKLEY, GLADYS E.
519 Chateau Ave., Baltimore 12

BURTON, ALICE
828 N. Broadway, Baltimore 5

BYERS, SHIRLEY
509 Woodlawn Rd., Baltimore 10

CAPLAN, FLORENCE B.
2407 Brookfield Ave., Baltimore 17

CLAYTON, MRS. ANNE V.
Raphael Rd., Bradshaw

CLIFFORD, MRS. IVY B.
49 E. Hudson Ave., Englewood, N. J.

COLEMAN, IRENE J.
Sinai Hospital, Baltimore 5

COLLAER, C. RUTH
3301 N. Calvert St., Baltimore 10

COX, WINNIE A.*
Sinai Hospital, Baltimore 5

CRAWFORD, MARGARET S.
704 N. Broadway, Baltimore 5

CREECE, FRED K.
Church Home & Hospital, Baltimore 31

CROSS, MRS. OLLIE D.
Cambridge Arms Apts., Baltimore 18

DAMPF, M. THEODORE
14 E. Biddle St., Baltimore 2

DARLEY, EVA F.
University of Maryland Hospital, Baltimore 1

DeBROU, LOIS W.
Hospital for the Women of Maryland, Baltimore 17

DILLER, DORIS
935 N. Broadway, Baltimore 5

DODDS, DORIS I.
624 N. Broadway, Baltimore 5

DOERKER, ANNE T.
14 N. Johnson St., Cumberland

DOOLEY, MYRTLE
Baltimore City Hospitals, Baltimore 24

DUFFY, IRENE M.
1913 W. Fayette St., Baltimore 23

DUNLAP, MRS. ELA M.
Sinai Hospital, Baltimore

DUNLOP, MARY L.
Children's Hospital School, Baltimore 11

EATON, OTHA E.
1823 N. Charles St., Baltimore 1

EBERLE, MARY E.
1924 Cecil Ave., Baltimore 18

EDMUNDS, EDNA H.
2344 Reagan Ave., Baltimore 16

FEDER, SUSAN V.
604 N. Broadway, Baltimore 5

ELLICOTT, MARGARET
Church Home & Hospital, Baltimore 31

ETTER, SARA E.
Terrace Dale, Towson 4

FISK, HELEN L.
Terrace Dale, Towson 4

FREET, MYRA C. F.
Washington County Hospital, Hagerstown

FRENCH, HELEN
625 N. Broadway, Baltimore 5

FREY, LAVONNE H.
Sheppard & Pratt Hospital, Towson 4

FROCK, MARY L.
725 N. Broadway, Baltimore 5

FULTON, AGNESS C.
624 N. Broadway, Baltimore 5

GARDNER, MAUD M.
James Lawrence Keran Hospital, Hillsdale 7

CASSAWAY, HELEN M.
Church Home & Hospital, Baltimore 31

GILBERT, PAULINE E.
Baltimore City Hospitals, Baltimore 24

GIPE, FLORENCE M.
University Hospital, Baltimore 1

GRAINGER, MARGARET F.
The Johns Hopkins Hospital, Baltimore 5

GRANDON, MARJORIE L.
Sinai Hospital, Baltimore 5

GRIFFITH, RICHARD R.
West Baltimore General Hospital, Baltimore 16

GROTEFEND, MRS. MARY E.
West Baltimore General Hospital, Baltimore 16

GROVE, WINIFRED K.
The Johns Hopkins Hospital, Baltimore 5

GUARINO, CARMELA A.
2 Altamont Terr., Apt. 3, Cumberland

446
MEMBERS  

MARYLAND  

LOFTUS, FRANCES L.        
Memorial Hospital, Cumberland  

LOWE, JULIA B.             
3301 St. Paul St., Baltimore 18  

MAGEE, MARGARET J.        
525 N. Wolfe St., Baltimore 5  

MAIN, ESTELLE             
600 E. 36 St., Baltimore 18  

MARSETT, EDNA M.          
Sheppard & Pratt Hospital, Towson 4  

MARTZ, HELEN              
Church Home & Hospital, Baltimore 31  

MASBACH, LT. COL. FLORES*  
Stevenson  

MAY, BERNICE              
Vienna  

MAY, DELLA                
Baltimore City Hospitals, Baltimore 24  

McBRIDE, MRS. DOROTHY F.  
2 W. Second St., Frederick  

MCGOVERN, CLARA M.        
4225 Wickford Rd., Baltimore 10  

McMASTER, MARSHA A.       
Frederick Hospital, Frederick  

McNALLY, EVELYN L.        
University Hospital, Baltimore 1  

McVICAR, MRS. JESSIE B.   
501 Wilton Rd., Towson 4  

MICHELL, MRS. CHARLOTTE A. 
501 E. North Ave., Baltimore 2  

MILLER, FLORENCE H.       
P.O. Box 6075, Towson 4  

MITCHELL, MARGARET S.     
Sinai Hospital, Baltimore 5  

MORRIS, BETTY J.          
West Baltimore General Hospital, Baltimore 16  

MORRISON, GRACE           
Church Home & Hospital, Baltimore 31  

MOULTON, BARBARA E.       
The Johns Hopkins Hospital, Baltimore 5  

MOWBRAY, M. RUTH          
1217 Cathedral St., Baltimore 1  

MULLIN, BERNADETTE E.     
The Johns Hopkins Hospital, Baltimore 5  

MURPHY, MRS. ELIZABETH G. 
Sheppard & Pratt Hospital, Towson 4  

MYERS, EDNA G.            
The Johns Hopkins Hospital, Baltimore 5  

NASH, JANE               
Church Home & Hospital, Baltimore 31  

NEEL, CATHERINE L.        
620 W. Lombard St., Baltimore 1  

NORTHAM, ETHEL           
Frederick City Hospital, Frederick  

NORWOOD, MRS. VERNON H.   
5101 Woodside Rd., Ten Hills, Baltimore 29  

OLIVER, JEAN S.          
Sheppard & Pratt Hospital, Towson 4  

PIKE, EMMA M.            
Baltimore City Hospitals, Baltimore 24  

PLANK, GERALDINE A.      
Sinai Hospital, Baltimore 5  

POLUCKI, ELIZABETH       
218 S. Broadway, Baltimore 31  

PRUITT, VIRGINIA C.       
James Lawrence Kernan Hospital, Hillsdale 17  

REICH, LYDIA F.          
The Johns Hopkins Hospital, Baltimore 5  

REYNOLDS, INA B.         
4036 Schenley Rd., Baltimore 10  

HALL, ELEANOR A.         
525 N. Wolfe St., Baltimore 5  

HAND, JEAN               
Franklin Square Hospital, Baltimore 23  

HARTWELL, SARA M.        
236 Dale Dr., Silver Spring  

HARVEY, FLORENCE M.      
The Johns Hopkins Hospital, Baltimore 5  

HAWKINS, SARAH M.        
Maryland General Hospital, Baltimore 1  

HELMs, MARGUERITE        
710 Rutland Ave., Baltimore  

HENSHEW, MARGARET A.     
3301 N. Calvert St., Baltimore 18  

HICOK, HARRIETT          
624 N. Broadway, Baltimore 5  

HILDEBRANDT, MARY A.     
Baltimore City Hospitals, Baltimore 24  

HOFFMAN, HARMINE W.      
3715 Nortonia Rd., Baltimore 16  

HOKE, LILLIE R.          
500 Walnut Ave., Baltimore 29  

HUDSON, METTA I.         
Washington Sanitarium & Hospital, Takoma Park, D. C.  

JENKINSON, MRS. RHODA S. 
Sinai Hospital, Baltimore 5  

JOHNSON, MARTHA          
The Johns Hopkins Hospital, Baltimore 5  

JONES, MILDRED           
The Johns Hopkins Hospital, Baltimore 5  

KAISER, MRS. NANCY R.    
Reschambel Apts., Baltimore 1  

KENDALL, JESSIE          
Church Home & Hospital, Baltimore 31  

KENNEDY, LOULA E.        
105 St. Johns Rd., Baltimore 10  

KINBACK, HELEN E.        
Union Memorial Hospital, Baltimore 18  

KLEPP, VIRGINIA T.       
The Johns Hopkins Hospital, Baltimore 5  

KNAUB, MARGARET G.       
419 S. Potomac St., Hagerstown  

KNIGHT, KATHRYN R.       
Sinai Hospital, Baltimore 5  

KOTTCAMP, DOROTHY G.     
Baltimore City Hospitals, Baltimore 24  

KRAMER, HELEN V.         
20 S. Prospect Ave., Catonsville 28  

KRATZMAN, RACHEL         
Sinai Hospital, Baltimore 5  

KUHLMAN, AGNES           
Baltimore City Hospitals, Baltimore 24  

LAID, JANE B.            
3523 Wabash Ave., Baltimore 15  

LANNING, EMMA L.         
500 W. Montgomery Ave., Rockville  

LEHMANN, ESTHER          
1024 N. Broadway, Baltimore 5  

LEYERING, NELLIE         
1413 Park Ave., Baltimore 17  

LINTON, ARTHUR B.        
Sheppard & Pratt Hospital, Towson 4  

LIZER, JULIA R.          
621 Maryland Ave., Hagerstown  

LOASBY, MRS. A. BERNICE  
913 Haddon Dr., Takoma Park, D. C.  

LOEFFLER, CATHERINE      
The Johns Hopkins Hospital, Baltimore 5  

447
SISTER MARY VINCENT DUNNIGAN
Mercy Hospital, Baltimore 2

SMITH, ETHEL O.
905 N. Broadway, Baltimore 5

STAFFORD, WILHELMINA
The Johns Hopkins Hospital, Baltimore 3

STAUB, LILLIAN M.
2284 Greenmount Ave., Baltimore 13

STEIN, MARIE K.
Emerging Hospital, Annapolis-

STINE, HELEN
3125 Park Heights Ave., Baltimore 15

STRUE, MILDRED
The Johns Hopkins Hospital, Baltimore 5

TAFT, ELSEY R.
1091 St. Paul St., Baltimore 2

TATE, BARBARA L.
The Johns Hopkins Hospital, Baltimore 5

TETLOCK, EDITH M.
4130 Roland Ave., Baltimore 11

TURNER, ETHEL
11 S. Belle Grove Rd., Catonsville 28

TYSON, MARGARET G.
1413 Park Ave., Baltimore 17

VAN HORN, LENA E.
Baltimore City Hospitals, Baltimore 24

VAUGHAN, LOUISE C.
203 S. Hanson St., Easton

VICKERS, ELIZABETH V.
Preston

WARDER, ANNA M.
The Johns Hopkins Hospital, Baltimore 5

WALKER, MRS. GRACE M.
21 East E. St., Brunswick

WARRFIELD, ELIZABETH P.
1623 St. Paul St., Baltimore 2

WATKINS, MARION B.
Callinger Municipal Hospital, Washington 3, D. C.

WEAVER, JANE M.
413 Rosebank Ave., Baltimore 12

WHARTON, SARA I.
Church Home & Hospital, Baltimore 31

WHEATLEY, DOROTHY L.
2736 Edmondson Ave., Baltimore 28

WHITEHOUSE, MRS. NELLE H.
3301 N. Calvert St., Baltimore 18

WHITESIDE, FAYE
The Johns Hopkins Hospital, Baltimore 5

WILLIAMS, WILMA P.
Baltimore City Hospitals, Baltimore 24

WINSTEAD, BETTIE L.
6501 Maplewood Rd., Baltimore 12

WOLF, ANNA D.*
The Johns Hopkins Hospital, Baltimore 5

MASSACHUSETTS—457

ADAMS, ETHEL MAY
Beth Israel Hospital, Boston 15

ADAMS, RACHEL T.
The Boston Dispensary, Boston 11

ADAMS, MRS. ROSA L.
Worcester State Hospital, Box 57, Worcester

ALBERTI, ROSE E.
102 East St., Pittsfield

ANDERSON, MRS. BETTY M.
Lynn Hospital, Lynn

ANDERSON, IDA I.
85 Barber Rd., Framingham

ANDREWS, MRS. MARIE S.
132 Main St., Watertown

APPEL, LEAH
80 Sutherland Rd., Brighton 35

AREY, CONSTANCE E.
1202 Commonwealth Ave., Allston 34

ARMY, MADELINE J.
110 Massasoit Ave., Worcester 4

ARONSON, MABEL Y.
100 Bollingbrook St., Chelsea 50

ARVANITIS, MRS. PENELope M.
53 Blossom St., Lynn

448
BROWN, FLORENCE M.
Cambridge City Hospital, Cambridge 38

BROWN, FLORENCE R.
270 Brookline Ave., Suite No. 8, Boston

BROWN, MARY L.
Harvard School of Public Health, Boston

BROWN, NORA A.
Symmes Arlington Hospital, Arlington 74

BROWN, NORAH E.
Waltham Hospital, Waltham

BROWNE, ETHEL C.
Long Island Hospital, Boston Harbor 13

BROWNHILL, HELEN E.
738 Harrison Ave., Boston 18

BRYANT, MARION E.
538 Prospect St., Fall River

BURGESON, ELSIE M.
25 Benton St., Brockton 32

BURGESS, MURIEL E.
220 Fisher Ave., Boston 20

BURNS, MARGUERITE E.
25 Evergreen St., Framingham

BUSCHE, MARGARET J.
Springfield Hospital, Springfield

BUTENAS, MRS. HELEN V.
293 Lincoln St., Worcester 5

CAMERON, ETHEL M.
220 Fisher Ave., Boston 20

CAMPBELL, KATHARINE A.
25 Evergreen St., Framingham

CANNAMLE, ADELINE C.
Massachusetts Memorial Hospital, Boston

CARLTON, ELIZABETH G.
139 Pleasant St., E. Bridgewater

CARROLL, MATILDA
72 Vernon St., Worcester 4

CARTLAND, MILDRED H.
18 Goodway Rd., Jamaica Plain 30

CASS, DR. JOHN W., JR.
1101 Beacon St., Boston 46

CASS, MADELINE S.
68 Longfellow Rd., Wellesley Hills 82

CASWELL, PHYLLIS E.
1820 Highland Ave., Fall River

CHALKO, FLORENCE
710 Massachusetts Ave., Boston 18

CHAMBERLAIN, EDITH M.
25 Deaconess Rd., Boston 15

CHAPMAN, LILLIAN E.
102 Prospect St., Cambridge 39

CHAPMAN, MARY G.
3 Blackfan St., Boston 15

CHARLTON, GERALDINE M.
210 Washington St., Malden 48

CHENEY, KATHRYN.
3 Blackfan St., Boston 15

CHENEY, MARY E.
Veterans Hospital, Palo Alto

CLAPP, MARY J.
738 Chestnut St., Springfield 5

COE, ALICE B.
Milford Hospital, Milford

COFFEE, M. FRANCES
40 Rush St., Springfield

COGIN, MILDRED G.
29 Marlboro St., Boston

COLE, HARRIETT E.
125 Greenwood St., Marlborough

COLSON, MRS. MAE D.
93 Penrose St., Springfield 9
COMEY, KATHERINE
St. Luke’s Hospital, New Bedford

COOK, DR. WARREN F.†
16 Deaconess Rd., Boston 15

COOLEY, DORIS
76 Fairhills Rd., Swampscott

CORDETT, S. DAPHNE
Fairlawn Hospital, Jamaica Plain 30

COUTU, KATHLEEN C.
32 Queen St., Worcester

CRAGIN, ELLA O.
Salem Hospital, Salem

CREEDEN, ABBIE F.
11 Packard Way, Brockton 6

CREPEAU, ELLA G.
25 Queen St., Worcester 3

CURTIN, JOSEPHINE M.
10 Pond Ave., Newton 58

CYR, RITA M.
64 Bowers St., Fall River

DAILEY, MARGARET M.
221 Longwood Ave., Boston 15

DALLMEYER, MARJORIE
43 Holmes Rd., Pittsfield

DALTON, ALICE R.
Veterans Administration Hospital, West Roxbury

DANIEL, MRS. ELIZABETH C.
Westboro State Hospital, Westboro

DAVIES, B. CAROLYN
1929 Highland Ave., Fall River

DAVIS, EDITH J.
Cushing Hospital, Framingham

DAWES, DOROTHY E.
33 Independence Ave., Lexington 73

De LONG, BERTHA
Tohey Hospital, Warwich

De POPOLO, MRS. MURIEL P.†
2019 Beacon St., Wellesley

DERRIG, ELEANOR
1829 Highland Ave., Fall River

DEVANE, GRACE C.
274 Lexington St., East Boston 28

DEWOLFE, WILHELMINA G.
Symmes Arlington Hospital, Arlington 74

DOWLING, MRS. ANN M.
11 Atlanta St., South Boston 27

DOWLING, GERTRUDE A.
35 Anderson St., Boston

DOWNING, MRS. ELSIE P.
147 Mt. Auburn St., Cambridge

DRAFER, MARIAN
Wayland

DRAIN, WINFRED J.
Cambridge City Hospital, Cambridge

DUFFORD, ESTHER D.
62 Poplar St., Danvers

DURHAM, GEORGE B.
McLean Hospital, Waverley 79

DYE, GERTRUDE E.
Boston City Hospital, Boston 18

EAGER, MABEL T.†
49 Seminary Ave., Auburndale 66

EASTMAN, RUTH E.
18 Autumn St., Boston 15

EDDY, MARION F.
Main St., Swansea

ELLIS, CLARA B.
North Reading State Sanatorium, North Wilmington

ENNIS, MILDRED C.
Vose House, Boston City Hospital, Boston 18

ESTEY, M. JEAN
P.O. Box 50, Hatherly

FALLON, GERTRUDE M.
30 Hancock St., Salem

FANNING, RACHEL
Peter Bent Brigham Hospital, Boston 15

FARMER, RUTH E.
1820 Highland Ave., Fall River

FERRIS, GERALD T.
Newton-Wellesley Hospital, Newton Lower Falls 62

FERRIS, LULU E.
Lowell General Hospital, Lowell

FIELD, SARA F.
83 Aborn St., Peabody

FINLAY, DAISY A.
18 Stoughton St., Boston

FITZGERALD, ESTHER H.
125 Powder House Blvd., Somerville 44

FITZGERALD, HELEN E.
Northampton State Hospital, Northampton

FITZGERALD, MARY
74 Fenwood Rd., Boston 15

FLORES, FLORENCE
Massachusetts Memorial Hospital, Boston 18

FOLLETT, GRACE P.
Foundation Inn, Stockbridge

FORD, MYRTLE M.
Dept. of Nursing Education, Boston University, Boston 16

FRANCIS, MRS. GEORGE T.†
250 Beacon St., Boston 16

FRATANTUNO, ANNA R.
330 Mt. Auburn St., Cambridge 38

FULLER, MYRTICE L.
Waltham Hospital, Waltham 54

FULLER, MRS. MYRTLE C.
Worcester State Hospital, Worcester

GAMMON, HAZEL R.
Melrose Hospital, Melrose 76

GARDELLA, LILLIAN
Memorial Hospital, Worcester 5

GARRIGAN, MARY A.
160 Beacon St., Boston

GARRITY, LILLIAN F.
R.F.D. Elm St., Leominster

GARVEY, MARY A.
Somerville Hospital, Somerville 43

GATELY, MARGARET
149 South St., Jamaica Plain 30

GAYNOR, ALICE L.
710 Massachusetts Ave., Boston 18

GAUTHIER, IMELDA E.
690 S. Main St., Fall River

GELINAS, MARY E.
210 Riverway, Boston 15

GEORGE, BETSY
235 High St., Somerset

GESSAY, HENRIETTA A.
216 Hemingway St., Boston 15

GILL, HELEN Z.
222 Newbury St., Boston

GILBERT, HARRIET M.
927 Worthington St., Springfield 5

GILMAN, BARBARA L.
Lawrence General Hospital, Lawrence

GILMORE, MARY C.
330 Brookline Ave., Boston 15

GILMORE, MARY E.
Summer St., Manchester

450
GOODNOW, MINNIE  
142 St. Paul St., Brookline 46

GOODWIN, MINNIE P.  
U. S. Marine Hospital, Brighton 35

GOOSTRAY, STELLA*  
28 Hardy Ave., Watertown 72

GOULD, ELIZABETH H.  
New England Baptist Hospital, Boston 20

GOULD, LANNIE M.  
16 Warren St., Melrose 76

GRACIA, HELEN F.  
213 Calvin St., Fall River

GRANDY, ELEANOR M.  
721 Huntington Ave., Boston 15

GRANFIELD, GERTRUDE A.  
1493 Cambridge St., Cambridge 39

GRANT, DOROTHY C.  
20 Ash St., Boston

GREGERSON, LUCILLE*  
39 Revere St., Apt. 1, Boston 14

GREIG, DOROTHY B.  
2014 Washington St., Newton Lower Falls 62

GRENIER, GLORIA C.  
260 Jones St., Fall River

GRiffin, ROSE E.  
Cooley Dickinson Hospital, Northampton

GRIFfIN, MRS. GEORGE F.  
19 Maple Ave., Cambridge

GRINDL, EDITH L.  
Cooley Dickinson Hospital, Northampton

HACER, ELIZABETH B.  
Burbank Hospital, Fitchburg

HALEY, AVIS I.  
Veterans Hospital, Bedford

HALL, A. CHARLOTTE  
32 Bay State Rd., Boston 15

HALL, ANNIE A.  
Taunton State Hospital, Taunton

HALL, ELIZABETH  
Lynn Hospital, Lynn

HALL, ELIZABETH J.  
160 Beacon St., Boston 16

HANKINSON, KLARA M.  
13 Autumn St., Boston 15

HARPER, EVA M.  
115 Massasoit Rd., Worcester 4

HARRIMAN, IONE J.  
31 Lewes St., Hyde Park

HASTINGS, MARGUERITE  
Newton Hospital, Newton Lower Falls 62

HAYWARD, DOROTHY S.  
Brockton Hospital, Brockton

HAYWARD, EDNA M.  
Wesson Maternity Hospital, Springfield 5

HENRIKSEN, MRS. ERDINE C.  
49 King St., Falmouth

HESTER, ALICE E.  
Clinton Hospital, Clinton

HICKEY, DOROTHY  
Smith College Infirmary, Northampton

HILL, EMMA J.  
Children's Hospital, Boston 15

HILL, JOJA L.  
229 Kent St., Brookline 46

HINDS, DORIS C.  
North St., c/o Mrs. James Abbott, Medford

HOAG, MRS. MARGARET M.  
15 Edgehill Rd., Winchester 52

HODGKINS, WINNIFRED L.  
81 Highland Ave., Salem

HOGAN, MARGARET  
1153 Centre St., Boston

HOLCOMB, KATHRYN L.  
Franklin County Public Hospital, Greenfield

HOLMAN, MRS. EVELYN K.  
57 Franklin St., Somerville

HOLT, RUTH  
220 Fisher Ave., Boston 20

HORTON, VIVIAN  
1820 Highland Ave., Fall River

HOWARD, CHARLOTTE D.  
2014 Washington St., Newton Lower Falls 62

HOWLAND, ELIZABETH  
137 Newbury St., Boston 16

HOWLAND, ELLEN D.  
18 Autumn St., Boston 15

HOWLETT, MARJORIE V.  
Addison Gilbert Hospital, Gloucester

HOYT, RUTH  
3567 University St., Montreal, Canada

HUBBARD, ELIZABETH B.  
16 Day St., Somerville 44

HUEY, DOROTHY A.  
Smith College Infirmary, Northampton

HUGGARD, MIRIAM  
122 Myrtle St., Boston 14

HURLEY, THERESA A.  
3 Blackfan St., Boston 15

HUSSEY, Elma J.  
25 Binney St., Boston 15

INCH, EFFIE M.  
6 Roaneke Rd., Wellesley

JACOBUS, ROSABELLE  
14 Bowdoin St., Worcester 2

JAMES, HARRIET B.  
Memorial Hospital, Worcester 5

JETTE, IRIS A.  
46 E. Bacon St., Plainville

JODOIN, ALDA H.  
17 Branch St., Worcester 4

JOHNSON, MARJORIE A.*  
389 Newport Ave., Wollaston 70

JOHNSON, SALLY*  
2 Brimmer St., Apt. 2, Boston 8

JOHNSON, LENA F.  
170 Governors Ave., Medford 55

JOHNSON, ANNIE  
220 Fisher Ave., Boston 20

JONES, MRS. DELIGHT S.  
Tufts Hospital, Fall River

JONES, HARRIET H.  
Whidden Memorial Hospital, Everett

JORDAN, DORA E.  
68 Richardson Rd., Lynn

JORDAN, ETHEL M.  
Lynn Hospital, Lynn

JOYCE, MADELINE E.  
U. S. Veterans Facility, Bedford

KALIAN, ALTA  
Faulkner Hospital, Jamaica Plain

KARLON, ANNE M.  
6 Arnold Rd., Worcester

KAZENIAC, MILDRED A.  
44 Pleasant St., Forge Village

KEARSELY, MRS. HELEN G.  
175 Fort Hill, Hingham

KEENAN, MARY A.  
330 Mt. Auburn St., Cambridge 38

KELLEHER, RITA P.  
125 Newbury St., Boston
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**MASSACHUSETTS**

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<td>141½ Fayette St., Cambridge 39</td>
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<td>Larson, Norma C.</td>
<td>Box 342, Massachusetts General Hospital, Boston</td>
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<td>Larson, E. Elisabeth</td>
<td>Northampton State Hospital, Northampton</td>
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<td>Larter, Mary</td>
<td>48 Thelma Ave., Somerset Centre</td>
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<td>Lathrop, Mrs. Muriel</td>
<td>56 W. Hill Ave., Melrose 76</td>
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<td>Lavey, Mrs. Helen C.</td>
<td>25 Huntington Ave., Room 613, Boston 16</td>
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<td>Lawson, Edna F.</td>
<td>Harvard Private Hospital, Worcester 2</td>
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<td>Le Blanc, Georgine M.</td>
<td>409 Huntington Ave., Boston 15</td>
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<td>Lee, Helene C.*</td>
<td>36 Aborn St., Peabody</td>
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<td>Lepper, Edna S.*</td>
<td>Massachusetts General Hospital, Boston 14</td>
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<td>Letourneau, Margaret E.</td>
<td>123 Flash Rd., Nahant</td>
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<td>Lind, Lillian J.</td>
<td>18 Summer St., Everett</td>
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<td>Logan, Helen P.</td>
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<td>Lover, Mabel</td>
<td>18 Angell St., Attleboro</td>
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<td>Lucerte, Irene M.</td>
<td>377 Middleboro Ave., East Taunton</td>
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<td>Mackay, Hilda M.</td>
<td>50 Chancery St., New Bedford</td>
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<td>Mackinnon, Alice C.</td>
<td>29 Fairmount St., Everett 49</td>
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<td>MacLean, Anna L.</td>
<td>Malden Hospital, Malden 48</td>
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<td>MacLeod, Jessie</td>
<td>220 Fisher Ave., Roxbury 20</td>
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<tr>
<td>MacNeil, Anne</td>
<td>2014 Washington St., Newton Lower Falls 62</td>
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</table>
MORGAN, EVELYN G.,
Whitney Memorial Hospital, Everett 49

MORRIS, MRS. EVANGELINE H.
30 Riverdale Rd., Wellesley Hills 82

MORSE, ELLEN O.
4 Charlesgate, E., Boston

MUNSON, MRS. HELEN W.
100 St. Paul St., Apt. No. 1, c/o Miss Houghton,
Brookline

MURPHY, MARY P.
1820 Highland Ave., Fall River

NASSE, SOPHIA T.
229 Kent St., Brookline

NATAKOSKIS, LEAH
42 Orkney Rd., Brighton 35

NELSON, GERTRUDE B.
221 Longwood Ave., Boston 15

NELSON, KATHERYN M.
Salem Hospital, Salem

NELSON, OLIVE L.
25 Deaconess Rd., Boston 15

NELSON, SOPHIE C.
197 Clarendon St., Boston 17

NEWHALL, MRS. CHARLES A.†
1101 Beacon St., Brookline 46

NICKERSON, IRMA W.
Truesdale Hospital, Fall River

NIND, GRETCHEN E.
330 Mt. Auburn St., Cambridge 38

NORBERY, MIRIAM E.
12 Talbot St., Usbridge

NORCROSS, MARY E.
126 Summer St., Watertown 72

NORRIS, CATHERINE M.
330 Brookline Ave., Boston

NYE, MARY C.
238 Great Rd., Bedford

OCARA, MARY E.
Quincy Hospital, Quincy, Somerset Centre

OGDEN, MRS. MARGARET M.
353 High St., Fall River 9

OLAESON, VELMA M.
RFD 1, Lowell

OL'OUCHLIN, ELIZABETH J.
Boston Floating Hospital, Boston 11

O'NEILL, BRIDIE T.
1493 Cambridge St., Cambridge 38

O'REOURKE, MRS. ANNE C.
20 Church St., Peabody

OSTROM, E. MARIANNE
657 Adams St., Quincy

O'SULLIVAN, AGNES B.
Tewksbury State Hospital and Infirmary, Tewksbury

PALACZ, MRS. OLIVE D.
20 Queencherry St., Boston 15

PATTEN, AUGUSTA*
16 Chauncey St., Cambridge

PEARSON, EMILY
Melrose Hospital, Melrose

PEIRCE, KATHERINE E.
64 Commonwealth Ave., Boston 16

PEKUL, NELLIE H.†
91 Parker Hill Ave., Boston

PENDELETON, RUTH E.
229 Kent St., Brookline 46

PENNINGTON, ELLA L.
7 Harvard St., Worcester 2

PERAKIS, BESSIE A.
23 Paleologos St., Peabody

PERAKIS, EFFIE M.
23 Paleologos St., Peabody

PERKINS, SYLVIA
Massachusetts General Hospital, Boston

PERUSSE, RUTH L.
22 Green St., Lynn

PETKAUSKIS, MARY R.
Pulikker Hospital, Jamaica Plain 30

PINANSKI, VIOLA R.†
283 Buckminster Rd., Brookline

PLIMPTON, EMILY†
c/o F. P. Plimpton, 20 Exchange Pl., New York, N. Y.

POIRIER, SUZANNE
Burbank Hospital, Fitchburg

POTTS, LOUISE
St. Luke's Hospital, New Bedford

POTVIN, ROSEMARY E.
U. S. Veterans Hospital, Bedford

PRESTON, LOIS M.
10 Autumn St., Brookline

PRETTY, ELIZABETH C.
9 Spencer Ave., Somerville 44

PRICE, RUTH

PRITCHARD, EDITH M.
Beverly Hospital, Beverly

PRYSYDZKI, WANDA A.
11 Highland Rd., West Somerville

PUTNAM, MRS. AUGUSTUS L.†
1 Bellingham Pl., Boston

RAFUSE, ANNA M.
Worcester City Hospital, Worcester 3

RANDEL, JOAN
6 Gardner St., Beverly

RAYNOR, MURIEL L.
1450 Beacon St., Brookline

REABICK, MARIE E.
35 N. Anderson St., Boston 14

REILLY, MARGARET G.
55 Malvern Rd., Brockton

REYNERS, LILLIAN
261 Commonwealth Ave., Boston

RITCHIE, MRS. MARJORIE R.
70 Marlborough St., Boston 16

ROBERT, JEANNETTE F.
952 Carew St., Springfield 4

ROBERTS, MRS. EDNA R.
Boston Floating Hospital, Boston 11

ROGERS, ANNIE
St. Luke's Hospital, New Bedford

ROLFE, DAPHINE
Holyoke Hospital, Holyoke

ROUSE, EDITH C.
385 Lebanon St., Melrose 76

RUTHERFORD, EUNICE A.
Worcester Hahnemann Hospital, Worcester 5

ST. SAUVEUR, JEANNE M.
129 Robbins Rd., Watertown 70

SANDSTROM, DOROTHY S.
212 Boston St., Lynn

Savage, Beatrice F.
29 Martinack Ave., Peabody

SAWITZKY, HELEN
530 Brookline Ave., Boston 15

SAYLES, MARTHA O.
899 Beacon St., Boston

SCHEY, MARGUERITE G.
Veterans Administration Hospital, Bedford
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<td>SISTER MARY ST. JOHN BAIRD</td>
<td>736 Cambridge St., Boston 35</td>
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<td>51 Forbes St., Worcester</td>
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<tr>
<td>SULLIVAN, MARION C.</td>
<td>99 Athlone St., Roslindale 31</td>
<td></td>
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<tr>
<td>SZARGOWECZ, GENEVIEVE J.</td>
<td>15 Caswell St., East Taunton</td>
<td></td>
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<tr>
<td>SZLOCH, STEPHANIE E.</td>
<td>41 Oriole St., Roslindale 32</td>
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<tr>
<td>TEGUE, ALICE R.</td>
<td>Veterans Administration Hospital, White River Junction, Vt.</td>
<td></td>
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<tr>
<td>THOMAS, DR. MURIEL L.</td>
<td>232 Boston St., Lynn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THOMPSON, MARY E.</td>
<td>721 Huntington Ave., Boston</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THURLOW, JOSEPHINE E.</td>
<td>16 Ware St., Apt. 1, Cambridge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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MEMBERS

TIBETTS, MARGARET C.
McLean Hospital, Waverley 79

TIPPING, RUTH E.
109 Queensbury St., Boston 15

TOBIN, AGNES E.
Lawrence General Hospital, Lawrence

TOBIN, SARAH A.
16 Camelia Aven., Cambridge 38

TOMASUNAS, FRANCES T.
27 Suffield St., Worcester 3

TOWSEND, EDNA J.
3 Blackfan St., Boston 15

TRAFTON, ETHEL M.
3 Blackfan St., Boston 15

TRISTANY, MARGUERITE M.
232 Main St., Lee

TSARIDES, LUCY A.
125 Park Dr., Apt. 10, Boston 15

TUBBURY, MARY A.
3 Bond St., Newton Highlands 61

VANDERSCHURK, HENDRIKA
Massachusetts General Hospital, Boston 14

VESEY, MURIEL B.
3 Blackfan St., Boston 15

VOIGT, HELEN G.
Massachusetts General Hospital, Boston 14

WAKEFIELD, HELEN
50 Greenough St., Brookline 46

WALTERS, MARGARET
25 Deaconess Rd., Boston 15

WARBURTON, OLGA I.
125 Parker Hill Ave., Boston

WARD, THELMA M.
2 Farwell Ave., Melrose 76

WATSON, SUSIE A.
370 Longwood Ave., Boston 15

WEBB, HELEN
21 Third St., Attleboro

WELCH, MARGARET B.
710 Massachusetts Ave., Boston 18

WHARTON, MEMETTA S.
212 Boston St., Lynn

WHEELER, RUTH F.
147 Myrtle St., Waltham 54

WHITE, MRS. JEAN M.
741 North St., Pittsfield

WHITE, LEONA F.
Malden Hospital, Malden 48

WHITE, VERA E.
710 Massachusetts Ave., Boston 18

WILKIE, KATHLEEN R.
New England Hospital for Women & Children, Boston 19

WILLIAMS, BARBARA
41 Hyde St., Newton Highlands 61

WINGER, EPHIE M.
306 Riverway, Boston 15

WOOD, HELEN
1006 Walnut St., Newton Highlands 61

WOOD, MRS. MARGUERITE W.
6 Columbia Pl., Suite 1, Haverhill

YOUNG, MRS. FRANCES P.
10 Stoughton St., Boston

ZENDZIAN, HELEN F.
8 Rob Roy Rd., Worcester 2

MASSACHUSETTS—MICHIGAN

ADRIAN, Verna O.
B. R. No. 1, Grandville

ALSPACH, MYRL T.
Blodgett Memorial Hospital, Grand Rapids 6

ALZINCHE, DOROTHY
2507 W. Grand Blvd., Detroit

AMES, MRS. HELEN
1600 Beach St., Muskegon

ANDERSON, ESTHER C.
3746 John St., Detroit 1

ANDERSON, ETHEL
416 Franklin St., Traverse City

ANDERSON, FRANCES A.
432 E. Hineck St., Detroit 1

ANDERSON, MARGARET L.
416 Franklin St., Traverse City

ANDERSON, MARY B.
222 E. Lovell St., Kalamazoo

ANDERSON, MARY M.
355 Hollister Blvd., Lansing 8

ARBOUR, MRS. MARY D.
159 Florence, Highland Park 3

AVERY, HAZEL
223 E. Kingsley, Ann Arbor

BABULA, SOPHIA
1465 Fifth St., Muskegon

BAHRA, DOLORES M.
865 E. Outer Dr., Detroit 5

BANNINK, JENNIE
3600 Walker Rd., Grand Rapids

BAUER, MARJORIE D.
106 Forest Ave., Ann Arbor

BAYARD, THELMA S.
3940 Hogarth, Detroit 6

BEACOM, MARGARET
1927 Twisted, Detroit 6

BELAND, IRENE
631 Selden, Detroit

BELL, BEATRICE L.
66 E. Hancock, Detroit 1

BELOW, HELEN C.
Hackley Hospital, Muskegon 16

BENNEDT, MRS. LAURA A.
1303 Thomas St., S.E., Grand Rapids

BLAKELEY, RUTH
201 W. Sixth Ave., Flint

BOETTGER, ANITA C.
609 Virginia Park, Detroit 2

BOLT, TRESSA
902 Dickinson St., S.E., Grand Rapids

BOONE, MRS. ROSE M.
1454 Fifth, Muskegon

BRATHWOSKI, MRS. LEOCADIA J.
2716 Edwin St., Detroit 12

BREWINGTON, MRS. THELMA T.
18609 Grecian, Detroit 21

BRUCE, ANNE F.
235 E. Alexandria Ave., Detroit 1

BRUNELLE, IRMA L.
235 E. Alexandria Ave., Detroit 1

BUCK, EVELYN
2951 W. Chicago Blvd., Detroit 6

BUCHOLTZ, CLARA L.
925 Whitmore Rd., Detroit 3

MICHIGAN—401
BUKER, HELENE B.
617 W. Ottawa St., Lansing

BUNTEBART, EMMA L.
3245 E. Jefferson, Detroit 7

BURKE, MARY A.
3919 John R. St., Detroit 1

BURNETT, MARY E.
705 Hazelwood, Detroit 2

BUSCHLEN, ESTELLE M.
10553 Nottingham, Detroit 24

BUSHEY, MARGARET
7618 Poe St., Detroit 6

BUSS, FLORA J.
8047 Hamilton Ave., Detroit 2

CAMERON, JESSIE S.
3740 John R. St., Detroit 1

CASKEY, ETHEL L.
Community Hospital, Battle Creek

CASTNER, ALVERA C.
220 Cherry St., S.E., Grand Rapids 2

CASWELL, LUCILLE
3224 St. Antoine St., Detroit 2

CAWOOD, MARY A.
Veterans Administration, Fort Custer

CHAMBERS, WILDA
1224 Washburn Ave., Apt. 1, Ann Arbor

CHARLES, MARY M.
246 E. Alexandre Ave., Detroit 1

CHARON, FLORENCE E.
220 Cherry St., S.E., Grand Rapids 2

CHERNEK, OLGA M.
378 Monterey, Detroit

CHINQUE, KATHERINE M.
100 Parsons St., Detroit 1

CHRISTIE, RACHEL A.
Mercy Hospital, Benton Harbor

CLARK, MARCIA M.
93 Seward, Apt. 306, Detroit 2

CLOW, GRACE L.
3740 John R. St., Detroit 1

COE, WINIFRED M.
203 15 St., Bay City

COLLINS, GRACE M.
Harley Hospital, Flint 2

COLVERT, MRS. FLORENCE M.
821 Lothrop, Detroit 2

CONLEY, L. ANN
73 E. Palmer St., Detroit 2

CONNALLY, GRACE
1340 E. Grand Blvd., Detroit 11

COOMBS, MABEL M.
17111 Second Blvd., Detroit 3

CORNELIUS, ESTHER F.
Hackley Hospital, Muskegon 16

COWLEY, HELEN A.
1711 Godwin, S.E., Grand Rapids

CRESSEY, LOIS G.
238 W. Dale Ave., Muskegon

CRIST, EDITH
801 W. Sixth Ave., Flint

CURRAH, SYLVIA L.
3740 John R. St., Detroit 1

CUSIC, MARY K.
1435 Durand St., Flint

DAVIS, HARRIET E.
Gerber Products Co., Fremont

DeGALAN, JEANNE M.
12700 Birwood Ave., Detroit 4

DOWNEY, EILEEN
607 E. Ann St., Ann Arbor

DROMPP, MARY L.
669 Virginia Pk., Detroit 2

DRUIF, ELEANOR M.
2292 Blodgett St., Muskegon

DUNAVIN, MYRTIE
Box A, Oakland Dr., Kalamazoo

DUNN, NELLIE C.
220 Cherry St., S.E., Grand Rapids 2

EATON, JANE A.
Community Hospital, Battle Creek

EDELSON, RUTH B.
11716 Yellowstone, Detroit 4

EDISON, RUTH
610 Brady, Dearborn

EDMAN, HULDA
824 W. Ionia, Lansing

EDWARDS, NAOMI
2316 Stanley, Detroit 8

EILOLA, HELEN H.
3740 John R. St., Detroit 1

ELLIOTT, MRS. COREL S.
3749 John R. St., Detroit 1

ELMORE, EDNA G.
235 E. Alexandre Ave., Detroit 1

EVENSEN, OVIDIA T.
7534 Normile St., East Dearborn

FANNING, JANE
Arthur S. Kimball San., R.F.D. 1, Battle Creek

FAULK, VIRGINIA
Hillsdale Community Hospital, Hillsdale

FAVILLE, KATHARINE E.
Dept. of Nursing, Wayne University, Detroit 1

FENGER, AGNETH
311 S. Division, Apt. 4, Ann Arbor

FRIANDT, REGINA M.
1190 Seward, Detroit

FISHMAN, DOROTHY A.
1680 Mitchell St., Jackson

FISCH, BEATRICE
800 E. Kingsley St., Ann Arbor

FITAK, ADELAIDE L.
830 S. Jefferson Ave., Saginaw

FITZGERALD, MARIE
2526 Inglis, Detroit 9

FLAHERTY, ALMEDA C.
960 Gladstone, Detroit 2

FLOETER, LUCILLE M.
311 S. Division, Ann Arbor

FORD, AGNES L.
2616 W. Grand Blvd., Detroit 8

FRESE, JENNIE
213 E. Hancock, Detroit 1

FRITZ, VELMA
James Decker Munson Hospital, Traverse City

GALAGAN, CHRISTINE M.
1414 W. Euclid, Detroit 6

GANGER, MABEL G.
Sparrow Hospital, Lansing

GATES, ALICE G.
1128 Webb Ave., Detroit 2

GAUTEFALD, BEULAH
Henry Ford Hospital, Detroit 6

GEIERMAN, HILDA
Borgess Hospital, Kalamazoo 5

GEORGE, JULIET A.
Edward W. Sparrow Hospital, Lansing 12

456
GERMAIN, LUCY D.*
Harper Hospital, Detroit 1
GONSER, LENORE
Herman Kiefer Hospital, Detroit 2
GORTEN, MRS. MILDRED J.
210 Brewer Arcade, Saginaw
GRACE, CATHERINE B.
54 Ranson Ave., N.E., Grand Rapids 3
GRAFF, FRANCES
Blodgett Memorial Hospital, Grand Rapids 6
GRAFTON, ELLA A.
Box A, Ypsilanti
GUSLER, MARGARET A.
Box A, Kalamazoo
HAAB, ELIZABETH M.
611 Spring St., Ann Arbor
HABRICK, MARY U.
1521 Gull Rd., Kalamazoo
HACKENBURG, OLIVE G.
457 Clinton Ave., Kalamazoo
HALLSTEAD, ELEANOR
7647 Byron Ave., Detroit 2
HALLWHICH, MRS. ELIZABETH V.
140 Blaine Ave., Detroit 1
HAMILTON, EVELYN M.
3740 John R. St., Detroit 1
HANKINS, BETTY J.
716 Clancy, N.E., Grand Rapids
HANNIC, LILLIAN G.
University Hospital, c/o Nursing Office, Ann Arbor
HARDIN, MARTHA
Hackley Hospital, Muskegon 16
HARMENS, ANNA
1513 E. Ganson St., Jackson
HARSTONE, E. BLANCHE
17194 Prest St., Detroit 19
HART, B. OLIVE
1151 Taylor, Detroit 2
HASS, RUTH L.
5224 St. Antoine St., Detroit 2
HAWKINS, ADA
Cousens Hall, University of Michigan, Ann Arbor
HAWKINS, DORIS M.
Hackley Hospital, Muskegon 16
HEDECARD, ESTHER M.
53 Marston Ave., Detroit 2
HEELEMA, ELIZABETH F.
Blodgett Mental Hospital, Grand Rapids 6
HENDESON, LINNEA
235 E. Alexandria Ave., Detroit 1
HENNESSEY, FLORENCE D.
2217 E. Grand Blvd., Detroit
HENRY, ETHEL
16545 Indiana Ave., Detroit 21
HERINGHAUS, MARY C.
6311 W. Outer Dr., Detroit 2
HERMAN, MINA M.
Sparrow Hospital, Lansing
HERRON, HELEN
3740 John R. St., Detroit 2
HEYSE, MARGARET F.
73 E. Palmer, Detroit 1
HICKS, LILA L.
417 Cambridge Blvd., Grand Rapids
HILL, ANNIE
Woman's Hospital, Detroit 1
HILLIER, MARGARET
1160 Seward, Detroit 2
HIRLUND, VERA B.
3433 Garland Ave., Detroit 14
HOENKE, MURIEL B.
Pemberton-Welch Hospital, Ann Arbor
HOGNAUER, ANN M.
Hackley Hospital, Muskegon 16
HUGHES, MARGARET
471 W. South St., Kalamazoo
HYDORN, MARGUERITE
212 N. Second St., Saginaw
IRWIN, MARIORIE F.
235 E. Alexander Ave., Detroit 1
JACKSON, GERALDINE M.
Community Hospital, Battle Creek
JARVIS, FLORENCE E.
322 La Rue St., S.W., R. No. 1, Grandville
JOHNSON, FRANCES E.
431 Wealthy St., S.E., Grand Rapids
JOHNSTON, VELMA J.
16025 Manor, Detroit 21
JORDAN, LUCILLE G.
218 N. Sherman, Bay City
JUMP, DOROTHY E.
5194 Garland Ave., Detroit 13
KEIGH, CHARLOTTE J.
1155 Collingwood, Detroit 2
KELLOGG, WINIFRED
94 Rhode Island, Detroit 3
KELLEY, MRS. MARION D.
1315 Fourth, Jackson
KELLY, MARY E.
Wayne University, Detroit
KENAGA, BERNICE H.
913 E. Huron, Ann Arbor
KENNEY, JOSEPHINE C.
130 Monterey St., Detroit 3
KEY, LOUIE J.
875 Seward Ave., Detroit 2
KINDEL, MRS. THOMAS G.*
735 San Jose Dr., S.E., Grand Rapids
KOBE, FRANCES
3740 John R. St., Detroit 1
KREIDER, ESTHER
Leila Y. Post Hospital, Battle Creek
KROMMINGA, AGNES
1227 Allerton Ave., S.E., Grand Rapids
KROMMINGA, JOHANNA A.
1227 Allerton Ave., S.E., Grand Rapids
KULAJA, MARY
7650 E. Jefferson, Detroit 14
KUPKA, MARY E.
1340 E. Grand Blvd., Detroit 11
LAKIN, ISABELLE A.
Hackley Hospital, Muskegon 16
LANCEON, ILENE
Highland Park General Hospital, Highland Park 3
LARIVEE, MABEL E.
1502 Clairmount, Detroit 6
LARRANCE, KATHRYN E.
St. Joseph Hospital, St. Joseph
LAVANWAY, EILEEN
1521 Gull Rd., Kalamazoo
LEE, LUCILLE E.
Saginaw General Hospital, Saginaw
LEE, THEA H.
80 Morton Pl., Detroit 10
LIBERATO, BARBARA K.
R.D. 2, Box 272, Ironwood
LEITCH, M. ANNIE
Butterworth Hospital, Grand Rapids

LISK, MINNIE
881 Lothrop, Detroit

LUNDHOLM, ETHEL E.
Hackett Hospital, Muskegon

LYNCH, MARGARET
2070 Second Blvd., Detroit

MacDONALD, LORIETO A.
Veterans Hospital, Dearborn

MacDOUGALL, LUCILLE M.
16 Avalon, Highland Park

MacKAY, PHYLLIS
220 Cherry St., S.E., Grand Rapids

Mackenzie, JESSIE
3750 John R. St., Detroit

MacLENNAN, ETHEL P.
4460 Virginia Pk., Detroit

MADLEY, GERTRUDE
11251 Strathmore, Detroit

MARCINIAK, ALBINA E.
226 E. "H" Hancock, Detroit

McGillum, RUTH K.
University of Michigan, School of Nursing, Ann Arbor

McMAHON, ELIZABETH
3740 John R. St., Detroit

McNEIL, MABEL L.*
Edward W. Sparrow Hospital, Lansing

McNEIL, ELLA E.*
1407 Manton, Ann Arbor

McPherson, ARTHUR L.
1417 Pinchurst Blvd., Kalamazoo

MEDENDORP, ANNA
801 Sixth Ave., Flint

MEYERS, AILEEN M.
Veterans Hospital, Nurses' Home, Fort Custer

MIDDLEWOOD, ESTHER L.*
Muskegon Children's Center, Muskegon

MILLER, JESSIE
66 Adelaide, Apt. 60, Detroit

Miller, MRS. PAULINE D.
381 Covington, Apt. 206, Detroit

MITCHELL, MARY A.
432 E. Hancock, Detroit

MITCHELL, V. EDNA
15414 Whitcomb, Detroit

MOEHRING, MARIE E.
4007 Sheridan, Detroit

MOORE, ELINOR
11454 Wisconsin St., Detroit

MORAN, ELIZABETH S.*
7463 Byron Ave., Detroit

MORTON, MARY
The Washtenaw County Health Dept., Ann Arbor

Moser, LOUISE G.
168 Forest Ave., Ann Arbor

MURDIE, ELLA M.
Hurley Hospital, Flint

MURPHY, MARION L.
401 Lawrence, Ann Arbor

MURPHY, RITA
8335 Dexter Blvd., Detroit

NATHE, GERTRUDE E.
220 Cherry St., S.E., Grand Rapids

NEAMAN, MARY Z.
322 W. Lapeer, Lansing

NELSON, IRENE
432 E. Hancock, Detroit

NEWTON, EVELYN A.
4430 Pinehurst Ave., S.W., Grand Rapids

NICHOLS, ADAH
1440 W. Bellemeade St., Detroit

NIELSEN, ESTHER L.
Blodgett Memorial Hospital, Grand Rapids

NUNES, DORIS K.
1321 Wilmot, Ann Arbor

OKONIEWSKI, HELEN M.
401 S. Jackson St., Jackson

OLSON, HARRIET A.
Receiving Hospital, Detroit

OPPENHEUZEN, MRS. KATHERINE W.
200 Mill St., Grandville

ORCUTT, DOROTHY E.
Box C, Traverse City State Hospital, Traverse City

OREM, DOROTHEA E.
6520 Washtenaw Ave., Detroit

OSSENWARDE, MARTHA E.
2730 Westwood Pkwy., Flint

PARTRIDGE, ANN C.
1725 Van Dyke, Detroit

PAVOLNY, EMMA A.
17110 Third, Detroit

PECK, LAURA E.
15726 Rutherford St., Detroit

PEIRCE, JEAN
3370 John R. St., Detroit

PELTIER, LEONA
6520 Washtenaw Ave., Detroit

PETER, ERMA
1725 Van Dyke, Detroit

PETerson, EUGENA M.
7530 Dunedin, Detroit

PFENNINGER, LUELLA A.
624 W. Alexander Ave., Detroit

PIERSON, EDNA J.
Hackett Hospital, Muskegon

PIO, MARY M.
4160 John R. St., Detroit

PICHAN, ANNE M.
Children's Hospital, Detroit

POHILL, MRS. AGNES K.
Kalamazoo State Hospital, Box A, Kalamazoo

POLENTZ, ANN M.
17111 Second Ave., Detroit

POWERS, JOAN L.
2718 S. Ninth St., Minneapolis

PRArt, DEBORAH L.
108 Forest Ave., Ann Arbor

PRUIS, MRS. EDNA C.*
St. Luke's Hospital, Marquette

PUTNAM, JEANETTE
8955 E. Jefferson Ave., Detroit

REDDIG, RHODA F.
816 Hill St., Ann Arbor

REED, HELEN E.
2700 Sylvan Dr., Pontiac

REID, MRS. MARY F.
117 W. Ash St., Albion

RIETHEIMER, HILDEGARDE E.
19208 Hickory, Detroit

RINTAMAKI, MRS. EVA C.*
426 E. Ave. A, Newberry

ROGERS, JANE
51 W. Warren Ave., Detroit

ROMER, RUTH
8264 Indiana, Detroit

458
SISTER MARY ANNA POULIN
St. Lawrence Hospital, Lansing 15
SISTER M. ASSISIUM HYNES
St. Lawrence Hospital, Lansing 15
SISTER MARY ASSUMPITA CARR
2200 E. Grand Blvd., Detroit 11
SISTER MARY AUGUSTINE BAUER
St. Lawrence Hospital, Lansing 15
SISTER M. BARBARA HEMMEN
1521 Gall Rd., Kalamazoo 17
SISTER M. BENEDICTA ALBANESE
St. Joseph Hospital, Flint 2
SISTER MARY BENIGNA MANNING
St. Joseph Mercy Hospital, Ann Arbor
SISTER MARY BERNADETTE POULIN
St. Lawrence Hospital, Lansing 15
SISTER MARY BERNARD BAUER
Mercy Hospital, Jackson
SISTER MARY BERTILLE DONOVAN
Mercywood Hospital, Ann Arbor
SISTER M. BRIDGETTA MALLOY
Mercy Hospital, Bay City
SISTER MARY CAMILLUS JORAE
1210 W. Saginaw, Lansing
SISTER MARY CHARLENE CURL
Mercy Hospital, Muskegon
SISTER MARY CLARE MALLOY
Mercy Hospital, Muskegon
SISTER M. CONSTANCE*
2217 E. Grand Blvd., Detroit 11
SISTER M. CYRIL CAPLIS
Borgess Hospital, Kalamazoo 17
SISTER M. DAMIAN MILLER
Mercy Hospital, Muskegon
SISTER MARY DAVID CROWER
Mercy Hospital, Bay City
SISTER MARY DOMINIC WESTRICK
St. Lawrence Hospital, Lansing 15
SISTER M. DOROTHEA BEAMISH
St. Mary's Hospital, Grand Rapids 2
SISTER M. EILEEN LAMEY
6071 W. Outer Dr., Detroit 19
SISTER MARY EVELYN BURNS
Borgess Hospital, Kalamazoo 17
SISTER MARY EYMARD
Mercy Hospital, Cadillac
SISTER MARY GERARD ROCHFORD
Leila Y. Post Montgomery Hospital, Battle Creek
SISTER MARY GERMAINE WESTDORP
Mercy Hospital, Manistee
SISTER MARY GERTRUDE McDEVITT
St. Lawrence Hospital, Lansing 15
SISTER M. GONZALES BAUMAN
Mercy Hospital, Garyling
SISTER MARY GRACE HAYES
Mercy Hospital, Bay City
SISTER MARY HENRICA KREITZ
250 Cherry St., S.E., Grand Rapids 2
SISTER MARY HILDEGARDE CARMICHAEL
1521 Jefferson St., Muskegon
SISTER MARY IMMACULATA LAMEY
Mercy College, Detroit 19
SISTER MARY JAMES RICE
Mercy Hospital, Bay City
SISTER MARY JOSEPHINE PONLIN
St. Lawrence Hospital, Lansing 15
SISTER M. JULIITA MARTIN
St. Mary’s Hospital, Grand Rapids 2

ROMINE, SARAH E.
Harper Hospital, Detroit 27
RONAN, HELEN
1097 Appoline, Detroit 27
ROSS, GRACE
3919 John R. St., Detroit 1
ROTH, MRS. ADALEEN E.,
116 Cordland Ave., Highland Park 3
RUDLAND, MRS. LUCY B.
State Hospital, Ypsilanti
RUE, CLARA B.
14335 Chatsburg Rd., Detroit 23
RUE, MABEL J.
17 Lafayette St. S.E., Grand Rapids 3
SARGENT, EMILIE G.
51 W. Warren Ave., Detroit 1
SCARLETT, SUSANNE M.
14575 Mark Twain, Detroit 27
SCHAEFER, LEONA
1840 Wealth, S.E., Grand Rapids
SCHNEIDER, MRS. MARIE W.
1125 E. Huron St., Ann Arbor
SCHULTZ, GELA H.
Lockwood General Hospital, Petoskey
SCOTT, FRANCES G.
335 E. Alexander Ave., Detroit 1
SCOTT, MARY E.
St. Mary’s Hospital, Saginaw
SCRATCH, THELMA I.
51 W. Warren Ave., Detroit 1
SCUREMAN, JESSIE M.
246 E. Alexander Ave., Detroit 1
SENGELAUB, BARBARA I.
205 15 St., Bay City
SHAULIS, MILDRED
Wayne County Health Dept., Eloise
SHELLY, JOAN M.
315 N. Pleasant, Jackson
SHELAND, MARGARET L.
Bureau of Nurses, Michigan Dept. of Health, Lansing
SHILLING, DR. D. C.†
Bronson Hospital, Kalamazoo
SHIMEK, JOHANNA M.
2325 E. Grand Blvd., Detroit 11
SISTER DE CHANTAL
St. Joseph Hospital, Mt. Clemens
SISTER DEPAUL ROGERS
St. Mary’s Hospital, Detroit 28
SISTER ELIZABETH A. McCARTHY
23200 W. Michigan Ave., Dearborn
SISTER EMMA MARTZKE
1702 Tenth St., Port Huron
SISTER EMMA MAIZAHN
1702 Tenth St., Port Huron
SISTER HELEN MARIE HUGHES
6071 W. Outer Dr., Detroit 21
SISTER MARGARET NEWHOUSE
St. Lawrence Hospital, Lansing 15
SISTER MARIE BERNARD MASTERSON
8290 W. Outer Dr., Detroit 19
SISTER MARTINA MURRAY
St. Mary’s Hospital, Detroit 26
SISTER M. ALICE
2200 E. Grand Blvd., Detroit 11
SISTER MARY ALOYSIA ROCHFORD*
Mercy College, Detroit 19
SISTER M. ALOYSIUS WARNOCK
Mercy Hospital, Jackson

459
SISTER M. KIERAN DRINAN
Mercy Hospital, Bay City

SISTER MARY LEONARD SAGE
Borgess Hospital, Kalamazoo 17

SISTER MARY LOUISE ANDERSON
830 S. Jefferson St., Saginaw

SISTER LUCILLE BRAGA
St. Mary's Hospital, Saginaw

SISTER MARY LUCILLE TAKES
2200 E. Grand Blvd., Detroit 11

SISTER MARY LUKE BOYLE
1521 Gull Rd., Kalamazoo

SISTER MARY MAGDALENA DEVERAUX
Mercy Hospital, Jackson

SISTER M. NOEL WALEJEWSKI
Mercy Hospital, Bay City

SISTER MARY PHILIPPA KEEFE
St. Joseph's Hospital, Ann Arbor

SISTER MARY RAYMUND CHATEAU
Nazareth College, Nazareth

SISTER MARY RAYMUNDA CROWNHART
Leila Y. Post Montgomery Hospital, Battle Creek

SISTER M. REGINA McNAMARA
Mercy Hospital, Muskegon

SISTER M. RICHARD GAUTHIER
Mercy Hospital, Muskegon

SISTER MARY ROSALIND MAY
Borgess Hospital, Kalamazoo 17

SISTER M. ROSE WESTRICK
Borgess Hospital, Kalamazoo 17

SISTER M. THEODOSIA LYNCH
St. Mary's Hospital, Grand Rapids 2

SISTER MARY THOMAS NEEDHAM
Mercy Hospital, Jackson

SISTER MARY THOMASINE COE
Mercy Hospital, Bay City

SISTER MARY TIMOTHY DORNEY
Lee Memorial Hospital, Dowagiac

SISTER M. VALENTINA KENNEDY
6071 W. Outer Dr., Detroit 21

SISTER M. XAVIER KINNEY
220 Cherry St., S.E., Grand Rapids 2

SISTER M. XAVIER SHIELDS
326 Ingalls St., Ann Arbor

SISTER REDEMPTRC WITTBERG
St. Joseph's Hospital, Mt. Clemens

SKINNER, GERALDINE
409 Camden Ct., Ann Arbor

SMITH, EILEEN M.
4625 Second Blvd., Detroit 1

SMITH, IRENE T.
Hodgetts Memorial Hospital, Grand Rapids 6

SMITH, MABEL E.*
353 Hollister Bldg., Lansing 6

SPAULDING, GERTRUDE E.
Tecumseh Hospital, Tecumseh

STEINBACH, ALICE W.
246 E. Alexandrine Ave., Detroit 1

STENGER, CHARLOTTE H.
St. Mary's Hospital, Saginaw

STEVenson, ELIZABETH
Henry Ford Hospital, Detroit 5

STEWARD, CLEO L.
1440 W. Bethune Ave., Detroit 6

STEWARD, MARGARET W.
5224 St. Antoine St., Detroit 2

STRAUB, MARY K.
St. Mary's Hospital, Grand Rapids 2

STREADWICK, DOROTHY A.
1216 W. Bethune St., Detroit

SWEENEY, BETTY I.
Beal Residence, Ann Arbor

SWEET, LEONE
Bronson Hospital, Kalamazoo

SYMONTING, GRETTA
1465 Ferry Park Ave., Detroit 6

TAYLOR, MILDRED E.
Community Hospital, Battle Creek

TAYLOR, MILDRED G.
Hackleby Hospital, Muskegon 16

THOMAS, DOROTHY
101 E. Forest Ave., Muskegon

THOMPSON, GLADYS
16832 Santa Rosa Dr., Detroit 21

THOMPSON, VERA E.
3227 W. Grand Blvd., Detroit 6

THORNE, HELEN L.
4669 Maple Ct., Oshtemo

THURSTON, HAROLD M.
Hackleby Hospital, Muskegon 16

TRAGONING, RUTH
216 W. Grand Ave., Muskegon

TRENERY, MRS. HENRIETTA P.
Hickory Corners

TRESSCH, CATHERINE M.
Leila Y. Post Montgomery Hospital, Battle Creek

TULLIS, ALICE
Hurley Hospital, Flint 2

TURNER, VIRGINIA C.
432 Hancock Ave., E., Detroit 1

TUTTLE, MILDRED L.
W. K. Kellogg Foundation, Battle Creek

URBAN, HELEN C.
768 N. Walnut St., Bay City

VAN DAM, FRANCES L.
1206 Lee St., S.W., Grand Rapids

VANDEN BOSSCHE, ELIZABETH
11799 Kilbourne Ave., Detroit 5

VANDERWAL, JANTINE
450 Apple Ave., Muskegon

VER LEE, JOAN N.
1817 Lafayette Ave., S.E., Grand Rapids

ERRY, GERTRUDE M. E.
653 N. East Ave., Jackson

VIGEANT, ELIZABETH
14940 Marlowe, Detroit 27

VINCIGUERRA, MINNIE
235 E. Alexander Ave., Detroit 1

VISSCHER, VIVIAN
321 Orchard Hills Dr., Ann Arbor

WADDELL, ELIZABETH C.
Woman's Hospital, Detroit 1

WADDELL, JESSIE F.
400 Island Bldg., Lansing 4

WALKER, MADELINE L.
2331 Van Abstyn Blvd., Wyandotte

WALLACE, KATE M.
1800 Twedco, Detroit 6

WALSH, IRENE C.
223½ W. Shiawassee, Lansing

WALSH, PATRICIA
213 N. Fourth Ave., Ann Arbor

WALTERS, HELEN M.
Hurley Hospital, Flint 2

460
WOLTERS, DOROTHY A.
730 Fairview, Grand Rapids

WONN, CATHERINE
1510 Clairmount, Detroit 2

WOOD, H. FERN
53 Marston, Detroit 2

WORRELL, KATHRYN E.
5067 Miller Rd., Lansing

WRIGHT, MARION J.
3740 John R. St., Detroit 1

YATES, VALERIE A.
6520 Wabash Ave., Detroit 3

YOUNG, KATHLEEN F.
Grace Hospital, Detroit 1

YOUNGS, ANNA L.
150 Ridge Rd., Grosse Pointe Farms 30

ZICK, MARIE A.
3245 E. Jefferson Ave., Detroit 7

ZIEGLER, VERLIE M.
3714 Lincoln, Detroit

ZIMMER, MRS. MARGARET
1053 25 St., Detroit 16

ZIMMERMAN, ORPHA S.
840 W. Dale Ave., Muskegon

ZIPSER, VIOLA
1215 E. Michigan, Lansing

ZWIE, MRS. LORETTA M.
2725 Boston St., Apt. 304, Detroit

ABRAHAMSON, CORRINE J.
Northwestern Hospital, Minneapolis 7

ACKERMAN, ETHEL A.
Bethesda Hospital, St. Paul 1

ALLAN, JESSALYN M.
3347 York, N., Minneapolis 5

ALQUIST, AMY I.
557 17 Ave., N.E., Minneapolis

AMDAHL, MURIEL K.
Naeve Hospital, Albert Lea

ANDERL, CATHERINE A.
St. Mary’s Hospital, Rochester

ANDERSON, BARBARA M.
4933 Chicago Ave., Minneapolis 7

ANDERSON, FRANCES B.
Swedish Hospital, Minneapolis 4

ANDERSON, GLADYS L.
Asbury Hospital, Minneapolis 4

ANDERSON, IRENE V.
226 Western Ave., St. Paul 2

ANDERSON, JANICE
Mounds Park Hospital, St. Paul 6

ANDERSON, LOIS D.
222 Earl St., St. Paul 6

ANDERSON, SIGNE E.
Swedish Hospital, Minneapolis 4

AUSTIN, MARJORIE L.
4620 Dodge St., Duluth 4

BAGAN, CATHERINE M.
Naeve Hospital, Albert Lea

BEGG, MARGARET M.*
Eitel Hospital, Minneapolis 4

BELLSTROM, LORENE
200 Earl St., St. Paul 6

BENSON, MARGARET E.
Minneapolis General Hospital, Minneapolis 15

BERGH, INGER
Lutheran Deaconess Hospital, Minneapolis 4

BERGSCHEL, RUTH T.
2212 Aldrich Ave., S., Minneapolis 5

BESTUL, HARRIET R.
Fairview Hospital, Minneapolis 6

BILLINGS, GRACE
119 W. Summit Ave., St. Paul 2

BIXBY, MARIAN
Glen Lake Sanatorium, Oak Terrace

BLAKE, GRACE J.
St. Mary’s Hospital, Rochester

BLANKENBILLER, HARRIET
710 Cedar St., St. Paul

BOARDSON, MARION C.
1700 University Ave., St. Paul

BORMAN, GLADYS M.
1110 S. Eighth St., Minneapolis 4

BOTTON, MILADA C. A.
1180 Donaldson Bldg., Minneapolis 2

BOYLE, RENA
1005 Sixth Ave., S., Minneapolis 4

BOYTON, DR. RUTH E.4
Student’s Health Service, University of Minnesota,
Minneapolis 14

BRAUN, GERTRUDE
St. Barnabas Hospital, Minneapolis 4

BRENNAN, FLORENCE
5017 12 Ave., S., Minneapolis 7

BRETHORST, ALICE B.
1599 Hewitt Ave., St. Paul

BREZINSKI, GERTRUDE
406 Fourth St., S.W., Rochester

461
BRODT, MRS. DAGMAR E.
1677 University Ave., St. Paul 4

BROOKS, LAURA S.
103 Pierce St., St. Paul

BROWN, MYRTLE
120 Melbourne, S.E., Minneapolis

BRUDENVOLD, BLANCHE K.
Naeve Hospital, Albert Lea

BULLARD, MRS. LORNA G.
Rochester State Hospital, Rochester

BURGGREN, EVA H.
Miller Hospital, St. Paul 2

BURGGREN, HANNAH
5333 Portland Ave., Minneapolis 7

BURKE, DOLORES M.
Ashbury Hospital, Minneapolis 4

CALLAHAN, AUDREY
5040 Washburn Ave., S., Minneapolis 10

CARLSON, AMELIA
St. John’s Hospital, Red Wing

CARLSON, HELEN M.
1084 Ivy St., St. Paul 6

CARLSON, HILMA
St. Barnabas Hospital, Minneapolis 4

CARTFORD, RAGNA M.
5214 Tenth Ave., S., Minneapolis 7

CHILD, CLARA
611 E. 34th St., Minneapolis 4

CHINN, MAE L.
220 Fourth Ave., S.W., Rochester

CHRISTOPHER, VIRGINIA L.
Minneapolis General Hospital, Harrington Hall, Minneapolis 15

COLEMAN, JEAN
605 Eric St., S.E., Minneapolis 14

COLESWORTH, DOLORES S.
3401 S. Irving, Minneapolis 8

COPE, MRS. JULIA K.
542 Lincoln Ave., Apt. 207, St. Paul 2

CROLL, IONE E.
4209 Aldrich Ave., S., Minneapolis 9

COTTRELL, MRS. ETTIE L.
Cottrell Home Hospital, Rushford

COUTIER, LULU M.
123 N. Ave., S.E., Rochester

COVEY, MRS. WILKES P.
397 Ridgewood Ave., Minneapolis 4

DAHLEN, ELSIE
1535 E. 24th St., Minneapolis 4

DALEY, DONNA E.
Glen Rd., Newport

DANIELSON, MARY
Mounds Park Hospital, St. Paul 6

DARGINGTON, DORIS
304 Harvard, S.E., Minneapolis

DAVIE, MYRTLE J.
242 E. 14th Ave., S., Minneapolis 4

DAVIS, MRS. ERNA B.
218-A Central Ave., Faribault

DAVIS, HENRIETTA E.
110 E. 18th St., Minneapolis

DEASON, FLORENCE M.
215 Walnut St., S.E., Minneapolis

DECKER, MRS. ARLENE C.
820 Second St., S.W., Rochester

DECKER, MARJORIE
120 W. Summit Ave., St. Paul 2

DENSFORD, KATHARINE J.*
125 Medical Science Bldg., University of Minnesota, Minneapolis 14

DILLON, IRENE
145 W. Summit Ave., No. 609, St. Paul 2

DIMMI, JEANNE E.
426 Second St., S.W., Rochester

DODDS, THELMY M.
Charles T. Miller Hospital, St. Paul 2

DOTY, EMMA L.
Worrall Hospital, Rochester

DUNCAN, ANN M.
Oak Terrace

DUNN, MARION E.
St. Barnabas Hospital, Minneapolis 4

DUNN, ROSE E.*
3900 W. 28th St., Minneapolis 16

DURLAND, GILBERTA
Hotel Damon, Rochester

EDLUND, DONNIS M.
1520 Tenth Ave., Minneapolis 4

EDWARDS, MRS. RITA
29 N. 13th St., Minneapolis

EICHHORN, MARY N.
402 W. Franklin, Minneapolis

EINERSON, EMMA C.
Glen Lake Sanatorium, Oak Terrace

EKBERG, EMMA H.
Worrall Hospital, Rochester

ELVIN, MARGARET L.
390 Herschel St., St. Paul 4

ENG, MRS. HAZEL
1500 Elliot Ave., Minneapolis 4

ENOS, LUCY D.
304 Harvard, S.E., Minneapolis 14

ERICKSON, DOROTHY L.
222 Earl St., St. Paul 6

ERICKSON, ELIZABETH C.
Ashbury Hospital, Minneapolis 4

ERVEN, MARGARET E.
Acker Hospital, St. Paul

ESPONDOR, WILMA G.
Chas. T. Miller Hospital, St. Paul 2

EVEN, OVID M.
1412 E. 24th St., Minneapolis 4

EVENSTA, MRS. MARTHA S.
3210 Girard Ave., S., Minneapolis 8

FARRELL, MRS. HELEN L.
1308 Powderhorn Terrace, Minneapolis 7

FAY, MRS. AUDREY B.
2602 Fourth Ave., W., Hibbing

FELSEN, EDITH L.
2219 Garfield Ave., S., Minneapolis

FILSON, MARGARET
500 S.E. Essex St., Minneapolis

FISCHER, MRS. EMMA A.
4317 Abbott Ave., S., Minneapolis 10

FOLEY, BETTY
Minneapolis General Hospital, Harrington Hall, Minneapolis 15

FOWLE, MARY L.
Gillette State Hospital, St. Paul 6

FRANEY, MARIE L.
4341 Elliot Ave., Minneapolis 7

FUNK, ELSEY R.
200 Earl St., St. Paul 6

FURTH, MARIE M.
932 Second St., S.W., Rochester

GABRIELSON, HAZEL E.
St. Luke’s Hospital, Duluth 5
GARRISON, ESTHER A.
U.S.P.H.S., Mental Hygiene Div., Washington 25, D. C.
GARTZEK, OZAL M. E.
1003 Ivy Ave., St. Paul 5
GERNER, ELEANOR J.
462 Aurora Ave., St. Paul
GILLIES, KARLEEN M.
6 Second Ave., S.W., Minneapolis
GINTHER, LENA
382 Ighelhart Ave., St. Paul 3
GLASOE, DORTHEA I.
Eitel Hospital, Minneapolis 4
GORDON, H. PHOEBEH
64 Bedford, S.E., Minneapolis 14
GRANDIN, ANNETTE
1700 University Ave., St. Paul 4
GRAY, MRS. HELEN V.
3143 First Ave., S., Minneapolis 8
GUEST, MAUDE E.
St. Andrew’s Hospital Home, Minneapolis
GUSTAFSON, RUTH A.
Mounds Park Hospital, St. Paul 6
GYNILD, RAGNA E.
2642 University Ave., St. Paul 4
HAASE, ADELINE
883 Ighelhart Ave., St. Paul 4
HAUSSLER, JUNE
194 W. Summit Ave., St. Paul 2
HAGA, MATHILE
3501 15 Ave., S., Minneapolis
HAHN, MRS. RUTH G.
St. Peter State Hospital, St. Peter
HALVERSON, LEILA
565 Portland Ave., Minneapolis 2
HALVERSON, LUCILE M.
560 Essex St., S.E., Minneapolis
HAMMARGREN, EDITH
200 Earl St., St. Paul 6
HANNES, IRENE E.
Glen Lake Sanatorium, Oak Terrace
HANSON, IDA E.
200 Earl St., St. Paul 6
HANSON, JOHANNA
Fairview Hospital, Minneapolis 6
HARRINGTON, RUTH
125 Medical Science Bldg., Minneapolis 14
HART, HELEN E.
3323 Knox Ave., N., Minneapolis 12
HAUGE, CECELIA H.
Veterans Administration, Minneapolis
HAVENAR, MRS. EUNICE D.
1595 St. Anthony, St. Paul 4
HAY, MRS. STELLA L.
205 W. 15 St., Minneapolis 14
HEALY, MARCELLA
323 Park Ave., Albert Lea
HEDGES, MRS. JENNIE G.
14 Fifth Ave., S.W., Faribault
HEIN, MRS. SOPHIA O.
Children’s Hospital, St. Paul 2
HEMMES, THELMA V.
1068 S. Anthony Ave., St. Paul 4
HESTAD, HELEN E.
2732 S. Harriet, Minneapolis 8
HOFF, LAURA J.
Fairview Hospital, Minneapolis 6
HOFFERT, FRANCES
4811 Washburn Ave., S., Minneapolis

HOLMBERG, RUTH
Bethesda Hospital, St. Paul 1
HOTCHKISS, MATTIE A.
Kahler Hall, Rochester
HUFFMAN, ZELIA M.
1812 Ighelhart Ave., St. Paul 4
HULTGREN, C. YVONNE
1126 Second Ave., S., Minneapolis
JACOBSON, ESTHER A.
Fairview Hospital, Minneapolis 6
JANSEN, MRS. CHARLOTTE E.
231 Dayton Ave., Apt. 206, St. Paul 2
JARSHAW, MARIE E.
St. Luke’s Hospital, Thief River Falls
JESSE, EDNA I.
911 S. Seventh Ave., Minneapolis
JOHANSON, CLARA O.
1412 E. 24 St., Minneapolis 4
JOHNSON, MRS. AILEEN J.
502 Mt. Curve Blvd., St. Paul 5
JOHNSON, H. MARIE
1823 Park Ave., Minneapolis
JOHNSON, HAZEL M.
1823 Park Ave., Minneapolis 4
JOHNSON, HELEN K.
515 Oak St., S.E., Minneapolis 14
JOHNSON, RUTH V.
2642 University Ave., St. Paul 4
JULIAN, ESTHER
4801 Aldrich Ave., S., Minneapolis
JULIAN, FLORENCE
500 S.E. Essex. Minneapolis 14
JUNKIN, MILDRED J.
3736 Blaisdell Ave., S., Minneapolis 3
KASKAN, ANNA V.
Powel Hall, University of Minnesota, Minneapolis 14
KENTTA, MARTHA
225 Fourth Ave., S.W., Rochester
KRAFT, ELIZABETH F.
Ashbury Hospital, Minneapolis 4
KROLL, MRS. IVY
1178 McLean Ave., St. Paul 6
KRUEGER, RUTH A.
1564 Randolph Ave., St. Paul
KUCHINSKI, SOPHIE
120 W. Summit Ave., St. Paul
KUITU, HELEN
Gillette State Hospital, St. Paul 6
LAPHAM, NELLIE I.
Ancker Hospital, St. Paul 1
LA ROSE, LOUISE
2215 Glenwood, Minneapolis 5
LARSON, EFFIE B.
Northwestern Hospital, Minneapolis 7
LARSON, KATHRYN A.
202 Furlow Apt., Rochester
LEADHOLM, JEANETTE L.
Gillette State Hospital, St. Paul 6
LEDGER, CECELIA R.
Rochester State Hospital, Rochester
LEHMANN, RUTH A.
559 Capital Blvd., St. Paul 1
LEPISTO, MARTHA H.
Northwestern Hospital, Minneapolis 7
LEWIS, FERN L.
1675 Edmund Ave., St. Paul 4
LIANE, DOLORES J.
1825 Second Ave., S., Minneapolis 4

463
MISENK, HELEN
2527 University Ave., N.E., Minneapolis 13

MOCK, ELEANOR F.
Ancker Hospital, St. Paul 1

MOE, MARGARET J.
Abbott Hospital, Minneapolis 4

MOE, MRS. MILDRED S.
611 E. 14 St., Minneapolis 4

MONKMAN, DONNA M.
Abbott Hospital, Minneapolis 4

MORKEN, ALYCE B.
312 Fourth St., S.W., Rochester

MORSBACH, ANNABELLE
St. John's Hospital, Red Wing

MULLEN, MARION
229 E. 19 St., Minneapolis

MURR, JUANITA
2653 39 Ave., S., Minneapolis 6

NAGEL, MRS. ALMA
Swedish Hospital, Minneapolis 4

NANTKES, LILLIAN
2116 Emerson Ave., S., Minneapolis

NELSON, EFFIE V.
407 Aihline St., St. Paul 4

NELSON, EVELYN
Betheesda Hospital, St. Paul 1

NELSON, MILDRED I.
Naive Hospital, Albert Lea

NELSON, MYRTLE A. E.
Abbott Hospital, Minneapolis 4

NELSON, VIOLET E.
290 Earl St., St. Paul 6

NESS, CHARLOTTE C.
Chas. T. Miller Hospital, St. Paul 2

NESS, VIRGINIA L.
Naive Hospital, Albert Lea

NEUMANN, BERNICE E.
St. John's Hospital, Red Wing

NINER, MRS. FRANCES P.
139 W. Summit Ave., St. Paul 2

NOBLES, GEORGIA C.
Minneapolis General Hospital, Harrington Hall, Minneapolis 15

NORRIS, SYBIL
304 Harvard, Apt. 303, Minneapolis 14

NYQUIST, ANN S.
Division of Public Health Nursing, University of Minnesota, Minneapolis 14

OHLS, GEORGIANA
Veterans Hospital, Minneapolis 6

OIE, ALMA T.
1333 E. 24 St., Minneapolis 4

OLSON, HELEN L.
1911 11 Ave., S., Minneapolis 4

OLSON, M. LYLA
Kahler Hospital, Rochester

PAETZNICK, MARGUERITE
Chas. T. Miller Hospital, St. Paul 2

PALMER, CAROL M.
Ancker Hospital, St. Paul 1

PALMER, MELLE F.
2527 Washburn Ave., S., Minneapolis 5

PASKEWITZ, LENA R.
125 Medical Science Bldg., University of Minnesota, Minneapolis 14

PEARSON, ADELLE V.
Swedish Hospital, Minneapolis 4

PETERSEN, HELGA H.
2312 S. Sixth St., Minneapolis 6
PETERSON, MABEL  
Narco Hospital, Albert Lea

PETERSON, MYRL L.  
833 W. Center St., Rochester

PETERSON, RUTH M.  
1507 Osceola Ave., St. Paul

PFUND, MARGARET A.  
194 W. Summit Ave., St. Paul 2

PIEPHO, ADELE  
Northwestern Hospital, Minneapolis 7

PLADSON, NINA O.  
Dolano Hall, Rochester

RANDALL, JULIA S.  
Veterans Administration Hospital, Minneapolis 6

RANDALL, MRS. MARGARET L.  
125 Medical Science Bldg., University of Minnesota, Minneapolis 14

RAU, MRS. MAGDALENA  
St. John's Hospital, St. Paul 6

RAVELING, HILDA  
231 Dayton Ave., St. Paul 2

RENНЕ, THERESA J.  
231 Dayton Ave., St. Paul 2

RISBERG, EVELYN  
187 S. Oxford, St. Paul 5

ROBERTS, HAZEL A.  
Glen Lake Sanatorium, Oak Terrace

ROBERTSON, CAROLYN O.  
Gillette Hospital, St. Paul 6

ROBERTSON, MILDRED E.  
St. Lucas Hospital, Faribault

ROESTI, ESTHER E.  
Marlowe Apt., D-1, Rochester

ROGSTAD, ELIZABETH†  
Fairview Hospital, Minneapolis

ROHRER, ALICE  
1356 La Salle Ave., Minneapolis 4

ROLLER, MAGDALENE E.  
401 N. Broadway, Baltimore, Md.

ROTH, RUTH  
2350 Third Ave., S., Minneapolis 4

ROUNSVILLE, ETHEL L.  
5110 Osseo St., Duluth

SAF, MYRTLE  
Veterans Hospital, Nurses Home, Minneapolis 6

SAUNDERS, LULU A.  
Kahler Hospital, Rochester

SCHMITZ, MRS. ADELINE S.  
1420 Portland Ave., Minneapolis 4

SCHONS, MARION E.  
911 Wecks Ave., S.E., Minneapolis

SCHULTZ, LORETTA L.  
3301 Irving Ave., S., Minneapolis

SCHWARZ, HELEN G.  
222 Minnesota Bldg., St. Paul 1

SCHWENGLE, BERTHA R.  
Ancker Hospital, St. Paul 1

SCHWEPPE, WINNIFRED  
225 Oak Grove St., Minneapolis 4

SELFridge, JANETTE M.  
Abbott Hospital, Minneapolis 4

SELLEW, DR. GLADYS  
1979 Palace Ave., St. Paul 5

SEVALSON, ANNA  
2531 11 Ave., S., Minneapolis 4

SHEICK, FERN  
Hotel Damon, Rochester

SHELDON, ELEANOR C.  
Minneapolis General Hospital, Harrington Hall, Minneapolis 15

SHELLS, SAVALLAH M.  
237 Ashland Ave., St. Paul 5

SIDLO, AGNES  
Midway Hospital, St. Paul 4

SIGFRID, MAXINE A.  
222 Earl St., St. Paul 6

SISTER AGNES LEON MAHOWALD  
St. Mary’s Hospital, Minneapolis 6

SISTER BERTHA E. HUNTMAN*  
St. Lucas Hospital, Faribault

SISTER CAROLINE FEPMEIER  
St. Lucas Hospital, Faribault

SISTER DOLORETA VENER  
1406 Sixth Ave., N., St. Cloud

SISTER ELEANORA PIELMER  
St. Lucas Hospital, Faribault

SISTER MARGARET CLARE  
2500 S. Sixth St., Minneapolis 6

SISTER MARIE LOYOLA MOSGROVE  
St. Joseph’s Hospital, St. Paul 2

SISTER M. ANCINA  
College of St. Teresa, Winona

SISTER M. ANTONIA*  
St. Mary’s Hospital, Rochester

SISTER MARY AQUINAS  
St. Mary’s Hospital, Minneapolis 6

SISTER M. BERNARDA Di GIOVANNI  
Hibbing General Hospital, Hibbing

SISTER M. BENO FLINT  
St. Cloud Hospital, St. Cloud

SISTER MARY BRIGH  
St. Mary’s Hospital, Rochester

SISTER MARY CORTONA BENTLER  
St. Francis Hospital, Breckendridge

SISTER MARY DAMIAN  
St. Gabriel Hospital, Little Falls

SISTER M. ELIZABETH SOENNEKER  
St. Francis Hospital, Breckenridge

SISTER M. ERNESTINE RANCOURT  
St. Mary’s Hospital, Duluth 5

SISTER M. GILBERT BARRY  
St. Mary’s Hospital, Minneapolis 6

SISTER M. GIOVANNI BIEHICK  
1406 Sixth Ave., N., St. Cloud

SISTER MARY JANE  
2500 S. Sixth St., Minneapolis 6

SISTER M. JULIE  
St. Mary’s Hospital, Rochester

SISTER M. RAYMUNDA  
St. Mary’s Hospital, Rochester

SISTER MARY RITA  
St. Joseph’s Hospital, St. Paul 2

SISTER M. SYLVESTER SCHREIFELS  
1406 Sixth Ave., N., St. Cloud

SISTER MARY THADDEUS  
St. Joseph’s Hospital, St. Paul 2

SISTER M. VIVIAN ARTS  
St. Mary’s Hospital, Duluth 5

SIVIERSON, MURIEL D. A.  
250 Earl St., St. Paul 6

SKOOGE, MYRTLE H.  
Swedish Hospital, Minneapolis 4

SMITH, KATHY  
St. Luke’s Hospital, Duluth 5

SMITH, RUTH E.  
833 W. Center St., Rochester

SPANNAUS, MARTHA A.  
2000 Carroll Ave., St. Paul 4

465
STEELE, DOROTHY M.  
3200 72 1/2 St., S., Minneapolis
STENSETH, JEANETTE  
Glen Lake Sanatorium, Oak Terrace
STEVENS, MRS. PEARL  
3920 Clinton Ave., S., Minneapolis
STROMBERG, EDNA  
Midway Hospital, St. Paul 4
SVEDRUP, MRS. GEORGE  
710 21 Ave., S., Minneapolis 4
SWANSON, ELIZABETH  
Chas. T. Miller Hospital, St. Paul 2
SWANSON, MARY M.  
536 St. Peter St., St. Paul 2
SWANSON, VERA  
15 W. 24 St., Minneapolis 4
SYLVESTER, ETHEL M.  
320 Second St., S.W., Rochester
TALLE, MYRTLE L.  
3400 S. Harriet, Minneapolis
TAYLOR, DORIS C.  
1947 Carroll Ave., St. Paul 4
TAYLOR, JEAN W.  
Leamington Hotel, Minneapolis
TAYLOR, MARGARET S.  
Curtis Hotel, Minneapolis 2
TESKE, CAROLYN  
3140 Chicago Ave., Minneapolis
TESKE, THELMA  
Colonial Hospital, Rochester
THOMPSON, BIRDIE  
Fairview Hospital, Minneapolis 6
THOREN, CATHERINE  
3540 21 Ave., S., Minneapolis 7
TODD, ETHEL A.  
Ashbury Hospital, Minneapolis 4
TOFT, BIRGIT  
Ancker Hospital, St. Paul 1

TRAVIS, GLENNA M.  
941 Seventh Ave., S.E., Rochester
TSEHUDY, KATHRYN A.  
Oak Terrace
TURNER, DOLORES E.  
120 W. Summit Ave., St. Paul 2
TURNER, MOLLIE  
600 E. 15 St., Minneapolis 4
UNDERWOOD, MARION N.  
500 Essex, S.E., Minneapolis 14
URCH, DAISY D.*  
270 Center St., Winona
VAUGHAN, MRS. JAMES A.*  
2217 Park Ave., Minneapolis 4
WALLIN, ALICE A.  
149 W. Summit Ave., St. Paul 2
WARNER, LILLIAN A.  
3220 Blaisdell Ave., Minneapolis
WEISE, RUTH D.  
521 Erie St., S.E., Minneapolis 14
WICKLUND, EBBIE M.  
Abbott Hospital, Minneapolis 4
WILLIAMS, KATHRYN A.  
596 Lincoln Ave., St. Paul
WINNER, VIRGINIA M.  
4715 Collfax, N., Minneapolis
WISE, FRANCES L.  
800 15 Ave., S.E., Minneapolis 14
WOLTER, HELEN R.  
1407 W. Fourth St., Red Wing
WOLTMAN, MARIE H.  
5311 S. Lyndale Ave., Minneapolis 9
WORM, RENATA O.  
Ancker Hospital, St. Paul 1
YOUNG, MRS. HELEN C.  
Glen Lake Sanatorium, Oak Terrace

ADAMS, DOVIE  
Methodist Hospital, Hattiesburg
ALEXANDER, FRANCES  
Mississippi State Tuberculosis Sanatorium, Sanatorium
ANGLUND, MARGARET M.  
King's Daughters Hospital, Greenville
BOYETT, CHRISTINE  
741 Manship, Jackson
CHASTIAN, MRS. VERDYIA Y.  
King's Daughters Hospital, Greenville
CLINE, MARGARET E.  
1208 Main St., Greenville
COX, LUCY M.  
Mississippi Baptist Hospital, Jackson
CROSSMAN, DORCAS  
322 S. 23 St., Hattiesburg
FRENCH, ELIZABETH  
South Mississippi Charity Hospital, Laurel
GIROUX, BEatrice M.  
Mercy Hospital, Vicksburg
GLASCOCK, LILLIE  
Mississippi Baptist Hospital, Jackson
GOODE, FLORA D.*  
The Vicksburg Hospital, Vicksburg
HAYMAN, KATHLEEN  
1015 South St., Vicksburg

HINTON, ELLA G.  
University Hospital, University
HOLLEMAN, MRS. SHIRLEY P.*  
Vicksburg
HOLMES, LOUISE L.  
Mississippi State Board of Health, Jackson
HORNE, BESIE  
1015 South St., Vicksburg
JOHNSON, MAY A.  
Mississippi Baptist Hospital, Jackson
KINARD, ANNIE M.  
Mississippi Baptist Hospital, Jackson
MASSEY, LUCY E.  
Mississippi State Board of Health, Jackson
MATTHEWS, ELOISE B.  
105 N. 22 St., Hattiesburg
MATTHEWS, MRS. JESSIE L.  
1063 Second Ave., Laurel
MATTOX, BLANCHE D.*  
King's Daughters Hospital, Greenville
MAY, FRANCES C.  
Mississippi State Tuberculosis Sanatorium, Sanatorium
MCLELLAN, HELEN E.  
Mississippi Baptist Hospital, Jackson
MCDONALD, RUTH C.  
1805 Carrollton Ave., Box 264, Greenwood
ACKERMANN, AGNES K.
4600a Arsenal St., St. Louis 16

AIRD, MARGARET R.
40 N. Kingshighway, St. Louis

ALDRICH, MRS. OPAL
4333 Maryland Ave., St. Louis

ALLARD, MARGARET
5535 Delmar Blvd., St. Louis

AMASS, MRS. STELLA H.
4061 Laclede Ave., Apt. 606, St. Louis 8

BAIRD, CLARA M.
3536 Connecticut Ave., St. Louis

BATeman, EDT H.
Shriners' Hospital, St. Louis

BECKER, LUCILLE C.
3792a Lee Ave., St. Louis

BECKMAN, KATHARINE M.
4061 Gravois Ave., St. Louis

BIGLER, AUGUSTA M.
5409 Arsenal St., St. Louis 9

BLEAM, MARGARET
4105 Bell, Kansas City 3

BLOME, FRANCES E.
3753a Gravois Ave., St. Louis 16

BROCKHOFF, ROBERTA
Research Hospital, Kansas City

BRODSKY, ROSE
Children's Mercy Hospital, Kansas City

BROTHER EUGENE RAYLEY
3923 S. Broadway, St. Louis 13

BROTHER JOHN BLACKLEDGE*
Route 1, Box 360, Clayton 5

BROWN, GENEVA P.
511 S. Franklin, Kirkville

BRUEGEMAN, JOYCE M.
49936 Oletha, St. Louis 9

BUCKINGHAM, ATTALIE M.
1621 Grattan St., St. Louis 4

BUTLER, SHIRLEY
Independence Sanitarium & Hospital, Independence

BUTTERWORTH, VIDA E.
Independence Sanitarium & Hospital, Independence

CAMDEN, NORA W.
53 Jefferson Rd., Webster Grove

CAMPBELL, ANN J.
6644 Washington, St. Louis

CARLSON, ANNA
Kansas City General Hospital No. 1, Kansas City

CARSON, WILDA C.
6228 Oakland Ave., St. Louis 10

CLARKE, FLORENCE
Kansas City General Hospital, Kansas City

CORNROYER, MARIE P.
2314 Lafayette Ave., St. Louis 4

CORSON, MRS. MARY Z.
1303 Compton, St. Louis

COWIE, AMYNE M.
Research Hospital, Kansas City

CRAIBLET, VIRGINIA E.
4514 Clayton Ave., St. Louis

DACEY, PHYLLIS M.
307 Reliance Bldg., Kansas City

DAVEY, EDITH M.
Independence Sanitarium & Hospital, Independence

DAVIS, JESSIE V.
St. Luke's Hospital, St. Louis

DAVIS, SARAH E.
1621 Grattan St., St. Louis 4

DERSCH, ESTHER H.*
Research Hospital, Kansas City

DILLE, BETTY G.
4126 Wornall Rd., Kansas City

DOUGLAS, MRS. VEDA M.
3503a Murdock St., St. Louis

FAGAN, MARTHA E.
503 Honickin St., Jefferson City

EHLERS, EDITH H.
Independence Sanitarium & Hospital, Independence

ELLIOTT, MRS. PAULINE A.
4928 Walrond Ave., Kansas City 4

ELMORE, MARGORIE
Park College Hospital, Parkville

EVANS, JESSIE M.
1604 Tamu Ave., St. Louis 10

FARRAR, MRS. HENRIETTA
2316 Goode Ave., St. Louis 13

FAULKNER, MABEL M.
Independence Sanitarium & Hospital, Independence

FIEHLER, MARIE
4543 Westminster, St. Louis

FORD, DORA B.
1755 S. Grand, St. Louis 4

FRANKLIN, ANN
1638 Sanford Ave., St. Louis 10

FRAUENS, GRACE
307 Reliance Bldg., Kansas City

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MISSOURI

FREELSCH, JEAN M.
3902 Kingsland Ct., St. Louis

GALE, LOUISA F.
5017 Waterman, St. Louis

GERHOLD, ELLA M.
Missouri Baptist Hospital, St. Louis

GILBERT, FRANCES E.
3560 Rutger, St. Louis 10

COCHENOUR, BERTA M.
9464 Buckingham Ct., St. Louis

GRIFFITH, ABIGAIL M.
910 N. Taylor Ave., St. Louis

GRONEMEYER, ANNETTE L.
4543 Carrie Ave., St. Louis 15

GULMI, DILLIE R.
3400 Arsenal St., St. Louis 9

GUINNESS, MRS. GLADYS
3957 Fairview Ave., St. Louis

HAMRICK, VESTA
416 S. Kingshighway, St. Louis 10

HARMON, GLADYS C.
Burge Hospital, Springfield

HARRIMAN, MRS. MARIE L.
3540 Gladstone Pl., Normandy 21

HARRIS, RUBY M.
5355 Delmar Blvd., St. Louis 12

HARRISON, VIRGINIA H.
State Board of Nurse Examiners, State Office
Bldg., Jefferson City

HEAGLER, LOIS
1038 Sanford, St. Louis

HEILMAN, IRENE M.
4426 Wornall Rd., Kansas City

HELM, ELEANOR M.
Washington University, St. Louis

HENRY, RUTH
2220 Holmes St., Kansas City

HILLIGASS, LOUISE
416 S. Kingshighway, St. Louis

HOCHULLI, BERTHA
Boone County Hospital, Columbia

HOHM, DORIS A.
1621 Grattan St., St. Louis 4

HOSLER, LA VERNE
Kansas City General Hospital No. 1, Kansas City

HUMPHEY, MARY L.
5455 Delmar, St. Louis

HUNTER, EDITH L.
St. Louis County Hospital, Clayton

HUTCHISON, ELIZABETH
3017 Bell St., Kansas City 2

JAMES, HARRIETT
3300 Arsenal St., St. Louis

JAREMA, ELIZABETH O.
2104A Ann Ave., St. Louis 4

JENSEN, MRS. DEBORAH M.
1515 Lafayette Ave., St. Louis

KACENA, BLANCHE
306 S. Kingshighway, St. Louis

KARSTENSEN, HULDAH A.
2246 Potomac St., St. Louis

KAUNE, MRS. MILDRED M.
1803 13 St., St. Louis

KEHOE, MABEL A.
6600 Wydown Blvd., St. Louis

KELLY, DOROTHY R.
6133 Ella Ave., St. Louis

KIIEFER, IRMA E.
2415 N. Kingshighway, St. Louis

KILHAM, BLANCHE A.
1621 Grattan St., St. Louis 4

KING, ROSEMARY Y.
4576 Chouteau Ave., St. Louis 10

KINNEY, A. LOUISE
5610 Cabanne Ave., St. Louis

KNAPP, LOUISE
Washington University, St. Louis

KNOWLES, CORNELIA S.
5630 Powell Blvd., Berrendwood 17

KOLTERMAN, GLADYS E.
4916a Washington, St. Louis

KUBLER, LOUISE
Lutheran Hospital, St. Louis

LAYHER, LAURA
420 E. Capitol, Jefferson City

LIBERTSTEIN, MRS. GRACE H.
4908 W. Pine, St. Louis

LOGAN, ELSIE G.
1621 Grattan St., St. Louis 4

LOGAN, LAURA R.
1621 Grattan St., St. Louis 4

LUCKE, MAXINE E.
317 S. Euclid, St. Louis

MACARTHY, HULDAH E.*
Homer G. Phillips Hospital, St. Louis 13

MACNICOL, ETHEL
177 S. Grand, St. Louis

MAFFETTE, ISABELLE M.
5236 Waterman Blvd., St. Louis 8

MALLEN, MARGARET P.
2840 Baltimore Ave., Kansas City

MCELELLAN, ROSE A.
306 S. Kingshighway, St. Louis

McCORMICK, ORAH S.
301 W. Armour Blvd., Kansas City

McCRACKIN, BESS
3610 Miami St., St. Louis

MEIER, EDNA
2636 Potomac, St. Louis

MILLER, CLARA
1621 Grattan St., St. Louis 4

MOODY, CLEO
1621 Grattan St., St. Louis 4

MOORE, MARGORIE M.
416 S. Kingshighway, St. Louis 10

MORGAN, NELLE
Independence Sanitarium & Hospital, Independence

MORRIS, MARGORIE E.
2419 Sutton Blvd., Maplewood

MUSHEINICK, RUBY K.
1282a Hamilton Ave., St. Louis 12

MYERS, DOROTHY E.
Trinity Lutheran Hospital, Kansas City

NORTHCROSS, MABEL C.
2516 Goode Ave., St. Louis 13

OBERMEYER, MRS. ROWENA P.
3535 Roger P., St. Louis 16

PARRY, INEZ A.
1621 Grattan St., St. Louis 4

PETESEN, EDLA R.
Trinity Lutheran Hospital, Kansas City

PETESEN, EDNA E.
216 S. Kingshighway, St. Louis

PETESEN, HELEN M.
University of Kansas City, Kansas City

POTTER, RUBY M.
416 S. Kingshighway, St. Louis 10
SISTER MARY SEBASTIAN BOOK
2500 Main St., Kansas City
SISTER MARY VIRGINIA KINGSBURY
DePaul Hospital, St. Louis
SISTER OLIVIA DRUSCH
6150 Oaklawn Ave., St. Louis
SISTER ROBERTA CALLAHAN
2815 N. Kingshighway, St. Louis
SISTER ROSE HELENE VAUGHAN
St. Joseph’s Hospital, Kansas City
SLATER, DONA G.
6536 Enright, St. Louis 5
SMITH, MRS. DELLA F.
U. S. Veterans Hospital, Jefferson Barracks 23
SMITH, MRS. LELA R.
4816 Wornall Rd., Kansas City
SONNENSCHEIN, FANNIE
Veterans Hospital, Excelsior Springs
STEPHENSON, MARY E.
5920 Maple Ave., St. Louis
SWENSON, IRENE E.
Trinity Lutheran Hospital, Kansas City
TABER, ELIZABETH
1755 S. Grand Ave., St. Louis
TODD, MRS. VERNETTA W.
4426 Wornall Rd., Kansas City
TOLLEFSON, BERNICE A.
306 S. Kingshighway, St. Louis
VALENTINE, HELEN B.
419 W. 46 Terrace, Kansas City
VANEK, ANN
2643 Oregon, St. Louis
VIGLIONE, AMY
110 E. 40 St., Kansas City
WAGNER, MARY L.
1621 Grattan St., St. Louis 4
WEBB, MRS. MARJORIE G.
1617 W. Walnut, Independence
WEGENER, ESTHER H.
Research Hospital, Kansas City
WELLS, FERNE M.
1015 E. 27 St., Kansas City 8
WIENOLD, ALBERTA
4456 Wornall Rd., Kansas City
WILLIAMS, EFFIE P.
5553 Waterman Ave., St. Louis
WILLIAMS, JOY A.
Jefferson Barracks, St. Louis 23
ZEIS, DOLORES M.
4544 Cleveland, St. Louis
ZSCHOCH, JEANETTE
2646 Potomac St., St. Louis

MONTANA—54

ANDERSEN, LOUISE A.
929 Grand Ave., Billings
BECKWITH, ANNA T.
200 Montana Ave., Helena
BERGSTROM, R. MALROSE
717 Eighth Ave., N., Great Falls
BOEKELHEIDE, BERTHA L.
Holy Rosary Hospital, Miles City
BUCKLES, GERTRUDE J.
Deaconess Hospital, Billings
CHERRY, MARY T.
Tournaine Apt., No. 7, Butte

CHISHOLM, CATHERINE
625 Third Ave., N., Great Falls
DU MÉZ, MARJORIE E.
11-14 Lahonde Block, Helena
FLORMAN, FAY H.
Deaconess Hospital, Bozeman
GEORGE, MISS O’CONNOR
407 Hart Albin Bldg., Billings
HAECELE, HELEN O.
Shoalair Hospital, Helena
HANDORF, LALA
Deaconess Hospital, Billings
SISTER FRANCES MAUREEN  
Columbus Hospital, Great Falls
SISTER JOHN MARIE PITHOUD  
St. John's Hospital, Helena
SISTER M. ASCELLA  
St. Vincent's Hospital, Billings
SISTER MARY BEDE  
St. Patrick Hospital, Missoula
SISTER MARY FANAHAN CASEY  
Holy Rosary Hospital, Miles City
SISTER M. GERARD  
St. Joseph's Hospital, Lewistown
SISTER M. GERMAINE BERLINGER  
Sacred Heart Hospital, Havre
SISTER MARY MADELEINE  
Holy Rosary Hospital, Miles City
SISTER MARY MAGDALEN  
St. Patrick Hospital, Missoula
SISTER M. MARCIA DAVISH  
Sacred Heart Hospital, Havre
SISTER M. NORBERT HURLEY  
Holy Rosary Hospital, Miles City
SISTER MARY RENE  
Holy Rosary Hospital, Miles City
SISTER MARY THARSILLA DAHMEN  
Sacred Heart Hospital, Havre
SISTER PROVIDENCE DOYON  
1601 Second Ave., N., Great Falls
SISTER RITA LOUISE CUNNINGHAM  
Mother House, Sisters of Charity, Xavier
STEVENSON, JANE B.  
St. Patrick Hospital, Missoula
WALLS, ALTA C.  
525 Lincoln Ave., Erie, Pa.
WILDER, MARIAN  
Montana State Hospital, Warm Springs
WRIGHT, MARY J.  
1106 Fifth Ave., N., Great Falls
YUHAS, GERALDINE ROSE  
38 S. Rodney, Helena
ZIMMERMANN, ANNE L.  
Montana State Nurses' Assn., Helena

NEBRASKA—140

BRICKLEY, EMILY  
1222 S. 14 St., Apt. 5, Lincoln 2
BRIGGS, MRS. MYRTLE M.  
1921 S. 16 St., Lincoln
BROCK, MRS. VIOLA  
1735 S. 16 St., Lincoln
BRODERSON, EDNA  
2340 S. Mary's, Lincoln
BRUNER, EVELYN A.  
St. Elizabeth Hospital, Lincoln 2
BRYSON, SYLVIA  
1120 Cheyenne, Lincoln
BULIN, ADA  
1512 Second Ave., Scottsbluff
BUNSTON, H. RUTH  
Union College, Lincoln 6
CAMPBELL, JUANITA R.  
103 N. 39 St., Omaha
CARDER, MARY E.  
554 S. 26 St., Omaha 2
CARLSON, BERNICE  
4626 N. 36 St., Omaha
CHENEY, KATHLEEN  
3492 Meredith Ave., Omaha
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAUSEN, ETHEL A.</td>
<td>511 S. 42 St., Omaha</td>
</tr>
<tr>
<td>DANIELSON, HELEN M.</td>
<td>2006 N. 51 St., Omaha</td>
</tr>
<tr>
<td>DECHANT, MABLE</td>
<td>2501 Harney, Apt. 3, Omaha</td>
</tr>
<tr>
<td>DELLFS, LAURA A.</td>
<td>2941 Ryons, Lincoln</td>
</tr>
<tr>
<td>DELL, MARGARET A.</td>
<td>3059 Arcadia Ave., Omaha</td>
</tr>
<tr>
<td>DORSEY, JOSEPHINE J.</td>
<td>4110 Harney, Omaha</td>
</tr>
<tr>
<td>DUNSE, PEGGY E.</td>
<td>116 S. 36 St., Omaha</td>
</tr>
<tr>
<td>EATON, MRS. JUNE</td>
<td>164 Drake Ct., Omaha</td>
</tr>
<tr>
<td>ELLIS, KATHLEEN F.</td>
<td>4207 Woolworth, Omaha</td>
</tr>
<tr>
<td>FAGAN, EDNA A.</td>
<td>Methodist Hospital, Omaha 3</td>
</tr>
<tr>
<td>FARRIS, MARY A.</td>
<td>4316 Dodge St., Omaha</td>
</tr>
<tr>
<td>FORMANEK, HELEN</td>
<td>614 Martha St., Omaha</td>
</tr>
<tr>
<td>FORRE, JEANETTE</td>
<td>4711 N. 29, Omaha</td>
</tr>
<tr>
<td>FRESE, HELENA A.</td>
<td>2440 St. Mary’s Ave., Lincoln</td>
</tr>
<tr>
<td>FULKERSON, CALISTA B.</td>
<td>Douglas County Hospital, Omaha 5</td>
</tr>
<tr>
<td>GEHRMAN, CATHARINE L.</td>
<td>3612 Francis St., Omaha</td>
</tr>
<tr>
<td>GRAVES, BLANCHE</td>
<td>3435 A St., Lincoln</td>
</tr>
<tr>
<td>GROVERT, VERN A.</td>
<td>110 S. 35 Ave., Omaha</td>
</tr>
<tr>
<td>HANKS, MRS. ELLA A.</td>
<td>Masonic Home, Plattsmouth</td>
</tr>
<tr>
<td>HARVEY, BEATRICE</td>
<td>Gering Hotel, Gering</td>
</tr>
<tr>
<td>HENDRICKS, PEARL</td>
<td>125 S. 52 Ave., Omaha</td>
</tr>
<tr>
<td>HENLEY, IRMA E.</td>
<td>532 S. 36 St., Omaha</td>
</tr>
<tr>
<td>HINDS, HAZEL</td>
<td>Lincoln General Hospital, Lincoln 2</td>
</tr>
<tr>
<td>HOFFMAN, MOLITTA M.</td>
<td>Lincoln General Hospital, Lincoln 2</td>
</tr>
<tr>
<td>HOLDREGE, LEETA A.</td>
<td>5014 Nicholson, Omaha</td>
</tr>
<tr>
<td>HOLMES, LILLIAN</td>
<td>Ingleside Hospital, Hastings</td>
</tr>
<tr>
<td>JANOWICH, RUTH</td>
<td>1233 Stillwater, Lincoln</td>
</tr>
<tr>
<td>JENSEN, ALICE P.</td>
<td>4001 Sheridan Blvd., Lincoln</td>
</tr>
<tr>
<td>JOHNSON, ELDORA M.</td>
<td>2016 S. 49 St., Lincoln</td>
</tr>
<tr>
<td>JOHNSTON, MABEL H.</td>
<td>1814 S. 50 St., Lincoln</td>
</tr>
<tr>
<td>JORDAN, HELEN</td>
<td>552 S. 25 Ave., Omaha</td>
</tr>
<tr>
<td>KEENEY, NORMA M.</td>
<td>4237 Farnum Ave., Omaha</td>
</tr>
<tr>
<td>KELLER, OTTILIE M.</td>
<td>2801 Ames Ave., Omaha</td>
</tr>
<tr>
<td>KILMEN, MRS. MARIE B.</td>
<td>2606 N. 41 St., Omaha</td>
</tr>
<tr>
<td>KOLER, IRENE M.</td>
<td>Hastings State Hospital, Ingleside</td>
</tr>
<tr>
<td>KOONS, KATHRYN G.</td>
<td>301 S. 42 St., Omaha</td>
</tr>
<tr>
<td>KRAFT, MRS. ALICE G.</td>
<td>4755 Capitol Ave., Omaha</td>
</tr>
<tr>
<td>KYLE, IRMA M.</td>
<td>301 S. 42 St., Omaha</td>
</tr>
<tr>
<td>LAIBA, MARIE H.</td>
<td>2604 S. 11 St., Lincoln</td>
</tr>
<tr>
<td>LARSON, SELMA M.</td>
<td>3926 Harney, Omaha</td>
</tr>
<tr>
<td>LIMBAUCH, LEILA N.</td>
<td>923 N. 35 St., Omaha</td>
</tr>
<tr>
<td>LOUIS, LUCILLE M.</td>
<td>2410 St. Mary’s Ave., Lincoln</td>
</tr>
<tr>
<td>LUNDBERG, ALICE S.</td>
<td>3926 Harney, Omaha</td>
</tr>
<tr>
<td>MARSH, HELEN C.</td>
<td>St. Elizabeth Hospital, Lincoln 2</td>
</tr>
<tr>
<td>MASON, MRS. VELMA S.</td>
<td>541 S. 42 St., Omaha</td>
</tr>
<tr>
<td>McAVIS, VIRGINIA M.</td>
<td>4221 Mason, Omaha</td>
</tr>
<tr>
<td>McCall, FLORENCE E.</td>
<td>2210 First Ave., Scottsbluff</td>
</tr>
<tr>
<td>McKEAG, GENECE</td>
<td>1607 E St., Lincoln</td>
</tr>
<tr>
<td>MEYER, MRS. HAZEL W.</td>
<td>3303 Bart St., Omaha</td>
</tr>
<tr>
<td>MEYER, LORRAINE</td>
<td>556 S. 23 Ave., Omaha</td>
</tr>
<tr>
<td>MILLER, AMELIA</td>
<td>705 N. Hastings, Hastings</td>
</tr>
<tr>
<td>MORRIS, MRS. REGINE F.</td>
<td>4184 Chicago, Omaha</td>
</tr>
<tr>
<td>MOSER, MRS. DOROTHY</td>
<td>714 S. 17, Lincoln</td>
</tr>
<tr>
<td>NALLEY, MRS. ADA C.</td>
<td>1809 Ryons, Lincoln</td>
</tr>
<tr>
<td>NELSON, MARTINA S.</td>
<td>West Nebraska Methodist Hospital, Scottsbluff</td>
</tr>
<tr>
<td>NEVILLE, ROSEMARY</td>
<td>4110 Davenport St., Omaha</td>
</tr>
<tr>
<td>NOEREN BERG, ELLAN</td>
<td>Bryan Memorial Hospital, Lincoln</td>
</tr>
<tr>
<td>NOVAK, ROSE A.</td>
<td>1345 H St., Lincoln</td>
</tr>
<tr>
<td>PEIRD, MRS. SADIE M.</td>
<td>3151 Mason St., Omaha</td>
</tr>
<tr>
<td>POKorny, ELIZABETH</td>
<td>Lindell Hotel, Lincoln</td>
</tr>
<tr>
<td>POUNDS, PEGGY M.</td>
<td>University Hospital, Omaha</td>
</tr>
<tr>
<td>RASCHEL, RUTH C.</td>
<td>4715 South St., Lincoln</td>
</tr>
<tr>
<td>REIMERS, LEILA M.</td>
<td>3551 Howard, Omaha</td>
</tr>
<tr>
<td>RING, PHOEBE</td>
<td>3409 Ruggles, Omaha</td>
</tr>
<tr>
<td>RITTER, AUDREY A.</td>
<td>2655 S. 13, Lincoln</td>
</tr>
<tr>
<td>ROEDEN, FRIEDA J.</td>
<td>1309 S. Ninth St., Beatrice</td>
</tr>
<tr>
<td>SAYLOR, DORLENE H.</td>
<td>St. Elizabeth Hospital, Lincoln 2</td>
</tr>
<tr>
<td>SCHAEFFER, MRS. ALICE</td>
<td>Morris Hotel, Omaha</td>
</tr>
</tbody>
</table>

**NEBRASKA**

471
SCHILD, FRANZ M.
334 S. 22 Ave., Omaha 2

SCHLIECHTE, CLARA
Bryan Memorial Hospital, Lincoln

SCHOLDER, MRS. AVIS P.
846 Park Ave., Omaha

SCHULZE, ABBIE M.
2812 B St., Omaha

SISTER IRENE DANIELSON
Immanuel Hospital, Omaha

SISTER M. ANN FRANCES HOFF
St. Elizabeth Hospital, Lincoln 2

SISTER MARY ANTONETTE MISKOL
St. Joseph's Hospital, Omaha 8

SISTER M. CORNELIANA MICKE
St. Joseph's Hospital, Omaha 8

SISTER M. EDWARDINA JARBOE
St. Joseph's Hospital, Omaha 8

SISTER M. EYMARD LODES
3360 N. 60 St., Omaha

SISTER M. FRANCESCA HOUSLODEN
St. Elizabeth Hospital, Lincoln 2

SISTER M. GERHARDT
St. Francis Hospital, Grand Island

SISTER MARY HUGOINE PEOPLES
St. Joseph's Hospital, Omaha 8

SISTER M. JOHN O'CONNOR
St. Catherine's Hospital, Omaha 8

SISTER MARY KEVIN CORCORAN
St. Joseph's Hospital, Omaha 8

SISTER M. LIVINA THOMPSON
St. Joseph's Hospital, Omaha 8

SISTER MARY LORRAINE DANIELS
St. Catherine's Hospital, Omaha 8

SISTER MARY LUella MORGAN
St. Catherine's Hospital, Omaha 8

SISTER MARY MARCELLA KAVANAUGH
St. Catherine’s Hospital, Omaha 8

SISTER M. ODELENA RICHARD
St. Joseph’s Hospital, Omaha 8

SISTER M. ROSE ELLEN SLAVIN
St. Catherine's Hospital, Omaha 8

SISTER MARY THEODORE JENSEN
St. Catherine's Hospital, Omaha 8

SISTER MARY VITUS WELLEING
St. Catherine's Hospital, Omaha 8

SISTER MINNIE CARLSON
Immanuel Hospital, Omaha 11

SISTER MYRTLE E. ANDERSON
Immanuel Hospital, Omaha 11

SISTER OLIVE CULLENBERG
Immanuel Hospital, Omaha 11

SMITH, DOROTHY L.
4231 Farnam St., Omaha 3

SMITH, EVA
2473 N. 45 Ave., Omaha

SOLDAN, HERMAGE
Orthopedic Hospital, Lincoln

SOMMER, IDA B.
Box 302, Stanton

SORENSEN, GLADYS
4237 Farnam St., Omaha 3

STEWART, MARY J.
1318 S. Ninth St., Omaha

STREVER, ELOISE
223 E. N. 16 St., Lincoln

SWANSON, GENEVIEVE E.
4711 N. 29 St., Omaha 11

THOMAS, RUTH E.
Hastings State Hospital, Ingleside

UTTER, E. DONNA
4123 S. 13 St., Omaha 7

VOSIKA, ANNE M.
1745 S. 13 St., Lincoln

WARNER, VERA F.
102 N. 55 St., Omaha

WATKINS, MRS. MAXINE L.
1035 S. 31 St., Omaha

WEBSTER, MRS. ELSEY H.
140 N. 43 St., Omaha

WHITAKER, MRS. JUDITH G.
120 S. 33 St., Omaha 3

WHITE, MRS. CLEO I.
2346 S. 34 St., Omaha

WICKMANN, EVA C.
139 N. 31 Ave., Apt. 3, Omaha

WILKINSON, MRS. CARRIE
1712 Ryos, Lincoln

WILLIAMS, LOLA E.
3926 Harney, Omaha

WILLIAMS, MARY J.
2217 A St., Lincoln

WOLFF, MARGARET M.
4530 William St., Omaha

YOCUM, MARGARET E.
2440 St. Mary's, Lincoln

NEW HAMPSHIRE—37

BARRETT, CECILE A.
101 Blossom St., Nashua

BEANE, LYDIA
Laconia Hospital, Laconia

BOGERS, ETHEL M.
305 Main St., Keene

BORENE, DOROTHY
105 Pleasant St., Concord

BURTON, DOROTHY
Mary Hitchcock Memorial Hospital, Hanover

COFFIN, ELLA C.*
Elliot Community Hospital, Keene

CRAYTON, GENEVIEVE S.
Nashua Memorial Hospital, Nashua

DAVIS, MRS. MARY D.
37 Cass St., Manchester

DOWLER, MARIE V.
2 Maynard St., Hanover

DUNN, LOIS
Dick Hall's House, Dartmouth College, Hanover

DUSSAULT, FERANDI V.
St. Joseph's Hospital, Nashua

FINLEY, ESTHER M.
11 Green St., Concord

FONTAINE, MRS. GERMAINE M.
Hooksett

HOFT, LESLEY
Wentworth Hospital, Dover

HOYT, ELLEN
New Hampshire Memorial Hospital, Concord

HUSSEY, BARBARA
Mary Hitchcock Memorial Hospital, Hanover

JAMESON, GRACE E.
Elliot Hospital, Manchester

JENSEN, HENRIETTA
30 Auburn St., Concord
NEW HAMPSHIRE—NEW JERSEY

ABARY, EDITH E.
27 S. Ninth St., Newark 7

ABT, ERNESTINE M.*
Newark City Hospital, Newark 7

ACKERMAN, RUTH H.
133 Mountain Ave., Hawthorne

ALDEN, ELIZABETH
63 Lakeside Dr., Nutley 10

ALDEN, LINDA K.
35 Boulder Blvd., Wanamassa

ALLEN, MARGARET B.
Orange Memorial Hospital, Orange

ALLIOTE, GRACE T.
14 S. Reid St., Elizabeth

ANDERSON, BERNICE E.*
RFD 513, Red Bank

ANDERSON, MARY E.
27 S. Ninth St., Newark 7

ANTROBUS, EDNA M.
17 Evergreen Ln., Hadlonfield

ARMSTRONG, DOROTHY V.
706 Chestnut St., Roselle

ARONOFF, RUTH
169 Meade Ave., Passaic

ASHMUN, MARGARET*
Orange Memorial Hospital, Orange

ATCHESON, MARY C.
114 Clifton Pl., Jersey City 4

AUDETTE, LAURA E.
426 Central Ave., Orange

AURHAMMER, MARGUERITE F.
86 Mountain Ave., Summit

AUSTIN, IDA F.
91 Prospect St., East Orange

BAER, IRENE F.
Elizabeth General Hospital, Elizabeth 4

BAKER, GLADYS A.
Hackensack Hospital, Hackensack

BAKER, JENNIE A.*
East Orange General Hospital, East Orange

BALDWIN, MRS. DONALD R.*
372 Riving Dr., South Orange

BALDWIN, JESSIE E.
635 High St., Newark 2

BALL, ANNA M.
Fourth St., Kirkwood

SISTER GUY Le BRUN
St. Louis Hospital, Berlin

SISTER MARIE ROSE LARIVEE
Notre Dame de Lourdes Hospital, Manchester

SISTER M. BERNARDUS
Sacred Heart Hospital, Manchester

SISTER MARY VIRGINIA
Sacred Heart Hospital, Manchester

SISTER YVETTE AUBERT
Notre Dame de Lourdes Hospital, Manchester

SMITH, ELIZABETH
Concord Hospital, Margaret Pillsbury Unit, Concord

STONE, BARBARA J.
103 Lafayette St., Lacia

VALENTINE, BELLE G.
105 Pleasant St., Concord

YOUNG, OLIVE L.
742 Amherst St., Manchester

NEW JERSEY—446

BARKHORN, DR. HENRY G.*
45 Johnson Ave., Newark 8

BARRETT, DORIS G.
28 Franklin Pl., Summit

BARWICK, MRS. MARGARET S.
Monmouth Memorial Hospital, Long Branch

BAUMANN, HENRIETTE E.
165 Temple St., Paterson

BAUMANN, LYDIA
Orange Memorial Hospital, Orange

BEAM, MRS. RUTH L.
New Jersey State Hospital, Greystone Park

BECKER, MARY R.
446 Bellevue Ave., Trenton

BEHRMAN, I. ELISS*
201 Lyons Ave., Newark 8

BERGEN, DR. CATHARINE*
68 Van Reypen St., Jersey City 6

BIRNEY, ELIZABETH
Cooper Hospital, Camden

BITTON, MARY A.
New Jersey State Hospital, Marlboro

BLENDER, JANICE A.
Murdock Hall, Clifton Pl., Jersey City 4

BOBECK, MRS. MARY K.
St. Michael’s Hospital, Newark 2

BOHME, MRS. MARIE M.
86 Washington Ave., Dumont

BORDEN, BERTRAM H.*
Monmouth Memorial Hospital, Rumson

BOUWHUIS, CLARA
Veterans Administration, Lyons

BOYD, EVELYN
Passaic General Hospital, Passaic

BRAXL, ROSE
Muhlenberg Hospital, Plainfield

BRENIZER, HOPE C.
Cooper Hospital, Camden

BROPHY, DOROTHY J.
115 Asbury Ave., Ocean Grove

BROSKIE, MRS. HELEN
114 Clifton Pl., Jersey City 4

BROWN, EMMA E.*
West Jersey Homeopathic Hospital, Camden

BRUNNER, CLARA M.
Mercer Hospital, Trenton 8

473
BRY, EDWIN
111 Lincoln Ave., Elberon
BRYAN, MARY V.
635 High St., Newark 2
BUB, HELEN M.
East Orange General Hospital, East Orange
BURKE, CHRISTIANA
New Jersey State Hospital, Marlboro
BURNS, FLORENCE P.
Somerset Hospital, Somerville
BUSHMAN, THERESA
62 Washington Pl., Totowa Boro
BUSTIN, CATHERINE T.
114 Clifton Pl., Jersey City 4
CADDY, EVA*  
685 High St., Newark 2
CAIN, JEAN M.
765 Main St., Paterson 3
CALLAHAN, MRS. VIRGINIA F.
9 Lakewide Pl., Merristown
CARR, PATIENCE
J. B. Carr Biscuit Co., Wilkes-Barre, Pa.
CARRIER, EVELINE M.
Essex County Hospital, Belleville 9
CASEY, JENNIE M.
73 N. Ninth St., Paterson 2
CASPERSON, ELIE M.
Atlantic City Hospital, Atlantic City
CAULEY, BERNICE S.
424 Chancellor Ave., Newark
CAWLEY, REGINA M.
17 Duncan Ave., Jersey City 6
CLARK, ANNA L.
48 Hill St., Bloomfield
CLARK, DOROTHY E.
New Jersey State Hospital, Greystone Park
CLAY, LYDIA A.
685 High St., Newark 2
CLEMENTS, RUTH
Mountainside Hospital, Montclair
CLIFFORD, NANCY G.
156 Albion St., Passaic
COFFEY, ANGELA M.
Jersey City Medical Center, Jersey City 4
COLEMAN, FRANCES C.
166 N. Day St., Orange
CONARELLI, MRS. HELEN K.
99 N. Sixth St., Newark 7
CONNIZZO, JOSEPHINE
6 Orchard St., Haskell
CONOR, HELEN
114 Clifton Pl., Jersey City 4
CONWAY, MARY E.
114 Clifton Pl., Jersey City 4
COOK, HARRIET B.
50 Leroy Pl., Red Bank
COOK, LOUISE L.
114 Clifton Pl., Jersey City 4
COOKE, DOROTHY
87 S. 14 St., Newark 7
CORBETT, MARGARET M.
St. Mary's Hospital, Hoboken
CORCORAN, KATHRYN D.
Atlantic City Hospital, Atlantic City
CORNWELL, SELENA E.
101 E. Fifth St., Plainfield
COSCROVE, DR. SAMUEL A.*  
86 Clifton Pl., Jersey City 4
COUSINS, ADELAIDE M.
Bayonne Hospital, Bayonne
COVERT, FRANCES L.
8 Maple Ave., Red Bank 3
COX, MARY D.
114 Clifton Pl., Jersey City 4
COYLE, ROSE A.
23 Clifton Pl., Jersey City 4
CRANE, MRS. SYDNEY D.*  
250 Union Ave., Paterson 2
CRAWFORD, MRS. DOUGLAS
67 Maple Pl., Montclair
CRAWFORD, MARGARET F.
Cooper Hospital, Camden
CROSSMAN, MARY A.
27 S. Ninth St., Newark 7
CUDDEHY, ROSEMARY
1210 Park Ave., Hoboken
DALE, MRS. NORMA F.
Hackensack Hospital, Hackensack
DARE, ELEANOR M.
33 Washington Ave., Little Ferry
DARRAH, WINONA
Route 1, Box 50, Little Silver  
DAVIDSON, LAURA A.
22 Forest Rd., Dumont
DAVIES, EVELYN T.
685 High St., Newark 2
DAY, ALICE E.
St. Francis Hospital, Jersey City 2
DAY, JEAN M.
163 Broad Ave., Leonia
DEARTH, HAZEL M.
Presbyterian Hospital, Newark 7
DEVEREUX, MRS. KATHERINE J.
11 Webster Pl., East Orange
DeVOE, MARGARET H.
Orange Memorial Hospital, Orange
DONATO, CAROLINE E.
72 Central Ave., Newark 2
DIEHL, HATTIE
114 Clifton Pl., Jersey City 4
DIERKING, HANNAH
Orange Memorial Hospital, Orange
DILWORTH, LULA P.
1502 Trenton Trust Bldg., Trenton 3
DINNEEN, MARY C.
Mountainside Hospital, Montclair
DOCHERTY, MARY E.
Essex County Hospital, Belleville 9
DOKERY, CATHERINE A.
360 Valley Rd., West Orange
DOROSON, SELMA
335 Osborne Ter., Newark
DRAGER, MARY E.
686 Benson St., Camden
DRESSIN, MRS. FLORENCE
2503 Hamilton Ave., Trenton  
DURELL, MARIAN
Woodbine RFD, Belleplain
DOWD, MRS. GEORGE
136 E. 51 St., New York, N. Y.
EDMISON, MARY L.
302 Henry St., Orange
EDSALL, KATHRYN
114 Clifton Pl., Jersey City 4
ELEY, MARTHA K.
199 Lyons Ave., Newark 8
MEMBERS

GLESSNER, A. RACHAEL
Orange Memorial Hospital, Orange

GOLEM, CHARLOTTE
114 Clifton Pl., Jersey City 4

GOLSKI, MARGARET
Huff Ave., Manville

GORDY, THERESA
471 Lawrie St., Perth Amboy

GREEN, GLADYS G.
New Jersey State Hospital, Greystone Park

GRING, ANNA G.
65 Chestnut St., Montclair

GROSSGART, I DA
Orange Memorial Hospital, Orange

GROSSMAN, RUTH
201 Lyons Ave., Newark

GYURKO, ELIZABETH
559 Court St., Elizabeth 1

HAAGE, LILOUELA L.
129 Magnolia Ave., Jersey City 6

HAINES, ANNA J.
132 W. State St., Trenton

HALBASCH, Verna M.
Muhlenberg Hospital, Plainfield

HALDEMAN, FLORENCE
The Cooper Hospital, Camden

HALFPENNY, ANNA M.
114 Clifton Pl., Jersey City 4

HANCOCK, LILLY C.
1279 Brunswick Ave., Trenton

HANSON, MARTHA C.
Boro Hall, Red Bank

HARKLOW, ESTHER
Essex County General Hospital, Belleville 9

HAYHOW, DR. EDGAR
East Orange General Hospital, East Orange

HEATH, FRANCES J.
591 Johnstone St., Perth Amboy

HEETDERKS, JEANNE

HEGE, ESTHER E.
West Jersey Hospital, Camden

HEGEWOLD, FLORENCE
200 Grant Ave., Jersey City 5

HERRMAN, HENRY
32 William St., New York 15, N. Y.

HERRMAN, MRS. HENRY
P. O. Box 154, Elberon

HEUSER, HELEN M.
109 Hancock Ave., Jersey City

HIGGINS, ELIZABETH M.
Monmouth Memorial Hospital, Long Branch

HOAG, JEAN F.
111 Clifton Pl., Jersey City 4

HOCK, MARGARET M.
P. O. Box 34, Secaucus

HOEY, ELIZABETH R.
27 S. Ninth St., Newark 7

HOFFMAN, ENS. LEAH M.
U. S. Naval Dispensary, Repair Base, New Orleans, La.

HOLDEN, EDITH L.*
18 Graham Pl., Montclair

HONTZ, ANNETTE A.
Cooper Hospital, Camden

HORN, JANET
54 Harrington Ave., Westwood

HOWARD, GRACE M.
Orange Memorial Hospital, Orange

NEW JERSEY

EMLET, ESTHER L.
116 Clifton Pl., Jersey City 4

ENGLAND, ELIZABETH L.
1007 Pacific Ave., Atlantic City

ERLANGER, SIDNEY C.
Park Ave., Elberon

EUSTICE, HELEN
685 High St., Newark 2

FABIANO, MARIE A.
98 Orange St., Newark

FAULKNER, GERDA
156 Lincoln Ave., Dover

FEENEY, ENS. ELIZABETH C.
U. S. Naval Military Government Hospital 203


Guam, Mariana Islands

FERRY, PATRICK J.
1201 Surgical Bldg., Medical Center, Jersey City 4

FITZSIMONS, RUTH L.
Jersey City Medical Center, Jersey City 4

FLAHERTY, ZELMA L.
Somerset Hospital, Somerville

FOGG, MARGUERITE
230 Chestnut Ave., Woodlynne

FORBES, MARGARET A.
Hackensack Hospital, Hackensack

FORSYTHE, LEAH P.
21½ E. Hanover Ave., Morris Plains

FORTUIN, MARGARETTA N.
Paterson General Hospital, Paterson 3

FOURNIER, MARY A.
21 Grove St., East Paterson

FOX, MRS. ETHEL A.
New Jersey State Hospital, Greystone Park

FOX, MRS. MAE K.
26 Briarwood Rd., Belmar

FOX, VIRGINIA L.
7-20 Hopper Ave., Fair Lawn

FRANCIS, MARGARET E.
15 E. Kinney St., Newark

FRANZ, ESTHER
301 Central Ave., Orange

FRESE, MARION E.
225 E. Jersey St., Elizabeth 4

FRESE, ANNA L.
209 Chestnut St., Domon, Pa.

FREY, MARION M.
222 Dodd St., East Orange

FROST, JEANETTE A.
114 Clifton Pl., Jersey City 4

FRY, HAZEL M.
14 Voorhees St., Newark 8

FUERST, ELINOR V.
219 Prospect Ave., Cliffside Park

FUNK, MRS. ELEANOR M.
36 Erwin Park Rd., Montclair

FURST, GEORGE
60 Park Pl., Newark 2

GAGE, CHERALDINE S.
27 Berwyn St., East Orange

GALLAGHER, MARY B.
St. Elizabeth Hospital, Elizabeth

GARBARINO, GRACE
619 Ringwood Ave., Midvale

GARDNER, LILLIAN M.
116 Magnolia Ave., Maywood

GARRISON, MRS. MARION K.
Llewellyn Pl., West Orange

GELBACH, MARTHA H.
New Jersey State Hospital, Greystone Park

475
HOYT, HENRY H.*
341 Wyoming Ave., South Orange
HRIESKO, MARGARET T.
701 Main St., Paterson 3
HRICKO, MARY
Elizabeth General Hospital, Elizabeth 4
HUGHES, WILKIE
17 Academy St., Newark 2
INFANTE, ANGELINA
301 Central Ave., Orange
INGERSOLL, MARGARET M.
138 33 St., Fair Lawn
IRWIN, FORREST A.†
State Teachers College, Jersey City 5
JAYLOCK, LOTTIE T.
St. Francis Hospital, Jersey City
JEFFER, ALICE
Paterson General Hospital, Paterson 3
JENNINGS, MRS. ROSE M.
Englewood Hospital, Englewood
JENSEN, BESSIE C.
Orange Memorial Hospital, Orange
JOHNSON, ELOISE F.†
23 Waldron Ave., Summit
JOHNSON, RUTH C.
Monmouth Memorial Hospital, Long Branch
JOHNSTON, HELEN R.
Mountainside Hospital, Montclair
JOHNSTON, RUTH E.
705 Main St., Paterson 3
JONES, K. PEARLE
Cooper Hospital, Camden
JONES, MRS. MARY B.
Orange Memorial Hospital, Orange
KAKOSH, PEGGY
54 Thiem Ave., Rochelle Park
KEENER, ANNE
114 Clifton Pl., Jersey City 4
KELAHER, ANNA C.
116 Fairmount Ave., Newark 7
KELLEHER, GLADYS M.
10 Baldwin Ave., Jersey City
KELLER, MABEL M.
Mountainside Hospital, Montclair
KELLEY, RT. REV. MSG. JAMES†
Seton Hall College, South Orange
KELLEY, MAUDE C.*
114 Clifton Pl., Box 566, Jersey City 4
KENNEDY, KATHRYN A.
Lutheran Memorial Hospital, Newark 3
KERTSMAR, GRACE
227 Schuyler Ave., Newark
KINSEL, EVELYN E.
37 Duer St., North Plainfield
KISTLER, MRS. EDYTHE C.
Overlook Hospital, Summit
KLEBAUZIS, JULIA R.
Elizabeth General Hospital, Elizabeth 4
KLEIN, HELEN S.
Orange Memorial Hospital, Orange
KOHN, ELSIE J.
Veterans Administration, Lyons
KOROLENKO, MRS. HENRIETTA G.
1407 Morris Ave., Union
LADD, EDNA E.
Hackensack Hospital, Hackensack
LAMBERTSON, ELEANOR C.
Second St., Scotch Plains
LANDAUER, BARBARA
201 Lyons Ave., Newark
LANDIS, RACHEL S.
Paterson General Hospital, Paterson 3
LARKIN, MARGARET M.
New Jersey State Hospital, Greystone Park
LAUGHLIN, SADIE V.
Greenville Hospital, Jersey City 5
LAYTON, MARY C.
112 Jacques St., Elizabeth 4
LECKEY, ANNIE H.
180 S. Essex Ave., Orange
LEE, CHARLES†
Luther Memorial Hospital, Newark
LeMOND, MRS. RHODA W.
708 High St., Newark 2
LEWIS, EVELYN
76 Sherman Pl., Irvington 11
LIGHTMAN, MRS. CECILE‡
45 Spier Dr., South Orange
LIGHTMAN, HARRY‡
241 Frelinghuysen Ave., Newark 5
LIMING, MRS. ROSAMOND S.
Essex County Hospital, Cedar Grove
LIPINCOTT, VIRGINIA R.
300 Engle St., Englewood
LITTLEFIELD, MRS. CHARLES W.†
96 High St., Montclair
LOCKARD, GOLDIE
New Jersey State Hospital, Greystone Park
LOEW, GLADYS B.
Englewood Hospital, Englewood
LONGCOR, SARAH E.
Passaic General Hospital, Passaic
LONGSDORF, MRS. FRANCES B.
429 Stockton Pl., Englewood
LUDWIG, MARGARET
301 Central Ave., Orange
MacELFRICT, MRS. MARGARET J.
University of Newark, Newark 2
MacGREGOR, MARJORIE G.
Orange Memorial Hospital, Orange
MacKENZIE, MRS. ROBERT A.†
219 Buttermere Ave., Interlaken
MAHONEY, CATHERINE L.
Monmouth Memorial Hospital, Long Branch
MARLEY, AGNES M.
Jersey City Medical Center, Jersey City 4
MARTIGNETTI, RELLA C.
571 Lincoln Ave., Orange
MARTIN, REV. DR. JOHN G.‡
665 High St., Newark 2
MARTY, DOROTHEA B.
Margaret Hague Maternity Hospital, Jersey City
MASCSELLINO, FRANCES
14 Home Pl., Clifton
MASKREY, MARGARET S.
Presbyterian Hospital, Newark 7
MAXWELL, MRS. DORA H.
143 Speedwell Ave., Morristown
Meadrews, AGNES H.
New Jersey State Hospital, Greystone Park
McCUE, MRS. ELIZABETH D.
New Jersey State Hospital, Station A, Trenton 8
McGARRY, MARIE K.
507 Morris St., Orange
McKEEN, BEATRICE
114 Clifton Pl., Jersey City 4

476
MC LAUGHLIN, GERTRUDE L.
1906 Riverside Dr., Trenton 8

MCNEAL, RUTH W.
420 S. Sixth St., Trenton

MEAD, MRS. WINTER†
14 Reveve Rd., Morristown

MEIJENBORN, HEDWIG E.
Margaret Hague Maternity Hospital, Jersey City

MENDRES, MRS. ELIZABETH
RFD 1, Box 534, Red Bank

METILY, MARY V.
Essex County Hospital, Belleville 9

MILEY, A. JANET*
176 Palisade Ave., Jersey City 6

MILLARD, FRANCES L.
Orange Memorial Hospital, Orange

MILLER, BEATRICE L.
114 Clifton Pl., Jersey City 4

MILLER, CLARA B.
Bayonne Hospital & Dispensary, Bayonne

MILLER, MARY R.
Mercer Hospital, Trenton 8

MILLER, MYRTLE M.
114 Clifton Pl., Jersey City 4

MODERO, ROSE
124 Bloomfield St., Hoboken

MOLAND, SOPHIE
Christ Hospital, Jersey City 6

MOLINARI, CATHERINE J.
665 High St., Newark 2

MOORE, ETHEL L.
189 Liberty St., Bloomfield

MOORE, RUTH E.
665 High St., Newark 2

MORRIS, LILLIAN
Essex County Hospital, Belleville 9

MURDOCH, JESSIE M.*
Jersey City Medical Center, Jersey City 4

MURRAY, DR. HAROLD†
624 Mt. Prospect, Newark

NALE, FLORENCE S.
RFD 1, New Brunswick

NEIGHBOUR, HELEN
23 Vine St., North Plainfield

NEVIN, MARY F.
17 Oxford St., Newark

NICHOLAS, MRS. MARY K.*
262 W. 71 St., New York 23, N. Y.

NORMAN, MARY A.
Veterans Administration, Lyons

NORTHWOOD, MRS. OLIVE M.
95 Whitney Rd., Short Hills

NUSSBAUM, PAULINE
322 Godwin Ave., Midland Park

OCHS, MRS. ELSA F.
Ridgedale Ave., Florham Park

O’CONNOR, JOSEPHINE L.
St. Mary’s Hospital, Orange

O’GRADY, CATHERINE M.
1402 14 St., North Bergen

OHILSON, ELSIE S.
Barnert Memorial Hospital, Paterson 4

OHNMACHT, MILDRED
171 E. High St., Somerville

OKERSON, ELIZABETH C.
Mercer Hospital, Trenton 8

O’NEILL, MARGARET
Paterson General Hospital, Paterson 3

OPPELT, MRS. ELIZABETH C.
432 Central Ave., Orange

ORCHARD, WILLIAM J.
59 Sagamore Rd., Maplewood

OZMIEK, DOBOTHY M.
37 W. 28 St., Bayonne

PADULA, VIOLET
143 Garden Ave., Belleville 9

PANASUK, TERESA
St. Joseph’s Hospital, Paterson 3

PATTERSON, VELMA E.
211 Westminster Pl., Lodl

PAUL, HENRIETTE
Willard Parker Hospital, Nurses’ Home, New York 9, N. Y.

PAVLIK, MARGARET
703 Main St., Paterson 3

PEARSON, MIRIAM J.
134 S. Tenth St., Newark 7

PELLETT, JANE L.
Maple Rd., Franklin

PERRY, ETHEL I.
Muhlenberg Hospital, Plainfield

PETTIBONE, PHYLLIS A.
653 Rutherford Ave., Trenton 8

POINIER, BARBARA D.
249 Turrell Ave., South Orange

POWERS, FLORENCE C.
114 Clifton Pl., Jersey City 4

POWERS, RUTH A.
685 High St., Newark 2

POWELL, CAROLYN
361 Central Ave., Apt. 10, Orange

PRIDAVKA, THERESE M.
Hackensack Hospital, Hackensack

PUNKO, ELIZABETH
RFD, Bloomsbury

QUIGLEY, KATHRYN
453 Princeton Ave., Trenton 8

QUINLAN, MRS. ELAINE M.
Greenville Hospital, Jersey City

RASMUSSON, LIZI
Muhlenberg Hospital, Plainfield

RAUFFENBART, MARY
Cooper Hospital, Camden

RECE, ANNE E.
625 First Pl., Plainfield

REESE, ELIZABETH M.
New Jersey State Hospital, Greystone Park

REESE, SALLIE
Doctor’s Hospital, New York 28, N. Y.

REINER, MARILYN A.
4529 Cottage Pl., Union

ROBSON, MARY E.
Muhlenberg Hospital, Plainfield

RUBINO, EDITH
199 Lyons Ave., Newark 3

RUNYON, MRS. KATHARINE N.
180 Somerset St., New Brunswick

SACHS, MRS. LOIS B.*
325 N. 11 St., Newark

SALLING, MARGUERITE A.
Ramapo Ave., Mahwah

SALMON, ANN M.
State Highway 35, Keyport

SALTER, EDNA L.
Monmouth Memorial Hospital, Long Branch

SATTERTHWAITE, ALICE E.
Mercer Hospital, Trenton 8
ULLRICH, FLORENCE
Elizabeth General Hospital, Elizabeth 4
UMSTADTER, MRS. LOUISE
32 Winans Ave., Newark 3
VANDER VLIEET, LOIS
Hackensack Hospital, Hackensack
VAN OLST, EVELYN M.
14 Heuer St., Little Ferry
VARNOL, MARGARET
Passaic General Hospital, Passaic
VAUGHN, NELLE E.
Mercer Hospital, Trenton 6
WATSON, GRACE
114 Clifton Pl., Jersey City 4
WEAVER, ETHEL M.
Mercer Hospital, Trenton 8
WEBBER, FLORENCE L.
1-07 Bordens Ave., Fair Lawn
WEINSTEIN, RUTH B.
27 S. Ninth St., Newark 7
WEISER, EDNA L.
903 Jersey Ave., Elizabeth 2
WHITNEY, SUSIE L.
Orange Memorial Hospital, Orange
WICLAND, MARY E.
51 Collins Ave., Bloomingdale
WILLIAMS, CORA H.
114 Clifton Pl., Jersey City 4
WILLIAMSON, RUTH L.
685 High St., Newark 2
WINKLE, LILLIAN
East Orange General Hospital, East Orange
WOLFE, MRS. KATHRYN B.
299 E. 139 St., New York 54, N. Y.
WOLFS, MARIE L.
915 S. 16 St., Newark 8
WOOD, RUTH B.
125 Broad St., Room 907, Elizabeth
WOODERS, MARIE A.
Hackensack Hospital, Hackensack
WORK, MRS. RUBY B.
57 Maulin Ave., Bloomingdale 3
WRIGHT, MRS. ELIZA G.
398 N. Walnut St., East Orange
WRIGHT, MRS. WENDELL J.
298 Union St., Hackensack
YASTREMSKI, IRENE
Elizabeth General Hospital, Elizabeth 4
YOFFA, ESTHER R.
Beth Israel Hospital, Newark 3
YORI, NATALIE P.
YOUNG, MRS. ISABELLE M.
416 Park Ave., Newark
ZACHTO, CAROLINE R.
297 Madison Ave., River Edge
ZARTLER, AMELIA J.
Newark City Hospital, Newark 7
ZAVATSKY, MARION
Hackensack Hospital, Hackensack
ZWIEDEN, ADELE*
201 Lyons Ave., Newark 8

SISTER MARY GEORGE LINDNER
St. Joseph Sanatorium & Hospital, Albuquerque
SISTER MARY THEOPHANE SHOEMAKER
417 E. Palace Ave., Santa Fe
SISTER RITA CATHERINE O'CONNOR
St. Vincent's Hospital, Santa Fe
NEW YORK—1251

ABBOTT, WENONA
260 Crittenden Blvd., Rochester 7

ABRAHAMER, CECILIA T.
Willard State Hospital, Willard

ADAM, MARTHA D.
105 E. 22 St., New York 10

ADAMS, ETHEL G.
P.O. Box 450, Islip

ADAMS, MRS. MARGARET M.
503 W. 121 St., New York 27

ADAMS, RUTH
225 E. 22 St., New York

AKERS, MARTHA L.
The Brooklyn Hospital, Brooklyn 1

ALDER, BERTHA L.
Grasslands Hospital, Valhalla

ALEXANDER, EDITH L.
428 W. 59 St., New York 19

ALLANACH, MARY E.
179 Fort Washington Ave., New York 32

ALLEN, BARBARA H.
Nassau Hospital, Mineola

ALLEN, IVARLE N.
571 Plymouth Ave., S., Rochester

AMBROSE, KATHARINE G.*
1790 Broadway, Room 412, New York 19

AMON, MRS. ALDA M.
115 Valentine Pl., Inwood

ANDERSON, MRS. LELA S.
American Psychiatric Assn., Room 925, 9 Rockefeller Plaza, New York 29

ANDREWS, MURIEL
756 Irving Ave., Syracuse 10

ANKER, MRS. DOROTHY
57 Princeton Blvd., Keenmore 11

APPLETON, GRACE G.
State Teachers College, Plattsburg

ARCHIBALD, ETHEL M.
622 W. 168 St., New York 32

AREY, PERSIS S.
2 W. 106 St., New York 25

ARGUS, FLORENCE
274 Jefferson Ter., Rochester 11

AUFFHAUSER, TRUDE R.
550 Riverside Dr., New York 27

AUGUSTSON, EDITH M.
765 42 St., Brooklyn 32

AUSTIN, ESTHER E.
2857 Valentine Ave., New York 58

BACKUS, MILLIE M.
St. Luke's Hospital, Utica 4

BAILEY, BETTY R.
Samaritan Hospital, Troy

BAILEY, MRS. MARION S.
27 Sparkell Ave., Albany 2

BAILEY, SARAH M.
345 W. 50 St., New York 19

BAILEY, VIDA
143 Caroline St., Saratoga Springs

BAKER, EVELYN C.
32 Seneca St., Baldwinsville

BAKER, MRS. LIDA M.
Samaritan Hospital, Troy

BAKER, LUCILLE
161 Thayer St., Jamestown

BALL, CORA L.
5 E. 93 St., New York 29

BANDTEL, BERTHA L.
450 Herkimer St., Brooklyn 13

BANKER, ELIZABETH
305 E. 26 St., New York 10

BARBIERI, FLORA
39-56 59 St., Woodside

BARKER, SYLVIA M.
24 W. 56 St., New York 25

BARNES, MARION A.
48 Clinton Ave., Albany 4

BARRETT, JEAN
Dept. of Nursing Education, Syracuse University, Syracuse

BARRETT, MARY V.
152 Washington Ave., Albany 6

BARTUS, MRS. LENA K.
563 Riley St., Buffalo 8

BASTOW, JEAN A.
16 McGlynn St., Ilion

BATES, DOROTHY E.
611 Addison Rd., Watertown

BAUER, MARGARET M.
256 Burgard Pl., Buffalo 11

BAUMANN, MRS. MARY D.
2132 Tomlinson Ave., New York 61

BAURLE, MARIE J.
French Hospital, New York 1

BEALE, FRANCES H.
R.D. 2, Pleasantville

BECHTOLD, MONAVER I.
25 E. 76 St., New York 21

BECK, EDNA
132 E. 45 St., New York 17

BECK, ELYRA E.
655 71 St., Brooklyn 9

BECK, KATHERINE J.
1213 Court St., Utica 2

BECKMAN, MARGARET
Lenox Hill Hospital, New York 21

BEEBY, NELL V.
320 E. 83 St., New York 26

BEHELEN, MARIE M.*
1151 New York Ave., Brooklyn 3

BEHRBOHM, JENNIE
205 W. Tenth St., New York 14

BELKNAP, LEORA E.
Samaritan Hospital, Troy

BELL, ELIZABETH A.*
241 New Scotland Ave., Albany 3

BELT, MRS. C. LOUISE
600 Riverside Dr., New York 31

BENEDICT, ELIZABETH W.
238 Elizabeth St., Syracuse

BENNETT, ELIZABETH
340 Masten St., Buffalo

BENSON, BEATRICE E.
110 Stonestreet Pl., New Rochelle

BENTLEY, ANNA
Methodist Hospital, Brooklyn 15

BENTLEY, BARBARA A.
440 E. 26 St., Box 996, New York 10

BENZA, MARY
1845 Bogart Ave., New York 60

BERRY, ELIZABETH S.
625 Fourth Ave., Brooklyn 9

BERNARDINI, ELSIE O.
340 E. 105 St., New York 29

480
BROWN, DR. ESTHER L.†
130 E. 22 St., New York 10
BROWN, LILLIAN C.
622 W. 168 St., New York 32
BROWN, MRS. CHARLES
133 E. 80 St., New York 21
BROWN, ZILPHA A.
Albany Hospital, Albany 1
BRUCE, MARGARET E.
45 E. 55 St., New York 22
BRYAN, MRS. LEAH B.
Loudonville
BUCKLEY, NORA
121 De Kalb Ave., Brooklyn 1
BUCKNAM, VIVIAN
Highland Hospital, Rochester
BUDD, ESTHER
736 Irving Ave., Syracuse 10
BUELL, MRS. RITA M.
250 E. Main St., Amsterdam
BUNN, H. VIRGINIA
635 W. 165 St., New York 32
BURGESS, ELIZABETH C.†
520 W. 114 St., New York 25
BURKE, MARGARET R.
Rockland State Hospital, Orangeburg
BURNHAM, JOHN A.
500 Mansion Ave., Ogdensburg
BURNS, MILDRED F.
1140 W. Onondaga St., Syracuse 10
BURK, MARY D.†
Wagner College, Staten Island 1
BURRAGE, RUTH
129 Aberdeen St., Rochester 11
BURWELL, MARGARET F.
311 William St., Ogdensburg
BUTKOWSKA, MARY B.
47 N. Burgher Ave., West Brighton,
Staten Island 10
BUTLER, RUBY
568 Park Ave., Albany 3
BYRNE, A. ISABELLE†
Roosevelt Hospital, New York 19
BYRON, EDNA G.
Pilgrim State Hospital, West Brentwood
CALLEGHAN, MARGUERITE
57 Culver Rd., Buffalo 20
CALLAN, MARGARET M.
Benedictine Hospital, Kingston
CALLIGAN, GRACE M.
97-22 Liverpool St., Jamaica 4
CAMPBELL, ELSIE L.†
Clifton Springs Sanatorium, Clifton Springs
CAMPBELL, JEAN
535 Parkside Ave., Apt. 4-P, Brooklyn 26
CAMPBELL, MRS. LATIS M.
475 Central Park West, New York 25
CAMPIELLO, MARY
Ellis Hospital, Schenectady 8
CANETTO, VICTORIA
Samaritan Hospital, Troy
CANFIELD, EVA L.
387 Elizabeth St., Ogdensburg
CANTWELL, ELSIE B.
Division of Nursing Education, Teachers College,
New York 27
CAPIK, CECILIA M.
241 E. Mosholu Pkwy., New York 67
CARABEL, AGNES H.
476 Clinton Ave., Brooklyn 16
CABERY, MURIEL R.  1320 York Ave., New York 21
CARDNER, MARION R.  850 S. Crouse Ave., Syracuse
CARINI, ESTA M.  156 W. 12 St., New York 11
CARN, IRENE  301 E. 21 St., New York 10
CARNAHAN, MRS. CLYDE L.†  210 Van Buren St., Jamestown
CARINES, MARION E.  1497 Mt. Hope Ave., Rochester
CARPENTER, CONSTANCE E.  Greenpoint Hospital, Brooklyn 6
CARROLL, MRS. AILEEN L.  225 Elmwood Ave., Buffalo 9
CARTER, DOROTHY J.  8 Gaines Ave., Huntington
CARTER, MRS. E. C.†  215 E. 72 St., New York 21
CASEY, CLARE M.  Both Israel Hospital, New York 3
CASSELL, MARY J.  Stony Wold, Lake Kashaqua
CAULFIELD, MRS. MARY L.  240 94 St., Brooklyn 9
CHAFFIN, EMMA L.  223 E. Washington St., High Point, N. C.
CHAMBERLAIN, CLADYS J.  5 Gouverneur Slip, New York 2
CHAMBERLAIN, MRS. SENA*  Tompkins County Memorial Hospital, Ithaca
CHANDLER, ETHEL M.  2255 Delaware Ave., Buffalo
CHAPMAN, MRS. ANGELINE W.  Veterans Administration Center, Batavia
CHAPMAN, JEAN N.  506 Prospect Ave., Syracuse 3
CHAYER, MARY E.  420 W. 118 St., New York 27
CHILMAN, GRACE B.  22 Warwick Ave., Rochester 11
CHITWOOD, CLARA M.  25 Barnes St., Gouverneur
CHRISTOFFERSEN, MRS. LOIS L.  94-65 222 St., Queens Village 8
CIPPERLY, BETTY C.  5 Chelton Ave., Troy
CLANCY, JOANNA B.  580 Ridge Rd., Lackawanna 18
CLANTON, SARAH E.  5 E. 98 St., New York 29
CLARK, ALTHEA F.  307 W. 79 St., Room 516, New York 24
CLARK, MRS. GENEVIEVE Y.  323 Second Ave., Albany 2
CLARKE, MRS. WINIFRED R.  White Plains Hospital, White Plains
CLAYSON, CERTRUDE  722 W. 168 St., New York 32
CLEY, AGNES Z.  374 56 St., Brooklyn 20
CLERKIN, PATRICK  Central Islip State Hospital, Central Islip
CLEVELAND, MARION D.  622 W. 168 St., New York 32

CLOSE, AMY E.  5 Prospect Pl., New York 17
CLOUGH, LORETTA H.*  Manhattan State Hospital, New York 35
COAKLEY, NELLIE C.  2263 S. Park Ave., Buffalo 20
COBIN, RHODA R.  10865 Lexington Ave., New York 21
COHEN, MRS. FLORENCE A.  30-14 150 St., Flushing
COHEN, HEDWIG  615 W. 118 St., Apt. 51, New York 25
COLE, VERA D.  196-28 89 Ave., Hollis 7
COLEMAN, HELEN M.  31-74 29 St., Long Island City 2
COLETTI, ANGELINA C.  101-17 46 Ave., Corona
COLLIGAN, PATRICIA A.  215 Frances St., Watertown
COLLINS, BERNADETTE  415 W. 120 St., New York 27
COLLINS, OX*  405 E. 69 St., Apt. 5B, New York 21
CONBOY, CATHERINE F.  193 Beechwood Ave., New Brighton, Staten Island
CONNOR, AGNES K.  147 Reed Ave., Syracuse 4
CONNOR, MARGARET  308 Strathmore Dr., Syracuse
CONNOR, MARY C.  311 W. 55 St., New York 19
CONRAD, MARGARET E.*  622 W. 168 St., New York 32
CONSTANTINE, MILDRED City Hospital, Amsterdam
CONWAY, EDNA W.*  Marcy State Hospital, Marcy
COONS, LOIS  440 E. 26 St., New York 10
COOPER, MARIAN W.  2916 Eighth Ave., New York 30
COPE, RUTH G.†  Amsterdam City Hospital, Amsterdam
CORBETT, MARY E.  Sheldonville, Mass.
CORBIN, HAZEL  118 E. 54 St., New York 22
CORRIGAN, ELEANOR M.  1320 York Ave., New York 21
COVELL, CECILE  23 Haven Ave., New York 32
COVELL, MRS. SOPHIE Z.  Samaritan Hospital, Troy
COYLE, MARY W.  615 Main St., Greenport
CRANDALL, HAZEL W.  4 Mildred Ave., Binghamton
CRANE, MARIAN C.  Samaritan Hospital, Troy
CRAVEN, DOLLY M.  Kingston Avenue Hospital, Brooklyn 3
CRAWFORD, ANNA N.*  1845 St. John's Pl., Brooklyn 13
CRAWFORD, MARTHA H.  15300 South Park Blvd., Cleveland 20, Ohio
CREAMER, ELLEN G.  304 E. 20 St., New York 3
DENNEEN, MRS. JEAN H.
144 Hempstead Ave., Lynbrook, L. I.

DENNHARDT, LORAIN*.
Lincoln School for Nurses, New York 54

DENNIS, ANNA E.
Prospect Heights Hospital, Brooklyn 16

DENNISON, CLARE
Strong Memorial Hospital, Rochester 7

DERICKS, VIRGINIA C.
1520 York Ave., New York 21

Des ROCHE, YVONNE A.
979 Madison Ave., Albany 3

DEUTSCH, NAOMI
Barbizon Plaza Hotel, New York 19

Dr. YOUNG, GRACE E.
823 Washington St., Watertown

DIBBLE, EILEEN F.,
Samaritan Hospital, Troy

DIDRICKSEN, ADELE
231 Albany Ave., Apt. 5, Kingston

DILL, ISABEL H.
76 Meigs St., Rochester 7

DILLON, GERALDINE M.
204 Ridgewood Dr., Syracuse

DINES, ALTA E.
105 E. 22 St., New York 10

DIXON, RUTH H.
610 W. 116 St., New York 27

DODD, NATALIE M.
129 E. 69 St., New York 21

DOELL, ELINOR L.
73 Parkdale Terr., Rochester 13

DOHERTY, KATHRYN
396 Broadway, Kingston

DOLAN, ANNA M.
69 Canasawacta St., Norwich

DOMBROSKE, ANNA E.,
St. Joseph Hospital, Syracuse 3

DONALDSON, RITA L.
1740 Jarvis Ave., New York 61

dr. DERER, ALICE M.
71-50 Kessel St., Forest Hills

DONNELLY, ROSALIE
Schenectady Hospital, Schenectady

DORGAN, ANAMEE
160-03 Grand Central Pkwy., Jamaica 2

DORRELL, ELIZABETH M.
Caledonia Hospital, Brooklyn 26

DOWD, ANNA F.
20 Harris Ave., Albany 3

DOYLE, ANN
440 E. 26 St., New York 10

DUFFY, HELEN C.
106 Clarkson Ave., Brooklyn 26

DUNBAR, VIRGINIA M.*, 9
1320 York Ave., New York 21

DUNLAP, Muriel L.
121 E. 51 St., New York 16

DUNN, FLORENCE E.
Grasslands Hospital, Westchester Hall, Valhalla

DURBIN, MARY N.
Station H, Home 4, Central Islip

DURHAM, JANE
132 E. 45 St., New York 17

DURKIN, CATHERINE A.
1007 Lodi St., Syracuse

DWYER, SHEILA M.
215 Fourth St., Niagara Falls
DYER, ALICE T.
Glenmont

DYER, VIOLA
Olean General Hospital, Olean

DYETT, MRS. EDNA†
1 Penhurst Pk., Buffalo

EADY, MRS. CAROL M.
Samaritan Hospital, Troy

EASTMAN, DOROTHY*  
108-17 86 Ave., Richmond Hill 18

EBERSTEIN, MRS. MAY S.  
25 E. 98 St., New York 29

ECKELBERRY, GRACE  
728 S. Crouse Ave., Syracuse

EDGAR, MARY C.
440 E. 26 St., New York 10

EDWARDS, ANNA S.
440 42 St., Brooklyn 32

EDWARDS, BLANCHE E.
416 E. 26 St., New York 10

EDWARDS, ELIZABETH A.
103-32 174 St., Jamaica 5

EGO, VIRGINIA K.
600 Ridge Rd., Lockawanna 18

ELTZER, THERESA A.
1230 Gerard Ave., New York 32

EIMANN, MARY
Willard Parker Hospital, New York 9

EKLEY, FLORENCE M.
Grasslands Hospital, Valhalla

ELIOT, MARGARET
179 E. Washington Ave., New York 32

ELKAN, MRS. BENNO†  
75 Prospect Ave., Larchmont

ELKAN, MAXINE
55 Morton St., Apt. 6F, New York 14

ELLIOTT, FLORENCE
480 Herkimer St., Brooklyn 13

ELLSWORTH, GERALDINE L.
943 Gotham St., Watertown

ELMER, EDYTH M.
170 Forster Ave., Mt. Vernon

ENDRES, FLORENCE L.
104 Dorothy St., Syracuse

ERICKSON, DOROTHY G.
State Teachers College, Plattsburg

ERICKSON, EVA H.
Olean General Hospital, Olean

ERICKSON, MRS. MARY H.
96 Haven Ave., New York 32

ESAU, MARGARET C.
480 Herkimer St., Brooklyn 13

ESTEY, NELLIE L.
622 W. 168 St., New York 32

EWING, CLARA L.
15 Blakeley Ct., Troy

FALLON, BARBARA R.
124 Shotwell Pk., Syracuse 6

FALLS, CAROLINE E.
210 E. 68 St., New York 21

FARRELL, MARIE*  
44 Morningside Dr., Apt. 2, New York 25

FASSETT, JANE M.
Adams Center

FAVREAU, CLAIRE H.*  
82 Chestnut St., Albany 6

FEDDER, HELMA
1520 York Ave., New York 21

FEDERKO, MARY
410 E. 26 St., Box 916, New York 10

FELDMAN, LILIAN D.
7 Highland Pl., Yonkers 5

FELT, DOROTHY P.
Keuka College, Keuka Park

FENLASON, ELIZABETH M.
Adelphi College, Garden City

FENTON, RITA
4219 64 St., Woodside

FERENCE, ANNA
1080 Lexington Ave., New York 21

FERGUSON, MARGARET W.
Queens General Hospital, Jamaica 2

FERGUSON, SARAH M.
311 E. 72 St., New York 21

FERNALD, MARY L.
Vassar Brothers Hospital, Poughkeepsie

FIALKA, THERMA
5 E. 98 St., New York 29

FICARRA, MRS. THERESA M.
369 Linden Blvd., Brooklyn 3

FIEGE, ELSIE M.
Summit Park Sanitarium, Pomona

FIELDS, FLORENCE M.
Pleasantdale Rd., Troy 1

FILLMORE, ANNA M.
320 E. 83 St., New York 28

FINNEGAN, F. VIVIAN
St. Joseph Hospital, Syracuse 3

FIRTH, KAZMIER K.
Pilgrim State Hospital, Brentwood

FISHER, MRS. CHRISTINE F.
65 Kingsley St., Buffalo 8

FITCHETT, RUTH
207 E. 15 St., New York 3

FLETCHER, ANNA N.
Mary McElheny Hospital, Cambridge

FLIEGEL, JEAN M.
10 Cottage St., Claverackville

FLORSHEIM, BERTHA
345 E. 77 St., New York 21

FLYNN, MRS. GERALDINE N.
51 W. 106 St., New York 25

FOLEY, MARY T.
428 W. 36 St., New York 19

FORBES, ELISE M.
129 Theodore Fremd Ave., Rye

FORD, HAZEL
50 Meadow St., Clinton

FORTUNE, FLORENCE E.
Mary McElheny Hospital, Cambridge

FRANK, MRS. HAZEL G.
Highland Hospital, Rochester

FRANK, PHYLLIS K.
917 Downer Ave., Utica 4

FRANKE, PEARL L.
150 Timon St., Buffalo

FRASER, EVELYN G.*  
Roosevelt Hospital, New York 19

FRAZER, MRS. FANNIE R.
221 Cumberland St., Brooklyn 5

FREEDERICK, LILLIAN
130 Spring St., Rochester

FREW, EDITH I.
114 W. 61 St., New York 23

FRIEDMAN, IVA G.
239 Ocean Ave., Brooklyn 26
FRIES, ELEANOR M.
3250 Cambridge Ave., New York 63

FRITZ, EDNA L.
1320 York Ave., New York 21

FROJIN, OLGA B.
Triboro Hospital, Jamaica 2

FULLER, LILLA M.
217-21 49 Ave., Bayside

FULTON, GERTRUDE E.
101 Norwood Ave., Buffalo 13

FULTON, MRS. MARY B.
172-49 97 St., Apt. 2-A, New York 25

GAGER, MRS. ALICE O.
1996 E. 28 St., Brooklyn 29

GALANTOWICZ, WANDA R.
335 Waltz Ave., Buffalo 11

GALE, CHARLOTTE B.
384 Elm Ave., Bogota, N. J.

GARRICK, HELEN J.
327 E. 52 St., Brooklyn 3

GAST, MARGARET H.
866 Irving Ave., Syracuse

GATHERCOLE, VERONICA V.
150 W., Kingsbridge Rd., New York 65

GAUYA, WINA L.
722 W. 168 St., New York 32

GAW, ANNA
186 Jewett Ave., Buffalo 14

GELINAS, AGNES
304 E. 29 St., New York 3

GENDER, RITA M.
1320 York Ave., New York 21

GENTILE, MRS. JOSEPHINE R.
141 Sixth Ave., Nyack

GESNER, F. PAULINE
Methodist Hospital, Brooklyn 15

GEUSS, CATHARINE P.
1320 York Ave., New York 21

GIBBARD, MARGARET H.
Niagara Falls Memorial Hospital, Niagara Falls

GIBBS, JUANITA G.
812 E. 222 St., New York 67

GIBNEY, MARY A.
1536 Madison Ave., New York 28

GIBSON, MARGARET M.
81 Ellison St., Rochester 9

GILES, ANNIE E.
Greenpoint Hospital, Brooklyn 6

GILHEONY, MRS. MYRTLE F.
861 E. 27 St., Brooklyn 10

GILL, JUNE M.
57 W. 56 St., New York 19

GILL, MRS. VIRGINIA C.
165 Claremont Ave., Apt. 1D, New York 27

GILMORE, IRIS M.
111-18 175 St., Jamaica 5

GILROY, KATHRINE H.
1923 Baker Ave., Utica

GINTY, KATHARINE C.
19 E. 66 St., New York 28

GISHER, RUTH B.
440 E. 78 St., New York 21

GIVEN, LEILA I.
30 Fifth Ave., New York

GLAVIN, MRS. HELEN H.
129 Wood Ave., Syracuse 5

GLAZIER, DOROTHY S.
116 E. Castle St., Syracuse 5

GLEDHILL, BEATRICE G.
Bliggs Memorial Hospital, Ithaca

GLENDEINING, ELLA
39 Auburn Pk., Brooklyn 1

GLIENKE, FRANZISKA
149 Stadium Pl., Syracuse 10

GNAU, INEZ
1320 York Ave., New York 21

GOEBEL, RUTH
5 E. 98 St., New York 29

GOFF, HAZEL AVIS
1159 Broadway, N.Y.N.E., New York 19

GOKEY, RUTH H.
Albany Hospital, Albany 1

GOODALE, HELEN C.
920 Riverside Dr., New York 32

GOODRICH, ANNE M.
160 E. 38 St., New York 16

GORMAN, MINNIE
2620 E. Genesee St., Syracuse

GOTTDANK, MILDRED
65 Morton St., Brooklyn 11

GOULD, MRS. SIGRID F.
Grant St., e/o Mrs. Weeks, Haworth, N. J.

GOURLAY, MARGARET
50 Van Vorst St., Utica

GRAFTON, F. LUCILLE
722 W. 168 St., New York 32

GRAHAM, MARJORIE R.
64 Earl St., Rochester 11

GRANAHAN, HELEN P.
89 Winthrop St., Brooklyn 25

GRANAY, ESTELLE C.
722 W. 168 St., New York 32

GRAUER, MARY T.
Fordham Hospital, New York 58

GREENE, HELEN L.
140 Scott Ave., Wellsville

GREENE, MILDRED L.
157 Academy St., Watertown

GREENWOOD, LILA L.
200 E. 16 St., New York 3

GREENN, SALINA M.
113 Porter Ave., Ogdensburg

GRiffin, CATHERINE D.
179 Ft. Washington Ave., New York 32

GRIFFITHS, MARY H.
Wyoming County Community Hospital, Jamestown

GRIMES, MARY C.
149 Cabrini Blvd., New York

GRUF, BLANCHE I.
351 46 St., Brooklyn 20

GUBERSKY, BLANCHE D.
121 W. 105 St., New York 25

GUINEE, MRS. KATHLEEN K.
3548 84 St., Jackson Heights

GUINTE, RUTH M.
520 W. 168 St., New York 32

GUSTAS, SADIE J.
98 Grove St., Amsterdam

GUTHRIE, BESSIE C.
Albany Hospital, Albany 1

HADDAD, ARFFY
123 W. 195 St., New York 63

HALEY, HELENA M.
339 Spring Ave., Troy

Haley, MARGARET C.*
264 Sterling St., Brooklyn 25

485
HALL, RUTH G.
Fairfax Hotel, Buffalo

HALLIER, WINIFRED C.
1240 Fifth Ave., New York 29

HALSTED, ELIZABETH A.
503 W. 121 St., New York 27

HAMON, CONSTANCE
450 Clinton Ave., Brooklyn 5

HANE, ANNA H.
1249 Fifth Ave., New York 29

HANNAN, JUSTINE
851 44 St., Brooklyn 20

HANOVER, LILLIAN M.
37 Sussex Ave., Buffalo 15

HARLFINGER, ANNA M.
441 Morris St., Albany 3

HARMON, ELIZABETH
1320 York Ave., New York 21

HARPER, MRS. RUTH W.
770 St. Mark's Ave., Brooklyn 16

HARRIS, EDYTHE L.
211 W. 149 St., New York 30

HARRIS, MILDRED E.
1701 Whitesboro St., Utica

HARTY, MARGARET M.
332 Rutland Rd., Brooklyn 25

HARTY, MARY P.
23 De Haven Ct., Brooklyn 30

HASLER, HELEN R.
94 Main St., Whitesboro

HASLUP, MARTHA W.
440 Riverside Dr., Apt. 27, New York 27

HATHAWAY, CLARA L.
Mayfield

HAUPT, ALMA C.
102 E. 22 St., New York 10

HAUPTMAN, MRS. JEANETTE C.
15 Grady Ave., Mt. Vernon

HAWKE, AUDREY A.
130 W. Kingsbridge Rd., New York 63

HAWKINS, STELLA M.
Board of Nurse Examiners, State Education Bldg., Albany 1

HAVRO, THERESE D.
220 St. Mary's St., Lancaster

HAWTHORNE, MARGARET J.
Hudson View Gardens, New York 33

HAYES, EDITH V.
Roosevelt Hospital, New York 10

HEANEY, KATHERINE E.
414 Fifth St., Brooklyn 15

HEATON, BEATRICE
425 E. 72 St., New York 21

HELING, MARIE
177 Lenox Rd., Brooklyn 26

HEMM, EMMA E.*
567 Prospect Pl., Brooklyn 16

HELM, KATHRYN
419 W. 114 St., New York 25

HEMMPKIN, MRS. GENEVIEVE B.
E. J. Meyer Memorial Hospital, Buffalo

HEMSCHEMeyer, HATTIE*
129 E. 69 St., New York 21

HENDERSON, ELIZABETH C.
224 Alexander St., Rochester 7

HENDERSON, JESSIE M.
224 Alexander St., Rochester 7

HENDERSON, LILLIAN M.
178 W. 78 St., New York 24

HENDERSON, VIRGINIA A.
Teachers College, Columbia University, New York 27

HENDRXX, MRS. RUBY R.
1990 E. River Rd., Rochester 10

HENNIK, HENRIETTA
Physicians Hospital, Plateaupurg

HERLIHY, HENRIETTA J.
4525 Avenue M, Brooklyn 10

HESLIN, H. LORRaine
30 Ridgehurst Rd., West Orange, N. J.

HILL, ELEANOR A.
38 Rutgers St., Rochester

HILL, GLADYS M.
817 Washington St., Ogdenburg

HILLEN, ELSIE W.
Crouse-Irving Hospital, Syracuse 10

HILLMAN, FRANCES
102-52 62 Dr., Forest Hills

HILLS, THRZA L.
1320 York Ave., New York 21

HILTON, CLARICE L.
153 E. 77 St., Apt. GC, New York 21

HIXON, GRACE E.
414 W. 120 St., New York 27

HIXSON, FLORENCE
1320 Amsterdam Ave., New York 27

HODGMAN, G. R. E.
103 Caroline St., Saratoga Springs

HOFFMAN, RUTH S.
1036 Lexington Ave., New York 21

HOFMEISTER, ROSE
30 E. 72 St., New York 21

HOGAN, MRS. HAZEL M.
183 Fayette Ave., Kenmore

HOKANSON, MINNIE A.
207 Foote Ave., Jamestown

HOLCOMB, PEGGY M.
444 Coventry Ave., Utica 4

HOLMIE, MARGUERITE C.
College of Mt. St. Vincent, Mt. St. Vincent-on-Hudson

HOLMSTROM, VIOLA L.
New Rochelle Hospital, New Rochelle

HOLSTEIN, CLARA V.
Kingston Hospital, Kingston

HOPPER, RUTH J.
112 Goodrich St., Buffalo 3

HORNE, JANET C.
2206 Burdette Ave., Troy

HOULTON, RUTH
53 W. 53 St., New York 19

HOUSTON, HAZEL I.
440 E. 26 St., New York 10

HOWARD, MARGARET
130 W. Kingsbridge Rd., New York 63

HOWARD, MRS. MARIE B.
402 S. Ninth Ave., Mt. Vernon

HOWARD, MRS. MARY V.
2763 Main St., Buffalo 14

HUDSON, LILLIAN A.
525 W. 120 St., New York 27

HUDSON, MARIE E.
Rochester General Hospital, Rochester

HUGHE, DOROTHY L.
Veterans Administration Hospital, Lyons, N. J.

HUFF, LONA L.
335 St. Mary St., Watertown

HUFF, ROWENA
Syracuse Memorial Hospital, Syracuse 10

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MEMBERS

HUFFMAN, BERNICE B.
1919 Madison Ave., New York 35

HUGER, MARGARET
White Plains Hospital, White Plains

HUGHES, MRS. MARY A.
Veterans Administration Hospital, Brooklyn 29

HUMPHRYS, ANNE J.*
St. Luke's Hospital, New York 25

HUNT, MARGUERITE
Staten Island Hospital, Staten Island

HUNTER, GRETA V.*
House of the Good Samaritan, Watertown

HUTCHINSON, MARY E.
Fordham Hospital, New York 58

HYSLOR, ALICE K.
428 W. 59 St., New York 19

IANNELLO, MARION R.
199 S. Plymouth Ave., Rochester 8

IREVALINO, ISABELLA C.
539 Elm St., Buffalo 3

IHOE, MARGARET
2965 Marion Ave., New York 58

ILLING, FLORENCE L.
82 Chestnut St., Albany 6

IVER, LEONE N.
260 Grittenen Blvd., Rochester 7

JACOB, MARGUERITE P.
762 W. 166 St., New York 32

JACOB, SOPHIA
175 Jay St., Albany 6

JACKSON, MRS. ESTHER W.
517 W. 113 St., New York 27

JENKINS, BERNICE A.
St. Mary's Hospital, Amsterdam

JENSEN, RUTH R.
71 W. 182 St., New York 53

JOHNSON, ANNE
Kings County Hospital, Brooklyn 3

JOHNSON, EVA F.
150 Westminster Ave., Syracuse

JOHNSON, FLORENCE M.
215 E. 73 St., New York 21

JOHNSON, GRACE E.
215 W. 75 St., New York 23

JOHNSON, HESTER L.
Methodist Hospital, Brooklyn 15

JOHNSON, MARY E.
Ellis Hospital, Schenectady 8

JOINVILLE, MARGARET
1320 York Ave., New York 21

JONES, BETTY B.
600 W. 165 St., New York 32

JONES, M. RUTH
Wyckoff Heights Hospital, Brooklyn

JORDAN, MINNIE H.
544 W. 72 St., New York 23

JORGENSEN, MARIE D.
Samaritan Hospital, Troy

JULIEN, JULIETTE
Dept. of Health, Rensselaer County, Troy

KALTEMBAUGH, WINIFRED
Charlestown, R. I.

KANANE, MARY E.
120 Amity St., Brooklyn 2

KANE, ELIZABETH L.
510 N. State St., Syracuse 3

KART, MRS. MARGUERITE H.
216 Ashland Ave., Buffalo 13

KASIEROWSKI, JOSEPHINE M.
295 Garfield Pl., Brooklyn 15

KAUDERER, MAGALDINA D.
362 Linden Blvd., Brooklyn 3

KEATING, MAY
477 St. John's Pl., Brooklyn 16

KEENEN, AGNES R.
Mercy Hospital, Watertown

KELLER, CAROLINE
Memorial Hospital, New York

KELLOCC, LAURA
135 W. High Ter., Rochester 11

KELLY, BERYL B.
116 E. Castle St., Syracuse 5

KELLY, MARGARET D.
1359 York Ave., New York 21

KEMBLE, ELIZABETH L.
140 E. 46 St., New York 17

KEMP, HAROLD E.
1501 York Ave., Apt. 5C, New York 21

KEMPSTON, SOPHIA A.
1249 Fifth Ave., New York 29

KENNEDY, DOROTHY M.
307 Rensselaer Ave., Ogdensburg

KENNEDY, KATHERYN
567 Prospect Pl., Brooklyn 16

KENNEDY, MAY
1320 York Ave., New York 21

KENNEDY, ELIZABETH
Jordan

KEPPELL, EDITH.
87 E. 38 St., Brooklyn 3

KIRK, MARY F.
Kings County Hospital, Nurses' Home, Brooklyn 3

KERN, BARBARA J.
101 W. 109 St., New York 25

KERZE, THERESA
2661 Heath Ave., New York 63

KEYES, MRS. JANET C.
301 E. 21 St., New York 10

KEWLEY, ELIZABETH I.
Nassau Hospital, Mineola

KIAH, LILLIAN M.
416 Patterson St., Ogdensburg

KIMBLE, LEAH
Lenox Hill Hospital, New York 21

KIMPTON, BARBARA
189 E. 71 St., New York 21

KINCH, ALICE M.
5101 39 Ave., Long Island City 4

KING, MARY M.
New Rochelle Hospital, New Rochelle

KINNEY, MRS. BEATRICE C.
82 Chestnut St., Albany 6

KINNEY, MARY M.
1607 Greene St., Ogdensburg

KINTON, GRACE E.
75 Elizabeth Rd., New Rochelle
KIRBY, MARY E.
270 Berkeley Pl., Brooklyn 17

KIZAN, M. MARGARET
232 Division St., Amsterdam

KLAPPMEIER, MARIAN M.
582 Park Ave., Albany 3

KLASSEN, HELENA
560 W. 106 St., New York 32

KLEIN, HARRIET
c/o Dr. P. A. Scott, Spirit Lake, Iowa

KLEIN, MARY E.
1320 York Ave., New York 21

KLEIN, MRS. TESSA N.
1010 Amherst St., Buffalo 16

KLENKE, KARLA
202 Lark St., Albany 6

KLOTZ, MRS. LURA
1620 Butternut St., Syracuse 8

KLOUZAL, MRS. HELEN S.
House of the Good Samaritan, Watertown

KNAPP, MRS. C. MILSTEAD
Chris. S. Wilson Memorial Hospital, Johnson City

KNOCKE, MRS. LAZELLE S.
2616 Arlington Ave., New York 63

KNOWLES, MARIE M.
137 Cambridge Pl., Brooklyn 16

KOCINSKI, MRS. ELEANOR P.
800 Ridge Rd., Lackawanna

KODERL, MAGUERITE
456 Lincoln Pl., Brooklyn 16

KOHLER, VIRGINIA M.
944 82 St., Brooklyn 28

KOPSCHE, GERTRUDE
51 E. 78 St., New York 21

KORNHAUSER, FRIEDA
1001 Lincoln Pl., Brooklyn 13

KOSLOW, ETHEL
809 Union St., Brooklyn

KRAHN, LENAS A.
521 Plant St., Utica

KRAUS, MARY M.
Auburn City Hospital, Auburn

KRAZINSKI, OLGA I.
Mt. Sinai Hospital, New York 29

KREPS, ESTHER E.
Meadowbrook Hospital, Hempstead

KRESSIN, FRANCES F.
563 Riley St., Buffalo 8

KREYMBORG, MRS. BLANCHE B.
Box 114, Gouverneur

KROWINSKI, ADELINE J.
1010 Main St., Buffalo 8

KRZAK, FLORENCE A.
230 Walden Ave., Buffalo 11

KUPSCHE, ANNELIESIE G.
321 E. 78 St., New York 21

LACEY, EDITH M.
13 Walnut St., Oneonta

LADD, HELEN J.
67 Earl St., Rochester 11

LA DUE, ALBERTA L.
Rochester General Hospital, Rochester

LANDAU, HENRIETTA
N. Y. University, School of Education Nursing Dept., Washington Sq., New York 3

LANDER, MARLINE M.
Samaritan Hospital, Troy

LANDRY, RUTH D.
701 Remsen Ave., Ogdenburg

LANE, JULIE E.
722 W. 168 St., New York 32

LANSHIEFTO, SYLVIA E.
4520 Fourth Ave., Brooklyn 29

LANZISERA, FLORENCE R.
109-29 31 St., Doug Park 16

LARAISO, CAROLINE P.
167 Main St., Depew

LARSEN, A. MARGARET
33 Highland Ave., Buffalo 9

LARSEN, HERtha F.
51 Seventh Ave., New York 11

LARSEN, MAUD J.
3090 Valentine Ave., New York 38

LAUBER, WILHELMINA G.
J. N. Adam Memorial Hospital, Perrysburg

LAUER, MADELYN J.
203 Waldorf Ave., Rochester 11

LAVON, GERALDINE M. Z.
1515 Metropolitan Ave., New York 82

LEAR, NELLIE B.
Mt. Vernon Hospital, Mt. Vernon

LEAGUE, ALMA D.
5 E. 98 St., New York 20

LEAVELL, LUTIE G.
525 W. 120 St., New York 27

LEBENSBACHER, FRIEDA
Jewish Hospital, Brooklyn 16

LEE, ELEANOR
179 Ft. Washington Ave., New York 32

LE MATE, ALINE F.
15 Stone Ave., Oswego

LEONARDI, ALICE L.
2290 Loring Pl., New York 53

LEONARDI, DORIS
321 E. 78 St., New York 21

LES VAN, KATHARINE
132 E. 45 St., New York 17

LEWANDOWSKA, DOROTHY M.
59 Hirschbeck St., Buffalo

LEWIS, JERTRUDE E.
Methodist Hospital, Brooklyn 15

LEWIS, LAURA F.
370 Bird Ave., Buffalo 9

LEWIS, LEONA M.
506 Sixth St., Brooklyn 15

LIEBEE, RUTH C.
93 Paine Ave., New Rochelle

LIDDLE, EVELYN
425 E. 86 St., New York 28

LILLY, FLORENCE G.
48 W. 138 St., Apt. 5G, New York 30

LINDBERG, MRS. ALICE M.
640 S. Warren St., Syracuse 3

LINDE, FLORENCE A.
26 Jane St., New York 14

LINDHEIM, ELIZABETH P.
132 E. 45 St., New York 17

LINDVALL, DOROTHY B.
Wheeler Rd., Hauppauge

LIPTON, ESTHER E.
1320 York Ave., New York 21

LISTON, MARY F.
111 W. 183 St., New York 53
LIZOTTE, ALBERTA E.
2532 Creston Ave., New York 58

LOGAN, HELEN
1056 Lexington Ave., New York 21

LOGOTHETON, CLEANTHE E.
205-7 Lexington Ave., New York 21

LOMAX, J. ARLINE
1044 Bay Ridge Pkwy., Brooklyn 29

LONGHURST, GRACE
Mt. Morris Hospital, Mt. Morris

LORICH, INEZ C.
26 N. Cayuga Rld., Williamsville 21

LOUGHERY, DORIS W.
430 Plymouth Dr., Syracuse 6

LOWE, MAYBELLE
Nassau Hospital, Mineola

LUCA, CONSTANCE C.
501 W. Main St., Box 33, Rochester 8

LUKACS, KATHERINE
290 Sickles Ave., New Rochelle

LUNDE, MILDRED S.
Central Nurses' Residence, Welfare Island 17

LUNDGREN, GRACE M.
331 E. 71 St., New York 21

LUNT, GERTRUDE
120 W. Kingsbridge Rd., New York 63

LUTZ, MURIEL
1515 Grand Concourse, New York 52

LYMAN, E. EVELYN
133 Sixth Ave., N. Troy

LYMAN, KATHARINE A.
Memorial Hospital, Albany 4

LYNCH, MRS. DORIS L.
Grasslands Hospital, Valhalla

LYNCH, THEODORA R.
Syrdenham Hospital, New York 27

LYNN, THERESA
567 Prospect Pk., Brooklyn 16

LYON, HELEN M.
501 Lake St., Herkimer

LYONS, A. VERONICA
1303 York Ave., New York 21

MacDONALD, IDA M.
Board of Examiners of Nurses, State Education Dept., Albany 1

MacGRADY, KATHLEEN
40 Onondaga Ave., Port Richmond

MACKEY, ELIZABETH F.
Nassau County TB Hospital, Farmingdale

MacLAY, CATHERINE
Syracuse University, School of Nursing, Syracuse

MacLEAN, H. ROSALIND
1320 York Ave., New York 21

MacPHERSON, OLA
311 W. 100 St., New York 25

MAGUIRE, ROSE A.
2954 Marion Ave., New York 58

MAJCHRZAK, VERONICA
57 S. Union St., Rochester 7

MAJEISKI, MRS. DORIS B.
Bowmansville

MALCOLM, ALICE F.
208 Waldorf Ave., Rochester 11

MANDIGO, SARAH A.
39 Auburn Pl., Brooklyn 1

MANLEY, FLORENCE
State Office Bldg., Albany

MANLEY, MARY E.
125 Worth St., Room 512, New York 13

MANN, FLORENCE B.
Box 135, Tradeau

MANTLE, C. HARRIET
119 Waverly Ave., Elmira 27

MARAIO, ELMA C.
731 Orient St., Medina

MARCIA, ADELE M.
Bushwick Hospital, Brooklyn

MARKHAM, DOROTHY I.
147 E. 8th St., Troy

MARSH, MRS. BOYDE C.
45 W. Eighth St., New York 11

MARSHALL, MARY A.
43 Bellevue Dr., Rochester 7

MATHENY, RUTH V.
Westchester Div., New York Hospital, White Plains

MATHESON, GRACE
132 E. 45 St., New York 17

MATHY, MRS. DOROTHY
Maine St., Saco, Maine

MATIC, MARY P.
35 E. 188 St., New York 59

MATTHEWS, GRACE J.*
St. Luke's Hospital, New York 25

MATTHEWS, MRS. THELLES M.
570 Lafayette Ave., Buffalo 9

MATTIS, EUNICE
1141 Prospect Ave., Apt. 5, New York 59

MATZ, MRS. ANNA V.
40 E. Tench St., New York 3

MAXTED, LORA
1910 Avenue B, Schenectady

MAYO, ADELAIDE A.*
1790 Broadway, New York 19

MAZIN, FRANCES
2540 Davidson Ave., New York 63

McCARRON, IRENE M. P.
128 W. 59 St., New York 19

McCARTHY, BERNICE
560 W. 167 St., Apt. 6B, New York 32

McCARTHY, ROSE
Fordham Hospital, New York 58

McCLELLAND, ANNA T.
39 Morris St., Albany 3

McCRIE, SYLVIA E.
House of the Good Samaritan, Watertown

McCLUSKEY, AUDREY M.
320 E. 70 St., New York 21

McCLUSKEY, CATHERINE J.
1303 York Ave., New York 21

McCORD, GERTRUDE M.
Albany Hospital, Albany 1

McCUBBIN, MRS. EDITH BUTLER
61 Center St., Pearl River

McDOWELL, MRS. MADELINE O.
180 Genesee St., Auburn

McEWAN, DORA E.
53 Grant St., Utica

McFARLEY, MARY E.
Crouse-Irving Hospital, Syracuse 10

McKEE, MRS. BEATRICE
125 E. 72 St., New York 21

McLAUGHLIN, ANNETTE L.
Albany Hospital, Albany 1

McLAUGHLIN, MRS. DOROTHY D.*
Central Islip State Hospital, Central Islip

McLEAN, GRAZIELLA
112 Goodrich St., Buffalo 3
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>McMAHON, MARY T.</td>
<td>336 Mildred Ave., Syracuse 6</td>
<td>Syracuse, NY</td>
</tr>
<tr>
<td>McMANUS, MRS. R. LOUISE</td>
<td>106 Morningside Dr., New York 27</td>
<td>New York</td>
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<tr>
<td>McMONAGLE, SARAH M.</td>
<td>Nassau Hospital, Mineola</td>
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<tr>
<td>McNEER, MARY M.</td>
<td>1320 York Ave., New York 21</td>
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<tr>
<td>McQUAID, DORIS</td>
<td>355 Valley Dr., Syracuse</td>
<td></td>
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<tr>
<td>MEADE, MARY E.†</td>
<td>29 Incident Ave., Staten Island 4</td>
<td></td>
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<tr>
<td>MEEHAN, ALICE R.</td>
<td>255 Bryant St., Buffalo 9</td>
<td>Buffalo, NY</td>
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<tr>
<td>MERCER, MARY C.</td>
<td>107 Lorraine Ave., Buffalo 20</td>
<td>Buffalo, NY</td>
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<td>MERCER, RUTH A.</td>
<td>St. Luke’s Hospital, Utica 4</td>
<td>Utica, NY</td>
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<tr>
<td>MERRILL, BESSIE S.</td>
<td>824 Washington St., Watertown</td>
<td></td>
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<tr>
<td>MERRILL, FLORENCE G.</td>
<td>224 Alexander St., Rochester 7</td>
<td>Rochester, NY</td>
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<td>MESERVE, ELEANOR C.</td>
<td>490 13 St., Brooklyn 15</td>
<td>Brooklyn, NY</td>
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<td>MESSMER, AMANDA</td>
<td>1046 Lexington Ave., New York 21</td>
<td></td>
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<tr>
<td>MESUISE, FRANCES*</td>
<td>Nathan Littauer Hospital, Groversville</td>
<td></td>
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<tr>
<td>MICHAEL, JEANETTE†</td>
<td>Derby</td>
<td></td>
</tr>
<tr>
<td>MICKRITZ, MRS. STELLA M.</td>
<td>2061 St. Raymond Ave., New York 62</td>
<td>New York</td>
</tr>
<tr>
<td>MILLER, CECILE</td>
<td>608 Delaney Park Dr., Orlando, Fla.</td>
<td></td>
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<tr>
<td>MILLER, MRS. DORETTA E.</td>
<td>150 W. Kingsbridge Rd., New York 63</td>
<td></td>
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<tr>
<td>MILLER, ELsie K.</td>
<td>Kingston Avenue Hospital, Brooklyn 3</td>
<td></td>
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<td>MILLER, FRANCES H.</td>
<td>1012 Warren St., Utica 4</td>
<td></td>
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<tr>
<td>MILLER, HAZEL</td>
<td>Veterans Hospital, Batavia</td>
<td></td>
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<tr>
<td>MILLER, RUTH M.</td>
<td>297 Columbia Ave., Rochester 8</td>
<td></td>
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<tr>
<td>MITCHELL, ALICE H.†</td>
<td>170 Elm St., New Rochelle</td>
<td></td>
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<tr>
<td>MITZEN, MARIA</td>
<td>413 E. 72 St., New York 21</td>
<td></td>
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<tr>
<td>MOE, JUNE</td>
<td>221 Broad St., Onisda</td>
<td></td>
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<tr>
<td>MOIR, HELEN M.</td>
<td>French Hospital, New York 1</td>
<td></td>
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<tr>
<td>MOLE, ELEANOR W.</td>
<td>75 Gates Ave., Brooklyn 16</td>
<td></td>
</tr>
<tr>
<td>MONTAG, MILDRED</td>
<td>45 Killburn Rd., Garden City</td>
<td></td>
</tr>
<tr>
<td>MOORE, MRS. ACER B.</td>
<td>123 Maple Ave., Mt. Kisco</td>
<td></td>
</tr>
<tr>
<td>MOORE, ANNA J.</td>
<td>224 Alexander St., Rochester 7</td>
<td></td>
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<tr>
<td>MOORE, SARAH E.</td>
<td>1320 York Ave., New York 21</td>
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<tr>
<td>MOOS, HELENE</td>
<td>315 W. 91 St., New York 24</td>
<td></td>
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<tr>
<td>MORGAN, EDITH E.</td>
<td>722 W. 168 St., New York 32</td>
<td></td>
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<tr>
<td>MORIARTY, DOLORES G.</td>
<td>91 St. John’s Parkside, Buffalo 10</td>
<td>Buffalo, NY</td>
</tr>
<tr>
<td>MORRISON, ESTHER</td>
<td>400 E. 59 St., Apt. 5H, New York 22</td>
<td>New York</td>
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<td>MORRISON, LOTTIE M.</td>
<td>620 W. 168 St., New York 32</td>
<td></td>
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<tr>
<td>MORSE, EDNA C.*</td>
<td>106 Morningside Dr., New York 27</td>
<td></td>
</tr>
<tr>
<td>MORSE, EVELYN N.</td>
<td>396 Broadway, Kingston</td>
<td></td>
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<tr>
<td>MOSER, ELISE B.</td>
<td>722 W. 168 St., New York 32</td>
<td></td>
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<td>MOSER, RUTH K.*</td>
<td>419 W. 114 St., New York 25</td>
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<td>MOUCHA, BLANCHE E.</td>
<td>1896 Lexington Ave., New York 21</td>
<td></td>
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<td>MUEGEL, JEANNE A.</td>
<td>Muegel Rd., East Amherst</td>
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<td>MULCAHY, CATHERINE</td>
<td>411 E. 202 St., New York 67</td>
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<td>MULLEN, MARY E.</td>
<td>249 E. 37 St., Brooklyn 3</td>
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<tr>
<td>MULVANY, MARY C.</td>
<td>768 Bushwick Ave., Brooklyn 21</td>
<td></td>
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<tr>
<td>MUMFORD, ELEANOR W.</td>
<td>1220 Amsterdam Ave., Box 303, New York 27</td>
<td></td>
</tr>
<tr>
<td>MUNDIE, MARGARET B.</td>
<td>Box 125, Trudee</td>
<td></td>
</tr>
<tr>
<td>MURATL, MRS. DOROTHY D.</td>
<td>1149 Delaware Ave., Buffalo</td>
<td></td>
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<tr>
<td>MURPHY, EDITH M.</td>
<td>303 E. 20 St., New York 3</td>
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<tr>
<td>MURPHY, RUTH L.</td>
<td>1091 Valley Dr., Syracuse 7</td>
<td></td>
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<tr>
<td>MURRAY, MADELEINE R.</td>
<td>245 E. 21 St., New York 10</td>
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<tr>
<td>MUSCATINE, ROSE</td>
<td>354 E. 10 St., New York 3</td>
<td></td>
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<td>Mutch, J. MARGARET</td>
<td>617 W. 168 St., New York 32</td>
<td></td>
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<tr>
<td>MUTH, MARGARET</td>
<td>419 W. 114 St., New York 25</td>
<td></td>
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<tr>
<td>NATURICK, MARGARET L.</td>
<td>111-45 70 Dr., Forest Hills</td>
<td></td>
</tr>
<tr>
<td>NAYLOR, MRS. MARtha B.</td>
<td>275 Forest Ave., New York 32</td>
<td></td>
</tr>
<tr>
<td>USPHS TB Control Bureau, 2 Park Ave., New York 16</td>
<td></td>
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</tr>
<tr>
<td>NEILL, KATHERINE C.</td>
<td>44 Marshall St., Rochester 2</td>
<td></td>
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<tr>
<td>NELSON, KATHERINE R.</td>
<td>525 W. 120 St., New York 27</td>
<td></td>
</tr>
<tr>
<td>NEWCOMB, MARGARET E.</td>
<td>722 W. 168 St., New York 32</td>
<td></td>
</tr>
<tr>
<td>NEWLAND, MRS. MARGARET A.</td>
<td>Deaconess Hospital, Buffalo 8</td>
<td></td>
</tr>
<tr>
<td>NEWTON, KATHLEEN</td>
<td>45 E. 55 St., New York 22</td>
<td></td>
</tr>
<tr>
<td>NEWTON, PATRICIA E.</td>
<td>216 Landon St., Buffalo 8</td>
<td></td>
</tr>
<tr>
<td>NICHOLS, GLADYS L.*</td>
<td>Flushing Hospital, Flushing</td>
<td></td>
</tr>
<tr>
<td>NICKIE, ELSIE F.</td>
<td>121 DeKalb Ave., Brooklyn 1</td>
<td></td>
</tr>
<tr>
<td>NICOLL, CAROLINE</td>
<td>125 E. 57 St., New York 22</td>
<td></td>
</tr>
<tr>
<td>NIELSEN, EDITH M.</td>
<td>Box 332, 1230 Amsterdam Ave., New York 27</td>
<td></td>
</tr>
</tbody>
</table>
NIELSEN, MRS. HARRIET S.
193 Second St., Mineola

NOBLE, CHARLOTTE M.
113-20 76 Rd., Forest Hills

NOLAN, BREDA T.
62-55 62 St., Rego Park

NORD, ETHEL F.
135 Terrace View Ave., New York 63

NORTON, ALEX E.
New Rochelle Hospital, New Rochelle

NORTON, GERTRUDE S.
27 Locust Ave., Troy

NOTTER, LUCILLE E.
1949 McGraw Ave., New York 62

NUGENT, MRS. MARY G.
315 Clinton Ave., Apt. 11-E, Brooklyn 5

NUNZIATO, ANTOINETTE G.
1391 W. Sixth St., Brooklyn 4

NYE, BARBARA B.
519 Walnut Ave., Syracuse 10

OGDEN, RUTH P.
1422 Mt. Hope Ave., Rochester

OELANDT, HELENE*
Queens General Hospital, Jamaica 2

OJMSTED, LOIS
51 W. 53 St., New York 19

OLNEY, MRS. SIGOURNEY B.†
Moriches Rd., St. James

OLSON, EDITH V.
8802 Ridge Blvd., Brooklyn 9

OLSON, ELSIE
121 Scaman Ave., New York 34

OLSZEWKI, IRENE
130 W. Kingsbridge Rd., New York 63

ORLANDO, PETRA
45-40 Parsons Blvd., Flushing

ORTH, LILY E.
12 S. Oxford St., Brooklyn 17

ORTIL, ALIAD M.
626 Fillmore Ave., Buffalo 12

OSHEA, MRS. ANNE P.
600 E. 125 St., New York 35

OSTER, ELMA
456 Irving Ave., Syracuse 10

O'SULLIVAN, MARY E.
1115 Oostad Ave., New York 61

OVERHOLSER, MRS. MARGERY T.
445 E. 65 St., Apt. 8B, New York 21

OWENS, ETHEL M.
St. Luke's Hospital, Newburgh

OYEN, GEDR
The Norwegian Lutheran Deaconess Home and Hospital, Brooklyn 20

PALM, SARAH I.
Grasslands Hospital, Valhalla

PALMER, ELISIE
2984 Valention Ave., New York 59

PALUSZAK, JULIA B.
Hotel Taft, New York 19

PANEK, NELLIE A.
560 Riley St., Buffalo 8

PARKER, BESSIE A.*
1320 York Ave., New York 21

PARKER, CYRENA
1801 Marmon Ave., New York 60

PARKER, MARY E.
373 State St., Albany

PARRILL, RITA
107-48 119 St., Richmond Hill

PARROTT, GERTRUDE E.
39 Palmer Ave., Bronxville

PARRY, MRS. LOIS G.
Oneida City Hospital, Oneida

PASSARELLO, ANNA L.
130 W. Kingsbridge Rd., New York 63

PATCHIN, JANET
Samaritan Hospital, Troy

PATTON, A. EDITH
1790 Broadway, AIN, New York 19

PAYNE, LULU B.
Meadowbrook Hospital, Hempstead

PECK, HELEN E.
472 E. Genesee St., Syracuse 10

PELL, IDA M.
568 Riley St., Buffalo 8

PENKE, MRS. WANDA A.
483 Northampton St., Buffalo

PENLAND, ANNE
622 W. 168 St., New York 32

PEPER, SOPHIA C. T.
Lenox Hill Hospital, New York 21

PERRY, VIRGINIA E.
19 Florence Ave., White Plains

PETERS, BETTY G.
1307 Court St., Syracuse 3

PETERS, MARGARET E.
New Rochelle Hospital, New Rochelle

PETERSON, RUTH F.
3048 Genesee St., Buffalo 11

PETO, MARIJORE
1293 E. Sussex Rd., W. Englewood, N. J.

PETRAS, MAY T.
180 W. Kingsbridge Rd., New York 63

PETRIE, CECILIA M.
227 Columbus Ave., Buffalo 20

PETTIT, HELEN F.
179 Ft. Washington Ave., New York 32

PFAFF, ANNA E.
DeGraff Memorial Hospital, North Tonawanda

PFEFFERKORN, BLANCHE*
1790 Broadway, New York 19

PFLECHAR, LOUISE K.
419 W. 114 St., New York 25

PHILLIPS, ELISABETH C.
130 Spring St., Rochester 8

PHILLIPS, LOTTIE M.
Arnot Ogden Memorial Hospital, Elmira

PIERCER, EVELYN G.
70 Haven St., New York 32

PIESE, ELEANOR M.*
106 Morningside Dr., New York 27

PITTTS, MRS. EDNA G.
137 W. 142 St., Apt. 4C, New York 30

PIVARNIK, KATHRYN F.
White Plains Hospital, Nurses' Residence, White Plains

PLAMBECK, EDNA
130 W. Kingsbridge Rd., New York 63

PLAUNT, LOIS
524 Riverside Dr., New York

PLIKUNAS, AGNES A.
105 Bond St., Hartford 6, Conn.

PLUMMER, HELEN B.
120 Amity St., Brooklyn 2

POOR, M. EVA
340 E. 66 St., New York 21

PORRECA, MRS. EMELINE D.
129 Dewitt St., Syracuse
PORTER, ALMENA A.
Kingston Hospital, Kingston

PORTER, MODESTINE L.
27 W. 136 St., New York 30

POTTS, EDITH M.*
Psychological Corp., 522 Fifth Ave., New York 18

POWELL, MRS. CHARLOTTE M.
1825 Empire State Bldg., American Hospital
  Bureau, New York 1

POWER, MARGARET L.*
Kings County Hospital, Brooklyn 3

PRATT, ELEANOR F.
2174 11 St., Troy

PRENDERGAST, MARY J.
Barrow Hall, High St., Port Chester

PRINCE, MRS. ETHEL C.
1 Hanson Pl., Brooklyn 17

PROGER, EVELYN
161 Clarkson Ave., Brooklyn 26

PROSSER, ILEEN
163 E. Utica St., Buffalo

QUEREAU, CLARA
State Board of Nurse Examiners, State Education
  Dept., Albany 1

QUINN, ELLEN G.
225 Elmwood Ave., Buffalo 9

RAILEY, MRS. HELEN
345 Renwick Ave., Syracuse 10

RAND, MIRIAM D.
736 Irving Ave., Syracuse 10

RANDALL, LILLIAN S.
339 Arlington St., Watertown

RANSON, DOROTHY K.
421 E. 72 St., New York 21

RAPP, RUTH U.
130 Nassau Blvd., West Hempstead

RASMUSSEN, MYRTLE J.
45-22 40 St., Woodside

RATH, HELEN
309 E. 16 St., New York 3

RATHMANN, FLORENCE M.
441 Crescent Ave., Buffalo

RATUSHNY, HELEN
1315 York Ave., New York 21

RAU, THELMA F.
110-27 15 Ave., College Point

RAY, ELIZABETH H.
1320 York Ave., New York 21

RAYMO, MARION C.
231 Proctor Ave., Ogdensburg

REBENTISCH, JEAN I.
331 E. 71 St., New York 21

REDFIELD, MILDRED
789 Park Ave., Rochester 7

REED, DOROTHY A.
1609 South Ave., Rochester 7

REED, MILDRED M.
Hudson City Hospital, Hudson

REESE, EVA M.
135 Lafayette Ave., Brooklyn 5

RECIAN, MARQUERITE R.
44-14 Parsons Blvd., Flushing

REID, GRACE L.
260 Crittenden Blvd., Rochester 7

REID, MARGARET
235 E. 22 St., Apt. 3C, New York 10

REID, OLIVE M.
1320 York Ave., New York 21

REILLY, CECILIA M.
General Hospital of Syracuse, Syracuse 5

REITER, FRANCES
521 W. 120 St., New York 27

REITER, MARY
120 Amity St., Brooklyn 2

REMBECKI, MARIE B.
535 Parkside Ave., Apt. 4D, Brooklyn 26

RENDER, MARIAN
90 N. Pearl St., Buffalo 2

RENKE, MRS. GLADYS V.
Hudson City Hospital, Hudson

REUTER, HILDEGARD
49 Howard Ave., Brooklyn 21

REUTER, MAGDA
Brooklyn Hospital, Brooklyn 1

RICHARDSON, EVELYN O.
4040 Bronx Blvd., New York 18

RICHARDSON, GENEVIEVE
60 Palmetto St., Brooklyn 21

RICHARDSON, MARY M.*
Lenox Hill Hospital, New York 21

RICHMOND, CLARA E.
155 E. 54 St., New York 22

RICKERT, MARY L.
307 La Farte Ave., Syracuse 4

RICKETTS, OLIVE A.
Box 755, Senior House, 451 Clarkson Ave.,
  Brooklyn 3

RIEDEL, IONA B.
43 Crowley Ave., Buffalo 7

RIEMAN, MILDRED H.
219 Bryant St., Buffalo 9

RILEY, JENNIE M.
121 Westchester Ave., White Plains

RINICK, HANNA F.
1359 Beach Ave., New York 60

RING, VIVIAN A.*
Huntington Hospital, Huntington

RIOORDEN, BARBARA A.
840 Grove Ave., Syracuse 10

RITCHIE, ANNA J.
Veterans Administration Hospital, Manhattan
  Beach

ROBB, GENEVIEVE I.*
Grasslands Hospital, Valhalla

ROBERTS, EDITH
Teachers College, Whittier Hall, New York 27

ROBERTS, MARY M.*
1790 Broadway, New York 19

ROBINSON, DOROTHY E.
622 W. 168 St., New York 32

ROBINSON, LAURA
Methodist Hospital, Brooklyn 15

ROBINSON, MABEL L.
Kingston Hospital, Kingston

ROBLING, MARY B.
52 Harrison St., Johnson City

ROBY, MRS. BETTY J.
305 Leah St., Utica 3

ROCKHOLD, ELIZABETH E.*
Methodist Hospital, Brooklyn 15

RODMAN, RUTH R.
999 Montgomery St., Brooklyn 13

ROCIN, MARY X.
621 Walnut St., Syracuse

ROGERS, DOROTHY
185 Woodland Dr., Fair Haven, N. J.
<table>
<thead>
<tr>
<th>Name</th>
<th>Address Details</th>
<th>City, State</th>
</tr>
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<td>ROGERS, IRENE S.</td>
<td>600 University Ave., Syracuse 10</td>
<td>Syracuse, New York</td>
</tr>
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<td>ROGERS, JEANNE E.</td>
<td>620 Glenwood Ave., Buffalo 11</td>
<td>Buffalo, New York</td>
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<td>ROGERSON, DELL A.</td>
<td>265 Herick Rd., Southampton</td>
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<td>ROMASKIEWIEZ, HELEN R.</td>
<td>290 Mills St., Buffalo 11</td>
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<td>ROSEMAN, MOLLY</td>
<td>30 Monroe St., Apt. FC9, New York 2</td>
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<td>ROSENGRANS, BARBARA</td>
<td>736 Irving Ave., Syracuse 10</td>
<td>Syracuse, New York</td>
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<td>ROSE, HELEN M.</td>
<td>Parkside Hospital, New York 3</td>
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<td>147 Avenue B, New York 9</td>
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<td>ROUCHLEAU, MARGARET</td>
<td>1320 York Ave., New York 21</td>
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<td>ROZENDAAL, MRS. H. M.</td>
<td>1096 Waverly Pl., Schenectady</td>
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<td>ROZUMALSKI, REGINA</td>
<td>26 Peterson St., Buffalo 11</td>
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<td>27 Alvin St., Buffalo 11</td>
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<td>32 Rosemont Blvd., White Plains</td>
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<td>7 E. 86 St., New York 28</td>
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<td>RUSSELL, FRED A.</td>
<td>Kingston Avenue Hospital, Brooklyn 3</td>
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<td>RUSSELL, GLADYS E.*</td>
<td>Hudson River State Hospital, Poughkeepsie</td>
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<td>RUSSELL, MRS. GRACE O. P.</td>
<td>807 Washington St., Ogdensburg</td>
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<td>RYAN, HELEN</td>
<td>124 E. 24 St., New York 10</td>
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<td>RYAN, MAY L.</td>
<td>Children’s Hospital, Albany 7</td>
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<td>RYAN, THERMA J.</td>
<td>Sea View Hospital, West New Brighton, Staten Island 10</td>
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<td>SAAMANEN, ELNA</td>
<td>708 W. 171 St., New York 32</td>
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<td>SAAMS, BEULAH R.</td>
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<td>N.Y. State Dept. of Mental Hygiene, State Office Bldg., Albany 6</td>
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<td>SALZMANN, RUTH</td>
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<td>SAUCE, JUNE K.</td>
<td>115 Midland Ave., Syracuse 5</td>
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<td>SCANLON, MARGARET</td>
<td>260 Crittenden Blvd., Rochester 7</td>
<td>Rochester, New York</td>
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<td>SCHACHT, HARRIET</td>
<td>167-10 Cryders Ln., Beechurst</td>
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<td>SCHAFENBERG, MRS. EDNA O.</td>
<td>222 05 Edmore Ave., Queens Village 8</td>
<td>Queens Village, New York</td>
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<td>SCHAIRER, LEAH D.</td>
<td>356 Broadway, Kingston</td>
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<td>SCHLAGENHAUF, RUTH E.</td>
<td>Edward J. Meyer Memorial Hospital, Buffalo</td>
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<td>SCHMEELEK, JOHANNA W.</td>
<td>8007 54 Ave., Elmhurst</td>
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<td>SCHMIDT, RUTH</td>
<td>260 Crittenden Blvd., Rochester 7</td>
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<td>SCHMIDT, AGNES</td>
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<td>SEGNER, HAZEL M.</td>
<td>46 Atlantic Ave., Buffalo 9</td>
<td>Buffalo, New York</td>
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<td>SEJDEL, ELENORA S.</td>
<td>121 DeKalb Ave., Brooklyn 1</td>
<td>Brooklyn, New York</td>
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<td>SELLER, HELEN M.</td>
<td>304 Linden Blvd., Brooklyn 26</td>
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<td>SENGBUSCH, MRS. ANNE W.</td>
<td>25 Niagara Sq., Buffalo 2</td>
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<td>SENOFF, DOROTHEA C.</td>
<td>1422 Martin St., Utica 4</td>
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<td>SEPLOWITZ, FANNIE</td>
<td>567 Prospect Pl., Brooklyn 16</td>
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<td>SEPLOWITZ, LILLIAN</td>
<td>567 Prospect Pl., Brooklyn 16</td>
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<td>SEWELL, MRS. ELIZABETH L.</td>
<td>223-12 107 Ave., Queens Village 9</td>
<td>Queens Village, New York</td>
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<td>SEYFFER, CHARLOTTE</td>
<td>152 Washington Ave., Albany 6</td>
<td>Albany, New York</td>
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<td>SHAFFER, EMMI L.</td>
<td>1422 Mt. Hope Ave., Rochester</td>
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<td>SHALLCROSS, ALICE E.</td>
<td>345 Hamilton St., Albany 6</td>
<td>Albany, New York</td>
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<td>SHARROCKS, THEODORA</td>
<td>801 Riverside Dr., New York 32</td>
<td>New York</td>
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<tr>
<td>SHAUD, PEARL G.</td>
<td>Flower-Fifth Avenue Hospital, New York 29</td>
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<td>SHAW, CORA L.</td>
<td>600 W. 165 St., New York 32</td>
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<td>SHAW, ETHEL M.</td>
<td>Highland Hospital, Rochester 7</td>
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<td>SHAW, JENNIE M.</td>
<td>Samaritan Hospital, Troy</td>
<td></td>
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<tr>
<td>SHEPPARD, MARIE G.</td>
<td>Staten Island Hospital, Staten Island</td>
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<tr>
<td>SHIELDS, EVELYN B.</td>
<td>U. S. Naval Hospital, Nurses Quarters, St. Albans</td>
<td></td>
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<tr>
<td>SHIPMAN, ARTHUR L.</td>
<td>Manhattan State Hospital, Wards Island 35</td>
<td></td>
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<tr>
<td>SHORE, OLLIE V.</td>
<td>29 Lockwood Ave., New Rochelle</td>
<td></td>
</tr>
<tr>
<td>SIDER, HELEN T.</td>
<td>Willard Parker Hospital, New York 9</td>
<td></td>
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<tr>
<td>SILLCOX, MARY</td>
<td>1365 York Ave., New York 21</td>
<td>New York</td>
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<td>SIMPSON, HELEN M.</td>
<td>10 W. 101 St., New York 25</td>
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<tr>
<td>SIMPSON, ISABEL M.</td>
<td>205 E. 82 St., New York 28</td>
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<tr>
<td>SIMPSON, RUTH E.</td>
<td>College of Mt. St. Vincent, New York 63</td>
<td></td>
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SISTER MARIE MICHAEL
St. Vincent's Hospital, New York 11
SISTER MARIE RENE CONNORS
800 Ridge Rd., Lackawanna 18
SISTER MARIE VINCENT*
St. Vincent's Hospital, West New Brighton,
Staten Island 10
SISTER MARY ADORA
565 Abbott Rd., Buffalo 13
SISTER MARY AGATHA
A. Barton Hepburn Hospital, Ogdensburg
SISTER M. AMATA
St. Joseph Hospital, Syracuse 3
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St. Joseph’s Hospital, Yonkers 2
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St. Francis Hospital, Poughkeepsie
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A. Barton Hepburn Hospital, Ogdensburg
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St. Francis Hospital, Buffalo 14
SISTER MARY CEPHAS
St. Peter's Hospital, Albany 3
SISTER MARY CHARLES McCARTHY
Benedictine Hospital, Kingston
SISTER M. COLETTE
800 Ridge Rd., Lackawanna 18
SISTER M. CONCORDIA
Our Lady of Victory Hospital, Lackawanna 18
SISTER M. CYRIL
513 Sixth St., Niagara Falls
SISTER MARY DAVID
St. Joseph’s Hospital, Syracuse 3
SISTER MARY ELENA
St. Mary's Hospital, Amsterdam
SISTER MARY ENDO
Mercy Hospital, Watertown
SISTER MARY ETHEL
563 Abbott Rd., Buffalo 20
SISTER M. EUCHARISTA CALVEY
513 Sixth St., Niagara Falls
SISTER M. EUGENIA
Mary Immaculate Hospital, Jamaica 2
SISTER MARY FLORA*
Mercy Hospital, Watertown
SISTER M. FLORENCE RIBSON
St. Joseph’s Hospital, Elmira
SISTER MARY FRANCES
A. Barton Hepburn Hospital, Ogdensburg
SISTER M. FRANCIS XAVIER
St. Clare’s Academy, Hastings-on-Hudson 6
SISTER M. FREDERICK
Champlain Valley Hospital, Plattsburg
SISTER MARY CUALBERTA
1298 St. Marks Ave., Brooklyn 13
SISTER M. HOSPICE
St. Catherine’s Hospital, Brooklyn 6
SISTER M. IMMACULATA
St. Peter’s Hospital, Albany 3
SISTER MARY OF THE INFANT JESUS
A. Barton Hepburn Hospital, Ogdensburg
SISTER M. ISABEL
St. Joseph’s Hospital, Elmira
SISTER M. JAMES ANTHONY*
152-11 89 Ave., Jamaica 2
SISTER MARY JANETTE
St. Mary's Hospital, Amsterdam
SISTER MARY JEROME
Mt. St. Mary’s Hospital, Niagara Falls
SISTER M. JOAN MARGARET
Our Lady of Consolation Home for the Aged, Amityville
SISTER MARY KEVIN
979 Madison Ave., Albany 3
SISTER M. LEONA
St. Joseph’s Hospital, Elmira
SISTER M. LIGOURI
St. Joseph’s Hospital, Elmira
SISTER MARY LOUISE WILEY
Mercy Hospital, Watertown
SISTER MARY ORIL
218 Stone St., Watertown
SISTER M. PASCHAL
St. Francis Hospital, Buffalo 14
SISTER MARY PATRICK
175 E. 68 St., New York 21
SISTER MARY PAULA SHANAHAN
St. Jerome Hospital, Batavia
SISTER M. REGINA ROSALIND
St. Elizabeth Hospital, Utica
SISTER MARY RENE
Mercy Hospital, Watertown
SISTER M. RICARDO
565 Abbott Rd., Buffalo 20
SISTER MARY SILVERINE
1209 St. Marks Ave., Brooklyn 13
SISTER M. SILVINE CURRAN
216 Stone St., Watertown
SISTER M. THEOPHANE
800 Ridge Rd., Lackawanna 18
SISTER MARY THOMAS
St. Vincent’s Hospital, New York 11
SISTER MARY URSULA CULLEN
Holy Family Hospital, Brooklyn 2
SISTER MARY VINCENT DE PAUL
2787 Main St., Buffalo
SISTER M. WILHELMINA
St. Joseph Hospital, Syracuse 3
SISTER MARY WILLIAM
St. Jerome Hospital, Batavia
SISTER MAUREEN
St. Joseph Hospital, Syracuse 3
SISTER MIRIAM HAROLD
St. Mary’s Hospital, Rochester 11
SISTER PATRICIA ANNE
St. Mary's Hospital, Amsterdam
SISTER REGINA LORETTA
2501 Jackson Ave., Long Island City 1
SISTER ROBERTA MARIE O'NEILL
133 Bushwick Ave., Brooklyn 6
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The Mary Louis Academy, Jamaica 3
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320 Porter Ave., Buffalo 1
SISTER ROSE MARY McCARTHY
St. Peter’s Hospital, Albany 3
SISTER ROSE VIRGINIA
133 Bushwick Ave., Brooklyn 6

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St. Joseph’s High School, Rockaway Park
SISTER ST. DAMASE
Misericordia Hospital, New York 28
SISTER ST. DOROTHY
A. Barton Hepburn Hospital, Ogdensburg
SISTER ST. PAUL
214 King St., Ogdensburg
SISTER SENANA JOYCE
St. Peter’s Hospital, Brooklyn 2
SISTER STANISLAUS
2157 Main St., Buffalo
SISTER THOMAS FRANCIS
St. John’s Hospital, Long Island City 1
SISTER WALTER MARIE
301 Prospect Ave., Syracuse 3
SKEHAN, BERENICE D.
Meadowbrook Hospital, Hempstead
SKINNER, CHARLES H.*
15 E. Main St., Norwich
SMITH, MRS. ANN V.
740 Irving Ave., Syracuse 10
SMITH, DOROTHY H.
Metropolitan Hospital, Draper Hall, Welfare Island, New York 17
SMITH, DOROTHY P.
290 Spring St., Huntington
SMITH, EDITH H.*
740 Irving Ave., Syracuse 10
SMITH, EMILY M.
600 W. 168 St., New York 32
SMITH, ESTHER C.
116 Rosa Rd., Schenectady 8
SMITH, F. LEOLA
28 Bowden Sq., Southampton
SMITH, FLORELLA F.
563 Riley St., Buffalo 8
SMITH, FRANCES M.
938 Delaware Ave., Buffalo 9
SMITH, J. WINIFRED
Nassau Hospital, Mineola
SMITH, RUTH L.
Mt. Vernon Hospital, Mt. Vernon
SMYER, EDWINE A.
958 Prospect Ave., New York 59
SNOGLES, RUTH E.
413 Third St., Liverpool
SNYDER, ANNA M.
210 Union Ave., Syracuse 3
SNYDER, ELIZABETH
1209 Fifth Ave., New York 29
SNYDER, GLADYS M.
25-40 31 Ave., Astoria 2
SOUTH, JEAN
35-14 77 St., Jackson Heights
SPAETH, LAURA B.
204 Linwood Ave., Buffalo 9
SPANEY, EMMA
9144 108 St., Richmond Hill 18
SPARKS, MRS. ESTHER
3409 Broadway, New York 31
SPELLMAN, ALICE L.
Albany Hospital, Albany 1
SPENGLER, JOSEPHINE C.
Ellis Hospital, Schenectady 8
SPINK, RUTH E.
5 E. 98 St., New York 29
SPROCELL, CAROLYNE A.
121 Westchester Ave., White Plains
SQUIRES, MRS. KATHERINE H.
Samaritan Hospital, Troy

STANFORD, MRS. BERTHA S.
775 Washington Ave., Brooklyn 6

STEFFEN, MRS. EVELYN J.
1521 Oneida St., Utica 3

STEICHERWALT, MILDRED M.
1325 York Ave., Apt. 1A, New York 21

STEPHEN, MARGARET
221 Alexander St., Rochester 77

STEVENER, NORMA J.
77 Grandview Ave., Huntington

STEVENS, MARION
726 Irving Ave., Syracuse 10

STEVENSON, MRS. BEATRICE V.
1316 Broadway, Brooklyn 26

STEVENSON, JESSIE L.
465 E. 54 St., New York 22

STEWART, ISABEL M.*
21 Claremont Ave., New York 27

STICH, EDA W.
100 W. Kingsbridge Rd., New York 63

STICK, VERN E.
1100 E. 40 St., Brooklyn 10

STILLMAN, LUCY R.
501 Eighth St., Brooklyn 15

STIMSON, JULIA C.
Horsechestnut Rd., Briarcliff Manor

STINSON, H. LOUISE
340 W. 165 St., New York 32

STORMS, MRS. HELEN B.
7 Orchard Pl., Bradford, Pa.

STRAHIE, JEANIE U.
329 E. 83 St., New York 28

STRATTON, EDNA F.
1410 York Ave., New York 21

STROMMIEYER, LILIAN D.
601 W. 113 St., New York 25

STROUGHTERS, MINNIE H.
3 E. 98 St., New York 29

STUTTER, MABEL L.
Genesee Hospital, Rochester 7

SUCHOMEL, LOUISE M.
1790 Broadway, JONAS, New York 19

SULESKY, FELIXA B.
300 E. 53 St., Apt. 2B, New York 22

SULLIVAN, ELIZABETH K.
210 E. 61 St., New York 21

SULLIVAN, MARGARET H.
111 Willis Ave., Syracuse 4

SUTCLIFFE, HELEN L.
161 N. Pearl St., Albany 4

SUTHERLAND, JEAN E.
37-06 81 St., Jackson Heights

SWANSON, MARIE
State Education Bldg., Albany 1

SWANWICK, MARY H.
1320 York Ave., New York 21

SWEENY, FLORANCE
329 Pine St., Lockport

SWEENY, HELEN C.
130 W. Kingsbridge Rd., New York 63

SWIPHAS, ANNA M.
506 Prospect Ave., Syracuse 3

TAIT, MRS. EMILY A.
302 Eastern Pkwy., Brooklyn 25

TARR, MRS. NINA C.
Oyster, Va.

TASHJIAN, HAIGANOUSS
706 W. 158 St., New York 32

TASSIE, REBECCA
Rome Hospital, Rome

TAYLOR, ANNA M.
1790 Broadway, New York 19

TAYLOR, JANE
1013 E. Adams St., Syracuse

TAYLOR, RUTH
Grasslands Hospital, Valhalla

TELINDRE, RUTH E.
Syracuse University, College of Medicine, Syracuse 10

TELEKE, GERTRUDE E.
Queen's General Hospital, Jamaica 2

TENNANT, MARY E.*
Room 5500, 49 W. 49 St., New York 20

THELANDER, MARGARET E.
RFD 1, Sinclairville

THOMAS, LUNA
420 W. 22 St., New York 11

THOMAS, MRS. RUTH W.
7 E. 75 St., New York 21

THOMPSON, EARLE*+
59 Broad St., New York 4

THOMPSON, ESTHER M.
University of Rochester, Nursing School, Rochester

THOMPSON, LAVERNE R.
599 W. 121 St., New York 27

TIERMAN, ELIZABETH J.
10 W. 15 St., New York 11

TIMSON, HELEN M.
330 Elm St., Syracuse 3

TIEBERDSMA, LUella
1005 Harrison St., Syracuse 10

TONER, MARY T.
327 W. 76 St., New York 23

TOOBER, MRS. MARTHA O.
Box 64, c/o Mrs. Charles Dilling, Port Jefferson Station

TORKE, FLORENCE M.
33 Crooke Ave., Brooklyn 26

TORREY, FLORENCE M.
140 E. 78 St., New York 21

TORROP, HILDA M.*
113 W. Allegan St., Lansing 4, Mich.

TOWE, ELIDA C.
129 Gordon Ave., Syracuse 4

TRENHOLME, BERNICE S.
345 Lenox Rd., Brooklyn 26

TRIPL, FRANCES T.
251 Whitney Pl., Buffalo 1

TROWBRIDGE, HAZEL M.
39 Palmer Ave., Bronxville 8

TRUNKT, ELIZABETH P.
106 Linden Blvd., Brooklyn 26

TUCKER, MARGARET P.
391 E. 20 St., New York 3

TUCKER, RUTH
631 W. 160 St., New York 32

TUFTS, FRANCES A.
Draper Hall, Welfare Island, New York 17

TURNER, ELLA
345 W. 50 St., New York

TURNER, GWENDOLYN E.
260 Convent Ave., No. 84, New York 31

TURNQUEST, MAGGIE L.
1029 Sedgwick Ave., New York 53

TURTELLOT, SHIRLEY
116 E. Castle St., Syracuse 5

496
TURULA, HELENA M.  
Draper Hall, Welfare Island, New York 17

TWOMEY, MARY  
333 Southern Blvd., New York 54

TYNDALL, MRS. MARTHA K.  
419 W. 14 St., New York 25

UNWIN, FLORENCE R.  
681 Clarkson Ave., Brooklyn 31

VALINTCOURT, ALICE M.  
Veterans Administration Hospital, Batavia

VALLON, MRS. PEARL B.  
63 Perry St., New York 14

VAN COOK, HELEN R.  
1101 E. Tremont Ave., New York 60

VANDERBILT, FLORENCE N.  
170 Ft. Washington Ave., New York 32

VAN DYKE, NELLIE M.  
1230 Amsterdam Ave., New York 27

VERNSMITH, DOROTHY A.  
1303 York Ave., New York 21

VESS, MRS. MARION C.  
20 Balding Ave., Poughkeepsie

VICKERY, HELEN L.  
287 Elmendorf Ave., Rochester 11

VIERBROCK, MRS. MAURINE S.  
212-20 104 Ave., Queens Village 9

VINCENT, RUTH F.  
New York Polyclinic Hospital, New York 19

VINES, VIRGINIA E.  
Station A, Ogdenburg

VIISKOVICH, DOROTHY A.  
Clifton Springs Sanitarium, Clifton Springs

VLOSKY, EDNA  
545 W. 164 St., New York 32

VREELAND, ELLYNNNE M.*  
3085 38 St., N.W., Washington 16, D. C.

WABERSICH, ROSE  
Lenox Hill Hospital, New York 21

WAGO, HELEN  
95 Lexington Ave., New York 16

WALKER, MRS. MILDRED S.  
180 Richmond Ave., Buffalo 13

WALTERS, JEANNETTE  
1320 York Ave., New York 21

WANAMAKER, MYRTLE L.  
511 University Ave., Syracuse 10

WANG, MADOLINE  
540 King St., Port Chester

WARD, DOROTHY R.  
8 W. 16 St., New York 11

WARDNER, RUTH E.  
500 W. 122 St., New York 27

WARMAIN, GRACE A.*  
5 E. 98 St., New York 29

WARRANT, CORA  
1956 W. Henrietta Rd., Rochester 10

WARRAM, MRS. HELEN L.:  
138 Maple Ave., Troy

WARREN, LYDIA  
61 49 Borden Ave., Maspeth

WARREN, MRS. RUTH B.  
Station A, Ogdenburg

WATSON, NORMA E.  
155 Clyde Ave., Syracuse 7

WATTERS, MARY  
1470 West Ave., New York 62

WAX, MRS. VIRGINIA S.  
1438 Sterling Pl., Brooklyn 13

WEAVER, JESSIE  
331 E. 71 St., New York 21

WEAVER, MRS. MABEL S.  
Hospital of the Good Shepherd, Syracuse 10

WEBBER, GLADYS E.  
Box 147, Church St. Annex, New York 8

WEBER, GLADYS G.  
Strawtown Rd., West Nyack

WEDDICE, DOROTHY  
23 E. 31 St., New York 16

WEDGWORTH, PEARL  
1227 E. Genesee St., Syracuse 10

WEIGEL, BARBARA R.  
1200 Lenox Ave., Utica 4

WEISS, ROSE  
1041 Bushwick Ave., c/o Baskin, Brooklyn 21

WELLS, MARGARET  
70 Haven Ave., New York 32

WENTHEN, MARY P.  
508 E. 79 St., New York 21

WESCOOTT, MURIEL R.*  
419 W. 114 St., New York 25

WEST, JANET F.  
Willard State Hospital, Willard

WEST, MARION E.  
213 Westminister St., Syracuse 10

WALEN, MARY X.  
511 New York Ave., Ogdenburg

WHEELER, DOROTHY V.  
217-21 49 Ave., Bayside

WHEELOCK, RUTH V.  
The Macmillan Co., 66 Fifth Ave., New York 11

WHEELER, SADIE L.  
132 E. 45 St., New York 17

WHITAKER, MRS. MARY G.  
1320 York Ave., New York 21

WIEDENBACH, ERNESTINE  
210 E. 68 St., New York 21

WILCOX, ELIZABETH  
200 Haven Ave., New York 33

WILDE, DELPHINE  
3312 Giles Pl., New York 63

WILKE, HELEN  
St. Mary's Hospital, Rochester 11

WILLARD, IRENE M.  
Mary McClellan Hospital, Cambridge

WILLECKE, MRS. ELEANOR J.  
11 E. Raleigh Ave., West Brighton, Staten Island 10

WILLIAMS, AGNES M. B.  
304 E. 20 St., New York 3

WILLIAMS, MARTHA L.  
27 W. 136 St., New York 50

WILLIAMS, MONTROSE L.  
2 W. 120 St., Apt. 7G, New York 27

WILLIAMS, RUTH C.  
635 W. 163 St., New York 32

WILLOUGHBY, MURIEL M.  
469 Washington Ave., Brooklyn 16

WILLSON, GORDO  
177 Grand St., Apt. 5M, White Plains

WILSON, ALBERTA B.  
1790 Broadway, NOPHN, New York 19

WILSON, ARLENE  
1320 York Ave., New York 21

WILSON, DOROTHY  
Teachers College, Columbia University, New York 27

WILSON, EVELYN M.  
McGuire General Hospital, Richmond 19, Va.
ARBOGAST, LOU A.
Rex Hospital, Raleigh

AUSTIN, CLARA R.
701 Glenwood Ave., Raleigh

AUSTIN, MONTROSE R.
1715 Fountain View, Charlotte 3

BAILEY, MRS. ANNA J.
P.O. Box 1472, Wilson

BALLANCE, MRS. PRISCILLA
1205 Arcoek St., Wilson

BARKER, MAE
Baker Sanatorium, Lumberton

BARNES, MRS. RUBY M. G.
The Baker Sanatorium, Lumberton

BASS, MRS. SUSIE B.
Lexington Memorial Hospital, Lexington

BATT, MRS. RUBY H.
Carolina General Hospital, Wilson

BOLING, EMILY*
Rex Hospital, Raleigh

BREWER, MRS. JONCIE S.
St. Leo's Hospital, Greensboro

BRITT, BEADIE E.
James Walker Memorial Hospital, Wilmington

BURTON, ELLEN
Moore County Hospital, Pinehurst

BURTON, ETHEL F.
1400 Scott Ave., Charlotte 3

CAMPBELL, AGNES
300 Armfield St., Statesville

CARRINGTON, MRS. ELIZABETH S.
1001 Rainey St., Burlington

CAUSEY, DOROTHY L.
1610 Front St., Greensboro

CHEEK, MARGARET M.
Brokaw Hospital, Nermal, Ill.

CLARK, LELIA R.
Pitt General Hospital, Greenville

CLARY, MINNIE
Rex Hospital, Raleigh

COUNCIL, RUTH
N. C. State Board of Health,
P.O. Box 2991, Raleigh

COX, PAULINE L.
Carolina General Hospital, Wilson

CRANFIELD, MRS. MAUDE
Rutherford Hospital, Rutherfordton

CRAWLEY, HATTIE M.
Box 2391, Duke University Hospital, Durham

DALRYMPLE, RUTH
Women's College, University of North Carolina, Greensboro

DAUGHTRY, MIRIAM
N. C. Baptist Hospital, Winston-Salem 7

FALLS, RUTH O.
Charlotte Memorial Hospital, Charlotte 4

FARTHING, FRANCES
Box 1123, Concord

FEATHERSTONE, ETHEL M.
Marion General Hospital, Marion

FRAZIER, OCTAVIA
Morehead City Hospital, Morehead City

GODLEY, MRS. ROSA M.
Good Samaritan Hospital, Charlotte 2

NORTH CAROLINA—110
GOORTH, MRS. JOYCE P.
Elm City
GREENE, MARGARET L.
Rex Hospital, Raleigh
HALES, RUTH
Eastern N. C. State Sanatorium, Wilson
HALL, LUCILE
Chowan Hospital, Box 310, Edenton
HARKEY, W. LOUISE
Cabarrus County Hospital, Concord
HARRISON, HILDA REDD
N. C. Baptist Hospital, Winston-Salem 7
HATOS, MRS. VERNEICE N.
N. C. Sanatorium, Sanatorium
HAY, RUTH W.
University of North Carolina
Box 229, Chapel Hill
HEINZELING, EDNA L.
N. C. Baptist Hospital, Winston-Salem 7
HILL, ELIZABETH
Box 390, Statesville
INGRAM, ANNA
H. F. Long Hospital, Statesville
ISENHOUR, EVELYN E.
Presbyterian Hospital, Charlotte 4
JOHNSON, C. MARGARET
Highsmith Hospital, Fayetteville
JOHNSON, HAZEL I.
619 N. Main St., High Point
JOHNSON, MRS. MARGUERITE H.
State Hospital, Raleigh
JOHNSON, MARY L.
108 W. Tenth St., Lumberton
KELLY, AGNES
Broadway
KERR, JOSEPHINE
Charlotte Memorial Hospital, Charlotte 3
KIGER, SYLVIA R.
City Memorial Hospital, Winston-Salem
KREIGER, CLARA
Charlotte Memorial Hospital, Charlotte 3
LANDIS, MRS. RUTH G.
117 N. Wilmington St., Raleigh
LAWRENCE, MRS. JANE
2448 Maplewood Ave., Winston-Salem 7
LAXTON, AUGUSTA A.
Duke University Hospital, Box 3507, Durham
LEWIS, LT. JANICE B.
U. S. Naval Hospital, Bethesda, Md.
LONG, MRS. ESTHER I.
City Hospital, Winston-Salem
MABE, MARY J.
512 Guilford Ave., Greensboro
MACY, MRS. VANCE V.
Eastern N. C. Sanatorium, Wilson
MASTEN, LUCY
City Memorial Hospital, Winston-Salem
MATTHEWS, AUDREY G.
Woodward-Herring Hospital, Wilson
MAXWELL, MYRA R.
Board of Nurse Examiners, Raleigh
MAY, MARY B.
Presbyterian Hospital, Charlotte 4
McCASKILL, MRS. GILBERT M.
Box 217, Carthage
MILES, J. VIRGINIA
412 Kinsey St., Raleigh
MILLER, VERNER S.
Mimosa Club, Morganton
MOSER, MARGARET H.
City Hospital, Winston-Salem
MOSS, ELSIE G.
Carolinas General Hospital, Wilson
MOTHER M. RAPHAEL
Mercy Hospital, Charlotte 4
NAHM, HELEN
College Station, Box 656
Duke University, Durham
NORDAN, MACE C.
Ann's Pem Memorial Hospital, Reidsville
NORWOOD, MRS. JEAN J.
1416 Pennsylvania, Durham
OLIVER, HARTE N.
c/o Mary Oliver, Bryson City
PANNILL, RUTH C.*
James Walker Hospital, Wilmington
PARKER, MRS. EFFIE L.*
State Hospital, Raleigh
PARKER, RUTH E.
Grace Hospital, Morganton
PEARCE, MRS. ETHEL S.
State Hospital, Raleigh
PEELER, HELEN E.
Rowan Memorial Hospital, Salisbury
PERRY, BESSIE L.
Watts Hospital, Durham
PETERSON, ELIZABETH S.
Rex Hospital, Raleigh
PITCHFORD, MRS. GERTRUDE P.
State Hospital, Raleigh
POLVOGT, VIOLET D.
James Walker Hospital, Wilmington
POOLE, CAROL
Box 3133, Duke University Hospital, Durham
PORTER, GERTIE W.
103 N. Pine St., Wilson
RACKLEY, EULA E.
N. C. State Sanatorium, Sanatorium
ROBINSON, DOROTHY W.
8 Trailwood, State College Station, Raleigh
SHARP, LOUISE W.
255 Lindsey St., Reidsville
SHAW, MRS. GERALDINE E.
Rowan Memorial Hospital, Salisbury
SHORE, ETHEL
N. C. Baptist Hospital, Winston-Salem 7
SHUPP, ANNA E.
1076 Drenier Ave., Stroudsburg, Pa.
SISTER MARY ANASTASIA
2009 E. Fifth St., Charlotte 4
SISTER MARY EVANGELIST NIXON
Mercy Hospital, Charlotte 4
SISTER MARY JAMES
Mercy Hospital, Charlotte 4
SISTER MARY PETER CUNNINGHAM
Mercy Hospital, Charlotte 4
SISTER M. STELLA MARIS ELMORE
Mercy Hospital, Charlotte 4
SISTER MARY XAVIER ROUCHE
St. Joseph's Hospital, Asheville
SISTER VINCENT CARRIGAN
St. Leo's Hospital, Greensboro
SMITH, DOROTHY M.
Box 3227, Duke University Hospital, Durham
MEMBERS

WHITLEY, MRS. EFFIE W.
General Delivery, Monroe

WHITLEY, SADYE T.
Western N. C. Sanatorium, Black Mountain

WILLIAMS, HAZEL C.
Grace Hospital, Morganton

WILSON, FLORENCE K.*
Box 3714, Duke University Hospital, Durham

WILSON, MRS. JUNE H.
N. C. Baptist Hospital, Winston-Salem 7

WOLFF, MARGARET H.*
Veterans Administration Hospital, Oteen

NORTH CAROLINA—NORTH DAKOTA

SMITH, GOLDA E.
Rex Hospital, Raleigh

STEPHENS, ELEANOR M.
Asheville Mission Hospital, Asheville

THAMES, MRS. ESTELLE C.
Clayton

VESTER, MRS. AGNES P.
Carolina General Hospital, Wilson

WARREN, EVA W.
Watts Hospital, Durham

WARREN, JOYCE
N. C. Baptist Hospital, Winston-Salem 7

WATSON, BERTIE M.
Carolina General Hospital, Wilson

ANDERSON, AMY J.
Veterans Hospital, Fargo

ANDERSON, RUTH M.
Trinity Hospital, Minot

BAUMLER, LEONA
511 Eighth St., S., Fargo

CLARK, MILDRED
General Hospital, Devils Lake

CLAUSON, BEDA E.
1014 Broadway, Fargo

DAHL, MINNIE M.
Trinity Hospital, Minot

DONOVAN, IRENE M.
State Department of Health, Bismarck

FIELD, VIRGINIA
State Department of Health, Bismarck

FINLAY, LOIS
817 S. Ninth St., Grand Forks

FOWLER, ANETTA
414 N. Seventh St., Grand Forks

HEPPERLE, LYDIA
Jamestown Hospital, Jamestown

KARAS, AGNES V.
St. John's Hospital, Fargo

KINDIG, FLORENCE E.
Mercy Hospital, Valley City

KLEISS, MRS. CHARLOTTE A.
501 Fourth St., Bismarck

LACROIX, ORPHA
State Department of Health, Bismarck

LARSON, CLARA E.
State T. B. Sanatorium, San Haven

LEE, RUTH E.
Trinity Hospital, Minot

LEWIS, CLARA G.
State Board of Nurse Examiners, State Capitol, Bismarck

LILLESTRAND, ANNETTE
State T. B. Sanatorium, San Haven

NORUM, ALMA
Deaconess Hospital, Grand Forks

OJEN, JULIA M.
1505 Fifth Ave., S., Fargo

OLSON, A. VENOIE
Trinity Hospital, Minot

PAULSON, LUCILLE V.
Deaconess Hospital, Grand Forks

REID, JEAN A.
Mercy Hospital, Valley City

RYAN, OLGA M.
Good Samaritan Hospital, Rugby

SCOTT, FLORENCE L.
1007 Sixth St., Bismarck

SISTER ANGELE TUFTS
St. Alexius Hospital, Bismarck

SISTER HELEN MARIE RICHARD
St. Andrew's Hospital, Bottineau

SISTER MARGARET FRANCES SCHILLING
St. John's Hospital School of Nursing, Fargo

SISTER MARY AMADEA
St. Joseph's Hospital, Minot

SISTER MARY CATHERINE SHAAN
St. Alexius Hospital, Bismarck

SISTER M. CLOTILDIS
St. Joseph's Hospital, Minot

SISTER M. CORITA
St. Michael's Hospital, Grand Forks

SISTER MARY EUGENE LISTON
Mercy Hospital, Williston

SISTER MARY MARK BRAUN
St. Alexius Hospital, Bismarck

SISTER MARY MIGUEL
Mercy Hospital, Devils Lake

SISTER M. OLIVE FORSTNER
Trinity Hospital, Jamestown

SISTER MARY SCHOLASTICA
Mercy Hospital, Valley City

SISTER MARY WILLIAM
St. Joseph's Hospital, Minot

STENNES, JOSEPHINE
Good Samaritan Hospital, Rugby

SWENSON, EPHIE S.
Bismarck Evangelical Hospital, Bismarck

TILLER, SELMA L.
Trinity Hospital, Minot

UDGAARD, MILDRED I.
New England

WILLIAMS, MRS. ADELE
Box 712, University Station, Grand Forks

WILLIAMS, MRS. RUTH W.
Washburn

WOODS, MRS. GENEVA A.
808 Sixth St., N.W., Minot

WOOLCOTT, MRS. GERALDINE
St. Andrew's Hospital, Bottineau
ADAMS, MRS. FREDERICK W.†
240 Portage Path, Akron 3

AGERIER, CARLOTTA H.
2247 Cumington Rd., Cleveland 6

ALLISON, MRS. LUCILLE M.
City Hospital, Newark

ALTHOFF, MARCELLA E.
3259 Elland Ave., Cincinnati 29

ANDERSON, EDNA L.
St. Elizabeth Hospital, Dayton 8

ANDERSON, ELIZABETH M.
2719 E. 116 St., Cleveland 20

ANDERSON, MABLE C.
1701 W. 28 St., Cleveland 13

ANGELL, EDYTHE E.
11100 Euclid Ave., Cleveland 6

ANSLEY, HELEN M.
Lima Memorial Hospital, Lima

ANSLEY, REBECCA
1134 Fifth Ave., Akron 6

ANTHONY, MRS. CATHERINE P.
1065 Erie Cliff Dr., Lakewood 7

APPLEBY, LOIS E.
RD 1, East Liverpool

ARMSTRONG, ETHEL B.
3161 Harvey Ave., Cincinnati 29

ARNDT, LYDIA C.
1903 Monroe St., Toledo 2

ARNDT, WANDA
11100 Euclid Ave., Cleveland 6

ARNOLD, E. ALDINE
City Hospital, Akron 4

ARNOLD, EDITH C.
49 Hopeland Ave., Dayton 8

ARNOLD, MRS. LOIS H.∗
Mansfield City Hospital, Mansfield

AUBREY, MARGARET L.
3529 Southern Blvd., Youngstown 5

AUBREY, MRS. RUTH N.
Youngstown Hospital, Youngstown 2

AUGSPURGER, IUTZI
Middletown Hospital, Middletown

AUL, HARRIET L.
Mansfield State Hospital, Mansfield

AUSTIN, ANNE L.∗
2063 Adelbert Rd., Cleveland 6

BAHRENBURG, ELIZABETH L.
3260 Tallman Rd., Cleveland 18

BAILEY, SHIRLEY L.
Toledo State Hospital, Box 1438, Toledo 3

BAKER, CATHERINE A.
1812 E. 105 St., Cleveland 6

BANCROFT, M. CORINNE
Children's Hospital, Cincinnati 29

BARRES, OLIVIA L.
Huron Road Hospital, Cleveland 12

BARRY, MARGUERITE C.
3259 Elland Ave., Cincinnati 29

BASH, FLORENCE B.
7600 Franklin Blvd., Cleveland 2

BATES, MRS. HELEN
5058 Cable Ave., Cleveland 4

BAUGHMAN, MARIE
144 Clencro Pl., Cincinnati 19

BEAL, CARRIE A.
Mansfield General Hospital, Mansfield

BEERY, LAURA M.
South Side Hospital, Youngstown

BELLIS, GERTRUDE S.
220 Fosdick St., Cincinnati 19

BENEDICT, MARJORIE L.
2334 S. Overlook Rd., Cleveland Heights 6

BENNARDO, PHILOMENE
3434 E. 145 St., Cleveland 20

BERENS, DOROTHY J.
Cripe Veterans Administration Hospital, Cleveland 9

BERNARD, BARBARA
3418 Reaung Rd., Cincinnati 29

BERNARD, PRISCILLA
2174 Malvern Ave., Dayton 6

BERRY, EDNA
11100 Euclid Ave., Cleveland 6

BIRD, DOROTHY M.∗
Mansfield General Hospital, Mansfield

BLOOM, DOROTHI Y.
2531 Burnet Ave., Apt. 10, Cincinnati 19

BLOOM, WANDA M.
3259 Elland Ave., Cincinnati 29

BOGIGIAN, ROXY A.
3161 Harvey Ave., Cincinnati 29

BOHLMAN, MINNIE
3259 Elland Ave., Cincinnati 29

BOLD, MARY A.
1828 E. High St., Springfield

BOLLA, MRS. KATHERINE G.
11311 Shaker Blvd., Cleveland 4

BONNELL, FLORENCE
7212 Clark Ave., Cleveland

BONNORONT, ALVENA
430 E. Schantz Ave., Dayton 9

BOOTHBY, BERNADINE
3240 Burnet Ave., Cincinnati 29

BORCHERS, GERTRUDE A.
575 Ridgeway Rd., Cincinnati 15

BORGERS, HANNAH M.
Route No. 4, Mankato, Minn.

BOSSERT, WINIFRED
217 Ayers St., Youngstown 8

BOWERS, MRS. RUTH E.
19 Marion Ave., S.E., Massillon

BRANT, RUTH∗
Martins Ferry Hospital, Martins Ferry

BRAUCHER, MRS. ELIZABETH S.
4174 Ardmore Rd., South Euclid 21

BRAUN, MARY T.
708 W. Market St., Lima

BRENDEL, FLORENCE
Vincent Hall, Elland Ave., Cincinnati 29

BRENEMAN, MARY I.
2938 E. 132 St., Apt. 14, Cleveland 20

BRESTEL, MRS. ETHEL T.
812 Mt. Hope Ave., Cincinnati 4

BRIGGS, ELLEN
652 Glenway, Wyoming 15

BRINKER, DOROTHY
St. John College, Cleveland

BRINKER, MARY E.
2514 Lynn Ave., Dayton

BROTHER LOUIS SALETEL+
University of Dayton, Dayton 9

BROUSE, CLARA F.
Ohio State Nurses' Board, Room 905,
21 W. Broad St., Columbus 15
<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, A. Marcella</td>
<td>3095 Lincoln Blvd., Cleveland Heights</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Brown, Margaret M.</td>
<td>3305 Franklin Blvd., Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Brown, Ruth J.</td>
<td>11415 Resler Rd., Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Brubaker, Esther B.</td>
<td>RR 1, South Vienna</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bruner, Ellen J.</td>
<td>1649 N. High St., Apt. 3, Columbus</td>
<td>Columbus</td>
<td>OH</td>
<td>43201</td>
</tr>
<tr>
<td>Buell, Ellen L.</td>
<td>2063 Adelbert Rd., Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Bukovina, Eleanore K.</td>
<td>2731 E. 116 St., Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Bungard, Mary L.</td>
<td>1777 W. 32 St., Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Bunce, Helen L.*</td>
<td>2063 Adelbert Rd., Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
<td>44109</td>
</tr>
<tr>
<td>Burgess, Orpha A.</td>
<td>Box 90, Gallipolis</td>
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<td>Bushey, Esther M.</td>
<td>2129 Fulton St., Apt. 304, Toledo</td>
<td>Toledo</td>
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<td>Christ Hospital, Cincinnati</td>
<td>Cincinnati</td>
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<td>2026 Abington Rd., Cleveland</td>
<td>Cleveland</td>
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<td>Campbell, Edith</td>
<td>3339 Elland Ave., Cincinnati</td>
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<td>Carrington, Bernice R.</td>
<td>Mt. Sinai Hospital, Cleveland</td>
<td>Cleveland</td>
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<td>Carroll, Harriet J.</td>
<td>General Hospital, Ashatabula</td>
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<td>Cartwright, Oma E.</td>
<td>2906 W. 3rd St., Dayton</td>
<td>Dayton</td>
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<td>Chambers, Colista M.</td>
<td>642 Dana Ave., Lima</td>
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<td>Christenson, Lettie A.</td>
<td>1000 E. 105 St., Cleveland</td>
<td>Cleveland</td>
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<td>Miami Valley Hospital, Dayton</td>
<td>Dayton</td>
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<td>Portsmouth General Hospital, Portsmouth</td>
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<td>41 Arch St., Akron</td>
<td>Akron</td>
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<td>Cobb, Mrs. Nina P.</td>
<td>1985 Windermere, East Cleveland</td>
<td>Cleveland</td>
<td>OH</td>
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<td>Conrado, Helen R.</td>
<td>3161 Harvey Ave., Cincinnati</td>
<td>Cincinnati</td>
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<td>Cooper, Mary B.</td>
<td>1893 Valentine Ave., Cleveland</td>
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<td>Route 1, Archbold</td>
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<td>Cottrell, Kathryn</td>
<td>957 Madison Ave., Columbus</td>
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<td>3419 Idlewood Ave., Youngstown</td>
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<td>3259 Elland Ave., Cincinnati</td>
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<td>City Hospital, Akron</td>
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<td>Creech, Etta A.</td>
<td>2525 Euclid Ave., Cleveland</td>
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<td>Lima Memorial Hospital, Lima</td>
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<td>CROSIER, Faun E.</td>
<td>1723 Maple Ave., Zanesville</td>
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<td>CUNNINGHAM, Frances</td>
<td>2102 Cornell Rd., Cleveland</td>
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<td>Massillon State Hospital, Massillon</td>
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<td>14603 Milverton Rd., Cleveland</td>
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<td>Jewish Hospital, Cincinnati</td>
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<td>Daniels, Marjorie A.</td>
<td>346 Wyoming, Dayton</td>
<td>Dayton</td>
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<td>Darlington, Mable I.</td>
<td>2359 Elland Ave., Cincinnati</td>
<td>Cincinnati</td>
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<td>Davey, Mae E.</td>
<td>10833 Magnolia Dr., Cleveland</td>
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<td>Dez. Corso, Marietta</td>
<td>318 Baker St., Berea</td>
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<td>Toledo State Hospital, Toledo</td>
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<td>Veterans Administration Hospital, Chillicothe</td>
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<td>2201 City Hospital, East Liverpool</td>
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<td>University of Akron, Akron</td>
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<td>Donley, Patricia I.</td>
<td>256 W. Cedar St., Akron</td>
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<td>Dorian, Alice</td>
<td>3505 Franklin Blvd., Cleveland</td>
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<td>Dorland, Norma E.</td>
<td>2651 E. 116 St., Cleveland</td>
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<td>3161 Harvey Ave., Cincinnati</td>
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<td>Christ Hospital, Cincinnati</td>
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<td>714 Wooster Rd., N., Barberton</td>
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<td>Durant, Jean M.</td>
<td>Box 146, Wilmot</td>
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<td>1679 Woodbine Ave., S.E., Warren</td>
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<td>326 Westwood Ave., Dayton</td>
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<td>Mansfield General Hospital, Mansfield</td>
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<td>101 W. Center St., Akron</td>
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<td>Eisenmann, Mrs Catherine M.</td>
<td>9100 Canal Rd., Valley View Village, Bedford</td>
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<td>Eldredge, Lara B.</td>
<td>2663 Adelbert Rd., Cleveland</td>
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<td>Ellis, Mrs. Ellen B.</td>
<td>1856 E. 118 St., Cleveland</td>
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<td>Ellison, Mrs. Bessie V.</td>
<td>1609 Valentine Ave., Cleveland</td>
<td>Cleveland</td>
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<td>Enot, Helen A.</td>
<td>508 Herbert Pl., N.W., Canton</td>
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<td>2663 Adelbert Rd., Cleveland</td>
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<td>Erstad, Gusta D.</td>
<td>256 E. Cedar St., Akron</td>
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<td>3259 Elland Ave., Cincinnati</td>
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<td>Evans, Ruth</td>
<td>1645 E. 115 St., Cleveland</td>
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<td>Faddis, Margene O.</td>
<td>2663 Adelbert Rd., Cleveland</td>
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<td>Mercy Hospital, Hamilton</td>
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</table>
FELDMAN, SARAH
16508 Euclid Ave., Cleveland 12

FELL, VIRGINIA
2345 Alpine Way, Dayton 6

FEVOLD, SOPHIE E.
415 Richmond Ave., Dayton 6

FINK, ELIZABETH
339 Charles St., Hamilton

FINNIGAN, ELIZABETH
1051 Belmont Ave., Youngstown 4

FISCHER, ALVINA
St. Elizabeth Hospital, Dayton 8

FISHBAUGH, JULIA B.
Peoples Hospital, Akron 7

FLUENT, MRS. MARION A.*
2203 Barrington Rd., University Heights 18

FLYNN, LOUISE E.
Children's Hospital, Cincinnati 29

FLYNN, ROSE M.
1835 E. 97 St., Cleveland 6

FOLCKEMER, ELIZABETH M.
2317 Euclid Ave., Cleveland 15

FORTUNE, ELLEN G.
11483 Hessler Rd., Cleveland 6

FOX, MRS. HELEN B.
758 Brown St., Apt. 8, Dayton 9

FRANZ, MRS. MARY L.
Massillon State Hospital, Massillon

FREEMAN, MRS. JESSIE M.
2635 Maplewood Ave., Cuyahoga Falls

FREIER, MARIE
3259 Elland Ave., Cincinnati 29

FRETTER, LEONA
14591 Detroit Ave., Lakewood 7

FRISTOE, PHYLLIS L.
3259 Elland Ave., Cincinnati 29

FRYE, MRS. MARGARET M.
2583 Riverview Rd., Cuyahoga Falls

FUCHS, THERESA
Mercy Hospital, Canton 3

FURNAS, EUNICE J.
Englewood

FURNISH, GRACE E.
Christ Hospital, Cincinnati 19

GALLAWAY, A. ELIZABETH
Bethesda Hospital, Zanesville

GARLAND, MERCIE P.
303 S., Brookville

GAVIN, MARY A.
167 N. Argyle Pl., Cincinnati 23

GAYNOR, GENEVIEVE E.
3344 W. 17 St., Cleveland 9

GAZAWAY, RENA M.
235 Erkenbrecher Ave., Cincinnati 29

GEBAUER, HELEN
2367 Canterbury Rd., Cleveland 18

GELTER, ADA M.
3161 Harvey Ave., Cincinnati 29

GERDES, EVELYN
Miami Valley Hospital, Dayton 9

GESTEL, CLARA E.
3259 Elland Ave., Cincinnati 29

GETTMAN, LEE
11100 Euclid Ave., Cleveland 6

GILLIS, M. ANNA
2601 E. 116 St., Cleveland 20

GLEASON, ANAMAE
3224 Brookline Ave., Cincinnati 20

GOLDBERG, BLANCHE H.
2705 Lancashire Rd., Cleveland Heights 6

GOODHEE, EDNA R.
Massillon City Hospital, Massillon

CORDON, BERTHA N.
3259 Elland Ave., Cincinnati 29

CORDON, EDNA
625 Fairgreen Ave., Youngstown

CORDON, RITA L.
1107 Bunker Hill Rd., Ashtabula

COSNELL, DORIS E.
Memorial Hospital, Lima

GRAY, MRS. FLORENCE H.
1444 Oakwood, Columbus 6

GRAY, ANNABEL
3074 Livingston Rd., Cleveland 20

GUISSER, MARGARET
3161 Harvey Ave., Cincinnati 29

GULMI, MARY J.
3541 W. 95 St., Cleveland 2

HADACK, MRS. AGNES M.
3556 Tolland Rd., Cleveland 22

HALL, MRS. MARION W.*
1506 Marlone Ave., Lakewood 7

HARKER, MRS. GOLDIE D.
3209 Pennington Rd., Shaker Heights 20

HARMON, EDDA
Massillon State Hospital, Massillon

HARMON, MRS. LAURA M.
Veterans Administration Hospital, Chillicothe

HARNER, H. CHARLINE
Holzer Hospital, Gallipolis

HARRISON, MRS. DOROTHY
5204 Gladstone, Toledo 12

HARSHA, EVELYN M.
3259 Elland Ave., Cincinnati 29

HAUBEIL, MRS. MARGARET W.
Veterans Administration Hospital, Chillicothe

HAWK, HAZEL M.
41 Arch St., Akron 4

HAWK, LILLIAN R.
2609 W. Tuscarawas Ave., Canton

HECKMAN, DORIS O.
47 Parsons Ave., Apt. H, Columbus 15

HEINICKE, GABRIELLE M.
3259 Elland Ave., Cincinnati 29

HELLMAN, FRANCES M.*
979 Campbell, Columbus 8

HENRY, VIRGINIA G.
2531 Burnett Ave., Cincinnati 19

HERMAN, LUCY V.*
600 W. Earl Ave., Youngstown 7

HESLAR, FLORENCE
15 Muso St., Cincinnati 19

HILTY, MARTHA
3259 Elland Ave., Cincinnati 29

HILTZ, BARBARA J.
2711 E. Third St., Dayton 3

HOELSCHER, MARY M.
28 Indiana Ave., Dayton 10

HOFrichter, JUNE E.
3305 Franklin Ave., Cleveland 13

HOLLEN, MARY L.
Christ Hospital, Cincinnati 19

HOLWAY, MARY R.
612 N. Main St., Hubbard

HOOVER, JOSEPHINE
Shelby Memorial Hospital, Shelby
HOPKINS, ETHEL M.*  
White Cross Hospital, Columbus 8

HORN, DOROTHY J.  
Mt. Carmel Hospital, Columbus 8

HORNING, IRENE L.  
St. Thomas Hospital, Akron 10

HORIGAN, MARY E.  
St. Elizabeth Hospital, Dayton 8

HOUCK, ANNA V.*  
Maumee Valley Hospital, Toledo 9

HUDSON, MRS. RUTH E.  
Christ Hospital, Cincinnati 19

HUGG, MARJORIE*  
1918 Hayes Ave., Sandusky

HUKILL, GEORGIA  
2582 Derbyshire Rd., Cleveland Heights

HULL, CLEO  
Samaritan Hospital, Ashland

ICKES, MABEL J.  
Huron Road Hospital, East Cleveland 12

IMMEL, MERCEDES R.  
Veterans Administration Facility, Dayton

JACKSON, RUTH L.  
3203 W. 111 St., Cleveland

JAMES, MARY M.  
320 Kenilworth Ave., Toledo 10

JAMESON, ESTHER V.  
1803 Valentine Ave., Cleveland 9

JANSON, EVA E.  
RFD, c/o Cecil P. Janson, Magnolia

JENKINS, LILLIAN  
Aultman Hospital, Canton 6

JOHNSON, MRS. MARY O.  
1190 Wilson Ave., Columbus

JOHNSON, RUTH L.  
918 E. 56 St., Chicago 37

JOHNSTON, FLORENCE B.  
931 S. Remington Rd., Columbus 9

JOBSTAD, ESTHER O.  
Children’s Hospital, Cincinnati 29

KANE, MRS. BERTHA K.  
Maumee Valley Hospital, Toledo 9

KEIGHLEY, MRS. MILDRED E.  
15 Sherbrooke Dr., Dayton

KELLEY, IRENE V.  
19017 Lake Ave., Cleveland 2

KELLEY, MRS. OLIVE V.  
4376 Homestead Ave., Bridgetown 11

KELTING, EMMA A.  
13591 Terrace Ave., East Cleveland 12

KEMPER, FRANCES  
1751 Harvard Blvd., Dayton 6

KEMP, FLORENCE C.  
1610 E. 115 St., Cleveland

KERCNER, DOROTHY B.  
3898 O’Meara Pl., Cincinnati 13

KETCHUM, ELLA A.  
RD 5, Box 517, Akron

KIES, EDNA M.  
221 Park Ave., New Philadelphia

KILPATRICK, GOLDA G.  
South Side Hospital, Youngstown

KIRKER, JESSIE  
14 Lakewood, Cincinnati 20

KIRSCHBAUM, DOROTHEA  
Good Samaritan Hospital, Cincinnati 20

KISH, ELISABETH S.  
117 E. 135 St., Cleveland 3

KNAPP, MARY J.  
45 Detroit St., Akron 6

KOCH, FREDERICKA E.  
Youngstown Hospital, South Side Unit, Youngstown 1

KOLESKIN, MARY  
7808 Franklin Blvd., Cleveland 2

KOLLARIK, MARY A.  
Maumee Valley Hospital, Toledo 9

KOUBAL, FRIEDA D.  
5126 W. Fifth St., Brookline Heights 9

KREUTZIGER, SUSAN  
Bethesda Hospital, Cincinnati 6

KRUHMAN, CATHERINE  
1087 Ellan Rd., Cleveland Heights 21

KUHLKE, BARBARA  
305 Merriman, Akron 3

LAMBERT, MILDRED L.  
Dunham Hospital, Cincinnati 5

LAMBERT, MRS. NEVA K.*  
1119 Elysian, Toledo 6

LAMBRIGHT, MARIAN  
Mercy Hospital, Canton 3

LA MOND, LILA L.  
2304 Murray Hill Rd., Cleveland 6

LANGE, ADA M.  
5392 Pandora Ave., Cincinnati 13

LANGE, FRED A.  
Bethesda Hospital, Cincinnati 6

LANGE, KATHERINE H.  
5302 Pandora Ave., Cincinnati 13

LANGSET, CLARA  
Children’s Hospital, Akron 8

LAPPIN, RUBY  
3259 Elland Ave., Cincinnati 29

LAUBENTHAL, FRANCES E.  
1124 Napoleon Rd., Ottawa

LAUGHLIN, ANNA  
315 Melish Ave., Cincinnati 29

LAWLER, HELEN M.  
Providence Hospital, Sandusky

LAWSON, NANCY  
City Hospital, Akron

LEA, RUTH F.  
391 E. Town St., Columbus 15

LEACH, CAROLYN M.*  
Lima Memorial Hospital, Lima

LEAHY, CHRISTINE  
3259 Elland Ave., Cincinnati 29

LEHIGEBER, ESTHER M.  
2994 Cornell Rd., Cleveland

LENZ, MARY B.  

LESS, MARY A.  
1855 Noble Rd., Cleveland 12

LEUPP, DOROTHY B.  
1185 Lockbourne Rd., Columbus

LEVERING, NINA M.  
2102 Cornell Rd., Cleveland 6

LEWE, M. CHRISTINE  
Good Samaritan Hospital, Dayton 6

LIEB, CONSTANCE  
1131 Shaker Blvd., Cleveland 4

LLEWELLYN, DOROTHY  
4228 Market St., Apt. 2, Youngstown

LLOYD, DOROTHEA  
9601 Ramona Blvd., Cleveland 4

LOTNEY, EMILY  
1543 Eddington Rd., East Cleveland 18
LOTT, MRS. JOSEPHA K.  
3259 Elland Ave., Cincinnati 29

LOVEY, MRS. DOROTHY S.  
RFD, Rushtown

LOWER, MARY F.  
Lancaster Municipal Hospital, Lancaster

LOWNIE, ANNA T.  
1603 Grandview Ave., Columbus

LUCAS, EMMA K.  
310 Broad Blvd., Cuyahoga Falls

LUCAS, JULIA  
715 N. Broadway, Dayton 7

LUCAS, MARY L.  
Sunny Acres Sanatorium, Cleveland 22

LYNCH, BEATRICE R.  
2525 Euclid Ave., Cleveland 3

MacINTOSH, MRS. JESSIE S.  
2701 Oxst St., Toledo

MADARAS, ANNE D.  
St. Vincent’s Hospital, Toledo 8

MAIER, SOPHIA P.  
21254 Erie Rd., Rocky River

MAINS, EUNICE  
391 E. Town St., Columbus 15

MAMBOURG, AILEEN E.  
Lancaster Municipal Hospital, Lancaster

MANTHEY, GLADYS A.  
Christ Hospital, Cincinnati 19

MARKLEY, LOREE J.  
Mt. Carmel Hospital, Columbus 3

MARTIN, ANGELA L.  
Flower Hospital, Toledo 10

MARTIN, CHARLOTTE L.  
2129 Eleanor Pl., Cincinnati 19

MARTIN, HELEN C.  
Ohio Valley Hospital, Steubenville

MATHews, EMMA L.  
Christ Hospital, Cincinnati 19

McADOW, CORA  
Children’s Hospital, Cincinnati 29

McCLESKY, OLA  
1638 Neil Ave., Columbus

McCLYMON, RUTH I.  
3325 Burnet Ave., Cincinnati 29

McDONALD, ELIZABETH C.  
Good Samaritan Hospital, Cincinnati 20.

McGALLIARD, VIVA  
3259 Elland Ave., Cincinnati 29

McKENNA, FRANCES M.  
Ohio State University Hospital, Columbus 10.

McKINNEY, RUTH M.  
2630 N. Moreland Blvd., Cleveland 20

McNETT, ESTA H.*  
1441 Madison St., N.W., Washington 11, D. C.

MCKISS, LOIS  
12317 First Ave., East Cleveland

MEDEWELLER, RITA I.  
210 Lyon St., Cincinnati 19

MEGSON, WINIFRED H.  
3259 Elland Ave., Cincinnati 29

MERRILL, ISABEL  
11415 Hessler Rd., Cleveland 6

MEYER, DORA L.  
3161 Harvey Ave., Cincinnati 29

MEYER, ROBERTA E.  
3259 Elland Ave., Cincinnati 29

MICHAEL, MRS. VERGIE  
RR 1, New Carlisle

MILLER, MRS. HARRIETT A.  
2210 Eldred Ave., Lakewood 7

MILLER, MRS. LAURABELLE S.  
2076 Elm Ave., Norwood

MILLER, MRS. MILDRED E.  
3302 Cleveland Ave., N.W., Canton 3

MILLER, V. MILDRED  
274 Gilman Ave., Cincinnati 19

MINNING, EDITH  
2923 Vaughn St., Cincinnati 19

MITCHELL, VERDA  
University Hospital, Cleveland 6

MOON, GEORGIA E.  
148 N. Huron Ave., Columbus 4

MOORE, DOROTHY M.  
13018 Woodworth Rd., East Cleveland 12

MOORE, GLADYS A.  
338 Hager St., Hubbard

MORISON, LUella J.  
Maumee Valley Hospital, Toledo 9

MOSKOPP, MARY E.  
1443 Superior Rd., Cleveland Heights

MOTOK, MRS. EUGENIA C.  
4001 E. 128 St., Cleveland 20

MOWRY, MRS. VERNICE S.  
2501 Shaker Blvd., Apt. 1, Dayton 9

MUMMA, REDA E.  
524 Crestview Rd., Columbus 2

MUSSELMAN, MARTHA  
Bethesda Hospital, Cincinnati 6

MYLES, MARY  
2125 Eleanor Pl., Cincinnati 19

NEEL, MARIE  
Memorial Hospital, Fremont

NEFF, MARIORIE V.  
Massillon State Hospital, Massillon

NEWMAN, MAXINE  
1271 Cedar Rd., Cleveland Heights 18

NIEMEIER, VIRGINIA  
Rainbow Hospital, South Euclid 21

NIENABER, HELEN  
2268 Harrison Ave., Cincinnati 11

NIJDORF, MARYLOU  
Dunham Hospital, Cincinnati 5

NOEL, MILDRED  
2311 Maplewood Ave., Cincinnati 19

NORMAN, A. ELIZABETH  
1031 Highland St., Columbus

NORTHUP, EDITH R.  
3259 Elland Ave., Cincinnati 29

NYE, NEVA E.  
1903 Valentine Ave., Cleveland 9

O’DONNELL, HELEN  
4753 Glenway Ave., Cincinnati

O’NEILL, MRS. A. FRANCES  
338 N. Portage Path, Akron 3

PAKAKALA, MRS. HELEN C.  
2118 W. Ninth St., Ashland

PALKIN, RUTH  
12 Twain Pl., Dayton 10

PALKINS, MRS. HELEN R.  
727 River Dr., Chagrin Harbor Beach, Willoughby

PANNER, LILLIAN  
2460 Overlook Ave., Youngstown

PATTERSON, FRANCES M.  
3259 Elland Ave., Cincinnati 29

PAULING, VIRGINIA L.  
2691 E. 116 St., Cleveland 20

PERLINSKY, LOUISE A.  
1800 E. 105 St., Cleveland 6
PERRY, ANNA M.
719 Patterson Rd., Dayton 9

PETCHNER, MIRIAM
391 Town St., Columbus 15

PFUEGER, MARTHA M.
Bethesda Hospital, Cincinnati 6

PFOST, LELIA C.
36 Ashley St., Dayton 9

PICKENPAUGH, DOROTHY
623 North St., Zanesville

PIERCE, ELIZABETH
Children’s Hospital, Cincinnati 29

PLUMMER, MARJORIE
3336 Burnet Ave., Cincinnati 29

POLAK, CYRIL D.
Veterans Administration Hospital, Chillicothe

PONIKVAR, JOSEPHINE
1111 Center St., Ashland

PONTIOUS, RUTH
Martins Ferry Hospital, Martins Ferry

POPLACEAN, MARY A.
Aultman Hospital, Canton

PRATT, EDITH E.
2691 E. 116 St., Cleveland 20

PRATT, EDNA
Christ Hospital, Cincinnati 19

PRICE, ALICE L.
The Middletown Hospital Assn., Middletown

PRICHARD, JESSIE E.
405 Carroll St., Akron 4

PRIEST, FLORENCE
572 E. Weber Rd., Columbus

PURCELL, FLORENCE
Bloomington

QUEEN, MARIAN
Massillon State Hospital, Massillon

RACHKAITIS, FRANCES B.
Children’s Hospital, Akron 8

RANDALL, CAROL E.
1241 Elmwood Rd., Rocky River 16

RAQUET, VIOLET M.
1029 Page Ave., East Cleveland 12

RECKMAN, LAURA
Dunham Hospital, Cincinnati 5

REED, ANNABEL B.
532 Oak St., Apt. 302, Cincinnati 19

REED, FRANCES T.
St. Alexis Hospital, Cleveland 4

REED, MRS. MYRTLE V.
1940 Tuscawas St., W., Canton 6

REES, RUTH A.
Flower Hospital, Toledo 10

REEVER, FERNE B.
St. Elizabeth Hospital, Dayton 8

REHRING, AGNES M.
722 E. Ross Ave., St. Bernard 17

REICHMANN, DOROTHY
Bethesda Hospital, Cincinnati 6

REIS, MARGARET S.
Lancaster Municipal Hospital, Lancaster

REKLAU, JOSEPHINE
Flower Hospital, Toledo 10

RICHARD, LENA
U. S. Veterans Hospital Annex, Vancouver, Wash.

RIES, GERTRUDE F.
RFD 7, North Canton

RIES, IRENE W.
415 50 St., Sandusky

RISSE, MARGARET
Holzer Hospital, Gallipolis

ROBINSON, A. ELIZABETH*
840 Old Furnace Rd., Youngstown 7

RODDEN, MRS. EILEEN R.
41 Arch St., Akron 4

ROLOFF, MARGARET L.
1660 E. 81 St., Cleveland 3

ROMAN, CAROL
1830 E. 101 St., Cleveland

ROSE, ANDREA B.
1812 E. 105 St., Cleveland 6

ROSNGALE, LAURA E.
3259 Elland Ave., Cincinnati 29

RUBINS, GENEVA A.
Bethesda Hospital, Cincinnati 6

RUTAN, ELEANOR
Veterans Administration, Nurses Cottage No. 1, Dayton

SAIKALS, C. SUZANNE
Lima Memorial Hospital, Lima

SCHAFFER, MINNETTA A.
Miami Valley Hospital, Dayton 9

SCHIERBAUM, CONSTANCE
1701 W. 29 St., Cleveland 13

SCHLEGEL, ELIZABETH A.
3259 Elland Ave., Cincinnati 29

SCHLIECHER, DOROTHY M.
5609 Steckney Ave., Cleveland 9

SCHMIDT, CLARA E.
Mercy Hospital, Hamilton

SCHMIDING, MRS. RUTH H.
Maumee Valley Hospital, Toledo 9

SCHNEIDER, IDA
Bethesda Hospital, Cincinnati 6

SCHROEDER, LOUISE S.
Children’s Hospital, Akron 8

SCHUPPF, CLARA M.
Delaware Ave., Lima

SCHWIECKERT, JAMES F.
Toledo State Hospital, Toledo 3

SEARS, RUTH E.
514 Wyoming Ave., Wyoming 15

SEGALLER, MARY C.
Deaconess Hospital, Cincinnati 29

SELFE, MABEL F.
RH 1, Monteville

SEYMOUR, PAULINE
3259 Elland Ave., Cincinnati 29

SELL, FRANCES D.
3321 E. 149 St., Cleveland

SHAFFER, MARY J.
5819 Youngstown-Poland Rd., Youngstown

SHANK, HELEN
21 W. Bread St., Room 905, Columbus 15

SHARRITT, EDNA E.
2701 Ottawa Ave., Toledo

SHAW, LUELLA B.
41 Arch St., Akron 4

SHEA, MARY A.
Mercy Hospital, Toledo 2

SHENK, MARY
3421 Middleton Ave., Cincinnati 29

SHOOK, HAZEL G.
2220 Jefferson Ave., Toledo

SHOOK, GERALDINE G.
Toledo State Hospital, Toledo 3

SHORT, AUDREY
Warren City Hospital, Warren

506
SISTER MARY CAROLINE WIESEL
Mercy Hospital, Toledo 2
SISTER MARY CAROLYN RATAYEZH
Good Samaritan Hospital, Cincinnati 20
SISTER MARY CECILIA BARRETT
100 W. McCleary Ave., Springfield
SISTER M. CLAUDINE
Mt. Carmel Hospital, Columbus 8
SISTER M. COLUMBIA
Mt. Carmel Hospital, Columbus 8
SISTER M. DELPHINA EMSTERS
St. Alexis Hospital, Cleveland 4
SISTER MARY EDITH BAILEY
7911 Detroit Ave., Cleveland 2
SISTER M. ELOISE
7911 Detroit Ave., Cleveland 2
SISTER MARY ELVA
St. Vincent Charity Hospital, Cleveland
SISTER MARY EMILY
Good Samaritan Hospital, Cincinnati 20
SISTER M. ERMAN
Mercy Hospital, Portsmouth
SISTER M. ESTHER
7911 Detroit Ave., Cleveland 2
SISTER MARY EVA DUNN
St. Vincent's Hospital, Toledo 8
SISTER M. FABIAN HESS
100 W. Cleveland Ave., N.W., Canton
SISTER MARY FLORENCE HERIC
Good Samaritan Hospital, Cincinnati 20
SISTER MARY GERVER
Mt. Carmel Hospital, Columbus 8
SISTER MARY IRENE WATSON
Mercy Hospital, Toledo 2
SISTER M. JOSANN
St. Thomas Hospital, Akron
SISTER M. CASIMA
Mt. Carmel Hospital, Columbus 15
SISTER MARY LEONIS WEBER
St. Alexis Hospital, Cleveland 4
SISTER M. LIBORIA KEGE
730 Laurel Ave., Zanesville
SISTER MARY LOUISE WILLMAN
7911 Detroit Ave., Cleveland 2
SISTER M. LUCIA PELC
Providence Hospital, Sandusky
SISTER MARY MARCELLA FORTMAN
801 W. High St., Lima
SISTER M. MAURICE*
2320 E. 24 St., Cleveland 15
SISTER MARY MCDONOUGH
793 W. State St., Columbus 8
SISTER M. NICOLAS GOUCH
Mt. Carmel Hospital, Columbus 8
SISTER M. OLIVETEL
Mt. Carmel Hospital, Columbus 8
SISTER M. RAYMOND*
7911 Detroit Ave., Cleveland 2
SISTER MARY REGINA EBING
Our Lady of Mercy Hospital, Cincinnati 27
SISTER M. REPARATA SHIPLE
Mercy Hospital, Toledo 2
SISTER M. SYLIVA FELSH
Mercy Hospital, Hamilton
SISTER M. THEOPHANE CLEARY
104 Belmont Ave., Youngstown 4
SISTER M. VICTORINE
7911 Detroit Ave., Cleveland 2
SISTER MATILDA JAGGER
1425 W. Fairview Ave., Dayton 6
SISTER MAURITA
3409 Woodlawn Ave., Cleveland 15
SISTER MINALIA HARRIGAN*
St. Elizabeth Hospital, Dayton 8
SISTER MIRIAM HALL
St. Rita's Hospital, Lima
SISTER NAOMI
St. Anthony Hospital, Columbus 3
SISTER REMY ALEXANDER
Good Samaritan Hospital, Dayton 6
SISTER ROSARIA CELSLECHTER
St. Elizabeth Hospital, Dayton 8
SISTER THEODORE SULLIVAN
Good Samaritan Hospital, Cincinnati 20
SISTER VINCENT on PAUL
St. Mary's of the Springs College, Columbus 3
SISTER VINCENTIA
1425 W. Fairview Ave., Dayton 6
SMALLEY, ELIZABETH A.
R.D. No. 1, Warner Rd., Brookfield
SMITH, FAITH W.
701 Parkwood Dr., Cleveland 8
SMITH, HAZEL M.
529 Bates Rd., Toledo 10
SMITH, KATHRYN H.
2157 Euclid Ave., Cleveland 15
SMITH, M. RUTH
3311 Euclid Ave., Cleveland 3
SPRUNGER, IRENE
Christ Hospital, Cincinnati 19
STEMLER, MRS. MILDRED M.
108 W. McMillan St., Cincinnati 19
STEVENSON, MARGARET
13915 Clifton Blvd., Lakewood 7
STEVENSON, MRS. NEVA M.
40 E. Fountain Ave., Glendale
STEWART, FRIEDA L.
295 W. Tenth Ave., Columbus
STIEL, CLARINE
7800 Franklin Ave., Cleveland 2
STREB, LOUISE H.
Bethesda Hospital, Cincinnati 6
STUART, LILLIAN C.
Sunny Acres, Cleveland 22
SUMP, ESTHER K.
Warren City Hospital, Warren
SWARTZ, ELEANOR
21 W. Broad St., Room 905, Columbus 15
SWITZER, JEAN
c/o Mrs. Ed. Switzer, Loveland
TAGE, MRS. MARY C.
1350 Madison Ave., Columbus 5
TIDD, MRS. ANNA B.
2063 Cornell Rd., Cleveland 6
TORRANCE, MRS. JANE T.
2339 Second St., Gahanna Falls
TOVEY, EVELYN M.
Mt. Sinai Hospital, Cleveland 6
TRAYAN, ELENA
1601 Larchmont Ave., Lakewood 7
TROPP, MRS. GLADYS H.
11711 Buckingham Ave., Cleveland 20
TSCHIDA, ETHEL M.
Children's Hospital, Columbus 5
TUVEILL, VIRGINIA M.
414 S. Ludlow St., Dayton 2
ULM, MARY S.
50 S. Hedges St., Dayton 3
VANGADER, MRS. CLARA E.
Bethesda Hospital, Zanesville
VOIGT, MARGARET K.
108 Schneider Dr., Oborn
WADSWORTH, IVY M.
1701 W. 28 St., Cleveland 13
WALLACE, MILDRED
Children's Hospital, Cincinnati 29
WALLINGER, EILEH M.
Children's Hospital, Columbus 5
WASHINKA, OLGA
1217 Angelus Ave., Cleveland 5
WASSON, LOUISE R.
132 E. Main St., Cardington
WAYMAN, MRS. CAROLYN S.
907 Grandview Ave., Bellevue
WEBSTER, KATHERINE
1000 E. 165 St., Cleveland 6
WEBBER, CAROLYN G.
2345 E. 126 St., Cleveland 20
WEIGEL, MARIA
Good Samaritan Hospital, Cincinnati 20
WEIGHT, LOUISE
Riverside Hospital, Toledo 11
WEIGHTMAN, DR. MARIAN A.*
Toledo University, Toledo
WEISHILLER, MARY C.
Good Samaritan Hospital, Cincinnati 20
WENZELL, JESSIE E.
3335 Barret Ave., Cincinnati 29
WEST, HAZEL
Mt. Sinai Hospital, Cleveland 6
WHITEMAN, DORIS
244, Napoleon
WHITNEY, CHRISTINE
3259 Eiland Ave., Cincinnati 29
WHITTEN, HAZEL B.
1556 Arthur Ave., Lakewood
WILLIAMS, MRS. DOROTHY R.
2237 Tudor Dr., Cleveland 6
WILLIAMS, KATHERINE R.
329 Ludlow Ave., Cincinnati 20
WILLIAMS, MARY M.
1812 E. 105 St., Cleveland 6
WISLER, MARY C.
7350 Euclid Ave., Cleveland 3
WISNEWSKI, VALERIA I.
Riverside Hospital, Toledo 11
WOLPERT, FLORA
21 W. Broad St., Room 905, Columbus 15
WOOD, BEATRICE K.
32 S. Sixth St., Apt. 20, Columbus 15
WOODS, MRS. BLANCHE D.
17 S. 12 St., Martins Ferry
YAHNER, GRACE
263 Harcourt Dr., Akron 2
YAKO, JULIA A.
11013 Flower Ave., Cleveland 11
YEATER, LUZETTA
1111 Center St., Ashland
ZIMMERMAN, DOROTHY
96 Bottles Ave., Columbus 8
ZITKUS, CECILIA M.
5303 McBride Ave., Cleveland 4
OKLAHOMA—48

BATES, DORA R.
201 E. King, Tulsa 6

BEAUCHAIN, RUBY R.
655 N.W. 30, Oklahoma City

BELKNAP, EVELYN
622 Market St., Muskogee

CASTELLO, MARCELLA R.
317 W. Park, Oklahoma City 3

CHURCH, DARYL E.
501 W. Rand, Enid

COOLEY, MRS. RACHEL L.
St. John's Hospital, Tulsa 6

DANIEL, JOSEPHINE L.
331 East Dr., Apt. A, Oklahoma City 5

DILLON, MRS. GLADYS D.
1122 S. Troost, Apt. 7, Tulsa

ECHOLS, MRS. SARAH MARIE
117 S.E. 29 St., Oklahoma City

FAILA, MRS. FLODIEE T.
140 Ulani St., Honolulu 11, T. H.

FLEMING, KATHERINE
Wesley Hospital, Oklahoma City 3

GARRETT, ETHEL
151 East Park, Oklahoma City 2

GIRARD, MARGUERITE
Albert Pike Hospital, McAlester

HALPERT, MRS. PRISCILLA W.
925 N.E. 20 St., Oklahoma City 3

HAMBURGER, MARGARET S.
1311 N. Lind-av, Oklahoma City 5

JONES, MRS. CLARA W.
State Health Dept., Oklahoma City 5

KAUF, IRENE E.
320 E. Main, Enid

KELLY, BETTIE B.
1150 S. Utica Pl., Tulsa

KENNEDY, SARAH M.
317 W. Park, Oklahoma City 3

KRAMMES, KATHLYN A.
State University Hospital, Oklahoma City 4

LADD, VELMA L.
1607 E. 12 St., Tulsa

LANGSTON, MRS. IVA R.
1819 N. Tacoma, Tulsa 15

LUTHER, ANNIE
Dept. of Public Health, Guymon

McDERMOTT, CATHERINE M.
Senior Asst. Nurse Officer, PHS No. 5510, Wewoka

MILLER, BETTYE B.
1615 E. Tenth, Tulsa 5

MUEHLHAUSER, FLORENCE H.
University Hospital, Oklahoma City 4

NASKE, FLORENCE M.
University Hospital, Oklahoma City 4

OLDFHAM, MAE B.
2212 Wilshire, Oklahoma City

ROPE, ERNEZ F.
527 N.W. 26, Oklahoma City 3

POWELL, MRS. FRANCES H.
1620 N.W. 33 St., Oklahoma City

POWELL, THURZA
701 N.E. 12 St., Oklahoma City

ROBERTS, WILLA R.
2216 E. 20 St., Tulsa 4

ROEPPE, RUBY
State University Hospital, Oklahoma City 4

ROOT, MRS. EFFIE K.
2200 N.W. 12, Oklahoma City 7

RYAN, MARGARET M.
703 N.W. 11 St., Oklahoma City 3

SCHAEFER, NORMA C.
Western Oklahoma State Hospital, Clinton

SIMPSON, LEORA A.
Okhoma Baptist Hospital, Muskogee

SISTER M. BENEDECTA SCHLAGECK
502 E. Oklahoma, Enid

SISTER M. GRATIANA
St. John's Hospital, Tulsa 6

SISTER MARY PANCRATH
St. Anthony Hospital, Oklahoma City 3

SISTER M. THERESA SCHRIECK
St. John's Hospital, Tulsa 6

SISTER MARY VINCENITA
St. Anthony Hospital, Oklahoma City 3

SLIEF, GOLDIA B.
707 N.E. 16, Oklahoma City 4

SOUDERS, BESSIE
1309 N. Lottie, Oklahoma City

STRONG, WILLIAMINA H.
Wesley Hospital, Oklahoma City 3

WARD, IDA K.
1547 E. Tenth, Tulsa

WINTERS, ODESSA
507 S. Allegheny, Tulsa 4

WOODS, A. MARTYNE
2111 N. Everest, Oklahoma City

oregon—45

BEEMAN, MRS. EMMA P.
3610 S.E. Franklin, Portland 2

BOUFFORD, MARIORIE J.
Route 16, Box 735-B, Portland

CAMPBELL, MARY C.
2107 N.E. 14 Ave., Portland 12

CRUZSHANK, HELEN S.
3233 S.W. Tenth, Portland 1

DAVIS, EVA A.
Dept. of Nursing, University of Oregon Medical School, Portland 1

DOLTZ, HENRIETTA
Dept. of Nursing, University of Oregon Medical School, Portland 1

DUERKSEN, TINA
Oregon State Hospital, Salem

DYER, AILEEN
1206 S.W. Gibbs, Portland 1

EGGERS, JOHANNA
3417 S.W. 12 Ave., Portland 1

FOX, THEDA L.
1026 N.E. Knott St., Portland 12

GAVIN, JANE D.
729 S.W. Harrison, Portland 5

GOUGH, RUTH E.
1022 N.W. 22 St., Portland 10

HAMILTON, JEAN P.
2266 N.W. Marshall St., Portland 10

509
OREGON—PENNSYLVANIA

HARDSAW, ROSA
The Dalles Hospital, The Dalles
HEWITT, MRS. CAROL M.
2475 N.W. Westover, Portland 10
HILLER, MRS. JEANETTE S.
USDA, Labor Branch, Terminal Sales Bldg.,
Portland 5

JACKSON, MARY A.
1224 S.W. Gibbs St., Portland 1
JOHNSON, ALPHA L.
239 E. 13 St., Apt. 306, Eugene
JOYCE, MARJORIE E.
11738 N.E. Beech St., Portland
KITTLESBY, ROMA
3181 S.W. Marquam Hill Rd., Portland 1
McDONALD, LILLIAN M.
 Salem General Hospital, Salem
McDUFFEE, ALICE E.
2222 N.W. Northrup, Portland 10
McREA, DOROTHY G.
3211 S.W. Tenth St., Portland 1
METZ, MRS. EDITH A.
1414 E. Ninth St., The Dalles
MOULD, ELIZABETH E.
710 S.W. St. Clair Ave., Portland 5
NICHOLSON, HELEN F.
1224 S.W. Gibbs, Portland 1
OLSEN, GUILLI J.
3303 N.E. Stanton, Portland 13
OSBORN, HARRIET I.
1529 N.E. Knott, Portland 12
PHIELPS, GRACE
3007 N.E. 56 Ave., Portland 13

REYNOLDS, DORIS A.
655 Van Buren, Corvallis
SISTER AGNES DE BOHIME
2417 N.W. Westover Rd., Portland 10
SISTER BORELLE OF PROVIDENCE
Providence Hospital, Portland 13
SISTER ELIZABETH CLARE
2415 N.W. Westover, Portland 10
SISTER ERNESTINE MARIE
306 N.E. 47 Ave., Portland 13
SISTER JOHN OF THE CROSS
St. Mary’s Hospital, Astoria
SISTER M. MADELEINE
Sacred Heart General Hospital, Eugene
SISTER MARY MARTHA
Sacred Heart General Hospital, Eugene
SISTER MARY MELCHIOR
St. Joseph Hospital, La Grande
SISTER PETER OF AQUILA
301 N.E. 47 Ave., Portland 13
SLOCUM, OLIVE A.
322 Polk St., Eugene
SWANMAN, ALICE E.
4709 N.E. Eighth Ave., Portland 11
THOMSON, ELSOBA E.
Campbell Court Hotel, Portland 5
VOSSEN, DOROTHY
2475 N.W. Westover, Portland 10
VREELAND, JOHANNA R.
1230 S.W. Columbia, Apt. 8, Portland 1
WAPLES, GENEVIEVE
3211 S.W. Tenth Ave., Portland 1

AHLESTROM, ADELE
7 Quarry St., North Braddock
ALLISON, ELLA W.
Surrey Hall, 42 & Pine St., Philadelphia 4
ANDERSON, INEZ M.
423 Main St., Collegeville
ANDERSON, MILDRED N.
5230 Center Ave., Pittsburgh 6
ANDREWS, JULIA F.
1720 Bainbridge St., Philadelphia 46
ANDROS, PAULINE
7 Quarry St., North Braddock
APEL, MARY E.
Bryn Mawr Hospital, Bryn Mawr
AVERY, MARGARET L.
Municipal Hospital, Pittsburgh 13
BABCOCK, IRENE
119 Lothrop St., Pittsburgh 13
BAILEY, MRS. EDNA D.
Methodist Hospital, Philadelphia 48
BAILEY, OLGA
1150 Turner St., Allentown
BAKER, RUTH E.
Abington Memorial Hospital, Abington
BALDRIDGE, ANNA M.
Westmoreland Hospital, Greensburg
BALE, MRS. EMILY
Philadelphia General Hospital, Philadelphia 4
BALLAMY, EMMA S.
Wilkes-Barre General Hospital, Wilkes-Barre
BANKS, JUNE S.
523 Chew St., Allentown

BARCAUSKAS, JOSEPHINE L.
234 Mountain St., Philadelphia 45
BARLOW, MRS. ANNA R.
223 N. Fourth St., Reading
BARRON, MABEL A.
Elizabeth SteelMagee Hospital, Pittsburgh 13
BARTLETT, CLARA
320 S. 34 St., Philadelphia
BASTIAN, KATHRYN V.
247 Sugamore Rd., Haverton
BAUMGARTEN, HILDA G.
Philadelphia General Hospital, Philadelphia 4
BEAN, ESTHER M.
4000 N. Front St., Philadelphia 40
BECK, ALMA E.
St. Luke’s Hospital, Bethlehem
BEGGS, MARION F.
6100 Howe St., Pittsburgh 6
BEHMAN, ANNA B.
The Netherlands, Philadelphia 4
BEHNEKE, MRS. HELEN D.
105 Woodside Rd., Ardmore
BEINERT, AUGUSTA
1818 Lombard St., Philadelphia 46
BEISSER, MIRIAM
Abington Memorial Hospital, Abington
BEILL, ELIZABETH
Moses Taylor Hospital, Scranton 10
BELL, SARAH C.
Philadelphia General Hospital, Philadelphia 4
BELISH, ETHEL M.
1719 Linden St., Scranton 10

510
MEMBERS

BENDL, LOUISE F.
160 Loyalhanna Ave., Latrobe

BENFIELD, RUTH E.
Pottstown Hospital, Pottstown

BENNETT, EMILY
320 North Ave., Pittsburgh 12

BENSEN, MARGARET L.
Second & State Sts., Erie

BESORE, HELEN M.
Frankford Hospital, Frankford 24

BEVAN, MABEL
Elizabeth Steel Magee Hospital, Pittsburgh 13

BICKEL, RUTH
Easton Hospital, Easton

BISSELL, ANNA J.
Christian H. Buhl Hospital, Sharon

BLACK, ANNA B.
D. T. Watson Home for Crippled Children, Leetonia

BLAISDELL, PAULSTINA
549 N. Neville St., Pittsburgh 13

BLOOM, MRS. EDNA W.
726 Haas Ave., Norristown

BOLTZ, MARY K.
218 S. Sixth St., Lebanon

BOND, MRS. RUTH F.
2347 Allen St., Allentown

BORIE, MRS. W. J.
Washington Lane, Ridley

BORING, MARTHA L.
1720 Bainbridge St., Philadelphia 46

BORING, THELMA
230 Lothrop, Pittsburgh

BOWER, C. RUTH* Concord Hall, Philadelphia 4

BOYD, MARY E.
Elliott City Hospital, Elliott City

BRADY, ELEANOR M.
141 W. Blois St., Titusville

BRENNAN, MARY P.
Wyoming Valley Homeopathic Hospital, Wilkes-Barre

BRIGGS, MRS. EVA W.
5013 Nauuana St., Philadelphia 31

BRIGHTON, JANE* Oil City Hospital, Oil City

BROPHY, BERENICE E.
St. Luke's Hospital, New Bedford

BROWN, ELIZABETH M.
Philadelphia General Hospital, Philadelphia 4

BROWN, GERTRUDE M.
Danville State Hospital, Danville

BROWN, GRACE D.
Hahnemann Hospital, Scranton 10

BROWN, MRS. MARCELLA V.
St. Vincent's Hospital, Erie

BRUMBERG, OLGA L.
St. Christopher's Children's Hospital, Philadelphia 33

BRYAN, HELEN M.
Children's Hospital, Pittsburgh 13

BURKE, MRS. MARY E.
6560 N. Lambert St., Philadelphia

BURKET, S. GRACE
Leerstown Hospital, Leerstown

BURNFISHER, CHARLOTTE R.
5319 Thomas Ave., Philadelphia 43

BUTLER, MIRIAM C.
Philadelphia General Hospital, Philadelphia 4

BYCOSKY, ANASTASIA
224 N. 17 St., Allentown

BYLER, SARA E.
Philadelphia General Hospital, Philadelphia 4

CANN, MARY T.
4479 Edgemont St., Philadelphia 37

CARLSON, LOUISE M.
Allegheny General Hospital, North Side, Pittsburgh 12

CARR, IILEEN P.
St. Vincent's Hospital, Erie

CARR, MARY A.
Philadelphia General Hospital, Philadelphia 4

CATARINO, MRS. OLIVE M.
445 Willow St., Scranton 10

CATHCART, JANE
Shadyside Hospital, Pittsburgh 6

CHAMBERS, MRS. SARA W.
3816 Chester Ave., Philadelphia

CHASE, MRS. ADALINE
245 E. Highland Ave., Philadelphia 18

CHILCOTT, RUTH E.
Cheston Courts Apts., Philadelphia 26

CHILDS, KATHERINE
Pennsylvania Hospital, Philadelphia 7

CHRISTY, EDNA B.
State Hospital, Mayview

CLARK, SARA J.
Christian H. Buhl Hospital, Sharon

CLARKE, KATHERINE
8835 Germantown Ave., Philadelphia 18

CLAYE, FRANCES K.
Children's Hospital, Philadelphia 14

COBLE, E. ARABELLA
Chester County Hospital, West Chester

COCHRAN, MARY L.
D. T. Watson Home for Crippled Children, Leetonia

COHEN, MRS. ELIZABETH M.
505 Reed St., Philadelphia

COFFY, LOIS C.
13 Charles St., Throop

CONNELL, MRS. EDITH S.
"Hollybrook", Brookside La., Wayne

CONNOR, MARY D.
State Hospital, Waynesville

CONTI, CATHERINE M.
Washington Hospital, Washington

COOK, MARY A.
Municipal Hospital, Pittsburgh 13

COOPER, DOROTHY
824 Albert St., Dickson City

COOLEY, STELLA
59 N. Church St., Mt. Pleasant

CORINA, EGMA
313 W. Broad St., Bethlehem

COURCHAIEN, ARMAND L.
865 Hutchinson Terr., Holmes

CRAIG, LEROY N.
4401 Market St., Philadelphia 4

CRANCH, D. ELEANOR
5250 Center Ave., Pittsburgh 6

CRIDER, KATHARINE M.
Pennsylvania Hospital, Philadelphia 7

CROCKER, PAUL L.
1421 Arch St., Philadelphia

CROSSLEY, ESTHER W.
Jewish Hospital, Philadelphia 41

CROUGH, MAY L.*
Allentown Hospital, Allentown
CRUSER, FLORENCE M.
Hamot Hospital, Erie

CUNNINGHAM, MARTHA N.
Northeastern Hospital, Philadelphia 34

CURRY, RUTH J.
Moore Taylor Hospital, Scranton 10

CUSHING, ADELAIDE B.
230 Lothrop St., Pittsburgh 13

DAHLGREN, GAIL H.
McKeever Hospital, McKeesport

DALEY, SARA
Hahnemann Hospital, Scranton 10

DAVIES, ANNE L.
31 N. 39 St., Philadelphia 4

DEAKYE, HELEN
230 N. Broad St., Philadelphia 2

D'ESTELLE, ERNESTINE
Philadelphia General Hospital, Philadelphia 4

D'YEARS, MATHILDA A.
Aberdeen State Hospital, Ashland

DETWILER, GRACE C.
Memorial Hospital, Roxborough

DINSMORE, RUTH
Canonsburg General Hospital, Canonsburg

DORSON, RUBY
5220 Center Ave., Pittsburgh 6

DOHERTY, M. ESTELLE
White Haven Sanitarium, White Haven

DOHERTY, MARGARET M.
3697 Chestnut St., Philadelphia 4

DONOVAN, MRS. ELLEN O.
3624 Old York Rd., Philadelphia

DOWNECK, BEATRICE H.
343 E. Goepf St., Bethlehem

DONOHUE, MARY J.
536 Walnut St., Lebanon

DOUGHERTY, JANE*
Citizen's General Hospital, New Kensington

DOUGIE, MRS. ADELINE
Bryn Mawr Hospital, Bryn Mawr

DOUTY, EDITH A.
Allentown Hospital, Allentown

DRINKER, MRS. JAMES B.*
Fox Chase Rd., Jenkintown

DRUMM, CATHERINE E.
Geisinger Memorial Hospital, Danville

DUFFY, HAZEL M.
South Side Hospital, Pittsburgh 3

DUMM, MRS. MARY A.*
State Teachers College, Indiana

DUNCAN, DOROTHY L.
The Harrisburg Polyclinic Hospital, Harrisburg

DUTTER, HANNAH E.
10 W. Dobrente St., Kingston

EARLY, MRS. MARTHA L.
5269 Center Ave., Pittsburgh

EBERT, MRS. GERTRUDE F.
331 Wyandotte St., Bethlehem

ECKERT, MRS. EDNA M.
Lock Haven Hospital, Lock Haven

EDGAR, HELEN M.*
Box 6000, Torrersdale, Philadelphia 14

EICHEL, ETHELYN L.
Allentown Hospital, Allentown

EICHER, RUTH
Eye & Ear Hospital, Pittsburgh 13

ERBE, LILLIAN
Hazelton State Hospital, Hazelton

FIDLE, HELEN M.
9 Finoby Ave., Bethlehem

FIDLEY, FLORENCE M.
Gorham Episcopal Hospital, Philadelphia 29

FORDMAN, A. ARLENE
149 S. 4th St., Reading

ERICKSON, FLORENCE
6100 Hoge St., Pittsburgh

ERICKSON, GERTRUDE M.
923 Wallace St., Erie

ERIKSON, MRS. EDITH M.
Philadelphia General Hospital, Philadelphia 4

ERVIN, MRS. MILDRED L.
5132 Youmans Ave., Washington, N. J.

ESHLEMAN, FANNIE
Henry Philip Institute, Philadelphia 7

EVERHAN, ALICE C.
Duquesne University, Pittsburgh 19

FEINAUGEL, MARCELLA M.
Children's Hospital, Philadelphia 13

FINDEISEN, ISABORA
4401 Market St., Philadelphia 4

FISHER, HILDA H.
Clearfield Hospital, Clearfield

FISHER, RUTH L.
Christian H. Buhl Hospital, Sharon

FLETCHER, CATHERINE
Allegheny General Hospital, Pittsburgh 12

FLITTER, HESSEL H.
University Hospital, Education Dept., Philadelphia 4

FORREST, ANNA L.
336 Main St., Bellewood

FRALICK, RACHEL I.
Polyclinc Hospital, Harrisburg

FRANCIS, SUSAN C.
Chancellor Hall, Philadelphia 7

FRANTZ, MRS. MARGARET D.
Children's Hospital, Philadelphia 16

FRIEND, MRS. HELEN D.
Scranton State Hospital, Scranton 3

FRITZ, DOROTHY M.
Reading Hospital, Reading

FROST, HARRIET
The Fairfax, 438 Locust St., Philadelphia 4

FUSAN, REGINA E.
67 Prospect St., Etna, Pittsburgh 23

GAGHAN, BETTY M.
4503 Springfield Ave., Philadelphia

GANS, ELIZA F.
820 Jackman Ave., Pittsburgh 21

GARDNER, DR. MARY I.
Old Gulph Rd., Bryn Mawr

GATES, MRS. THOMAS S.*
Seminole & Rev Ave., Chestnut Hill, Philadelphia 18

GEISSINGER, ESTELLE M.
Jewish Hospital, Philadelphia 41

GEORGE, FRANCES L.
141 N. Duuthridge St., Pittsburgh 13

GETTIG, BERTHA
Suburban General Hospital, Pittsburgh

GIbson, CLARISSA F.
Visiting Nurses Association, Scranton 10

GIGEE, WILDA
1014 Spruce St., Philadelphia 7

GILBERT, NORMA G.
York Hospital, York

GILLARD, ELLEN A.
316 New St., Scranton

GILLESPIE, MARY B.
Philadelphia General Hospital, Philadelphia 4
GILMER, ANNE K.
10 W. Dorrance St., Kingston

GINDER, MINNIE E.
224 N. 17 St., Allentown

GIORDANO, ANNA H.
1747 S. 13 St., Philadelphia 48

GILL, JESSIE M.
917 E. Orange St., Lancaster

GLUTH, BELLE C.
319 Hemlock St., Pittsburgh 12

GLYNN, HANNAH J.
25 N. Harrison Ave., Apt. 3, Pittsburgh 2

GNALL, IRIS.
Moses Taylor Hospital, Scranton 10

GODDARD, FRANCES L.
Chester County Hospital, Philadelphia 4

GORDON, ANNE C.
Homestead Hospital, Homestead

GORNEY, THERESA
St. Mary's Hospital, Philadelphia 25

GOULDING, ERNA L.
3720 Chestnut St., Philadelphia 4

GRABAK, ELIZABETH V.
5230 Center Ave., Pittsburgh

GRAHAM, GERTRUDE A.
125 Overbrook Dr., Pittsburgh 16

GRANT, ESTHER R.
214 N. 15 St., Philadelphia 2

GREEN, LOUISE A.
4000 N. Front St., Philadelphia 30

GREENOUGH, KATHARINE
St. Luke's Hospital, Bethlehem

GROPP, EDNA B.*
2501 Cathedral of Learning, Pittsburgh 13

GUILFOYLE, MARY W.
Presbyterian Hospital, Philadelphia 4

HAHN, MRS. BERNICE T.
337 N. 16 St., Allentown

HAHN, EVA
Sacred Heart Hospital, Allentown

HAKANSON, ALMA A.*
213 W. 34 St., New York 1, N. Y.

HALESK, AGNES M.
2600 N. Lawrence St., Philadelphia 33

HAMBLETON, DOROTHY
Frankford Hospital, Frankford 24

HANLEY, MARIE
7203 Truelove Blvd., Pittsburgh

HARDING, A. LOUISE
Allentown Hospital, Allentown

HARDING, THELMA C.
121 Turner St., Allentown

HARKINS, ELIZABETH B.
1213 S. 53 St., Philadelphia

HARPER, ELIZABETH V.
Canonsburg General Hospital, Canonsburg

HARRISON, SUZANNE H.
2851 Bedford Ave., Pittsburgh 19

HARTUNG, ARLENE A.
55 Prince Ave., Lansdowne

HASLAM, GREVILLE
370 Latches La., Merion

HAUSKNECHT, MABEL C.
Abington Memorial Hospital, Abington

HAY, MRS. FLORENCE A.
6212 Howe St., Pittsburgh 6

HELFRICH, ALICE K.
Allentown Hospital, Allentown

HELLER, JANE
St. Luke's Hospital, Bethlehem

HELMSTAEDTER, FLORA L.
Rochester General Hospital, Rochester

HENDRICKS, MARTHA L.
West Side Hospital, Scranton 4

HERALD, LULU B.
Shadyside Hospital, Pittsburgh 6

HERROTT, ALICE L.
University of Pittsburgh School of Nursing, Pittsburgh 13

HERZOG, KATHRYN A.
27 E. Cottage Ave., Millersville

HERWIG, DELLA R.
Philadelphia General Hospital, Philadelphia 4

HESSE, MRS. HELEN E.
1530 Locust St., Philadelphia 2

HETKO, ETHEL M.
U. S. Veterans Hospital, Aspinwall 15

HEYDE, EDNA D.*
Shriners' Hospital, Philadelphia 15

HIPPLE, FLORENCCE
4503 Springfield Ave., Philadelphia

HIPPLE, LULU M.
2103 Market St., Harrisburg

HOBLITZELLE, LUCY F.
Montefiore Hospital, Pittsburgh

HOFFECR, NELLE
Grand View Hospital, Sellersville

HOFFERT, MAY S.
51 N. 39 St., Philadelphia 4

HOFFMAN, MARY
45 S. Main St., Ashley

HOLMQUIST, EMILY W.
245 Melwood St., Pittsburgh 13

HORNICKEL, MARGARET J.
Veterans Hospital, Courtersville

HAUSER, MRS. NAOMI
St. Luke's Hospital, Bethlehem

HUBBARD, RUTH W.
4300 Spruce St., Philadelphia 38

HUFF, JENNIE M.
Hotel Sterling, Wilkes-Barre

HUGHES, ADELAIDE A.*
Mt. Sinai Hospital, Philadelphia 47

HUGO, GLORIA V.
31 N. 39 St., Philadelphia 4

HUHN, MRS. MARY W.
3909 Hampton St., Pittsburgh

HUMITSC, GRACE
Mayview State Hospital, Mayview

HUTCHISON, DOROTHY H.
Shadyside Hospital, Pittsburgh 6

HYDE, MRS. ETHEL G.
Christian H. Buhl Hospital, Sharon

HUNGERICH, ZOE
Shadyside Hospital, Pittsburgh 6

JACKSON, MARGARET M.
Western Pennsylvania Hospital, Pittsburgh 24

JAMES, DOROTHY
Geisinger Memorial Hospital, Danville

JAMESON, MRS. NAOMI
Box 108, Coneyingham

JESSEE, RUTH W.
Presbyterian Hospital, Philadelphia 4

JOHNSON, LORETTA M.
3400 Pine St., Philadelphia 4

JOHNSON, RUTH D.
811 Bluff St., Pittsburgh 19

JONES, BEATRICE I.
St. Luke's Hospital, Bethlehem
JONES, JEANETTE
Moses Taylor Hospital, Scranton 10
JONES, LILLIAN E.
Children’s Hospital, Pittsburgh 13
JONES, MARY E.
West Side Hospital, Scranton 4
JONES, RUTH E.
5110 Howe St., Apt. 10, Pittsburgh
JUSTISON, GERTRUDE G.
Veterans Administration Hospital, Lyons, N. J.
KANE, DOROTHY M.
2025 Murray St., Philadelphia 15
KAUFMAN, MARY E.
3024 W. Girard Ave., Philadelphia 4
KEEGAN, CATHERINE E.
401 First St., Butler
KEESEY, LAURA F.
3306 Spruce St., Philadelphia 4
KEIRN, MARY L.
4534 Penn Ave., Pittsburgh 24
KELLEY, MRS. HELEN R.
Main St., Universal
KELLY, ESTHER A.
Pittston Hospital, Pittston
KEMP, MADELEINE
Sewickley Valley Hospital, Sewickley
KENNEDY, MARY R.
38 Mundy St., Wilkes-Barre
KENT, BERNICE I.
Hahnemann Hospital, Philadelphia 25
KESWIT, ETHEL
Ephraim Hospital, Philadelphia 25
KETTERMAN, MARIE W.
York Hospital, York
KHOURI, MRS. RUTH L.
Sewickley Valley Hospital, Sewickley
KING, MRS. ANNA B.
1126 W. King St., York
KINGSTON, BARBARA L.
Lock Haven Hospital, Lock Haven
KINNEAR, MARGARET E.
Cheesman Hill Hospital, Philadelphia 18
KINNEY, MRS. MARGUERITE L.
Box 328, Newfoundland
KHAK, MRS. F. S.
250 Indiana Creek Rd., Philadelphia 31
KLEEMER, MRS. MARGARET G.
143 Monitor Ave., Ben Avon
KLINE, MRS. ESTHER J.
State Hospital, Allentown
KNouse, EMILY G.
Stony Creek Mills
KOEHMSTEDT, MRS. CECIENNE
2001 Spring Garden St., Philadelphia
KOHLER, MARGARET A.
Abington Memorial Hospital, Abington
KOHN, MRS. ISADORE
1617 N. 16 St., Philadelphia 21
KONRAD, CLARA M.
Conemaugh Valley Memorial Hospital, Johnstown
KORN, SARAH W.
207 Spruce St., Philadelphia 7
KREIS, ANNE J.
1510 N. Webster Ave., Dunmore
KRUECKWITT, DOROTHY A.
257 Rarragh, Pittsburgh 13
KUEHN, MRS. RUTH P.
University of Pittsburgh, Pittsburgh
KUINS, MRS. GRACE F.
709 3/4 N. 12 St., Allentown

KUMP, S. LOBRAINE
4013 Pine St., Philadelphia 4
KURCHINSKY, MARY M.
Lenton Hospital, Easton
KULAND, ALICE M.
Pittsburgh City Hospital, Mayview
KUTZ, ELIZABETH S.
State Hospital, Terrance
LALLY, MIRIAM T.
121 Pine St., Archbald
LAMBERGER, E. AUGUSTA
Homestead General Hospital, Homestead
LAMIE, JEANIE S.
3900 Friendship Ave., Pittsburgh 24
LANDIS, KATHRYN E.
Polyclinic Hospital, Harrisburg
LANE, SUSAN K.
Philadelphia Hospital for Contagious Diseases, Philadelphia 40
LAU, MARY R.
Harrisburg Hospital, Harrisburg
LAUER, SHIRLEY
Lock Haven Hospital, Lock Haven
LEADER, HELEN J.
Presbyterian Hospital, Philadelphia 4
LEMKE, META E.
Pennsylvania Hospital, Philadelphia 7
LENNY, CATHERINE E.
505 S. 44 St., Philadelphia 4
LEPR, AMANDA L.
Reading Hospital, Reading
LEWIS, ADELE M.
Jefferson Hospital, Philadelphia 7
LEWIS, ELOISE R.
3913 Walnut St., Philadelphia 4
LINDBERG, RUTH E.
907 Spruce St., Philadelphia 7
LITTLE, EDNA R.
2230 Center Ave., Pittsburgh 6
LOCKWOOD, ANNA M.
St. Joseph’s Hospital, Philadelphia 30
LOEB, MRS. HOWARD A.
Elkins Park, Philadelphia 17
LOFTUS, NELLIE G.
27 N. Loveland Ave., Kingstown
LOGAN, MARGARET
100 W. Mermaid Ln., Philadelphia
LOH, MARGARET
Altoona General Hospital, Altoona
LONG, ALTON F.
Harrisburg State Hospital, Harrisburg
LOUDON, JANET R.
Canonsburg General Hospital, Canonsburg
LOVELAND, FLORENCE
132 Ashby Rd., Upper Darby
LOWE, VIRGINIA P.
230 N. Broad St., Philadelphia 2
LOZZARENE, CHRISTINE
Germantown Hospital, Philadelphia 44
LUCKA, MILDRED V.
515 Main St., Youngstown
LUDWIG, HAZEL A.
Allegheny Valley Hospital, Tarentum
LUKENS, HELEN W.
Mt. Sinai Hospital, Philadelphia 47
LUNARDINI, EDITH
Mercy School of Nursing, Pittsburgh 19
LUSHER, MRS. BERYL W.
Philadelphia General Hospital, Philadelphia 4
LUTTON, MRS. MARY
715 Brookline Blvd., Pittsburgh
MEMBERS

LUTZ, MARGARET S.
3537 Grove Ave., Philadelphia 43

LYNCH, THERESA I.*
3400 Spruce St., Philadelphia 4

MACHLAN, IRIS A.
2213 Spruce St., Philadelphia 3

MACKENZIE, C. CATHERINE
Danville State Hospital, Danville

MAFFEO, MARY E.
305 11th St., Windber

MAGILL, M. ELIZABETH
George Geisinger Memorial Hospital, Danville

MAJOR, NORMINE G.
Shadyside Hospital, Pittsburgh 6

MAKIM, ANNA L.
14 S. 12 St., Darby

MALENE, MARY T.
Hospital of the Woman's Medical College of Philadelphia, Philadelphia 29

MANNARELLI, MARY
3612 Raspberry St., Erie

MANNER, BERTHA O.
Indiana Hospital, Indiana

MANNINO, ANTHONY J.
4401 Market St., Philadelphia 4

MARKLEY, MRS. ROSLYNNE
124 Market St., Sunbury

MARKS, MARITA
532 W. Pittsburgh St., Greensburg

MARLOW, DOROTHY R.
106 Sylvan Ave., Rutledge

MARRA, MRS. ELSIE V.
132 E. Sixth St., Erie

MARGOTTA, JANE A.
317 Chestnut St., Dunmore

MARRSHALL, LOUISE A.
Ashland State Hospital, Ashland

MARRSHALL, MARION H.
Moses Taylor Hospital, Scranton 10

MARTINDALE, VERA G.
Box 240, Warren

MARVIN, LOUISE S.
Wissahickon Valley Homopathic Hospital, Wilkes-Barre

MATHIS, DORA
Episcopal Hospital, Philadelphia 25

MAYERS, EUNICE W.
Hamot Hospital, Erie

MAZUR, JULIA Z.
Elizabeth Steel Magee Hospital, Pittsburgh 13

McCArTHY, NELLIE
Moses Taylor Hospital, Scranton 10

McCArTHY, RUTH P.
412 E. Genesee St., Syracuse, N. Y.

McCLELLAND, HELEN G.
Pennsylvania Hospital, Philadelphia 7

McCOLLOUGH, MILDRED
265 46 St., Pittsburgh 1

McCOMAS, LUELLA N.
Columbia Hospital, Pittsburgh 21

McCONNELL, LUCY E.
312 Penn Ave., Wilkinsburg

McCORMICK, MARIE C.
5771 Wister St., Germantown 33

McCRAVY, MARTHA E.
443 Church La., Philadelphia 44

McGRAVY, JEAN S.
45 N. Albermarle St., York

McGRATH, MARION E.
103 S. 36 St., Philadelphia 4

PENNSYLVANIA

McKEOWN, MRS. MARY B.
3155 Frankford Ave., Philadelphia 25

McKILLIPS, PATSY
5230 Center Ave., Pittsburgh 6

McLAUGHLIN, MARY A.
Philadelphia General Hospital, Philadelphia 4

McQUADE, AGNES
Philadelphia General Hospital, Philadelphia 4

MEEER, ANNA L.
231 Bedford Ave., Pittsburgh 19

MILLER, MARGARET R.
St. Francis Hospital, Pittsburgh

MELLON, ANN M.
Veterans Hospital, Aspinwall 15

MERESENS, DOROTHY A.
220 Meyran Ave., Pittsburgh 13

MILANO, MRS. CECILIA M.
1219 Herron Ave., Pittsburgh 19

MILLER, ADELE
Allentown Hospital, Allentown

MILLER, ELIZABETH H.
St. Luke's Hospital, Bethlehem

MILLER, MRS. KATHARINE E. F.
400 N. Third St., Harrisburg

MILLER, MARIE S.
Allentown Hospital, Allentown

MINOR, VIRGINIA
Allentown Hospital, Allentown

MITCHELL, EDITH F.
Pennsylvania State Hospital, Philadelphia 14

MOHNEY, FLORENCE E.
General Hospital, Greenville, S. C.

MOHUKERN, MARGARET C.
121 Oak Grove, Oil City

MOLINARI, MRS. IDA V.
4300 Hazel Ave., Philadelphia

MONTGOMERY, MARGARET R.
999 South Ave., Pittsburgh 21

MOORE, WINIFRED L.
218 E. Market St., York

MOOTH, ADELMAR E.*
Hospital of the Woman's Medical College of Philadelphia, Philadelphia 29

MORRIS, HELEN A.
Easton Hospital, Easton

MULLERIN, LORETTA
1106 Dartmouth St., Scranton 10

MURRAY, SUE A.
51 N. 39 St., Philadelphia 4

MUSHINSKI, ANN R.
Nanticoke State Hospital, Nanticoke

MUTZGER, JEAN E.
937 Laclair St., Pittsburgh 18

MYERS, CORA P.
1104 Somerset Ave., Windber

MYERS, ELIZABETH M.
RFD 1, Mechanicsburg

MYERS, JANESY B.
Veterans Administration, Coatesville

MYERS, NANCY E.
319 Hemlock St., Pittsburgh 12

NATH, AMELIA D.
404 Arabela St., Pittsburgh

NEIGH, EVELYN
Easton Hospital, Easton

NETZEL, EMMA C.
Kesbüt Memorial Hospital, Kingston

NIEBEL, ILENE H.
Latrebo Hospital, Latrobe

OGLESBY, MILDRED
Chester Hospital, Chester
OKAL, ANNE
Allentown Hospital, Allentown
OKAL, JENNIE
Allentown State Hospital, Allentown
OKAL, JULIA
Allentown Hospital, Allentown
OLIVER, MARY
319 Hemlock St., Pittsburgh
OSHEKA, LORRAINE M.
1010 Madison Ave., Pittsburgh
OSSAR, SARA L.
221 Larimer Ave., Pittsburgh
OTT, MRS. HELEN M.
303 N. Broad St., Philadelphia 40
PAGE, MRS. WHEELER H.†
Waterloo Rd., Devon
PANCOAST, ESTHER J.
Bryn Mawr Hospital, Bryn Mawr
PANIGAL, MARY M.
La trobe Hospital, La trobe
PAPPENFUSE, GRACE M.
Veterans Hospital, Aspinwall 15
PARRISH, LOLA C.
Neubig Memorial Hospital, Kingston
PARRTE, STEPHENA E.
Palmerton Hospital, Palmer ton
PATTERSON, MRS. CAROLYN H.
3125 Providence Rd., Scranton
PATTEN, L. KATHRYN
Allentown Valley Hospital, Tare nton
PATTOM, BETTY J.
319 Hemlock St., Pittsburgh 12
PAYNE, EDITH D.*
Methodist Hospital, Philadelphia 49
PEELER, MARGARET C.
4519 Spruce St., Philadelphia 4
PERRY, MARY A.
Philadelphia Hospital for Contagious Diseases, Philadelphia 49
PETERMAN, MAE
123 W. Tulpehocken, Philadelphia 11
PETERSEN, MARION I.
Hamot Hospital, Erie
PETERSON, DOROTHY T.
Warren State Hospital, Warren
PHILLIPS, ORE K.
224 N. 17 St., Allentown
PHY, KATHRYN
4521 N. 20 St., Philadelphia 49
PICKEL, MRS. LILLIAN W.
Allentown Hospital, Allentown
PITMAN, CHARLOTTE E.
719 Smithfield St., Pittsburgh
PIVARNIK, ANNA E.
Uniontown Hospital, Uniontown
PIZZI, ARDIEA
183 Lake Morton Dr., Lakeland, Fla.
PLATT, MARY A.
4709 Pine St., Philadelphia 42
PLUMACHER, KATHRINE M.
Lewistown Hospital, Lewistown
PORTER, MRS. ELIZABETH K.
University of Pennsylvania, Dept. of Nursing
Education, Philadelphia 4
POWELL, VIRGINIA C.
57 Sunnyhill Dr., Pittsburgh 16
POWER, KATHRYN H.†
5803 Wellesley Ave., Pittsburgh 6
PRICE, AGNES J.
St. Francis Hospital, Pittsburgh 1

PRICE, MRS. LUCENA O.‡
311 S. Hicks St., Philadelphia
PROSSER, ROSE G.
396 Main St., Slips Level
PROWELL, MYRA R.
511 W. Main St., Mechanicsburg
PURCHASE, MAY F., M.
Philadelphia General Hospital, Philadelphia 4
PURDY, FRANCES I.
Moses Taylor Hospital, Scranton 10
PURA, JOSEPHINE M.
748 W. Lehigh Ave., Philadelphia 33
QUANTE, CECELIA E.†
Lewistown Hospital, Lewistown
RACINE, MRS. GERTRUDE S.
Williamsport Hospital, Williamsport 20
RANCHIL, ESTHER
Philadelphia General Hospital, Philadelphia 4
RAU, MILDRED B.
17 Hill Park Ave., Pittston
READ, EDITH L.
Passavant Hospital, Pittsburgh 19
READ, ESTHER H.
Children's Hospital, Philadelphia 46
REAGAN, MARY E.
Chester Hospital, Chester
REATH, MRS. B. B. H.†
711 S. Highland Ave., Merion
REEBER, MRS. EVELYN M.
311 S. Juniper St., Room 904, Philadelphia 7
REICHGERT, WILHELMINE
Chester County Hospital, West Chester
REINHART, SARAH
526 N. Lime St., Lancaster
REISNER, MRS. BETTY C.
211 S. 12 St., Philadelphia 4
REITER, MARGUERITE
Allentown Hospital, Allentown
REND, ENIS C.
531 Edith St., Old Forge
RENDINE, THERESA M.
221 Ross Ave., Pittsburgh
RENQUERT, THELMA
Uniontown Hospital, Uniontown
REPLAGE, EMMA
1116 Wilmington Ave., New Castle
REUSS, ELISE H.
11 Mansfield Rd., Lansdowne
RHODES, JEANNETTE
Chester Hospital, Chester
RICHARDSON, E. MARGUERITE
RFD No. 1, Langhorne
RICHARDSON, E. MARGUERITE
Lewistown Hospital, Lewistown
RINELL, EDITH J.
1720 Bainbridge St., Philadelphia 46
RIVERS, DOROTHY M.
401 First St., Butler
ROCHE, PATRICIA A.
520 Chestnut St., Sewickley
ROGAN, LUCY A.
124 S. Valley Ave., Olyphant
ROOD, DOROTHY
2820 Cathedral of Learning, Pittsburgh 13
ROTHROCK, ELEANOR C.
320 S. 34 St., Philadelphia 4
ROTHROCK, MARY A.
State Board of Examiners for the Registration of Nurses, Harrisburg
ROWAN, KATHLEEN
Bryn Mawr Hospital, Bryn Mawr
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Address</th>
<th>City</th>
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</thead>
<tbody>
<tr>
<td>SISTER HELEN CLAIRE SULLIVAN</td>
<td>St. Vincent's Hospital, Erie</td>
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<tr>
<td>SISTER IRENE STAHLER</td>
<td>St. Joseph's Hospital, Philadelphia</td>
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<td>SISTER IRMA</td>
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<td>SISTER ISIDORE BOYCE</td>
<td>Pittsburgh Hospital, Pittsburgh</td>
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<td>SISTER MARIE ALICIA POWERS</td>
<td>Mercy Hospital, Scranton</td>
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<td>SISTER MARIE ELISE</td>
<td>Mercy Hospital, Scranton</td>
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<td>SISTER MARIE HELEN</td>
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<td>Mercy Hospital, Scranton</td>
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<tr>
<td>SISTER MARY ALBERT YATES</td>
<td>2420 Sassafras St., Erie</td>
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<tr>
<td>SISTER M. ALICIA</td>
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<td>SISTER M. AMADEUS FRIEL</td>
<td>2117 Carson St., Pittsburgh</td>
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<td>2601 Eighth Ave., Altoona</td>
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<tr>
<td>SISTER M. BONIFACE</td>
<td>Mercy Hospital, Pittsburgh</td>
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<td>SISTER MARY BOYLE</td>
<td>St. Vincent's Hospital, Erie</td>
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<td>SISTER MARY CARLOTTA</td>
<td>Mercy Hospital, Pittsburgh</td>
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<td>SISTER MARY CLARE MONICA</td>
<td>St. Joseph's Hospital, Lancaster</td>
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<td>SISTER MARY CLEMENT</td>
<td>Mercy Hospital, Scranton</td>
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<tr>
<td>SISTER M. CLEMENTINE KUENZIG</td>
<td>St. John's General Hospital, Pittsburgh</td>
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<tr>
<td>SISTER M. DACIA</td>
<td>Sacred Heart Hospital, Allentown</td>
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<td>SISTER MARY DE CHANTAL</td>
<td>Mercy Hospital, Johnstown</td>
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SISTER M. DOLOROSA BOYLE
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Ohio Valley Hospital, McKees Rocks

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2601 Eighth Ave., Altoona

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Misericordia Hospital, Philadelphia 43

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Mercy Hospital, Wilkes-Barre

SISTER M. FRANCIS XAVIER
3333 Fifth Ave., Pittsburgh 13

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Mercy Hospital, Wilkes-Barre

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St. Joseph's Hospital, Reading

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New Castle Hospital, New Castle

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1020 Franklin St., Johnstown

SISTER M. LAURITA BENDER
412 Holland Ave., Braddock

SISTER M. LUCIDA
Sacred Heart Hospital, Allentown

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St. Francis Hospital, Pittsburgh 1

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Braddock General Hospital, Braddock

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Spencer Hospital, Meadville

SISTER MARY NATALIE SHEA
230 Hickory St., Scranton

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Mercy Hospital, Pittsburgh 19

SISTER M. RAYMOND
2601 Eighth Ave., Altoona

SISTER M. REBECCA
900 Hickory St., Scranton

SISTER M. REBECCA FOGELBACH
St. Vincent's Hospital, Erie

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St. Francis Hospital, Pittsburgh 1

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Providence Hospital, Beaver Falls

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412 Holland Ave., Braddock

SISTER MIRIAM ANNE
Georgetown Hospital, Washington 7

SISTER MIRIAM FRANCIS
Pittsburgh Hospital, Pittsburgh 6

SISTER MIRIAM GERTRUDE
1900 S. Broad St., Philadelphia

SISTER MIRIAM J. OKUM
Lancenau Hospital, Philadelphia 39

SISTER PAUL GABRIEL
1635 Bedford Ave., Pittsburgh

SISTER ROSE EVELYN
St. Vincent's Hospital, Erie

SISTER ROSE MARY
St. Francis Hospital, Pittsburgh 1

SISTER VIRGINIA MARY
St. Francis Hospital, Pittsburgh 1

SITLER, MRS. E.C.E.
4629 Harrells St., Philadelphia 24

SKINNER, MRS. ELEANOR O.
110 W. Mermaid Ln., Philadelphia 18

SMITH, EDWARD B., JR.
1411 Chestnut St., Philadelphia 2

SMITH, ETHEL R.
1506 W. Allegheny Ave., Philadelphia 40

SMITH, EUNICE E.
St. Luke's Hospital, Bethlehem

SMITH, HAZEL
Lewistown Hospital, Lewistown

SMITH, HELEN M.
Allentown State Hospital, Allentown

SMITH, LOUISE C.
101 Kemmore Rd., Upper Darby

SMITH, MARY S.
Robert Packer Hospital, Sayre

SMITH, SARAH H.
McKeesport Hospital, McKeesport

SNYDER, LOUISE M.
Riverview Manor, Apt. 6, Harrisburg

SOWER, SARAH R.
Phoenixville Hospital, Phoenixville

SPARE, MARY E.
305 N. Front St., Harrisburg

SPARCO, BEATRICE C.
Grissinger Memorial Hospital, Danville

SPEER, MARGARET B.
825 Montgomery Ave., Bryn Mawr

SPENGLER, HELEN
University of Pennsylvania Hospital, Philadelphia 4

SPROAT, LUCY
Scottsdale Rd., Dawson

STAHL, JEAN M.
Moses Taylor Hospital, Scranton 10

STEHEMAN, MARY E.
Veterans Administration, Coatesville

518
ULRICH, MRS. NAOMI M.
Geisinger Memorial Hospital, Danville
ULSHAVER, MRS. KATHARINE M.
Philadelphia General Hospital, Philadelphia 4
URFFER, ALMA M.
Allentown Hospital, Allentown
URQUHART, JESSIE G.
Jewish Hospital, Philadelphia 41
VAN BUSKIRK, IDA
St. Luke's Hospital, Bethlehem
VAN KIRK, ANNA S.
Harrisburg Hospital, Harrisburg
VAN SICKEL, MILDRED
Norristown State Hospital, Norristown
VARION, DOROTHEA M.
3815 Chestnut St., Philadelphia
VENSER, MARY J.
Uniontown Hospital, Uniontown
VONARX, THELMA V.
Philipsburg State Hospital, Philipsburg
WAGNER, LILLIAN
507 W. Penn Ave., Wernersville
WAGNER, MRS. PHYLLIS A.
62 E. Chocolate Ave., Hershey
WAGNER, VERNA N.
2301 S. Broad St., Philadelphia 48
WAKEFIELD, EVA L.
51 N. 39 St., Philadelphia 4
WALDER, MARGUERITE J.
Philadelphia General Hospital, Philadelphia 4
WALKER, ANNA G.†
354 Sycamore Ave., Merion Station
WALKER, E. THAYER
5437 Ellsworth Ave., Pittsburgh
WALKINSHAW, DOROTHY A.
320 S. 34 St., Philadelphia
WALTON, GRACE R.
809 West St., Pittsburgh 21
WALTON, KATIE L.
Philadelphia General Hospital, Philadelphia 4
WASHELESKI, RITA
755 Main St., Simpson
WEAVER, EVELYN F.
Episcopal Hospital, Philadelphia 25
WEEKS, MRS. CATHERINE P.
316 Colfax Ave., Scranton 10
WEIDNER, RUTH R.
Box 330, 1230 Amsterdam Ave., New York, N. Y.
WELD, ALICE M.
Moses Taylor Hospital, Scranton 10
WELLMAN, EMELIA D.
319 Hemlock St., Pittsburgh 12
WENK, ELIZABETH F.
Ashland State Hospital, Ashland
WERNER, ELFRIEDA H.
Rochester General Hospital, Rochester
WERRY, MINNIE
McKeesport Hospital, McKeesport
WESTON, MARY L.
Municipal Hospital, Pittsburgh 13
WHITE, KATHRYN R.
1257 Main St., Avoca
WHITE, MRS. LIDA S.
177 E. Bissell Ave., Oil City
WHITE, RENA L.
Misericordia Hospital, Philadelphia 43
WHITE, MRS. THOS. RAEBURN†
1907 DeLancey Pl., Philadelphia 3
MEMBERS

WICK, A. OLIVE
319 Henlock St., Pittsburgh 12

WILCOX, MATILDA J.
930 Trenton Ave., Pittsburgh

WILKINSON, MARY L.
1720 Bainbridge St., Philadelphia 46

WILLETTS, LILLIAN E.
273 Gross St., Apt. 5, Pittsburgh 24

WILLIAMS, ELLENNOR A.
6315 Prospect Ave., Ben Avon 2

WILLIAMS, FRANCES H.
O'Hara & De Soto Sts., Pittsburgh 13

WILSON, MRS. D. WRIGHT
5 Hathaway Circle, Wynnewood

WILSON, HARRIET A.
Robert Packer Hospital, Sayre

WILSON, LETITIA
4301 Market St., Philadelphia 4

WILSON, DR. LUCIUS
Episcopal Hospital, Philadelphia 25

WILSON, PEARL M.
West Side Hospital, Scranton

WINTERS, MRS. MARION L.
Christian H. Buhl Hospital, Sharon

WITHERSPOON, ELLEN C.
E. First Ave. Ext., Derry

WOELFEL, ARCOLA M.
Montgomery Hospital, Norristown

WOOD, ISABELLA B.
Harrisburg Polyclinic Hospital, Harrisburg

WOODRING, VIRGINIA E.
Danville State Hospital, Danville

WRAY, ANNA C.
359 Education Bldg., Harrisburg

WUERTHNER, ALMENA E.
Williamsport Hospital, Williamsport

YANKOSKI, BERNICE
153 Boulevard Ave., Dickson City

YASTE, OMA E.
312 Penn Ave., Pittsburgh 13

YOST, MRS. GLADYS B.
The Reading Hospital, Reading

YOUNDT, ESTHER M.
421 Pine St., West Reading

YOUNG, ALMA L.
Montefiore Hospital, Pittsburgh

YOUNG, HARRETT E.
27 W. Jackson St., Wilkes-Barre

YOUNG, MARIAN
4625 Woodland Ave., Drexel Hill

YOUNGKEN, MARY M.
St. Luke's Hospital, Bethlehem

YOWLER, GRACE E.
Harrisburg State Hospital, Harrisburg

ZAVODNY, JULIA
St. Luke's Hospital, Bethlehem

ZAVONIA, MARTHA C.
230 Lothrop St., Pittsburgh 13

ZENN, BERTHA K.
Shady Side Hospital, Pittsburgh 6

ZIEGLER, ELSIE T.
Philadelphia General Hospital, Philadelphia 4

ZIEMKE, DOROTHY E.
Shady Side Hospital, Pittsburgh 6

ZUROWSKA, MARY W.
1516 Luzerne St., Scranton 4

PUERTO RICO—37

APONTE, ELENA
St. Luke's Memorial Hospital, Ponce

AUFFANT, MRS. GREGORIA
32 Gonzales Ave., Rio Piedras

BESOSA, AUGUSTINA B.
43 Concordia St., Ponce

BONILLA, ELENA
San Patricio Hospital, San Juan

CARPENA, ELISA C.
4201 12 St., N.E., Washington, D.C.

CARTAGENA, VIRGINIA
Public Health Unit, Rio Piedras

CHARLOTTEN, JOSEFA
Hospital San Patricio, V.A., San Juan

CRUZ, ATILANA D.
Fajardo District Hospital, Fajardo

DIEZ de ANDINO, RITA O.
Las Flores St., Santurce

FALCON, ANA
City Hospital, San Juan

FONSECA, MRS. CECILIA
Hospital Diaz Garcia, Santurce

FONT ORTIZ, CLARA
Public Health Unit, Manati

GUZMAN, CELIA
School of Tropical Medicine, San Juan 22

HIBBARD, MARY J.
Presbyterian Hospital, Santurce

JAVIERIE SANTOS, IRENE
Park 91½, Santurce

LA FUENTE, MARIA A.
Presbyterian Hospital, Santurce

LLAVINA, IRMA
City Hospital, Santurce

de LUJAN, MRS. JULIA B.
Presbyterian Hospital, Santurce

de MARRERO, MRS. CARMEN C.
Presbyterian Hospital, Santurce

MONTALVO, MRS. MARY
Hospital San Patricio, V.A., San Juan

MUELLER, MRS. AGNES J.
Hospital de Damas, Ponce

NOZARIO, LYDIA RAMOS
Hospital San Patricio, V.A., San Juan

RAMIREZ, EVA L.
Department of Health, Santurce

REYES, CARMEN
Hospital de Distrito, Bayamon

RODRIGUEZ, LEOVIGILDA
Hospital de Damas, Ponce

RODRIGUEZ, LUCILA
258 Daffaut St., Santurce

SAGARDIA, MARIA T.
School of Nursing, University of Puerto Rico, Rio Piedras

SANTIAGO, LUZ MARIA
Hospital San Patricio, V.A., San Juan

SANTOS, MARIA
Hospital de Damas, Ponce
RHODE ISLAND—179

ABBATEMATTEO, LOUISE R.
50 Maude St., Providence

ALGREN, MILDRED E. M.
153 Spring St., East Greenwich

AMARAL, JULIA M.
86 Steinelman Ave., Pawtucket

ANDERSON, NORMA
75 Pond St., Pawtucket

ARCHAMBAULT, MURIEL L.
305 Blackstone Blvd., Providence 6

ASH, JOANNA R.
Newport Hospital, Newport

AUGEN, LILLIAN B.
305 Blackstone Blvd., Providence 6

AUSTIN, CATHERINE L.
4 Baptist St., Pawtucket

BAKER, MARY M.
30 Clinton St., Central Falls

BARRIE, HOPE K.
1329 New London Ave., Oak Lawn

BARRY, ELIZABETH A.
State Hospital, Howard

BEGOR, HELEN C.
3315 Newport Ave., Newport

BLASER, LYDIA
825 Chalkstone Ave., Providence 8

BROWN, MARIORIE A.
14 Hillside Ave., Ashaway

BRUCHER, OLGA
Rhode Island State College, Kingston

BULLOCK, NATALIE E.
Roger Williams Hospital, Providence 5

BURLING, NORMA F.
47 McKinnon St., Providence

BURT, JANE
94 Owen Ave., Pawtucket

CAGGEG, NANCY
825 Chalkstone Ave., Providence 8

CAMPBELL, JEAN
28 Lincoln Ave., Providence

CARVISIGLIA, FLORENCE
35 Rankin Ave., Providence

CHASE, MARION M.
Cedar Dell Springs, N. Dartmouth, Mass.

CHAPIN, WILMA B.
825 Chalkstone Ave., Providence 8

CIANNI, EVELYN A.
285 Chalkstone Ave., Providence 8

CICCARONE, CECILIA
138 Knight St., Providence

COCCINS, BEVERLY M.
Mt. Aldworth Rd., Vineyard Haven

CONNORS, EILEEN M.
230 Middle St., Pawtucket

CONNORS, HELEN B.
56 Lockwood St., Providence

COTTAM, EILEEN
25 Lennox St., Providence

TALAVERA, JUANITA
Hospital San Patricio, V.A., San Juan

VAZQUEZ, CARMEN E.
Public Health Unit, Ponce

WHITE, SARAH C.
St. Luke’s Memorial Hospital, Ponce

or ZAYAS, MRS. JUANITA SANABRIA
Marine Hospital, San Juan

COX, ALICE E.
125 Governor St., Providence

COYLE, PATRICIA A.
4 Lockwood St., Providence

CRANSTON, MARGARET L.
825 Chalkstone Ave., Providence 8

CROSS, MRS. VIRGINIA C.
112 Benevolent St., Providence

CUMBERLAND, ARLENE J.
75 Pond St., Pawtucket

DAVIS, MRS. HAZEL C.
50 Maude St., Providence

DESMOND, MARGARET M.
130 Wentworth Ave., Cranston

DEVINE, RITA E.
103 Wood St., Providence

DILL, MADELINE F.
Rhode Island Hospital, Providence 2

DILLON, NELLIE R.
100 N. Main St., Providence

DITTMAR, MRS. DORIS B.
3 King St., Pontiac

DONLON, ELEANOR M.
825 Chalkstone Ave., Providence 8

DOUD, BARBARA U.
137 University Ave., Providence

DUNN, HELEN W.
90 Irving Ave., Providence 6

DUSZA, GENEVIEVE M.
11 Knight St., Anthony

DUTTER, MRS. ELIZABETH S.
733 Broadway, Fall River

EATON, CHARLOTTE
7 North Ave., Providence

EDWARDS, MARY E.
Rhode Island Hospital, Providence 2

EVANS, LOIS V.
54 Ogden Ave., Warwick Neck

FAIRBROTHER, MARIAN
305 Blackstone Blvd., Providence 6

FENNER, BARBARA C.
679 Fruit Hill Ave., North Providence

FERGUSON, MARGARET E.
Hospital for Mental Diseases, Howard

FERRARI, SARAH
825 Chalkstone Ave., Providence 8

FERRABO, MARIE R.
10 Brighton St., Providence

FIDRYCH, LEONA F.
87 Armitage Ave., Providence

FISKE, CHRISTINE C.
140 Francis St., Providence

FITZGERALD, MADELINE
Rhode Island Hospital, Providence

FOGLIANO, ELECTRA
207 Williston Way, Pawtucket

FOLEY, FRANCES J.
Roger Williams General Hospital, Providence 8
FOSTER, DORIS M.  
825 Chalkstone Ave., Providence

FROST, E. MARGARET  
Newport Hospital, Newport

GAFFNEY, ANNE E.  
66 Wisdom Ave., Providence

GARDNER, MARY S.  
302 Angell St., Providence

GIBBONS, NORMA R.  
149 Anthony St., East Providence 14

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166 Westminster St., Providence

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18 Seaman St., Providence

GOODROW, DOROTHY L.  
825 Chalkstone Ave., Providence

GRANGER, VIRGINIA O.  
56 Lockwood St., Providence

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166 Pettays Ave., Providence

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29 Winter St., Fall River

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124 Whitehall St., Providence

HASTINGS, WINIFRED I.  
Newport Hospital, Newport

HATTON, MRS. MILDRED L.  
109 N. Main St., Providence

HAUPF, CHARLOTTE M.  
129 Smith St., Riverside

HELKEMA, EMMA A.  
305 Blackstone Blvd., Providence 6

HOLANETZ, MATILDA  
34 Atlantic Blvd., Centredale 11

HOUCK, CLARA E.  
Butler Hospital, Providence

HOUSTON, JEAN  
51 Starr St., Pawtucket

HUGHES, EVA N. B.  
Jane Brown Memorial Hospital, Providence

IACOVONE, MARGARET F.  
31 Crescent Rd., Pawtucket

JACKSON, FRANCES  
Crawford Allen Memorial Hospital, East Greenwich

JOHNSON, EUNICE D.  
Rhode Island Hospital, Providence 2

JOHNSON, HILDEGARD M.  
201 Broadway Blvd., Pawtucket

JOHNSON, LEONA J.  
4 Lockwood St., Providence

JOHNSTON, MRS. DOLOREY M.  
Butler Hospital, Providence

JUTRAS, BERTHA E.  
103 Woodbine St., Cranston

KELLER, MARGARET  
63 Waban Ave., Providence

KELLER, RITA V.  
Butler Hospital, Providence

KELLEY, RITA M.  
1 Potter St., Newport

KENT, HARRIET B.  
20 Osvald St., Pawtucket

KIERAN, MARY A.  
9 Regent Ave., Providence

KNEELAND, FRANCES H.  
254 Washington St., Providence 3

LANDER, THELMA M.  
444 Pleasant Valley Parkway, Providence 8

LANGLEY, ANNIE E.  
46 Barber Ave., Central Falls

LEE, JACQUELINE C.  
699 Park Ave., Woonsocket

LENTELL, ALOTTA M.  
Newport Hospital, Newport

LOMBARDI, ROSE A.  
101 Water St., Warren

LOMBARDI, PALMA R.  
50 Maude St., Providence

MACERA, MARY  
122 Villa Ave., Cranston

MacINTOSH, ANNIE E.  
Jane Brown Memorial Hospital, Providence

MASTROBUONO, JOSEPHINE A.  
Charles V. Chapin Hospital, Providence

MAYO, PHYLLIS R.  
56 Lockwood St., Providence

MCCANN, EILEEN K.  
Charles V. Chapin Hospital, Providence

M-CIBBON, ANNA K.  
Butler Hospital, Providence

M-CLYNN, ANNA E.  
50 Maude St., Providence

M-CLYNN, ETHEL M.  
50 Maude St., Providence

McHUGH, MRS. MARY E.  
Butler Hospital, Providence

MCPHEE, ALICE E.  
50 Maude St., Providence

MENZIES, VIRGINIA B.  
24 Woonasquatucket Ave., Providence

MERCHANT, MAGUIERITE J.  
218 Waterman St., Providence

MILLER, CAROLYN N.  
41 Vine St., East Greenwich

MOIKOWSKI, MARY  
6 Atwood St., Providence

MORRIS, MARGARET S.†  
Pembroke College-Brown University, Providence

MOTHER M. EVANGELIST  
St. Joseph’s Hospital, Providence

MURDOCK, HELEN  
50 Maude St., Providence

O’NEIL, ELIZABETH  
Rhe Nurses’ Home, Pleasant Valley Pkwy., Providence

PALMER, DORIS  
Pawtucket Memorial Hospital, Pawtucket

PAOALI, MARGARET T.  
825 Chalkstone Ave., Providence 8

PARKS, JANE E.  
117 Oakland Ave., Cranston 10

PATERSON, JEAN M.  
166 Waterman St., Providence

PEARCE, VERA S.  
Roger Williams General Hospital, Providence

PERCE, MILDRED G.  
9 Parkside Dr., Providence 5

PESCHEL, BERNICE M.  
Charles V. Chapin Hospital, Providence

PETERS, E. GLORIA  
99 Main St., Woonsocket

PETRAZCA, IRMA  
833 River Ave., Providence

PHILLIPS, MRS. RUTH H.  
18 Mitchell St., Providence

PICOZZI, YOLANDA  
39 Ring St., Providence
SMITH, HARRIET E.
Rhode Island Hospital, Providence 2
SMITH, KATHLEEN L.
Newport Hospital, Newport
STEVENS, LILLIAN I.
30 Calvert St., Newport
STEVENS, RUBY G.
50 Maude St., Providence
STUART, BEULAH
50 Maude St., Providence
SULLIVAN, CATHERINE R.
State Health Dept., State House, Providence
SULLIVAN, FLORENCE R.
52 Hicks St., Pawtucket
SWEETLAND, VIRGINIA
198 Armistice Blvd., Pawtucket
TANZI, SUSAN
24 Queen St., Cranston 9
THAYER, BARBARA B.
166 Puritan Dr., Norwood
TRACY, MRS. CATHERINE O.
323 State Office Bldg., Providence
TUCKER, MRS. GRACE W.
56 Lockwood St., Providence 3
VALE, MRS. AGNES W.
1055 Narragansett Pkwy., Providence
VICKERY, BARBARA
86 Keith Ave., Cranston
WALKER, HAZEL M.
Sayles Memorial Hospital, Pawtucket
WALKER, RHODA A.
100 N. Main St., Providence
WALSH, CECILIA E.
136 Whitford Ave., Providence
WATERMAN, ELISIE
P.O. Box 31, Angel Rd., Valley Falls
WATSON, ESTHER A.
75 Pond St., Pawtucket
WEBSTER, DOROTHY L.
50 Maude St., Providence
WEIGNER, FLORENCE M.
825 Chalkstone Ave., Providence 8
WEST, ESTHER I.
Nurses Home, Rhode Island Hospital, Providence 2
WHICHELO, EMMA F.
825 Chalkstone Ave., Providence 8
WHITE, LOUISE
287 Highland Ave., Providence
WOLSTENHOLME, MRS. ALICE M.
825 Chalkstone Ave., Providence 8
ZAMMARRELLI, ANNA M.
Charles V. Chapin Hospital, Providence

SOUTH CAROLINA—80

ADICKS, EVELYN W.
Columbia Hospital, Columbia 59
AMICK, MRS. MARY A.
1617 Gervais St., Columbia 19
ANDELL, MARQUERITE
Roper Hospital, Charleston 16
ARLEDGE, SELMA L.
Mullins Hospital, Mullins
ASMAN, MRS. DOROTHY M.
15 Union Ave., Orangeburg
BAGGOTT, ETHEL
Tri-County Hospital, Orangeburg

BALLEN'TINE, MRS. AUTUMN T.
South Carolina State Hospital, Columbia B
BLACKBURN, LAURA
South Carolina State Board of Health, Columbia 10
BLAKE, MR. H. E.
105 Allen Ave., Spartanburg
BOLIN, SUDIE B.
York County Health Dept., York
BOLT, MARY L.
Anderson County Hospital, Anderson
CARSON, IDA B.
Anderson County Hospital, Anderson
MEMBERS

McALISTER, MARY C.
134 Broad St., Charleston 4

McCOWN, VIANA*
122 Maxcy College, University of South Carolina, Columbia 19

McLEAN, MRS. RUTH S.
Spartanburg General Hospital, Spartanburg

MEDHURST, MRS. EUNICE R.
Columbia Hospital, Columbia 59

MOORE, PAULINE
Anderson County Hospital, Anderson

MORAN, HESTER A.
Box 18, Winthrop College, Rock Hill

MOSS, MRS. NELLIE T.
512 Sumter Ave., Rock Hill

O'BRIEN, BERNICE E.*
Columbia Hospital, Columbia 59

PADGETT, SARAH M.
Columbia Hospital, Columbia 59

POE, ISadora R. *
109 Memminger St., Greenville

PUEHLER, RUTH M.
McLeod Infirmary, Florence

REARDEN, WILLA M.
Columbia Hospital, Columbia 59

RHEEY, MRS. AUBREY Y.
865 N. Church St., Spartanburg

RICHARDSON, HARRIET
Tri-County Hospital, Orangeburg

ROBERTS, ELLEN M.
Greenville General Hospital, Greenville

SHEPPARD, NANNETTE T.
General Hospital, Spartanburg

SHIRO, MRS. C. K.
Spartanburg General Hospital, Spartanburg

SIGNORE, MRS. BERTIE M.
Anderson County Hospital, Anderson

SISTER LAMBERTA
St. Francis Hospital, Greenville

SMITH, MARTHA J.
Route 4, Box 106, Spartanburg

SMITH, MILDRED
General Hospital, Greenville

SNOuddEN, KATHLEEN E.
Columbia Hospital, Columbia 59

SNYDER, ADA S.
Tuomey Hospital, Sumter

SPEED, MRS. BLANCH E.
305 S. Waccamaw Ave., Columbia 48

STEELE, MRS. WILLIE M.
729 O Ave., West Columbia

STUCKEY, INEZ M.
McLeod Infirmary, Florence

TRUEDE, MRS. HATTIE L.
P.O. Box 250, Orangeburg

WALLACE, RUBY
Anderson County Hospital, Anderson

WARNcke, MARIE A.
General Hospital, Greenville

WHITE, JULIA E.
Shriners Hospital, Greenville

WILLIAMS, MARY L.
General Hospital, Greenville

WILLIAMS, MRS. MILDRED Y.
136 Wellington St., Anderson

YOUNGBLOOD, MARTHA C.
284 E. Russell St., Orangeburg

ZEIGLER, FLORENCE
Veterans Hospital, Columbia

524
MEMBERS

Bakeman, Alice M.
1012 S. Euclid, Sioux Falls

Bates, Florence
1712 S. Ninth St., Sioux Falls

Belleau, Teressa E.
Bartron Hospital, Watertown

Benham, Carrie A.
Box 836, Mitchell

Berdahl, Anna H.
Sioux Valley Hospital, Sioux Falls

Brewick, Mrs. Faye
Methodist State Hospital, Mitchell

Cashman, Margaret S.
1615 S. Cliff, Sioux Falls

Cook, Mrs. Mary R.
State Board of Health, Selby

Corcoran, Myrtle K.*
Box 430, Mitchell

Dale, Ethel
Burke Hospital, Burke

Delsing, Katherine
518 W. 11 St., Sioux Falls

Dryden, Mary V.
St. Joseph’s Hospital, Mitchell

Eidsness, Lillian B.
1100 S. Menlo, Sioux Falls

Erickson, R. Esther
South Dakota State College Dept. of Nursing, Brookings

Flynn, Anastasia M.
Presentation School of Nursing, Sioux Falls

Hauc, Gena M.
Sioux Valley Hospital, Sioux Falls

Higgins, Esther L.
900 S. Iowa, Mitchell

Hubbs, Hazel L.
Bartron Hospital, Watertown

Johnston, Cora L.
St. Luke’s Hospital, Aberdeen

Kantrude, Marian
Luther Hospital, Watertown

Keller, Lydia H.
Bennett County Public Health Nurse, Martin

Kovvalin, Emma M.
St. John’s Hospital, Rapid City

Magestad, Leora
Sioux Valley Hospital, Sioux Falls

Mccoy, Besse G.
Methodist State Hospital, Mitchell

McKillop, Katherine
Methodist State Hospital, Mitchell

Nelson, Elvira
Methodist State Hospital, Mitchell

Ochs, Mary F.
McKennon Hospital, Sioux Falls

Olson, Alice B.
State Board of Health, Pierre

Olson, Dorothy M.
Sioux Valley Hospital, Sioux Falls

Pedersen, Dortha E.
Sioux Valley Hospital, Sioux Falls

Peter, Ellen C.
Methodist State Hospital, Mitchell

Peter, Palma L.
113½ S. Main, Sioux Falls

Sister Marie Therese Seeberger
St. Joseph’s Hospital, Mitchell

Sister Mary Amabilis
St. John’s Memorial Hospital, Huron

Sister M. Benedict Benning
St. John’s Hospital, Rapid City

Sister M. Bernard Quinn
1200 E. Fifth Ave., Mitchell

Sister M. Bonaventure Hoffman
St. Luke’s Hospital, Aberdeen

Sister M. Charles Dresch
12 E. Fifth, Mitchell

Sister M. Conception Doyle
St. Luke’s Hospital, Aberdeen

Sister M. Desideria Hirsch
Sacred Heart Hospital, Yankton

Sister Mary Dominick Stoltz
McKennon Hospital, Sioux Falls

Sister M. Emerentia
Sacred Heart Hospital, Yankton

Sister M. Evarista Reddy
McKennon Hospital, Sioux Falls

Sister Mary Harriet Cobel
Sacred Heart Hospital, Yankton

Sister M. Immaculata Beaty
St. John’s Hospital, Rapid City

Sister M. Julianna Graf
Sacred Heart Hospital, Yankton

Sister M. Melanie Bessler
St. Mary’s Hospital, Pierre

Sister Mary Richard Caron
McKennon Hospital, Sioux Falls

Sister Mary Rosalie Sitzmann
St. Mary’s Hospital, Pierre

Sister M. William Cody
St. Luke’s Hospital, Aberdeen

Thompson, Agnes B.
Sioux Valley Hospital, Sioux Falls

Ulberg, Olga
827 S. Dakota Ave., Sioux Falls

Zuidema, Emily B.
Rosebud

TENNESSEE—108

Allen, Minnie F.
2212 Highland Ave., Nashville 5

Archer, Myrtle M.
Baptist Memorial Hospital, Memphis 3

Barton, Ethel*
Veterans Administration, Murfreesboro

Behrens, Grace E.
2211 Dixie Pl., Nashville

Brewer, Ina M.
2137 Acklen Ave., Nashville

Brown, Betty P.
1017 17 St., Nashville 4

Brown, Grace T.
410 Wood St., Signal Mountain

Buckley, Marie E.
Mary Kirkland Hall, Vanderbilt University, Nashville 4

525
TENNESSEE

CASTLEBERRY, ROBERTA
753 Adams Ave., Memphis

CAWTHORN, MRS. BRIDE L.
1634 N. Parkway, Memphis 12

CHAMBERS, ORA J.
Kennedy V.A. Hospital, Memphis 15

CLARK, MAJ. MARY S.
377th Station Hospital, APO 235, c/o PM, San Francisco, Calif.

CLUTCH, BEATRICE M.
George Peabody College, Nashville 4

COCHRAN, LAURINE
2424 Garland Ave., Nashville 5

COFFEE, ZONIE
Lincoln County Hospital, Fayetteville

COLE, LUCILLE
Meharry Medical College, Nashville

COONS, MRS. JOSEPHINE G.
1104 17 Ave., S., Nashville

CORBETT, MRS. CLARICE
1060 Madison St., Memphis 4

CRABTREE, WINIFRED H.
2510 Latta St., Chattanooga 6

CRENSHAW, VIRGINIA P.
1224 18 Ave., S., Nashville

DADE, LUCY S.
Vanderbilt University Hospital, Nashville 4

DAVIES, DIXIE D.
709 Vine St., Chattanooga 3

DICK, MARY E.
889 Monroe Ave., Memphis

EGGENA, EMILIA B.
Veterans Administration, Mountain Home

ENCHES, HELEN G.
42 N. Dunlap, Memphis 4

FRISZ, MARY L.
2179 Poplar Ave., Apt. 44, Memphis

FULTON, OLA H.
Kennedy V.A. Hospital, Memphis 15

GARRARD, FANNIE L.
Kennedy V.A. Hospital, Memphis 15

GAULT, ALMA E.
143 Kenner Ave., Nashville

GILLIE, JUANITA F.
Knoxville General Hospital, Knoxville 17

GOODFREY, ANNE E.
3700 R St., Detroit, Mich.

GOOCH, MRS. RUTH W.
889 Monroe Ave., Memphis

GRAHAM, ALMA L.
Nashville General Hospital, Nashville 10

HALL, BERNICE
Nashville General Hospital, Nashville 10

HAUPP, LILLIE M.
Nashville General Hospital, Nashville 10

HAYNES, MRS. MARY W.
Knoxville General Hospital, Knoxville 17

HENCHLIFE, ROSE B.
Veterans Hospital, Murfreesboro

HEREFORD, JULIA
Mary Kirkland Hall, Vanderbilt University, Nashville 4

HERMAN, CATHERINE J.
Thayer General Hospital, Nashville

HILL, ELEANOR W.
Meharry Medical College, Nashville 8

HOCKER, DOROTHY L.
1330 W. Clinic Ave., Knoxville

HOCK, SARAH M.
615 Warner Bldg., Nashville

HOPPER, RUTH E.
Madison College, Madison College

HOLYDAY, ISABELLE D.
Finney V.A. Hospital, Thomasville, Ga.

HOWELL, HELEN M.
4209 Lone Oak Rd., Nashville 4

HUMM, CRETUIDE
Vanderbilt University School of Nursing, Nashville 4

IRWIN, ADELE
2414 Garland Ave., Nashville 5

JOHNSON, BEATRICE E.
Veterans Hospital, Mountain Home

JOHNSON, DOROTHY E.
Mary Kirkland Hall, Vanderbilt University, Nashville 4

JOHNSON, GLADYS E.
Mountain Home Veterans Hospital, Johnson City

JOHNSON, MRS. GRACE B.
Knoxville General Hospital, Knoxville 17

JOHNSON, MARGARET R.*
Veterans Administration, Box 656, Murfreesboro

JOYNER, MRS. MAE K.
2517 Bailey Ave., Chattanooga

JUSTUS, KATHERINE M.
304 Chesterfield Ave., Nashville

KELLER, JANE
Knoxville General Hospital, Knoxville 17

KILLIPE, ELIZABETH H.
Knoxville General Hospital, Knoxville 17

KIMBRELL, BIVIAN
1033 Madison Ave., Memphis 4

KING, FRANCES
Vanderbilt University School of Nursing, Nashville 4

KROGH, Verna I.
Ambassador Apts., A-6, Nashville 5

LASAIN, MRS. WILLIA A.
2307 Meharry Blvd., Nashville 8

MACDONALD, CONSTANCE G.
615 S. Camilla, Memphis 4

MALONE, MATTIE E.
Baptist Memorial Hospital, Memphis 3

MARLIN, MARY JO
Veterans Administration, Murfreesboro

MARYMAN, ANNA L.
John Ross Rd., Chattanooga

MATTHEWS, MRS. NAOMI B.
2508 W. Ashwood Ave., Nashville 5

MAXCY, CHRISTINE
793 Adams Ave., Memphis

McNEE, JEAN
George Peabody College, Nashville 4

MEISNER, MRS. LOIS P.
Vanderbilt University Hospital, Nashville

MESSERLY, ANNE M.
793 Adams St., Memphis 7

MILLER, ALMA
John Gaston Hospital, Memphis 3

MORRIS, MARY L.
41 N. Bellevue, Apt. 15, Memphis 4

MURRY, RUTH N.*
John Gaston Hospital, Memphis 3

MYERS, LOIS L.
414 Fortwood Pl., Chattanooga

MYERS, MARY L.
414 Fortwood Pl., Chattanooga

NEUBERT, ELIZABETH A.
Mayflower Apts., A-5, Nashville

526
MEMBERS

NOLAN, GABIE E.
312 McBrien Rd., Chattanooga 4

NORMAN, MABEL
Harriet Pearson Hall, Baroness Erlanger Hospital,
Chattanooga 3

PARKER, MRS. ELIZABETH N.
Virginia Apts., Chattanooga

PARSLEY, LENORA
Nashville General Hospital, Nashville 10

PERRINE, MARJORIE
Vanderbilt University School of Nursing Education,
Nashville 4

REINKE, RUTH M.
Ambassador Apts., A-6, Nashville 5

REISER, ROSAMOND
204 Overton Ave., Memphis

RICE, HELEN C.
937 Jefferson St., Nashville 8

RAXON, DAISY
1296 Linden Ave., Memphis

SCHIPS, EDNA M.
860 Madison Ave., Memphis

SCOTT, MARY H.
706 Jackson Ave., Memphis

SEXTON, JEWELL C.
717 Oak St., Chattanooga

SISTER CATHERINE MOORE
St. Thomas Hospital, Nashville 4

SISTER MARIA CANOVA
2006 Hayes St., Nashville 4

SISTER MARY FRANCES LANGENSTEIN
St. Thomas Hospital, Nashville 4

SISTER MARY HENRICA LAKER
St. Joseph's Hospital, Memphis 7

SISTER PAULINE BLAOCK*
St. Thomas Hospital, Nashville 4

SMALL, MILLIE E.
Vanderbilt University School of Nursing,
Nashville 4

SMITH, ELIZA J.
1095 Green Hills Dr., Nashville 4

SMITH, MRS. MARY H.
Baptist Memorial Hospital, Memphis 3

SQUIRES, ALMA L.
Knoxville General Hospital, Knoxville 17

STEWART, FLORENCE
John Gaston Hospital, Memphis

STOW, MRS. LOIS B.†
2000 Church St., Nashville 5

SULLIVAN, MRS. JANIE P.
St. Thomas Hospital, Nashville

SULLIVAN, MARY N.
St. Joseph's Hospital, Memphis

THURMAN, NELL
2502 Vine St., Chattanooga

WEBER, ISABEL
Oak Ridge Hospital, Oak Ridge

WENRICH, MARIAN
Vanderbilt University School of Nursing,
Nashville 4

WHEELOCK, ELIZABETH
St. Thomas Hospital, Nashville

WILSON, GEORGIA R.
Methodist Hospital, Memphis

WOLF, LULU K.
Vanderbilt University School of Nursing,
Nashville 4

WOOTTON, NINA E.
615 Warner Bldg., Nashville

ZEIGLER, FRANCES H.
Vanderbilt University, Nashville 4

TENNESSEE—TEXAS

ALBRECHT, RUTH
715 N. Rush St., Chicago, Ill.

ALDER, WINNIE S.
Wilson N. Jones Hospital, Sherman

ALLEN, EUNICE E.
McKinney City Hospital, McKinney

ALLEN, MARY F.
State Dept. of Health, Austin 2

ALLWARDT, BERTHA L.
Box 2763, Dallas

ALTHOFF, LUCILLE
2601 26 St., Lubbock

AUTREY, THELMA
500 N. Highland, Sherman

AYRES, GEORGIA W.
Veterans Hospital, Dallas 2

BAKER, KATHERINE K.
Box 469, Pasco

BARKER, MRS. MYRTLE H.
414 S. Madison, Dallas

BARTHOLPH, MARJORIE*
John Sealy Hospital, Galveston

BASHAM, LOUISE
517 W. Avenue F, Temple

BASS, LILLIE E.
Box 303, Schulenburg

BEAUCHAMP, PAULINE
Scott & White Hospital, Temple

BELK, MAUD
Box 136, Cleburne

BENTON, GOLDA M.
Veterans Hospital, Dallas 2

BERGHAUSER, WANDA Z.
Box 309, Jacksonville

BERNHARDT, MRS. HELEN R.
634 W. Kings Highway, San Antonio

BEWLEY, JESSIE P.
McKinney City Hospital, McKinney

BINDE, RUTH*
Northwest Texas Hospital, Amarillo

BOHLS, EVELYN M.
502 S. 11 St., Temple

BOLZLE, JUANITA M.
803 S. Seventh St., Temple

BONNER, MRS. PAULINE H.
414 N. Morris St., Gainesville

BRATTON, JIMMIE KATHERINE
Harris Memorial Methodist Hospital, Fort Worth

BREHAN, OLGA M.
Baylor University Hospital, Dallas

BREWER, MARY F.
Hermann Hospital, Houston

BRIDWELL, MAURINE
Shannon Hospital, San Angelo

BROCH, BERTHA M.
McKinney City Hospital, McKinney

BROCK, AMELIA S.
3638 Southmore Blvd., Houston

BROCK, MARY A.
802 S. 13 St., Temple

TEXAS—288

527
BROWN, EVERETT G.†
3733 Normandy St., Dallas
BRUMBELOW, LORAINE
716 N. Seventh St., Temple
BRUSH, FRANCES
608 S. First St., Temple
BUCKER, CHARLOTTE E.
224 Army Blvd., San Antonio
BURGDORF, FLORA
1630 Brandie, Houston
BURKE, SOPHIE H.
609 E. 14 St., Austin
BURLEW, LUCILE
Bradford Memorial Hospital, Dallas
BURROWS, AMY
Medical & Surgical Hospital, San Antonio
BUZZELL, GRACE
2610 Oak Lawn, Dallas
BYRON, ELAINE C.
2404 Isabella, Houston
CADENA, MRS. UNA C.
1426 Hickory St., Abilene
CALHOUN, EVELYN C.
King's Daughters Hospital, Temple
CASELLA, MRS. BETTY T.
Pantix Village, Box 56, Pantix
CASPER, HELEN G.
St. Joseph's Infirmary, Houston
CAYANACH, EULA M.
Veterans Hospital, Dallas 2
CHERNIK, JO LENE
815 Avenue C, Galveston
CLIFFORD, MRS. ELLEN S.
3828 Avenue P, Galveston
COLBATH, LOUISE
815 Avenue C, Galveston
COLE, ANNA L.†
Scott & White Hospital, Temple
COMPTON, JESSIE L.
702 Winston St., Dallas
CORNELLE, JAMES P.†
Baylor University, Waco
COTTEN, JENOISE H.
17082 Sabine St., Austin
CROFFORD, S. JO
Box 1008, Loveland
CUNNINGHAM, MARGUERITTE
State Dept. of Health, Austin
CZERKUS, MARIE
437 E. Mulberry St., San Antonio
D'ALESSANDRO, FLOSSIE
1330 E. Fourth St., Amarillo
DANIELS, DOROTHEA
P.O. Box 1499, College Station
DAURA, LILLIAN
Santa Rosa Hospital, San Antonio
DECKER, AUDREY F.
1611 Main St., Lubbock
DEIMLER, LILLIE L.
Lubbock Memorial Hospital, Lubbock
DENTON, FRANCES
1102 Post Office St., Galveston
DIDIER, ANGELINA P.
Cook Memorial Hospital, Fort Worth
DIETRICH, A. LOUISE
1001 E. Nevada St., El Paso
DOYLE, CATHERINE M.
Veterans Facility, Dallas 2

DRAPER, JEFFIE
1311 Walton St., Houston 9
EDGERTON, HAZEL
Box 361, Donna
ELLISON, MRS. GLADYS L.
124 Frost St., San Antonio
ERICSON, AGNES
Methodist Hospital, Houston
FALKENBURG, MRS. OLGA L.
1662 Collins, Wichita Falls
FAY, ALICE M.
Incarnate Word College, San Antonio
FELGAR, MRS. DOROTHY D.
1201 E. 31 St., Austin 22
FEREBEE, CONSTANCE L.
3504 Junius St., Dallas
FICKE, HELEN E.
1119 Polk St., Apt. 208, Amarillo
FIEDLER, MRS. ZORA M.†
Baylor University Hospital, Dallas
FINKE, LENA F.
4050 Avenue L, Galveston
FINNEY, BELVA D.
714 W. 18 St., Amarillo
FOX, MARIAN L.
Parkland Hospital, Dallas
FRANKE, CESIVE A.
5014 W. Purdue, Dallas
GALLMAN, LAVERNE
115 W. Avenue F, Temple
GANTS, FLORENCCE
Texarkana Hospital, Texarkana
GARRETT, MILDRED E.
State Dept. of Health, Austin
GAY, DELLA R.
McKinney City Hospital, McKinney
GILBERT, MRS. RUBY B.
King's Daughters Hospital, Temple
GLAD, MRS. MAMIE P.
1012 19 St., Galveston
GLASSON, IMA L.
2828 Bogmail, Corpus Christi
GOETZ, KATHERINE
1635 Washington, Fort Worth
GOFF, DOROTHY
City-County Hospital, Fort Worth
GOLIBART, MRS. ERNESTINE
1910 San Francisco, San Antonio
CORDON, ETHEL M.
822 Bailey Ave., San Antonio
GRAEBER, PAULINE
704 S. Third St., Temple
GRAVES, HELEN G.
3011 Maple Ave., Dallas 4
GRAY, RETA M.
1011 N. 13 St., Temple
HALL, OLETA C.
2216 Sixth St., Lubbock
HANCOCK, RUTH
2109 W. Seventh, Amarillo
HANNAH, MRS. KATHERINE D.
3021 Potomac, Dallas
HARMON, MRS. MINNIE H.
1950 Francis St., Fort Worth
HARRELL, ISABELL G.
Hermann Hospital, Houston
HARRELL, MATTIE E.
Parkland Hospital, Dallas

528
HARRIS, LUCY
Harris Memorial Methodist Hospital, Fort Worth

HASSELL, ALFREDA P.
Medical & Surgical Hospital, San Antonio

HAWLEY, MRS. ELEANOR F.
301 W. 34 St., Austin

HAYDEN, MARCELLE
1712 Van Buren, Amarillo

HAYNES, SADA F.
Methodist Hospital, Fort Worth

HEALY, IRENE
2010 Speedway, Austin

HEARD, VELMA
Lubbock Memorial Hospital, Lubbock

HEATH, JUNE
Pasadena Apt. No. 5, San Angelo

HENDON, MARGUERITE L.
Hermann Hospital, Houston 5

HENRY, MRS. ODELIA B.
603-05 U. S. National Bank Bldg., Galveston

HEREFORD, DAISY T.
3607 Dickson St., Dallas

HICKS, EMILY J.
1601 E. Nevada St., El Paso

HILLIARD, THELMA K.
1238 W. Bell, Houston 6

HINES, MRS. INEZ
1301 Broadway, Lubbock

HOPKINS, JEANNETTE
Hermann Hospital, Houston

HOUSTON, LUCILE
International House, New York, N. Y.

HUGHES, JEANETTE
McClosky V.A. Hospital, Temple

HUGHES, MARY R.
3036 May, Fort Worth

INGRAM, MRS. MARY M.
Hillcrest Memorial Hospital, Waco

JOHNSON, BERNICE R.
2313 1/2 Rio Grande, Austin

JOHNSON, MRS. HAZEL H.
517 N. Fifth St., Temple

JOLLY, MRS. ROBERT
602 Lamar Ave., Houston 2

JOSEPH, MRS. RUTH R.
504 W. 29 St., Austin

JUTSON, CLARRESSA E.
3301 Avenue H, Fort Worth 5

KASMEIER, JULIA C.
1848 W. Gramercy, San Antonio

KERNEY, MARY S.
704-B S. Cleveland, Amarillo

KIBBE, MRS. R. L.
Incarnate Word College, San Antonio

KINCELOE, MRS. INEZ
2424 Alexander Ave., Waco

KING, MRS. JULIA O.
121 W. Wildwood, San Antonio

KIRCHHOFF, NETTIE L.
State Dept. of Health, Austin 2

KIRKPATRICK, ZAZLE
1303 Sabine St., Austin

KLATT, ELAINE C.
902 Denver Blvd., San Antonio

KONRAD, CARRIE J.
924 Southern Standard Bldg., Houston

LABENNE, MERCEDES
Veterans Hospital, Dallas 2

LAMBERT, BETTY K.
2314 Seventh St., Lubbock

LANG, SELMA A.
King's Daughters Hospital, Temple

LEHMANN, HELEN H.
3921 Potomac St., Dallas

LINDNER, MARY J.
800 Georgia, Amarillo

LORING, BOBBIE G.
4127 Avenue J, Galveston

LOTT, BEATRICE
State Dept. of Health, Austin

MAHAFFAY, MOLLIE F.
Veterans Hospital, Dallas 2

MALMBERG, MOLLIE
City-County Hospital, Fort Worth 6

MARSHALL, MRS. NEPPIE M.
714 S. 15 St., Temple

MARVISH, SOPHIA
2117 Rayner St., El Paso

MAXSON, MRS. RUTH A.
409 W. Polk, Houston

MAXWELL, LAVOHN
500 Lamar St., Amarillo

MAYO, MERLE O.
Parkland Hospital, Dallas

MCCAIN, ERNESTINE
Baylor University Hospital, Dallas

MCCULLOUGH, STELLA
Hendrick Memorial Hospital, Abilene

MCCUNE, MRS. DORIS K.
Lubbock Memorial Hospital, Lubbock

MCCUTCHEON, HOPE A.
3361 Ozark St., Houston 4

MCFARLAND, BETTIE
Veterans Administration, McKinney

MCGONAGLE, MILDRED D.
 Baylor University Hospital, Dallas

MCGUIRE, MYRTLE M.
2810 Maryland, Dallas 16

McLEOD, CATHERINE S.
305 S. Jackson St., Jacksonville

McRicht, MINNIE J.
Veterans Administration, Dallas 2

MEINEKECKE, VIVIAN D.
3203 Gilford St., Bldg. T22, Dallas 9

MERSHION, I. A. M.
Harris Memorial Methodist Hospital, Fort Worth

MIDDLETON, CHARLENE
1018 S. 27 St., Temple

MILLER, LAURETTA M.
2220 Arlington, Houston

MILLER, MRS. SARAH F.
2063 Redbud Dr., Irving

MILLER, VELMA A.
Veterans Hospital, Dallas

MINCEY, KATHRYN L.
500 N. Highland, Sherman

MITCHELL, VANCE R.
815 S. Tenth St., Temple

MONAWECK, RUTH
Hendrick Memorial Hospital, Abilene

MOORE, DAISY R.
Memorial Hospital, Houston 2

MOORE, JEWELL N.
911 S. Lake St., Fort Worth

MOORE, RUTH J.
State Health Dept., Austin
MEMBERS

SISTER MARY ANDREW
Santa Rosa Hospital, San Antonio

SISTER M. BONIFACE BARTSCH
Santa Rosa Hospital, San Antonio

SISTER MARY CATHERINE BOURKE
Seton Hospital, Austin

SISTER M. CHRISTIAN BOLLE
745 W. Houston, San Antonio

SISTER MARY de LOURDES
Hotel Dieu, Beaumont

SISTER M. ETHELBERT
719 Market St., Galveston

SISTER M. EVANGELIST COSTIGAN
St. Anthony’s Hospital, Amarillo

SISTER MARY FIDELIS
St. Joseph’s Infirmary, Houston 3

SISTER MARY FIDELMA
715 Market St., Galveston

SISTER MARY FLORENCE URBINE
St. Paul’s Hospital, Dallas

SISTER MARY ISABELLE
St. Mary’s Gates Memorial Hospital, Port Arthur

SISTER M. JULIA
St. Mary’s Gates Memorial Hospital, Port Arthur

SISTER MARY MARTINA CASEY*
1910 Crawford St., Houston

SISTER MARY MICHAEL WOULFE
Santa Rosa Hospital, San Antonio

SISTER MARY ROSINA
St. Joseph’s Hospital, Houston 3

SISTER M. THADDEUS O’BRYNE
711 N. Polk St., Amarillo

SISTER MARY VINCENT DELANEY
St. Joseph’s Hospital, Fort Worth

SISTER PAULA ANSEL
1014 N. Stanton, El Paso

SISTER REGINA TRICHE
660 W. 26 St., Austin

SISTER ROSE FRANCIS MURPHY
745 W. Houston St., San Antonio

SISTER VIRGINIA BOAS
600 W. 26 St., Austin

SIZER, MRS. ED R.
Sizer Hospital, Corpus Christi

SLOUGH, MRS. IONE B.
John Sealy College of Nursing, Galveston

SMITH, ANN B.*
Nan Travis Memorial Hospital, Jacksonville

SMITH, ANNIE J.
State Dept. of Health, Austin

SMITH, CLARA L.
2645 Girard Ave., Evanston, Ill.

SMITH, MARY P.
Methodist Hospital, Dallas

SPENCE, MRS. INEZ G.
Harris Memorial Methodist Hospital, Fort Worth

SPERRY, RUTH E.
3625 Avenue M, Fort Worth

SPICKER, MRS. IVA M.
Memorial Hospital, Houston

SPIGGLE, MARY C.
Northwest Texas Hospital, Amarillo

STEVENS, MRS. EDNA M.
602 W. Avenue G, Temple

STILLWELL, MARY O.
Veterans Hospital, McKinney

STINSON, ETHEL B.
Nan Travis Memorial Hospital, Jacksonville

STOCKBRAND, MARY L.
State Dept. of Health, Austin 2

TAPKEN, ANNA M.
St. Anthony’s Hospital, Amarillo

THOMAS, ALLIE
Gonzales Warm Springs Foundation, Gonzales

THOMPSON, BLANCHE
Major’s Clinic, Nocona

THOMPSON, WINNIE
508 Avenue O, Lubbock

THORNLEY, REBA L.
Memorial Hospital, Lubbock

TICHONCHIK, ANN M.
615 Haines Ave., Dallas

TOUEY, M. M.
State Dept. of Health, Austin 2

TURNER, MRS. EDITH H.
Brackenridge Hospital, Austin

VOGELSANG, MRS. VIRGINIA D.
Seton Hospital, Austin

WALKER, HILDA M.
John Sealy Hospital, Galveston

WALHTERS, LILLIE
1004 Market St., Galveston

WATKINS, MRS. AURELIA C.
1910 W. Magnolia, San Antonio

WATKINS, MRS. VIVIAN S.
The University of Houston, Houston

WEBB, MRS. OMYTINE
6622 Rock Bridge La., Houston

WEIMER, LOIS B.
602 Fulton Ave., San Antonio

WHITEHURST, LYDIA
Veterans Hospital, Dallas 2

WILLIAMSON, LENA M.
2009 Fifth St., Lubbock

WILSON, MRS. MIRIAM M.
1002 Avenue C, Galveston

WYSE, JEAN
3509 Fairmount St., Dallas

UTAH—34

BEIERSDORFER, HELEN M.
Holy Cross Hospital, Salt Lake City 2

BURT, ADA L.
2120 S. Tenth. E., Salt Lake City 5

CONOVER, ELLA H.
Belvedere Apts., Salt Lake City 1

CURTIS, CYNTHIA
P.O. Box 270, Provo

EATCHEL, ETHEL L.
246 Wentworth Ave., Salt Lake City 5

ERICKSON, EDITH W.
169 Coatsville Ave., Salt Lake City 5

FITTON, ETHEL
401 E. Third, S., Salt Lake City 2

GALBRAITH, GRACE H.
2340 S. State St., Salt Lake City 4

GEORGE, MARY F.
557 Fifth Ave., Salt Lake City 3

GOTTFREDSON, JOYCE
600 Tenth Ave., Salt Lake City 3

HANSEN, MARIYLN
536 Columbus St., Salt Lake City

HARRIS, NORMA
536 Columbus St., Salt Lake City

531
HAUGSTEN, MARTHA K.
St. Mark's Hospital, Salt Lake City 3

HOGENSEN, DOLORES
367 Seventh Ave., Salt Lake City 3

HOWARD, LOIS M.
557 Fifth Ave., Salt Lake City 3

JENSEN, EILEEN F.
1451 E. 21 St., Salt Lake City 5

JOHNSON, MARIA
Springville

KATO, KIYOME G.
St. Mark's Nurses Home, Salt Lake City 3

KNUDSEN, NAOMI
536 Columbus St., Salt Lake City

LOWMAN, MRS. DOROTHY C.
719 Harrison Ave., Salt Lake City 5

MACQUIN, MRS. HAZELLE B.
University of Utah, Salt Lake City 2

MAINWARING, CATHERINE
Holy Cross Hospital, Salt Lake City 2

QUAYLE, JANET K.
20 E. Seventh, S., Salt Lake City 2

RORDAME, MILDRED D.
1031 E. Third, S., Salt Lake City 2

SCHNEIDER, HELEN L.
259 Douglas, Salt Lake City

SCOVILLE, LOUISE
831 22 St., Ogden

SENIOR, MAY R.
2564 Lake St., Salt Lake City 5

SISTER MARY JUDE MEYER
3000 Polk Ave., Ogden

SISTER MARY MARGARET CLIFFORD
3000 Polk Ave., Ogden

SORENSON, MELBA
32 W. Seventh, S., Salt Lake City 4

TATE, DONNA
20 E. Seventh, S., Salt Lake City 2

THOMPSON, DIXIE A.
117 E. 21 St., Salt Lake City

WILLIAMS, ANNA G.
Shriners' Hospital for Crippled Children, Salt Lake City 3

WOOD, MILDRED
107 First Ave., Salt Lake City 3

BARTLEY, HELEN C.
46 Nichols St., Rutland

BERRY, RUTH H.
46 Nichols St., Rutland

BUTTOLPH, GRACE M.
60 Colchester Ave., Burlington

CHASE, MRS. M. PATRICIA
207 Park St., Burlington

CRABB, FAYE
University of Vermont, Burlington

DAVIS, MARION L.
Barre City Hospital, Barre

DITTIG, OLGA B.
Spear St., South Burlington

DYKE, MRS. ELEANOR H.
Barre City Hospital, Barre

EVANS, MURIEL A.
120 Colchester Ave., Burlington

FERRY, MARY M.
Heaton Hospital, Montpelier

GUYETTE, ELIZABETH M.
60 Colchester Ave., Burlington

HOUGHTON, DORIS V.
Guilford St., Brattleboro

HUNTY, MABEL F.*
Mary Fletcher Hospital, Burlington

INNES, CAROLINE A.*
Barre City Hospital, Barre

LABECKI, GERALDINE
60 Colchester Ave., Burlington

POST, MARY E.
Washington County Sanitarium, Barre

SIMPSON, MARY J.
University of Vermont, Burlington

SISTER MARIE ANNA BISSON
Winookski Park, Winookski

SISTER MARY DELANEY
Bishop DeGoesbriand Hospital, Burlington

SISTER ST. JOSEPH
Bishop DeGoesbriand Hospital, Burlington

SISTER SUSAN TERESA CARROLL*
Bishop DeGoesbriand Hospital, Burlington

STOKES, MRS. LOIS B.
79 Buell St., Burlington

STONE, MRS. PEARL C.
46 Nichols St., Rutland

TERRIEN, CATHERINE A.
150 Bank St., Burlington

TROUT, GERTRUDE K.
Orleans County Memorial Hospital, Newport

WITHERELL, CYNTHIA A.
16 Colchester Ave., Burlington

ZELLAR, MRS. ROSA W.
Grafton

ACHAM, ELEANOR S.
1222 E. Marshall St., Richmond 19

ADAMS, GLASSELLE
St. Elizabeth Hospital, Richmond 20

ALLEN, MARTHA B.
Dixie Hospital, Hampton

ANDERSON, VIRGINIA
Stuart Circle Hospital, Richmond 20

APPLE, HELEN S.
Memorial Hospital, Danville

AUSTIN, LOIS M.
206 Preston Court Apts., Charlottesville

AUTHIER, CECILE E.
Hampton Institute, Hampton

BEARINGER, HATTIE V.
411 N. 11 St., Richmond 19

BEAZLEY, ROY C.
McKin Hall, University

BLANTON, ANNIE JO
Martha Jefferson Hospital, Charlottesville
HUNT, PAULINE E.
402 Brandon Ave., Charlottesville
HUTCHISON, ISABEL M.
Memorial Hospital, Danville
JONES, BESS
Cabaniss Hall, Richmond 19
JONES, SALLIE L.
Memorial Hospital, Danville
JONES, MRS. SELMA S.
5 Milford Rd., Hilton Village
KNUBB, MAUDE H.
Grace Hospital, Richmond 20
KNIGHT, MARY F.
Box 137, Medical College of Virginia, Richmond 19
KRUG, MARY M.
Box 304, 1250 Amsterdam Ave., New York 27, N. Y.
LAMBERTH, BESSIE L.
Pampa
LEWIS, LETITIA C.
Hampton Institute, Hampton
LUCAS, MARY J.
Community Hospital, Radford
MacleAN, SYBIL
Medical College of Virginia Hospital, Richmond 19
MARTIN, BLANCHE V.
Box 1941, Roanoke
MCCONE, MARY J.
Winchester Memorial Hospital, Winchester
McLEOD, JOSEPHINE
632-35 Central Natl. Bk. Bldg., Richmond 19
MONTGOMERY, MABEL
Stuart Circle Hospital, Richmond 20
MONTROSS, FLORA J.
321 Park Ave., Richmond
MOORE, MRS. LEONA O.
3900 Montrose Ave., Richmond 23
MORRIS, MARY J.
1214 W. Main St., Charlottesville
NICHOLSON, MARGUERITE G.
Memorial Hall, 12 & Broad Sts., Richmond 19
OATES, LOUISE
Preston Court, Apt. 205, Charlottesville
OGG, KATHRYN N.
217 14 St., Charlottesville
O'GILVIE, NELLIE
Eastern Area, ARS, Alexandria
ORENDER, ANNA E.
Johnston-Willis Hospital, Richmond
OTT, KATHERINE A.
714 S. 18, Arlington
PATTESON, HARRIETTE A.
Petersburg Hospital, Petersburg
PERKINS, KATHRYN I.
Rockingham Memorial Hospital, Harrisonburg
POULSON, GENEVA T.
245 50 St., Newport News
PRICE, IDA G.
Route 2, Box 446, Fairfax
PURCELL, MRS. MARGARET H.
3817 Hawthorne Ave., Richmond 22
RANDOLPH, MARY W.*
Wild Acres, RFD 2, Charlottesville
REA, LOUISE L.
Route 2, Box 75, Charlottesville
RICKS, GRACE M.
McKin Hall, Charlottesville
ROMM, NORMA R.
308 Park Pl., Charlottesville

BRANSCOMBE, N. MAUDE
Dixie Hospital, Hampton
CAYTON, MRS. ANNE C.
Stuart Circle Hospital, Richmond 20
CORBELL, MARGARET E.
Retreat for the Sick Hospital, Richmond
COVER, CATHERINE B.
C. & O. Hospital, Clifton Forge
COX, KATHARINE C.
333 E. 58 St., Apt. 1-A, New York 22, N. Y.
COX, MRS. MADELINE W.
1250 Ferguson Ave., Newport News
COWLING, MARY P.
Virginia Baptist Hospital, Lynchburg
DAHNER, ALICE
McKin Hall, University
DAHNER, DAISY
Johnston-Willis Hospital, Richmond 21
DaweVER, ROSE M.
Norfolk General Hospital, Norfolk 7
DITTIFIELD, ALDA L.
Riverside Hospital, Newport News
DOFFLEMoyer, REBECCA M.
Cabaniss Hall, Richmond 19
DURHAMELLER, VIRGINIA
University of Virginia Hospital, University
EAGLETON, MARJORIE
Leigh Memorial Hospital, Norfolk 7
EPPEVER, RUTH B.
Norfolk General Hospital, Norfolk 7
FARIS, MRS. JESSIE W.
5200 New Kent Rd., Richmond
FAULKNER, OLIVE J.
Medical College of Virginia, Richmond 19
FIELDS, SADIE A.
1222 E. Marshall St., Richmond 19
FLEMING, JESSAMINE R.
St. Elizabeth's Hospital, Richmond 20
FOX, VERA V.
406 Worster Ave., Hampton
FRIEND, CORNELIA P.
1312 West Ave., Apt. 6, Richmond 20
GABLE, MRS. MARGARET R.
632 Marshall Ave., Roanoke
GAIR, KATHERINE R.
State Board of Nurse Examiners, 632 Central Natl. Bk. Bldg., Richmond
GORDON, FRANCES
Appomattox
GOSE, VIRGINIA
411 N. 11 St., Richmond 19
GREEN, MARY L.
Norfolk General Hospital, Norfolk 7
HABEL, MARY L.
Lakeview Hospital, Suffolk
HAHN, C. VIOLA
1222 E. Marshall St., Richmond 19
HALL, CORA I.
McKin Hall, University
HANNAH, MRS. MAE L.
Northampton-Accomac Memorial Hospital, Nassawadox
HELMKE, HILDA L.
University of Virginia Hospital, University
HERLIHY, FRANCES R.
1724 Abingdon Dr., Apt. 102, Alexandria
HOLLAR, VIRGINIA R.
Roanoke Hospital, Roanoke
HOOVER, FERMA E.*
142 S. Main St., Danville

533
ADAMS, MARY E.
Dept. of Licenses, Olympia

AIRTH, ANNABELLE
4417 Evanston Ave., Seattle 3

AMICK, ERNESTINE B.
W. 2219 Third Ave., Spokane 9

ANDERSON, HELEN C.
1221 Taylor Ave., Seattle 9

ANDERSON, MRS. NELL F.
General Hospital of Everett, Everett

Bair, DARTHEA H.
11458 71 Pl., S., Seattle 88

BALLYEA, LOIS T.
1621 W. Boone, Spokane 12

BARRY, MARY F.
Harborview Hall, Seattle 4

BELL, GERALDINE
Harborview Hall, Seattle 4

BENSON, MRS. DORIS
633 W. Fourth St., Seattle 99

BILLESBACH, MARIELLA
908 W. Fifth Ave., Spokane 9

BLACKMAN, HELEN M.
7724 17, N.E., Seattle 5

BOERHAVE, HILDA
State College of Washington, Pullman

BOND, EVELYN
Tacoma General Hospital, Tacoma 3

BORUM, VAUNDA M.
USVA Hospital Annex, Vancouver

BOWEN, MRS. REBA V.
422 S. Chelan, Wenatchee

BOYLE, JEAN E.
University of Washington, Seattle 5

BOULTON, JOSEPHINE E.
608 S. Second Ave., Tacoma 3

BRANDT, EDNA
Washington State Dept. of Health, Seattle 1

SPATZKER, LT. HERTA H. E.
Station Hospital, Camp Lec

SPINDLE, MRS. CLARICE B.
113 W. Valley St., Abingdon

STYRON, MRS. ELIZABETH B.
139 Chesapeake Ave., Newport News

THOMAS, MARTHA J.
3335 N. Chesterbrook Rd., Arlington

TRENTHAM, JEAN
Lewis-Cole Hospital, Roanoke

URBINE, MRS. ANN M.
3421 Grayland Ave., Richmond 21

WALLER, MRS. ETHEL D.
King's Daughters Hospital, Portsmouth

WALTER, AGNES M.
1040 Norview Ave., Willoughby, Norfolk

WESCOTT, MRS. PAULINE R.
Northampton Acmeac Memorial Hospital, Nassawadox

WHEELER, CLARIBEL A.
1401 Bellevue Ave., Richmond 22

WHITAKER, MRS. CLAUDINE B.
Western State Hospital, Stauton

WHITTEN, ELLA T.
Lynchburg State Colony, Colony

WRIGHT, VERNIE V.
103 S. Boulevard, Richmond 20

WASHINGTON—157

BUNGAY, JOAN L.
1905 W. Second Ave., Spokane

BUOBB, MARY B.
Deaconess Hospital, Spokane 9

BURKE, MRS. EVELYN B.
1003 Yale, N., Seattle 9

Caldwell, Janet
2120 First Ave., N., Seattle 9

Caldwell, MRS. MILDRED M.
Harborview Hall, Seattle 4

Cameron, MRS. GRACE D.
5027 Phinney Ave., Seattle 3

Champan, Mary
3309 W. Kiernan, Spokane

Chard, Marie
633 12 Ave., N., Seattle 2

Cheek, Mary V.
5249 17 Ave., N.E., Seattle 5

Coffman, Grace M.
402 S. Tacoma Ave., Tacoma

Cross, Harriet
University of Washington, Seattle 5

Curry, Virginia M.
Box 102, Cle Elum

Dahlstrom, MRS. ADELINE
12028 70, S., Seattle

Daigle, Dorothy H.
Sacred Heart Hospital, Spokane 9

Daly, Mary J.
Providence Hospital, Seattle 22

Davis, Bertha M.*
1321 Colby Ave., Everett

de Borra, Elaine L.
1006 Spring St., Seattle 4

Delaney, MRS. GLADYS M.
3222 N. 19, Tacoma 7

Delegianes, Helen
Sacred Heart Hospital, Spokane 9
DILLON, CLAIRE
Concagua University, Spokane 11

BOWLER, MRS. CHARLOTTE
Renton Hospital, Renton

EKLIND, HERINA D.
Swedish Hospital, Seattle 4

ENGELDINGER, ANN
St. Joseph’s Hospital, Vancouver

FAFY, MRS. MARIE M.
Children’s Orthopedic Hospital, Seattle 9

FECK, MRS. IRIA
1317 Boren Ave., Seattle 1

FINLEY, MARIE S.
58 W. 25 Ave., Spokane 9

FELTON, VIRGINIA
Harborview Hall, Seattle 4

FILER, ILADENE H.
St. Peter’s Hospital, Olympia

FISCHER, ALICE E.
1114 Marion St., Seattle 4

FLADAGER, LOIS
1101 Terry Ave., Seattle 1

FLOYD, MYRTLE L.
Harborview Hall, Seattle 4

FORSBERG, LEONA
Tacoma General Hospital, Tacoma 3

GANNON, DOROTHY L.
Box 216, Bellingham

GANTZ, ELLA
W. 819 1/2 First Ave., Spokane 8

GLYNN, DOROTHY E.
Tacoma General Hospital, Tacoma 3

GUNDERSEN, MRS. BERGST G.
St. Luke’s General Hospital, Bellingham

GUNN, MARGARET E.
S. 712 Elm St., Spokane

GUTHRIDGE, JANE
3930 Ashworth Ave., Seattle 3

HALVORSEN, EDNA M. T.
Tacoma General Hospital, Tacoma 3

HANES, MAJ. GLADYS M. *AUS (ANC)*
Madigan General Hospital, Tacoma

HANSON, MRS. FREDERICK R.
Walla Walla College, College Place

HAYDEN, CHESTA
College of Washington, Dept. of Nursing Education, Pullman

HICKS, MARIE G.
530 N. 78, Seattle 3

HILMO, ALMA E.
Swedish Hospital, Seattle 4

HITZROTH, MRS. GLADYS S.
Route 1, Box 9, Kirkland

HOFFMAN, KATHRYN I.
Harborview Hall, Seattle 4

HOLLANDER, PHILLIS I.
429 S. Ivory, Spokane

HOLMES, MRS. BESSIE J.
N. 4424 Wall St., Spokane 9

HUX TABLE, BARBARA L.
2225 N. 60 St., Seattle 3

HYTMO, GERTRUDE
Swedish Hospital, Seattle 4

JAHNKE, GLADYS A.
633 12, N., Seattle 2

JAMISON, LAURA M.
1221 Taylor Ave., Apt. 2, Seattle 9

JESSEN, MARJORIE
908 W. Fifth Ave., Spokane 9

JEWEETT, HELEN M.
Tacoma General Hospital, Tacoma 3

KENT, MARIAN G.
Washington State Nurses’ Assn., 514 Medical Arts Bldg., Seattle 1

KERY, CHARITY C.
803 Summit Ave., Seattle 4

KINTNER, NANCY
Northern State Hospital, Box 309, Sedro Woolley

KIRCHNER, AUGUSTA
Colville Indian Agency, Nespelem

KNIGHT, LOLA M.
Deaconess Hospital, Spokane 9

KORNGOLD, MRS. JANET F.
Harborview Hospital, Seattle 4

LAMBERT, ELIZABETH R.
Northern State Hospital, Sedro Woolley

LANKFORD, MRS. MARGARET A.
16 Valley St., Apt. 35, Seattle 9

LEAHY, KATHLEEN M.
University of Washington, Seattle 5

LEAVITT, HELEN B.
Columbus Hospital, Seattle 1

MACIVOR, VIRGINIA
Children’s Orthopedic Hospital, Seattle 9

MANSPERGER, MARGUERITE
4007 55 Ave., W., Seattle 9

MARKHAM, MARGARET O.
509 Ninth Ave., Seattle 4

MARS, EDITH
Eastern State Hospital, Medical Lake

MAY, CAROLYN A.
5536 Fleming Rd., Everett

McDEVITT, KATHERINE B.
1801 E. Jefferson, Seattle 22

McKINLEY, MRS. HELEN P.
W. 1025 Ninth Ave., Spokane 9

McRAE, MRS. DOROTHEA B.
Swedish Hospital, Seattle 4

MEEKER, VERA J.
Deaconess Hospital, Spokane 9

MENKE, ESTHER G.
Deaconess Hospital, Spokane 9

MILROY, MRS. LYLA V.
Box 309, Sedro Woolley

MONTGOMERY, ELIZABETH
Harborview Hospital, Seattle 4

MOODY, ADELLE L. M.
358 29 Ave., Seattle

MOORE, ANNA R.
215 E. Boston St., Seattle 2

MOSS, GEORGE K.
209 W. 75, Seattle 7

MOTHER GIACOMINA SIRAGUSA
Columbus Hospital, Seattle 1

MUSSION, ADELLE
1305 Ward, Seattle 9

NASH, SHIRLEY I.
1018 Ninth Ave., Seattle

NELSON, MRS. GRACE H.
Virginia Mason Hospital, Seattle 4

NELSON, MILDRED A.
S. 1314 Chestnut St., Spokane 9

NIELSEN, MARIE E.
Deaconess Hospital, Spokane 9

NORGARD, ESTHER A.
903 Ninth Ave., Seattle

O’CONNELL, MRS. JOSEPH P.
502 Terry Ave., Seattle 4

535
WASHINGTON—WEST VIRGINIA

OLCOTT, VIRGINIA*
University of Washington, Seattle 5

PATTERSON, MRS. LILLIAN B.
Route 1, Box 20, Auburn

PLYMAN, EILEEN
1019 Terry Ave., Seattle 4

PROBACH, KATHERINE
1305 Ward St., Seattle 9

RAINEY, HELEN E. S.
4347 Dayton Ave., Seattle 3

RHODES, MYRTLE M.
1321 Colby, Everett

RUUD, NINA
Swedish Hospital, Seattle 4

SANGER, AUDRY W.
2623 Maxwell, Spokane

SCHENK, JEAN
Tacoma General Hospital, Tacoma 3

SCHLECHT, HELEN S.
802 W. Fifth St., Spokane

SHELDON, MRS. NOLA S.
505 Catherine St., Walla Walla

SHERWOOD, EVA A.
Seattle Pacific College, Seattle 99

SIPPOLA, MRS. JUNE L.
Virginia Mason Hospital, Seattle 1

SISTER AGNES DOONEY
Sacred Heart Hospital, Spokane 9

SISTER GUSTAVE MARIE
Providence Hospital, Seattle 22

SISTER JOHN GABRIEL
Sacred Heart Hospital, Spokane 9

SISTER MAGDALENE OF PROVIDENCE
Sacred Heart Hospital, Spokane 9

SISTER MARY
Providence Hospital, Seattle 22

SISTER MARY CHRISTINE
Sacred Heart Hospital, Spokane 9

SISTER M. EDWINA
St. Anthony Hospital, Wenatchee

SISTER M. EVRARD
St. Joseph's Hospital, Tacoma 3

SISTER MIRIAM
Sacred Heart Hospital, Spokane 9

SISTER MONICA
S. Ninth Ave., Yakima

SISTER PETER OF ALCANTARA
St. Ignatius Hospital, Collfax

SISTER RITA MARY
St. Anthony's Hospital, Wenatchee

SISTER RUTH MARIE
Providence Hospital, Everett

SISTER ZEPHIRIN
Providence Hospital, Seattle 22

SMITH, ELIZABETH M.
Children's Orthopedic Hospital, Seattle 9

SMITH, JANE K.
Harborview Hall, Seattle 4

SOULE, MRS. ELIZABETH S.*
School of Nursing, University of Washington, Seattle 5

SPRY, MRS. CECILE T.
General Hospital of Everett, Everett

STAFNE, I. ESTHER
Swedish Hospital, Seattle 4

STALEY, GRACE E.
733 W. Fourth St., Spokane

STARTUP, JUSTINE
7724 17 N.E., Seattle 5

STOLESON, HELEN E.
Harborview Hall, Seattle 4

STUFFEL, MARGARET M.
210 S. Seventh Ave., Yakima

SVELANDER, MRS. KATHARINE G.
912 N. 48 St., Seattle 3

TAYLOR, ARLENE G.
St. Peter's Hospital, Olympia

THOMPSON, LILIAN M.
Children's Orthopedic Hospital, Seattle 9

THOMSON, JEANNE
Deaconess Hospital, Spokane 9

TILLOTSON, GENE
Northern State Hospital, Sedro Woolley

TSCHUDIN, MRS. MARY G.
Harborview Hall, Seattle 4

TUNNARD, GERTRUDE
302 S. K St., Tacoma

UHRIG, CATHERINE L.
Columbus Hospital, Seattle 4

VAN GUILDER, HELEN L.
Providence Hospital, Everett

VIZETELLY, NAZLEH E.
Seattle College, Seattle 22

WATSON, MARTHA G.
State Dept. of Health, Seattle 1

WHITE, EDITH M.
326 Ninth Ave., Seattle 4

WHITE, MRS. OLIVE
4121½ Dayton Ave., Seattle 3

WOODRUFF, NORMA L.
302 S. K St., Tacoma

YOUNG, LUCY C.
St. Luke's Hospital, Spokane 11

WEST VIRGINIA—45

BABCOCK, MRS. VIDA R. Y.*
Alderson-Broaddus College, Philippi

BENNINGSOFF, CATHERINE T.
1206 23 St., Parkersburg

BLOOMHEART, ELLA
134 20 St., Parkersburg

BURROUGHS, MISS CLIFFORD L.
Alderson-Broaddus College, Philippi

CAMPION, FRANCES M.
Golden Clinic, Elkins

CAMPION, ORA A.
Golden Clinic, Elkins

CORBITT, ALMA C.
Charleston General Hospital, Charleston

DOE, FLORENCE M.
Camden-Clark Memorial Hospital, Parkersburg

EULER, MARION A.
Willamson Memorial Hospital, Williamson

GARDNER, ANN H.
119 N. Maple Ave., Martinsburg

GARRITY, HELEN
Beaver Valley General Hospital, New Brighton

GILBERT, VIVIAN C.
Fairmont General Hospital, Fairmont

HAYDEN, MRS. JOY M.
246½ Sixth Ave., Huntington

HAYMOND, MARGARET S.
336 Lincoln St., Fairmont
JONES, MRS. EVANGELINE B.  
McMillan Hospital, Charleston
JONES, MARY R.  
Laird Memorial Hospital, Montgomery
LLOYD, MRS. THELMIA T.  
4538 Auburn Rd., Huntington
MALONEY, MAY M.  
47 Capital City Bldg., Charleston
MONKS, MRS. RUTH C.  
1216 W. King St., Martinsburg
RICHARDSON, ALICE A.  
Fairmont General Hospital, Fairmont
SISTER M. ROSARIA ROBRECHT  
St. Mary’s Hospital, Clarksburg
ROOP, NELLIE I.  
498 Davidson Bldg., Charleston
ROSIER, ALBERTHA L.  
633 West Virginia Ave., Morgantown
SHOWALTER, MARIE  
Davidson Bldg., Charleston
SISTER M. CAROLA JEHELE  
St. Mary’s Hospital, Huntington 2
SISTER MARY ELLEN BRACKEN  
St. Mary’s Hospital, Clarksburg
SISTER M. FRANCES .  
St. Mary’s Hospital, Huntington 2
SISTER M. PALMATIA*  
Sacred Heart Hospital, Richwood
SISTER MARY PAUL COYLE  
St. Francis Hospital, Charleston
SISTER M. PIA  
St. Joseph’s Hospital, Buckhannon

**ABRAHAM, MARY G.**  
1223 N. 14 St., Milwaukee 5
**ALFORD, CHARLOTTE**  
Veterans Administration Hospital, Mendota Branch, Madison 9
**ALMAN, MARCELLA L.**  
Luther Hospital, Eau Claire
**ALTREUTER, M. B.**  
628 N. 19 St., Milwaukee 3
**ANDERSON, ANNA**  
Luther Hospital, Eau Claire
**ANDERSON, ELLEN M.**  
Columbus Hospital, Milwaukee 11
**AUGSPURGER, PEARL M.**  
3019 N. Farwell Ave., Milwaukee 11
**AVERILL, MARGARET D.**  
721 N. 17 St., Milwaukee 3
**avery, Frances M.**  
510 E. Kilbourn, Milwaukee 2
**Barber, Segrid**  
819 Bowen St., Oakosh
**Beckman, Norma C.**  
3059 N. 51 St., Milwaukee
**BIGGS, MARGARET**  
4836 N. 53 St., Milwaukee 10
**Blume, Virginia**  
1100 Delaplaine Ct., Madison 5
**BRANDT, RUTH**  
1802-A W. Hampton Ave., Milwaukee
**Brauckle, Mabel M.**  
Evangelical Deaconess Hospital, Milwaukee 3
**Brauer, Mrs. Clara**  
Milwaukee County Hospital, Wauwatosa 13
**BRUSKEWITZ, Mildred E.**  
637 S. Layton Blvd., Milwaukee 4
**BuCzek, Gertrude M.**  
Route 1, Box 22, Saukville
**Buettner, Mrs. Myrtle R.**  
603 N. 99 St., Milwaukee 13
**Bumiller, Clara M.**  
726 N. 12 St., Milwaukee 3
**Bunke, Beatrice**  
6900 W. Wisconsin Ave., Wauwatosa 13
**Buompensiero, Rosemary**  
1136 N. 13 St., Milwaukee 3
**Burke, Thelma**  
Wisconsin State Sanatorium, Statesan
**Campbell, Alice**  
3321 N. Maryland Ave., Milwaukee 11
**Carey, Gladys K.**  
1309 Linden Dr., Madison
**Charles, Mrs. Florence F.**  
2564 N. 95 St., Wauwatosa 13
**Coe, Ruth L.**  
211 N. Carroll St., Madison 3
**Collings, Ida A.**  
Madison General Hospital, Madison 5
**Corbett, Mrs. Lucille K.**  
St. Luke’s Hospital, Racine
**Corrigan, Hazel**  
Route 14, Box 621, Milwaukee
**Chump, Margaret G.**  
227 Clifford Ct., Madison 5
**Delavan, Elizabeth**  
2016 Washington Ave., Racine

**Sister Mary Ruth Owen**  
Wheeling Hospital, Wheeling
**Sister M. Thomasina**  
St. Francis Hospital, Charleston
**Sister Mary Virginia Klug**  
St. Joseph’s Hospital, Parkersburg
**Sister M. Zita Mcguinn**  
St. Francis Hospital, Charleston
**Strader, Sophonia**  
Beverly
**Thornton, Ethelyn B.**  
College Hill, Williamson
**Tillian, Mrs. Florence S.**  
Golden Memorial Hospital, Elkins
**ToBin, Mrs. Irene**  
Davis Memorial Hospital, Elkins
**Trent, Mrs. Kathryn C.**  
116 Alderson, Charleston
**Turner, Mrs. Mary E.**  
Charleston General Hospital, Charleston
**Tyre, Mrs. Holly S.**  
Davis Memorial Hospital, Elkins
**Van Ness, Mary L.**  
Ohio Valley General Hospital, Wheeling
**WalRaven, Mrs. Esther N.**  
Stone Court, Martinsburg
**White, Alice V.**  
400 Woodlawn Ave., Beckley
**Young, Blanche M.**  
Union Protestant Hospital, Clarksburg

WISCONSIN—186

---

537
DENNIS, ARLENE M. 3437 N. 50 St., Milwaukee 10
DESSLACH, ROSE 732 N. 17 St., Milwaukee 3
DONOVAN, MARIE A. 3329 N. 36 St., Milwaukee 10
DOYLE, LORETTA 1414 Lorch Ct., Madison
DUNN, MARION J. 211 S. Bedford St., Madison
DURST, RITA 1322 Kavanaugh Pl., Wauwatosa
DYE, HELEN H. 3520 N. 21 St., Milwaukee 6
EICHMAN, MARGARET A. 2744 N. 23 St., Milwaukee 6
EMANUEL, MARGARET 217 N. Orchard, Madison 5
ESVAL, SIGRID Luther Hospital, Eau Claire
EVANS, ELLEN M. 925 Mound St., Madison 5
FIELD, BONNIE J. 3321 N. Maryland Ave., Milwaukee 11
FLETCHER, LILA B. Wisconsin General Hospital, Madison 6
FLYNN, MARY Luther Hospital, Eau Claire
GARING, ALICE I. Luther Hospital, Eau Claire
GESELL, HELENE U. 3151 N. Second St., Milwaukee 12
GESELL, MARGARET 3151 N. Second St., Milwaukee 12
GIERAHN, OLGA L. 2912 S. Wentworth Ave., Milwaukee 7
GITTO, MARY 1335 E. Russell Ave., Milwaukee 7
GIZIEWSKI, ETHEL M. 735 N. 17 St., Milwaukee 3
GOODWIN, MARGARET C. 2024 N. 33 St., Milwaukee
GRACE, MARYANN L. 3672 N. 49 St., Milwaukee
GRANZOW, ELIZABETH R. 1365 N. Franklin Pl., Milwaukee 2
GRUMMEL, VIOLET M. 2617 N. 36 St., Milwaukee 10
HAASE, MYRTLE E. Muirdale Sanitarium, Wauwatosa 13
HAMMOND, JANE M. 3319 W. Dayton St., Madison 5
HASSELS, ANNA 510 E. Kilbourn Ave., Milwaukee 2
HAUBRICK, SYLVIA E. 3228 N. 54 St., Milwaukee 10
HAYS, JEANNETTE M. 1630 N. 38 St., Milwaukee
HERIN, BERNICE 726 N. 12 St., Milwaukee 3
HOFMAN, CLARA 3055 W. Wisconsin Ave., Milwaukee 8
HOGAN, MARY C. 3421 W. Wells St., Milwaukee 8
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HORKAVI, HELEN 4800 Fond du Lac Ave., Milwaukee

HRUBY, HELEN M. 2410 N. 51 St., Milwaukee 10
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JOHNSON, ROSEMARY 1171 Glenview Ave., Milwaukee
JORDHEIM, OLGA M. St. Luke's Hospital, Racine
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KERRIN, DORIS 1011 N. Van Buren St., Milwaukee
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KNAPP, BERTHA L. 239 Clay St., Neillsville
KNELL, ANNA H. 430 N. Randall Ave., Madison 5
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KOOP, MARGARET L. 230 W. Madison St., Milwaukee 4
KORESSEL, ELEANOR J. Veterans Administration Hospital, Madison 9
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309 Washington Ave., Madison
PAQUIN, MARIORIE C.
425 Lorch St., Madison 5
PLATH, MRS. LYDIA
Luther Hospital, Eau Claire
PODLOGAR, MRS. DORIS
0960 W. Wisconsin, Milwaukee
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3058 N. 51 St., Milwaukee 10
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1810 W. Wisconsin Ave., Apt. 303, Milwaukee 3
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945 N. 13 St., Milwaukee 3
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3668 N. 27 St., Milwaukee 10
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1412 N. Oakland Ave., Milwaukee 3
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1914 Kendall Ave., Madison
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Muirdale Sanatorium, Wauwatosa 13
SCHMICH, ANN L.
418 Millin St., Madison
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439 N. Randall Ave., Madison
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137 W. Gilman, Madison
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303 Princeton Ave., Madison 3
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St. Mary's Hospital, Waunau
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St. Joseph's Hospital, Milwaukee 10
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St. Joseph's Hospital, Milwaukee 10
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475 Gillett St., Fond du Lac
SISTER MARY LAWRENCE
Holy Family Hospital, Manitowoc
SISTER MARY LORRETTA KEARNEY
2320 N. Lake Dr., Milwaukee 2
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Sacred Heart Sanitarium, Milwaukee 4
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St. Joseph's Hospital, Milwaukee 10
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615 S. Tenth St., La Crosse
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615 S. Tenth St., La Crosse
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5000 W. Chambers St., Milwaukee 10
SISTER MARY VICTIMA
Holy Family Hospital, Manitowoc
SISTER M. VIRGINIA BEIKLER
St. Joseph's Hospital, Milwaukee 10
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1546 S. Layton Blvd., Milwaukee 4
SISTER MERCEDES HARRISON
St. Mary's Hospital, Milwaukee 2
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St. Mary's Hospital, Milwaukee 2
SISTER ST. ODILON
2221 W. Juneau Ave., Milwaukee 3
SMITH, ROSE A.
6936 W. Wells St., Milwaukee 13
SMITH, SANEE
3001 N. 69 St., Milwaukee
SOBOTKA, IRENE A.
1010 Mound St., Madison 5
SORENSON, LEORA
945 N. 13 St., Milwaukee 3
STAHL, ADELE C.
695 W. Lakeside, Madison
STEFKA, VIRGINIA K.
475 Gillett St., Fond du lac
STEIG, ILSE
742 S. Webster, Green Bay
STOLES, THERESA
433 Lorch St., Madison
STROUD, ROSE B.
Veterans Administration, Wood

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STRUDELL, FRITZIE
2303 N. 40 St., Milwaukee

STUPINSKI, ELIZABETH C.
711 N. 16 St., Milwaukee 3

SULLIVAN, MARGARET E.
Nurses Quarters, Veterans Administration Hospital, Wood

SVENSON, OLIVE
Luther Hospital, Eau Claire

SZMANIA, MARGARET
3026 N. 27 St., Milwaukee 10

TAYLOR, AGNES J.
Mt. Sinai Hospital, Milwaukee 3

TEICHERN, MRS. WILHELMINA F.
2318 S. 58 St., Milwaukee 14

THOMPSON, RUTH E.
312 St. Lawrence Ave., Beloit

TOPZANT, MARTHA A.
2163 N. 73 St., Wauwatosa 13

HERSEY, FRANCES M.
204 E. 26 St., Cheyenne

MOTYLEWSKI, VIOLET A.
Veterans Administration, Sheridan

FELL, FRANCES
Haines Health Center, Haines

HANSON, HAZEL
Bethel Hospital, Bethel

LINDLEY, MRS. ETHEL W.
Valdez

SISTER JOSEPH ANTHIME
Providence Hospital, Anchorage

HASENJAEGER, ELLA*
Hospital das Clinicas, Av. Rebencas 476, Sao Paulo

KAIN, CATHERINE M.
Av. Rio Branco 251-12, Caixa Postal 1530,
Rio de Janeiro

WEED, M. IRENE*
Caixa Postal 1530, Avenida Rio Branco 250-12,0,
Rio de Janeiro

MYERS, MRS. LYDIA M.
Curundu

WUDE, M. IRENE*
Caixa Postal 1530, Avenida Rio Branco 250-12,0,
Rio de Janeiro

CULLEY, FRANCES E.
Wuhan General Hospital, Wuhan, Anhui

CARLING, FLORENCE E.
73 Sheritan Ave., Toronto

ELLIS, KATHLEEN W.
Bessborough Hotel, Saskatoon, Saskatchewan

McDONALD, HELEN M.
The Winnipeg General Hospital, Winnipeg

ADAM, ANTOINETTE
Miraj Medical Centre, Miraj, S. M. C.

MARTYN, FLORENCE H.
Methodist T.B. Sanatorium, Almorah,
United Provinces
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American Hospital, Teheran

MEMBERS IN THE ARMED SERVICES

†IRAN—1

†PHILIPPINE ISLANDS—1

ODEE, BERTHA
Mary Johnston Hospital, 431 P. Paredes, Manila

MEMBERS IN THE ARMED SERVICES—4

ALT, GRACE E.
3476 Dolfield Ave., Baltimore 15, Md.
MOODY, MAJ. SELMA M., ANC N751302
Box 6363, Fitzsimons General Hospital,
Denver 8, Colo.

TREMOR, ISABELLA
APO 500, c/o PM, San Francisco, Calif.

VAN GORP, LT. Dymphna M., NC, USN
2622 Rosewood Pl., N.W., Canton 3, Ohio

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**DECEASED MEMBERS**

Names from 1893 to October, 1946, are given in previous annual reports. The names of members whose deaths have been reported since October, 1946, follow:

**ANDREWS, MARGARET** ........................................... April 2, 1947
**CALDWELL, DR. GEORGE T.** .................................. January 20, 1947
**COOK, MELISSA J.** .............................................. November 6, 1946
**FENWICK, MRS. BEDFORD (Honorary)** August 13, 1947
**GAGE, NINA D.** ..................................................... October 18, 1946
**GIBSON, KATHRYN D.** ........................................... July 15, 1946
**HEGNER, MRS. KITTY PACE** ................................... August 18, 1946
**HOTHERSALL, NELLIE** .......................................... August 21, 1946
**JENKINS, EMMA W.** .............................................. March 5, 1947
**KEOH, MRS. KATHARINE E.** .................................. April 23, 1947
** LICHTENSTEIN, ALFRED F.** .................................. February, 1947
** MCCLASKIE, MAUDE** ........................................... September 4, 1947
** MCGREGOR, MARGARET A.** .................................. January 14, 1947
** ODGO, CHRISTINA J.** ........................................... August 12, 1947
** PEELES, ANNE T.** ............................................... April 8, 1946
** PHILLIPS, ROSEMARY** .......................................... March 30, 1946
** SISTER AGATHA KIRCHMIEH** .................................. November 7, 1946
** WOOD, HELEN PRUYA** .......................................... August 9, 1946
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