Annual Report

of the

National League

of Nursing Education

and Record of Proceedings

of the Fifty-second Convention

1948

NATIONAL LEAGUE OF NURSING EDUCATION

1790 Broadway, New York 19, New York
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*lay member

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303 East 20th Street
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2063 Adelbert Road
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6420 Clayton Road
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State Department of Health
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1790 Broadway
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11 South LaSalle Street
Chicago 3, Ill.

(Continued on next page)
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The presidents and executive secretaries of the NLNE and NOPHN are members ex officio of the Council on Orthopedic Nursing and its Subcommittee on Scholarships.
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1790 Broadway
New York 19, N. Y.

COMMITTEE ON CURRICULUM

The Subcommittee on Tuberculosis Nursing of the NLNE Committee on Curriculum
is serving as the Committee on Curriculum of the Joint Tuberculosis Nursing Advisory
Service. (See page 13)

The presidents and executive secretaries of the NLNE and NOPHN are members ex officio of the Council on Tuberculosis Nursing.
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Watertown 72, Mass.

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Washington 14, D. C.

ANNA D. WOLF
The Johns Hopkins Hospital
School of Nursing
Baltimore 5, Md.

*The National Nursing Council voted itself out of existence in October, 1943.
PAST OFFICERS OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

The American Society of Superintendents of Training Schools for Nurses was organized in Chicago, June, 1893. The officers of the preliminary organization were:

Anna L. Alston, President  M. E. P. Davis, First Vice President
Louise Darche, Secretary  Sophia Palmer, Second Vice President
Lucy L. Drown, Treasurer

Officers elected* in the years following have been:

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

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

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

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

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

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

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

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

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

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

1904 No elections or convention.

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

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

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

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

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

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

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

1912 Chicago, Ill., June 3-5.
President, Mary C. Wheeler; First Vice President, Mary M. Riddle; Second Vice President, Mary A. Samuel; Secretary, Jessie E. Catton; Treasurer, Mary W. McKechnie.

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

1913 Atlantic City, N. J., June 23-25.
President, Clara D. Noyes; First Vice President, Louise M. Powell; Second Vice President, Helen Scott Hay; Secretary, Sara E. Parsons; Treasurer, Mary W. McKechnie.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1938 Kansas City, Mo., April 24-29.
President, Nellie X. Hawkinsion; Vice President, C. Ruth Bower; Secretary, Stella Goosray; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.
President, Nellie X. Hawkkinson; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

1940 Philadelphia, Pa., May 12-17.
President, Stella Goosray; Vice President, Phoebe M. Kandel; Secretary, Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler.

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

President, Stella Goosray; Vice President, Phoebe M. Kandel; Secretary, Irene Murchison; Treasurer, Lucile Petry; Executive Secretary, Claribel A. Wheeler; Acting Executive Secretary, Adelaide A. Mayo.

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

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

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

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

President, Ruth Sleeper; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Lucile Petry; Executive Secretary, Adelaide A. Mayo.

President, Agnes Gelines; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Secretary, Adelaide A. Mayo.

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

American Association of Industrial Nurses, 654 Madison Avenue, New York 21, N. Y.
American Association of Medical Social Workers, 1129 Vermont Avenue, N.W., Washington 5, D. C.
American Cancer Society, 47 Beaver Street, New York, N. Y.
American College of Surgeons, 40 East Erie Street, Chicago 11, Ill.
American Committee for Nursing Scholarships, Taylor Hall, Bryn Mawr, Pa.
American Council on Education, 744 Jackson Place, Washington 6, D. C.
American Dietetic Association, 620 North Michigan Avenue, Chicago 11, Ill.
American Hospital Association, 18 East Division Street, Chicago 10, Ill.
American Journal of Nursing Company, 1790 Broadway, New York 19, N. Y.
American Library Association, 50 East Huron Street, Chicago 11, Ill.
American Medical Association, 535 North Dearborn Street, Chicago 10, Ill.
American Nurses' Association, 1790 Broadway, New York 19, N. Y.
American Psychiatric Association, 9 Rockefeller Plaza, New York 20, N. Y.
American Red Cross Nursing Service, Washington 13, D. C.
American Social Hygiene Association, 1790 Broadway, New York 19, N. Y.
Association of Collegiate Schools of Nursing, 2063 Adelbert Road, Cleveland 6, Ohio
Harmon Association for the Advancement of Nursing, 140 Nassau Street, New York 7, N. Y.
Maternity Center Association, 654 Madison Avenue, New York 21, N. Y.
National Association of Colored Graduate Nurses, 1790 Broadway, New York 19, N. Y.
National Association for Nursery School Education, 2050 East 96th Street, Cleveland 6, Ohio
National Association for Practical Nurse Education, 654 Madison Avenue, New York 21, N. Y.
National Committee for Mental Hygiene, 1790 Broadway, New York 19, N. Y.
National Council on Rehabilitation, 1790 Broadway, New York 19, N. Y.
National Education Association of the United States, 1201 16th Street, Washington 6, D. C.
National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N. Y.
National Health Council, 1790 Broadway, New York 19, N. Y.
National Nursing Council, 1790 Broadway, New York 19, N. Y.
National Society for Medical Research, 25 East Washington Street, Chicago 2, Ill.
National Society for the Prevention of Blindness, 1790 Broadway, New York 19, N. Y.
National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.
Special Libraries Association, 31 East 10th Street, New York 3, N. Y.
United States Children's Bureau, Washington 25, D. C.
United States Public Health Service, Washington 25, D. C.
PROCEEDINGS OF THE
FIFTY-SECOND CONVENTION OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

Chicago, Illinois
May 30-June 4, 1948

MEETING OF THE COUNCIL OF STATE LEAGUES

Sunday, May 30—9:00 a.m.-3:40 p.m.

An open session of the Council of State Leagues was held in the Crystal Room of the Palmer House in Chicago, Illinois, on Sunday, May 30, 1948. The chairman, Ruth Sleeper, called the meeting to order at 9:00 a.m. and spoke a few words of welcome.

The secretary, Henrietta A. Loughran, called the roll* to which the presidents or representatives of twenty-two state leagues responded. The presidents or their representatives of several other state leagues arrived after the roll call. Also present were the four officer-members of the council, as well as other members of the League.

REPORTS OF STATE LEAGUES

At the invitation of the chairman, some of those present supplemented the annual reports as they appeared in the preprints with further information concerning the activities of their state leagues.

Curriculum Activities

The reports revealed that several states had been engaging in activities connected with curriculum revision and enrichment. In Missouri and North Carolina, the state leagues had participated in the preparation of a revised curriculum which had been adopted in those states. The Florida league had also been working on a revision of the curriculum. The Washington state league was expecting that a new standard curriculum would be adopted when new accreditation rules for the state, recommended by the league, went into effect. The Connecticut league, at the request of the State Board of Nurse Examiners, had recommended a curriculum for the collegiate schools of nursing which may be established with state funds.

*Bylaws—Article XI, Sec. 2. A quorum of the Council of State Leagues shall be ten members other than the officers.
Other leagues had arranged for affiliations for the schools within their states. In addition to the psychiatric affiliations which it had already reported on, the Utah league had been able to arrange for tuberculosis experience and public health nursing experience for the students in the Utah schools. The representative of the Minnesota league reported that plans were almost completed for a rural affiliation for the schools in that state. The Committee on Psychiatric Nursing of the North Dakota league, working with the State Board of Nurse Examiners, had sent a request to all schools of nursing in the state to make psychiatric nursing a basic course by the end of 1948, and all but two schools had thus far been able to meet the request.

Several state leagues were in the process of making plans for further curriculum enrichment. The Connecticut league reported that it had a very active committee working on collegiate affiliations. The Minnesota league was reported to be studying the possibility of affiliations with the School for Crippled Children at Jamestown, and to be working on a long-range plan for a new type of curriculum in which the social and health aspects of nursing would be integrated. The Pennsylvania league also reported that it was engaging in a curriculum study.

The president of the Illinois league reported: “Our Committee on Curriculum has been called in for consultation on every major curriculum problem of the State Board of Nurse Examiners, and we in turn have been able to have one of the State Board coordinators assist in any of the curriculum problems in our program. The Committee on Curriculum of the state league has been called in on consultation on what might roughly be called a workshop for revising the rules and regulations for schools of nursing. The major curriculum study which has been carried on this year has been directed toward the integration of social and health aspects, or the integration of all nursing aspects as we prefer to think of it. For this study, local sections of the state committee are working on a curriculum guide which makes use of local facilities. We plan to have the guide printed next fall for use in the local leagues.”

In the curriculum study of the Pennsylvania league, consideration was being given to the best means of incorporating the public health aspects of nursing in the curriculum; therefore, the cooperation of the Education Committee of the State Organization for Public Health Nursing had been obtained. Three institutes in Missouri and one in West Virginia had been held on the subject of the integration of the social and health aspects of nursing in the basic curriculum and the local league in Kansas City, Missouri, was planning a study of community resources along these lines.

This subject was also planned as the theme of the coming fall convention of the South Dakota league and of a workshop which would be sponsored by the Georgia league in conjunction with the Georgia State Nurses’ Association and the Georgia Organization for Public Health Nursing. The Committee on Integration of the Social and Health Aspects of Nursing of the
Vermont league had worked with the State Department of Health in setting up a better program in the rural communities of that state. The Ohio league reported plans for a one-and-a-half- or two-day institute on the integration of body mechanics into the curriculum.

**Pre-nursing Curricula**

The Committee on Curriculum of the Missouri league had made recommendations concerning pre-nursing work in the curricula of high schools and colleges.

**Provision of New Programs and Courses**

In many states and communities leagues had been engaging in efforts to provide additional educational facilities. In Mississippi, the State Legislature granted $60,000 for the establishment of a university school of nursing. The Florida league reported further progress in attempts to have a school of nursing established in the University of Florida. And, as has been pointed out, the state league in Connecticut had been assisting in plans to establish collegiate schools of nursing with state funds. The Vermont league had been interpreting the advantages of centralization of preclinical instruction to the rural schools, an activity which had a direct effect on increasing the number of such schools from four to six.

In the area of graduate nurse education, the Mississippi league made the thrilling announcement that, as a result of a study, the State Legislature had voted a grant of $85,000 for scholarships for graduate nurses. The North Carolina league reported that, in conjunction with the State Nurses' Association, it was sponsoring a year-round program for graduate nurses, consisting of institutes and a six weeks' program for which college credit is given. The South Carolina league also reported the sponsorship of a course; together with the University of South Carolina it had arranged for an intensive course in ward management as part of the summer school, in which it was hoped that every school of nursing in the state would be represented. The South Dakota league had been encouraging faculty members to continue their education; it had stimulated nursing schools in the state to get university instructors to give college courses to head nurses and supervisors in rural areas so that these staff members could obtain university credits and still retain positions in their hospitals.

**Surveys**

In several states the need for extending educational opportunities had been proved by surveys of nursing needs. The representative of the Florida league reported on a survey of this type conducted by Ellwynne M. Vreeland of the Public Health Service and financed by the State Nurses' Association. In Missouri, the report of the Joint Committee on Nursing Needs and Re-
sources of the state league and State Nurses’ Association was being published under the auspices of the state university. In South Carolina the league and nurses’ association were cooperating in a survey to determine the needs of the state with regard to public health nurses and institutional nurses.

In Mississippi the study of nursing needs came about as a result of the Mississippi Commission on Hospital Care. The State Legislature had provided for a nursing committee in connection with this Commission and the president of the league served on the committee. According to her report of the way in which the study of nursing needs was carried on by the committee, “We wanted to find out how many professional and nonprofessional nurses there are in Mississippi. The Governor proclaimed November 19, 1947, as Nurse Registration Day, and all nurses in the state registered at designated centers. The roll call was responded to by 2,646 nurses, and from questionnaires which they filled out we were able to find out how many nurses in Mississippi were qualified for educational programs. We then made a nursing service study in ten of the hospitals in the state to learn how many hours of nursing service were being given and how much of this service was rendered by professional and nonprofessional nurses.” As a result of these studies, the Mississippi Legislature granted the funds for graduate scholarships and a university school of nursing reported on above.

Workshops and Institutes

In addition to the provision of formal programs and courses, state leagues had arranged for many workshops and institutes. (Several of these have been mentioned in connection with the leagues’ curriculum activities, and others will be referred to in other connections, such as visual aids and evaluation activities.) The Connecticut league had established workshops for the faculty in the various schools, the subject of the workshop being selected by the faculty. Some schools chose the subject of counseling and guidance, others expressed interest in visual aids, and quite a number selected topics in clinical teaching areas. North Dakota sponsored two regional institutes: one on “Principles and Methods of Teaching” by Loretta Heidgerken, and one on “Cost Analyses for Schools of Nursing” by Amy Viglione of the Public Health Service.

The Missouri state league held three institutes on nursing care, and on the day following the state meeting each of four hospital schools had institutes. The West Virginia league arranged for an institute on “Comprehensive Nursing” to be given in two sections of the state; that held in the southern section was attended by 92 persons, while the one in the northern section had an attendance of between 40 and 50. The Virginia league also reported that it was considering holding regional institutes, rather than institutes in one center of the state.

The Massachusetts league, together with the State Organization for Public
Health Nursing, held a two-day institute on mental hygiene, the financing of which was provided for out of funds allotted by the Mental Hygiene Act. The Utah league reported that, jointly with the State Organization for Public Health Nursing, it also would shortly be holding an institute on mental hygiene with an attendance limited to forty—twenty from the institutional field and twenty from the public health field. Other institutes being planned by state leagues were one in Louisiana for the teachers of medical and surgical nursing, and one on tuberculosis nursing, one on orthopedic nursing, and one on pediatric nursing in Maryland. The Michigan state league reported plans for a one-day workshop to re-evaluate a dietetic service, to be held in conjunction with the Michigan Dietetic Association.

**Bedside Nursing**

Included in educational activities for graduate nurses were those directed at bedside nursing. The New Jersey league had arranged for a panel discussion by bedside nurses from private practice, institutional general staff, public health general staff, and a director of a school of nursing. Reporting on this, the president of the New Jersey league said: "The bedside nurses told us they want some help from educators but they don't know what they want. The directors of the schools said they would like to give this help, but they do not know what to give. We hope, during the coming year, to explore this problem further."

In Utah an institute for private duty nurses was being planned on heart and chest surgery. Particularly valuable was the fact that the cooperation of the medical profession had been obtained, since doctors were willing to assign only a few of the private duty nurses to critical cases. The president of the Utah league further stated: "In our section, and I am sure in many others, the quality of our classroom instruction has outstripped that of the clinical bedside instruction. We are therefore attempting to get the clinical instructors in the various fields together and help them work out plans for bedside and ward teaching that will bring such instruction nearer the level of that given in the classroom."

The president of the Washington state league reported that nurses in that state had been accused of not wanting to do bedside nursing, but a study had showed that 71 per cent of all nurses active in the state were doing bedside nursing and only 3 per cent were engaged in nursing education as educators.

**Practical Nurses**

Efforts to increase and improve educational activities were not confined to professional nursing but included practical nursing also, work in this area being reported by thirteen state leagues. In Utah, North Carolina, and South Carolina efforts to get legislation for the licensing of practical nurses had been successful. The Rhode Island league also reported the passage of such
a law but not, unfortunately, in the form which the league and the practical nurses had hoped for; the Legislature revised the bill in such a way that it only protects the terms "practical nursing" and "practical nurse," and anyone who wants to call herself an attendant can still practice nursing in a home without being licensed.

The Louisiana league reported that a bill for practical nurse licensure was before the State Legislature, and the Texas and Washington state league presidents expressed the hope that a provision of this kind would be included in the revised nurse practice acts being contemplated in their states. In Washington four or five attempts had been made to re-write the nurse practice act, but, although most of the practical nurses in the state want to be licensed, a small group thwarts their efforts every year. Current efforts, therefore, were being centered around permissive rather than mandatory legislation for practical nurse licensure.

In California, Colorado, Mississippi, and Montana attempts to secure legislation of this type were not successful, a failure which, in California, was attributed to the opposition of the medical and hospital associations. In all three states, however, further efforts were being made. In Montana, after an analysis had indicated that previous failures had been due to lack of understanding of the purpose and advantages of such legislation, the Montana league, together with the nurses', medical and hospital associations and the practical nurses, formed a joint committee to educate the legislature and the public.

The Vermont league also reported activities designed to let the public know about practical nursing. In cooperation with the Vermont Association for Practical Nurse Education it was attempting to set up some institutes which would give the public a better definition of professional and practical nursing.

State leagues also reported considerable activity with regard to the initiation of educational programs for practical nurses. The president of the Ohio league stated: "The Ohio league has been trying to get some programs for practical nurses started in the state. We have organized an advisory committee to work with the Vocational Education Division of the State Department of Education on a curriculum and a plan that would be approved by the state department as requests come in from local departments. Plans are now being made for three such programs in the state."

There is one school for practical nurses in North Carolina. One has also been established in South Carolina, with the state league sponsoring its program. The president of the Utah league reported: "Now that we have legislation for practical nurse licensure our efforts will be directed toward getting a school established."

The Missouri league reported: "We are working on a practical nurse program in the central part of the state where we have no schools for professional nurses, and, through our Joint Committee on Practical Nursing, we are acquainting people with what practical nurse schools are and how they
should be established. The league has approved the practical nurse program of the one practical nurse school in the state."

According to the president of the California league: "The California league has gone on record as sponsoring certain definite types of programs for the practical nurse group. We cannot approve each individual curriculum, but we have approved three definite types of programs. One school has been set up in the Pasadena Junior College on a more or less experimental basis according to a plan which has been worked out by the Southern Section of the state league and the college. At present the course is one year in length. The class instruction given at the college includes such subjects as anatomy, physiology, hygiene, and foods. The laboratory work, which is done in the Huntington Memorial Hospital, includes the preparation of the student in general nursing and the care of the child and nursery work. Of fifty or sixty applicants for this course, fourteen were selected.

"The Northern Section of the California league, in cooperation with the State Department of Education, is sponsoring a program set up in connection with the adult education program. The most usual type of educational program for practical nurses is a school connected with one hospital. In such cases, the program is sponsored through the league from the educational standpoint." The president of the California league concluded her remarks by stating that the state medical and hospital associations oppose the idea of having the professional nurse group assume any control over practical nursing.

Legislation Regarding State Boards

The president of the Illinois league reported: "Last year we were successful in having passed a new Nurse Practice Act which provided for the appointment of a new State Board of Nurse Examiners and two coordinators. One of our projects this year has been to develop a system whereby we can work cooperatively with the State Board."

The president of the South Dakota league stated: "The Special Eligibility Committee is revising the qualifications for a member of the State Board of Nurse Examiners, to make it possible for a qualified public health nurse to become a member of that Board."

Accrediting

It was reported that the Committee on State Board Problems of the Washington state league had developed a set of requirements for state-accredited schools in that state. These had been approved by the League membership and presented to the State Director of Licenses, who is interested in getting these standards approved.
Cost Analyses

Several state leagues reported on cost analyses in schools of nursing. Cost analyses had been completed in almost half the schools in South Dakota. The Massachusetts league, in cooperation with one of the universities in Boston, was sponsoring a workshop on cost analysis for the directors and some of the fiscal officers of the schools of nursing. The North Dakota league had sponsored an institute on this subject given by Amy Viglione of the Public Health Service. The Montana league reported that its Committee on Cost Analysis had been active.

The president of the New Jersey league told of an incident which more or less dramatized one of the uses to which the findings of a cost analysis can be put. In the course of discussions with the State Medical Association relative to a bill before the Legislature for state aid to schools of nursing, it was stated that the hospitals of the state had a budgetary deficit of two and a quarter million dollars because of the cost of educating student nurses. As the president of the New Jersey league reported this incident: "We knew that the figure was right, but the reason was not, and so we had a session in which we explained that the deficit was not due to the education of students. The hospital representatives produced the formulas on which they figured their estimates of the cost of educating students, and we were able to show them that these formulas just wouldn't hold water."

Audio-Visual Aids

The North Dakota league Film Committee made a study of the films which schools of nursing in the state were finding valuable. This information will be consolidated and circulated among the schools. The committee was also reported to be working on other types of visual aids.

In April, the Georgia league sponsored a two-day institute on audio-visual aids conducted by Loretta E. Heidgerken. This institute was attended by 150 members.

Human Relations

The president of the New Jersey league stated: "Our league felt that human relations is an area in which we do not function very well as nurses. Therefore, we offered a scholarship of $200 to a member of the league who would be interested in attending a six weeks' institute on human relations being given during the summer at Rutgers University. We set up criteria for selecting the scholarship-holder and asked that whoever accepted it would help us in the field of human relations next year. The scholarship has been awarded to Grace Marie Howard."

The West Virginia league reported that the program for its fall meeting would be planned around human relations. The Rhode Island league also reported interest in this subject from a slightly different approach. According
to the president of the Rhode Island league: "We have as our theme this year, 'Human Relations in Nursing.' It was selected as a result of our efforts to find out why we need a league of nursing education. We talked about every committee's work, and we found we needed to know more about ourselves and more about how we are regarded by the community. Thus, our interpretation of 'human relations' is a very broad one."

Measurement and Guidance

The state leagues also reported considerable activity in the field of measurement and guidance. In January a five-day workshop on test construction had been held at the University of Wisconsin. This workshop proved so helpful that it was going to be repeated in the fall at the University Extension in Milwaukee. It was reported that the Maryland league had a one-day institute on testing and evaluation in February, the Ohio league was planning an institute on this subject for the fall, and the Illinois league was also planning an all-day institute on evaluation preceding the state convention in the fall.

The Massachusetts league reported its hope that Massachusetts would soon use the State Board Tests constructed by the National League of Nursing Education. The South Dakota league reported that more schools in the state are using the achievement tests as comprehensive examinations after courses are completed in the various schools of nursing in the state. South Dakota also reported that some of its members had cooperated with the NLNE in evaluating and offering suggestions for tests in their specialties.

The Committee on Measurement and Guidance of the Georgia league was, it was reported, working with the State Board of Nurse Examiners on a study of the minimum requirements for faculty members of the schools of nursing in the state.

The Committee on Curriculum of the West Virginia league had asked for examples or sets of questions that are administered in school examinations with the view to determining why certain numbers of the students failed the examinations. The president of the West Virginia league also reported on a project which was not sponsored by any organization but which, she suggested, might well become a league activity. This project concerned the use of the psychiatric interview in the selection of students for a school of nursing in West Virginia. The interview was conducted by a psychiatrist and his reports indicated that three or four new students should not continue in the school. Without further ado, one or two of the prospective students withdrew while two others chose to remain in the school and see if they could overcome their difficulties. This particular school hopes, in subsequent years, to have this screening procedure take place before the students are admitted to the school.
Problems of Student Nurses

The Louisiana league had a conference in April at which problems of student nurses were discussed. At the annual meeting of the North Dakota league Florence R. Brown of the Indiana University Medical Center spoke on "The Efficiency Report: Its Part in the Educational Program." The Committee on Measurement and Guidance of the Minnesota league sent a questionnaire to the schools in Minnesota in regard to their guidance programs.

The New Jersey league reported on the activities of its Committee on Student Personnel Program which has student consultants. Following the sending out of a questionnaire to every student in the state, a panel discussion was put on in which students discussed various aspects of the questionnaire.

In view of the need of schools of nursing for guidance in setting up faculty-student organizations, the Massachusetts league reported that it had a committee which was sponsoring meetings on this subject and trying to assist in getting faculty-student government organizations started.

Recruitment

A wide variety of student recruitment activities were reported. The South Dakota league participated in national and state projects by writing radio skits and preparing and presenting talks to professional groups and college and high school students. In North Carolina, the winner of the state contest for Miss North Carolina Student Nurse toured the state to interest high school and college students in nursing. In Vermont, the state league, State Nurses' Association, and State Board of Nurse Registration promoted a "career day" in all schools of nursing in the state and also secured some excellent radio and newspaper publicity during "Recruitment Week for Student Nursing" which was proclaimed by the Governor at the time of Florence Nightingale's birthday. The North Dakota league also reported publicity activities.

Several state leagues reported that they had been working closely with career counselors. In Rhode Island, a league-sponsored counselors' program, including a tea, was attended by almost every counselor in the state. In Wisconsin, the league had four conferences with high school counselors with an average attendance of twenty-nine counselors. In Utah, one hundred copies of the Handbook for Career Counselors on the Profession of Nursing (an NLNE publication) were being prepared for distribution by the addition of local materials. The District of Columbia league also reported that, together with the Graduate Nurses' Association, it was working with the counselors of high schools and colleges.

Outstanding among the points brought out were the wide variety of groups participating in student nurse recruitment activities. The Alabama league organized a lay committee for aiding in recruitment and for raising funds
for scholarships and a loan fund. In Louisiana, the cooperation of the Rural Health Council had been obtained. The Missouri league reported the cooperation of the state medical and hospital associations. These two groups also were assisting in North Carolina as well as the State Hospital Care Association, the Women's Auxiliary of the State Medical Association, and the State Nurses' Association. In North Dakota, the Recruitment Committee was organized under the joint auspices of the state league of nursing education, Nurses' Association, Hospital Association, Board of Nurse Examiners and public health nurses. The president of the Grange, a representative of the State Department of Public Instruction and the executive secretary of the State Medical Association were working on the Recruitment Committee in the state of Washington. In Rhode Island, the Blue Cross, which heads the drive, won the national award for public relations activities two years in succession. In Michigan, the student recruitment program was conducted by the Michigan Nursing Center which was fortunate enough to secure the cooperation of the Women's Advertising Council.

The Connecticut and Iowa leagues emphasized the value of the cooperation given them by the Women's Auxiliary of the Medical Society which was able to organize the recruitment program on a county basis. In Connecticut, the Women's Auxiliary got in touch with every organization asking if a program on nursing was included in its schedule and seventy organizations asked for a nurse to come talk to them. The Iowa league president stated that because of the work of the Auxiliary there was not a single senior student in any high school in Iowa who had not been told of the advantages of becoming a nurse.

In Utah, where the cooperation of the State Hospital Association, the Community Nursing Council, and the Women's Auxiliary of the Medical Association had been secured, a very promising relationship had been developed with the state branch of the American Association of University Women which had accepted, as a project for the coming year, the counseling of high school students going into professional or practical nursing. This work would be carried on through counseling committees in the various high schools on which members of the Association of University Women would serve. Moreover, several doctors may give scholarships for nurse education.

The South Carolina league had also received the cooperation of the Women's Auxiliary of the Medical Society. However, a serious problem had arisen with regard to student recruitment in that state. The South Carolina high schools which had hitherto operated under an eleven-year plan were changing to a twelve-year plan so that there would be no high school graduates in the year 1948. The District of Columbia league also reported a barrier to recruitment; in this area many girls are drawn into government service rather than nursing because of the shorter educational program required for government work and the better pay offered for it.
Working with Other Groups

Interwoven in practically all of the reports from the state leagues was the increasing tendency of the leagues to work with other groups. Many examples of cooperative efforts have already been given in connection with recruitment activities, surveys of nursing needs, work with state boards on curriculum revision and the use of tests, and work with bedside nurses and student nurses. Several other inter-group activities were also mentioned.

Among the leagues reporting on efforts to bring about more coordination among nursing groups were the Ohio league which stated that the Cleveland league is trying to get a community nursing council started, the Minnesota league which announced that the Minnesota Nursing Council has been revived, the Michigan league which had voted, along with the other state nursing organizations, to continue the Michigan Nursing Center Association, and the North Carolina league which had appointed a joint committee with the North Carolina State Nurses' Association to study ways in which the two organizations can work more closely together. The Maryland league reported that it was trying to include more Negro nurses in its committee work and was encouraging this group to join the league.

Efforts had likewise been made to exchange views and confer with non-nurse groups. The Missouri league had a meeting with all the college presidents in the state to acquaint them with the aims and needs of nursing education. In Michigan a continuing conference committee, with five representatives each from the Michigan Hospital Association, the Michigan Medical Association, and the Michigan nursing organizations, had been formed to discuss problems involved in the care of patients. In Virginia, the league sponsored a panel composed of representatives of the league and the state hospital and medical associations at the annual state meeting on the subject "How Can We Educate the Nurse in Quality and Quantity to Meet the Present Needs?" The president of the Utah league expressed a converse need in that state—namely, the need for the nurses to educate the physicians to refer more patients to public health agencies after discharge from a private hospital. In Utah, an excellent relationship with the State Hospital Association had resulted in the Association giving a great deal of financial assistance to league projects.

Several instances were cited in which conferences on one subject led to broader discussions of the aims of nursing education. In New Jersey, the State Medical Association, at the instigation of the State Hospital Association, was supporting the introduction of a bill in the Legislature which would have subsidized the schools of nursing in the state without laying down any requirements for improved programs. When the league was finally brought into conference on the matter it not only disproved some of the claims of the hospital representatives, as recounted under the heading "Cost Analyses," but was also able to interest the president of the State Medical Association
in some of the broader aspects of nursing education. The conference concluded with the president of the Medical Association stating that the Association would take no action until the Association and the league could agree on a plan and sponsor it together.

In the state of Washington, the appointment by the State Medical Society of a nursing education committee gave the state league an opportunity to enlist the support of this group. According to the Washington state league president: "The activity of the Nursing Education Committee of the Medical Society showed us that we had not been doing a very good job of educating the Medical Society as to what we were doing in nursing education. One of the things the Society was concerned with immediately was the education of practical nurses, and it felt that we were opposed to educating this group. The medical men were very surprised when they found that the league has for four years had a committee guiding the education of practical nurses in the vocational schools that are under the State Department of Public Instruction. It was a surprise to us, too—that they didn't know!" Now the Washington state league has a committee that meets with the Medical Society's Nursing Education Committee and through which the league will interest the Medical Society in nursing education.

In Colorado, the efforts of the league to get a practical nurse licensure bill passed by the Legislature, unsuccessful per se, were, from another point of view, extremely successful in that they led to the calling of a two-day conference by the Governor which was attended by professional and practical nurses, physicians, lawyers, the press, and the Governor himself. The purpose of the conference was to determine methods by which the public could be better served as regards nursing needs. As a result of it, the league members felt that they had overcome about 90 per cent of the prejudice against practical nurse licensure and that the next time a bill to this end was introduced it would pass.

Not only had state leagues secured the cooperation of other groups in studying and helping to solve the problems of nursing education, but some of them reported active participation in the affairs of other organizations. The Kentucky league reported that it had participated actively in the projects of the League of Women Voters, the Federated Women's Clubs, and the American Association of University Women. In particular, it had joined in the activities of the sectional group which is studying for the White House Conference in 1950. In Vermont, also, the league had become a member of the Federation of Women's Clubs and had taken quite an active part on the Legislative Council of this organization. As a result of this work with the Federation, the league had received two scholarships for graduate nurses.

One problem of group participation was raised by the Rhode Island league. In Rhode Island, a state committee under the State Department of Health has for years been handling the problems which other state leagues have been studying through their curriculum committees—helping establish the curricu-
lum for collegiate affiliations, working for curriculum revision, establishing the curriculum for practical nurses. The president of the Rhode Island league asked for advice in how to go about coordinating league activities and thinking with that of the state committee.

Self-Study and Planning

Several of the leagues reported on activities concerned with the organization and government of the leagues themselves—league membership, fund-raising, bylaws revisions, periodicals and other publications, and so on. The Missouri league reported that its new local league was planning to study the League itself "to find out why people should belong to the League." As has been reported previously, the Rhode Island league decided to find out "why we need a league of nursing education. We talked about every committee's work, and we found we needed to know more about ourselves."

The president of the Utah league reported: "The Utah league has had probably the most effective work-year this year of any for at least six years. This is probably due to better planning at the beginning of the year. There may be fifty things that could very well be done in Utah, but we settled on five as our chief objectives for the year. These were (1) to increase the membership particularly among those in the lower age, non-nurse, and public health nursing groups; (2) to make the program vital enough so that all the members would be active participants in it; (3) to improve the clinical field for all the schools of the state; (4) to put concentrated effort on recruitment at three levels—for faculty positions, for students in the basic professional program, and for practical nurse students, and (5) to implement our activities financially speaking." The second objective of the Utah league—to make each member an active participant in the program—was accomplished by giving each member a choice of the league project she wished to work on, and, if she didn't select one within a certain length of time, assigning her to a project.

Membership

The Utah league reported success in increasing its membership, particularly among nurse educators in the younger age bracket, public health nurses, and non-nurses. The Virginia league also reported a successful membership campaign. The Maryland league had brought its membership total up to 48, the South Dakota league from 23 to 38, and the Pennsylvania league from 557 to 773. The North Dakota league, with a current membership of 44, had set as its goal for the year 75 members. Maine, which had not submitted a report because of its inactivity, had suddenly more than doubled its membership from 18 to 42 and reported that it was planning a fall program. The Missouri league reported that its new local league in central Missouri had 44 members, some of whom drove 180 miles to the meetings.
The Ohio league reported that the attempts of the Cleveland league to establish a community nursing council had led to an increase in League membership. A committee of the North Carolina league was working in the various districts of the State Nurses’ Association to promote interest in the League. The South Carolina league had been making a special effort to interest the student nurse as well as the graduate nurse in nursing organizations, and at the fall annual meeting was planning to feature the relationship of the student to the nursing organizations.

State League Publications

The Washington state league reported that it had issued a pamphlet telling about nursing education in the state and emphasizing the relationship between education and service. Arrangements had been made for the news from the South Dakota league to be published in the news letter of the State Nurses’ Association. The chairman of the Committee on Nursing Information of the New Jersey league had been sending out monthly news letters, and the New Jersey league was considering whether it would have a state league publication in addition to the lay publication which it already was issuing.

Revision of State League Bylaws

The North Dakota and Virginia leagues reported that they had revised their bylaws.

Financing State League Activities

The revised bylaws of the Virginia league provide for state dues, by which the league hopes to engage in more activities. The Massachusetts league planned to supplement its funds by holding a bazaar through which it hoped to raise $1,000. The Utah league, with a normal income of $100 from dues and a much larger estimated budget, had obtained funds from the State Nurses’ Association for service as the education department of the Association. In addition, it made an arrangement with the State Hospital Association whereby this organization would pay expenses for projects undertaken jointly, such as the recruitment program. Including scholarship funds, the Hospital Association had met expenses totaling close to $3,000.

1949 Convention of the NLNE

The president of the Ohio league stated: “By far the most important activity of the Ohio league at the present moment is the planning for the entertainment of the National League of Nursing Education on May 2 to 6, 1949. We hope that all of you will be there and that you will take this message back to your states and urge members to come to Cleveland next spring.”
At the conclusion of these reports, the president made a brief summary of them, stating that during the years in which she had sat with the Council of State Leagues she had never heard a more significant review of state league activities.

**Alabama**

*Members as of April 1, 1948: 72*

*New members in 1947: 7*

*Local leagues:* Birmingham—Nina Mae Basham, President  
Mobile—Anna Coupe, President

*Committees:*
  - Committee on Curriculum—Sister Vincent, Chairman  
  - Committee on Nominations—Martha Ray, Chairman  
  - Committee on Program—Avis Brown, Chairman  
  - Committee on Revision—Gertrude Hoerig, Chairman  
  - Committee on Measurement and Guidance—Frances Whitten, Chairman  
  - Committee on Membership—Elizabeth McDonnell, Chairman  
  - Committee on Psychiatric Nursing—Bertha Mc Elderry, Chairman  
  - Committee on Publicity—Annie Laurie Crawford, Chairman

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

*Activities:* There has been considerable increase in membership in the Alabama league during the year. The annual meeting was held in Birmingham, October 9, 10, 1947, with good attendance. Lillian Gardiner, assistant nurse officer, U. S. Public Health Service, gave an inspiring paper on “Integrating the Social and Health Concept of Nursing into the Basic Curriculum.”

Adelaide A. Mayo, executive secretary, National League of Nursing Education, was guest of the Alabama league December 15, 1947. She gave a very inspiring and informative talk on the objectives of the National League and the major activities at National Headquarters. We look forward to having more visitors from Headquarters.

The Committee on Psychiatric Nursing has given much time to the problem of making psychiatric nursing experience available to every student nurse in the state. This has not been achieved as yet.

The Committee on Measurement and Guidance is promoting the use of pre-nursing tests for the selection of students for schools of nursing, and is making an analytical study of withdrawals from nursing schools.

Two new committees on Integration and Recruitment have planned active programs for 1948. A workshop on "Health Teaching in the Basic Nursing Curriculum" is also projected.

**Arkansas**

*Members as of April 1, 1948: 31*

*New members in 1947: 7*

*Local leagues:*

*Committees:*
  - Committee on Arrangements—Sister Mary Louis, Chairman  
  - Committee on Curriculum—Louise James, Chairman  
  - Committee on Finance—Nettie Burns, Chairman  
  - Committee on Nominations—Louise Lynch, Chairman  
  - Committee on Program—Ernestine Wene, Chairman  
  - Committee on Revision—Mary Emma Smith, Chairman  
  - Committee on Membership—Catherine R. Boozman, Chairman
The Arkansas league does not function as the department of education of the State Nurses’ Association.

Activities: The Arkansas league cooperated with the Arkansas State Nurses’ Association, the Maternal and Child Health Division of the Arkansas State Department of Health, the Crippled Children’s Division of the Arkansas State Department of Public Welfare, and other health and welfare organizations in the promotion of the league program.

In March, 1947, an institute on “Pediatric Nursing” was sponsored by the league and other local health agencies. Dr. Frances F. Schwentker, professor of Pediatrics, The Johns Hopkins Hospital, and Helen Schmetzer, nursing department head, Harriet Lane Home, The Johns Hopkins Hospital, conducted this institute.

The second project of the year was a workshop on “Social and Health Concepts of Nursing—Its Implementation in the Basic Nursing Curriculum” held October, 1947. Lillian Gardiner, nursing consultant, Nursing Education Division of the U. S. Public Health Service conducted the workshop. The attendance and interest denoted the eagerness of all groups and areas in nursing for such programs.

The state league, in conjunction with the State Institutional Nursing Section, is in progress of planning two institutes for the ensuing year: one to aid ward teaching and management, and the other on pediatric nursing.

CALIFORNIA

Members as of April 1, 1948: 281

New members in 1947: 76

Local leagues: Northern Valley Section (Stockton)—Mary Somogyi, Chairman
Southern Section (Los Angeles)—Zella Nicolas, Chairman
Northern Section (San Francisco)—Alice Ingmire, Chairman

Committees: Committee on Curriculum—Ruth E. Feider, Chairman
Committee on Eligibility—Mary Cameron, Chairman
Committee on Finance—Helen Olson, Chairman
Committee on Program and Institute—Carrie Ferguson, Chairman
Committee on Revision—Sister Mary Baptist, Chairman
Committee on Careers in Nursing—Grace Bowley, Chairman
Committee on Measurement and Guidance—Elizabeth Turnbull, Chairman
Committee on Practical Nurse Education—Zella Nicolas, Chairman
Committee on Psychiatric Nursing—Margaret P. McMurray, Chairman
Committee on Publications—Mildred F. Newton, Chairman
Joint Committee of the California league and the California Organization for Public Health Nursing on Integration of Social and Health Aspects of Nursing in the Basic Curriculum—Rena Haig, Chairman

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

Activities: Each local league section conducts monthly meetings, the programs of which are planned to give opportunity for presentation and discussion of topics of major nursing interest. State committees are coordinated with the corresponding local committees in order to promote and guide local programs toward a unified state program. The state league program as planned includes continued concentration on student enrollment, improved educational programs, the value of measurement and guidance programs, legislation affecting nursing and nursing education, and problems related to practical nurse education and control.
The Committee on Curriculum plans a study of (1) student health in the school and community; (2) the integration of public health into the basic curriculum; and (3) the integration of psychiatric nursing into the basic curriculum. The questionnaire method will be used for ascertaining facts. Data will be compiled and used for further study and as a basis for recommendations.

The Joint Committee on Integration of Social and Health Aspects of Nursing in the Basic Curriculum reports that a series of case conference discussions between nurses in public health work and nurses on staff duty in hospitals will be continued under the cooperative plan started last year. Also, a program for student nurses to observe cases through planned one- or two-day field trips is being developed as a joint school of nursing and community health nursing project.

The Committee on Psychiatric Nursing has prepared a "Schedule of Employment Standards for Administrative and Teaching Nurses in State Mental Institutions" and reports plans for formulating a course of instruction in which clinical material can be utilized which is available in the hospital school with no affiliation in psychiatric nursing.

The Committee on Measurement and Guidance has subcommittees working as a unit in each section. There is under way an active program in the construction of achievement tests in medical and surgical nursing which will be available to clinical instructors and which will also aid in the formulation of questions for the national test pool. An annotated bibliography is also being prepared on the techniques of evaluation.

The Committee on Practical Nurse Education reports that a tentative program is in progress which is designed to work out, in cooperation with medical, hospital, educational, and community groups, some feasible plan for the preparation of the practical nurse.

The Committee on Publications is cooperating with the national committee by suggesting topics of special interest to nurses and recommending nurses who are qualified to prepare articles on clinical nursing and special subjects.

The Committee on Careers in Nursing reports plans for cooperation with the National Student Nurse Recruitment Committee. It will continue an active mailing service to all key areas and, when requested, will provide capable nurse speakers to present information about nursing education.

The Committee on Programs and Institutes has at present only tentative plans for the institutes which will be sponsored by the local sections and for the state convention meeting this fall.

The Committee on Membership and Eligibility is stressing the need for an intensive membership campaign. Attempts will be made to interest prospective members through better local programs, through an old-member-recruit-a-new-member plan, and through encouraging directors of nursing to emphasize to members of their nursing staffs the real value of League membership.

The Committee on Finance reports that the $9.00 membership dues has made it financially possible to carry forward more adequately the regular and special league activities.

The Committee on Revision anticipates only minor changes in the constitution and bylaws this year as extensive revisions were completed last year and printed copies of the constitution and bylaws are ready for distribution to all members.

The California league will continue to cooperate fully with the California State Nurses' Association and the California Organization for Public Health Nursing in all programs of interest to nurses.
COLORADO

Members as of April 1, 1948: 91
New members in 1947: 11
No local leagues.

Committees: Committee on Arrangements and Program—Alice Ross, Chairman
Committee on Curriculum—Elizabeth Harris, Chairman
Committee on Eligibility and Membership—Louise Allen, Chairman
Committee on Finance—Louise Boyd Taylor, Chairman
Committee on Nominations—Mildred Duncan, Chairman
Subcommittees of Committee on Curriculum:
  Subcommittee on Measurement and Guidance—Irene Murchison, Chairman
  Subcommittee on Social and Health Concepts—Mary Walker, Chairman
  Subcommittee on Obstetric Nursing and Premature Care—Eunice Nelson, Chairman
  Subcommittee on Planning Curriculum for Practical Nurse—Anna Schwobert, Chairman

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

Activities: The general purposes of the league are to assist the personnel in schools of nursing in maintaining good nursing standards in this state and to improve the education and instruction of the nursing personnel, developing the student both as a nurse and as an individual, to the end that the patient may have thoughtful, intelligent nursing care and the community sound knowledge of good health principles. Under the sponsorship of the league, a survey of university relationships for schools of nursing in the Central Plan, Denver, was made by Helen Swartz.

Outstanding work has been done by a special committee on safe standards for the conduct of nurseries for the newborn; a manual has been formulated for the use of nurses in Colorado. Other committees have worked on student recruitment, have cooperated with the Colorado State Nurses' Association on a bill for the licensure and practice of practical nurses in Colorado, have planned a workshop on the health and social concepts of nursing in the basic curriculum, have revised the constitution and bylaws to conform to the revised National Bylaws, have prepared a manual of procedures for use in the care of the obstetric patient, and have cooperated with the State Nurses' Association in the structure study.

Reports and discussion at meetings included (1) improvement in the supervision and the rating of the student nurse; (2) report of the workshop on social and health concepts; (3) use of teaching aids in clinical programs; (4) progress report of structure study; (5) reports of the NLNE convention; and (6) planning better health service for our personnel.

Projects for 1948 are (1) a study of ways of integrating social and health teaching into the basic curriculum; (2) the planning of a curriculum for the training of practical nurses; (3) assistance to faculty members in improving their testing programs; (4) the planning of a publicity program in cooperation with the Colorado State Nurses' Association; (5) a membership campaign; and (6) cooperation with Colorado State Nurses' Association in securing the passage of a bill for the licensure of practical nurses.
CONNECTICUT

Members as of April 1, 1948: 175
New members in 1947: 60
No local leagues.

Committees: Committee on Curriculum—Janet Jensen, Chairman
Committee on Eligibility—Mary Brackett, Chairman
Committee on Finance—Katherine Ketchum, Chairman
Committee on Program—Vivian Duxbury, Chairman
Committee on Revisions—Grace Nicholson, Chairman
Committee on Administration—Joan Wilson, Chairman
Committee on Collegiate Affiliations—Elizabeth S. Bixler, Chairman
Committee on Enrollment—Elsa Lusebrink, Chairman
Committee on Measurement and Guidance—Faye Abdellah, Chairman
Committee on Public Information—Carolyn Widmar, Chairman

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

Activities: The Connecticut league held a general business and program meeting in October and two institutes are planned for the spring. There have been monthly meetings of the Board of Directors and the chairman of the standing and special committees. All committees are actively working on projects of significance and interest in nursing education.

The Committee on Curriculum has been reorganized with nine subcommittees in the areas of Clinical Teaching, Integration of Health and Social Aspects, Communicable Disease, Obstetrics, Psychiatric Nursing, Education in Industrial Nursing, Visual Aids in Nursing Education, Nursing Structure, and Publicity Gathering. These subcommittees are working through workshops of faculty members in the individual schools on problems in their various fields. The committee has stated its aims and objectives as: (1) to make the Committee on Curriculum an active working body which can give direct help to the schools on problems of nursing education; (2) to shift the emphasis of active work on the problems of nursing education directly to the schools, in order that the impetus to such activity may arise in the groups which meet the actual problems; (3) to provide a major workshop for the study of all problems of nursing education in this state to the end that some solution may be found; and (4) to make sound nursing wisdom and experience available to all institutions of nursing education and also to the individual nurse, teacher, and administrator.

The Committee on Student Enrollment has been active throughout the state and has sponsored radio and newspaper publicity in addition to "open-house" gatherings, speakers, programs, teas, and tours. The women's auxiliary of one of the county medical associations is working closely with the committee in attempting to stimulate interest in nursing. They are suggesting to all lay and civic organizations in the county that some topic on nursing be included on the programs of their meetings. The response has been encouraging and next year it is hoped that the project will be expanded to other county groups.

Work on pre-testing is still progressing as the primary object of the Committee on Measurement and Guidance. Much has been accomplished in the areas of obstetrics and operating room practice. The subcommittees working on psychiatric nursing and on medical and surgical nursing are continuing to progress.

The Committee on Collegiate Affiliations was set up two years ago for the purpose of exploring the possibilities of collegiate affiliations for schools of nursing in Connecticut. Preliminary explorations brought to light evidence of real interest in the subject among schools of nursing, hospital administrations, and representatives of educational systems. In the fall of 1947 the committee was given the task of drawing
up a suggested curriculum for an integrated academic-professional program. The Finance Commission of the state asked for definite proposals for a program of collegiate nursing education which could be presented to the State Legislature at its next session. The committee members are at work on details such as length of total program, the place and content of physical and social sciences, the role of the humanities in the education of the nurse, and requirements for clinical courses and field experience.

The Committees on Program, Administration, and Measurement and Guidance are jointly planning two institutes. The first will be held in March on the subject of testing with Elizabeth L. Kemble of the NLNE staff conducting the institute. In April the subject for consideration will be "Counseling and Guidance in Schools of Nursing."

Unification of organizations on the state level has been discussed by members of the Board of Directors in conjunction with the State Nurses' Association. As a step toward this, programs for the next state meeting will be jointly planned by the league and the sections of the association.

DELAWARE

Members as of April 1, 1948: 48
New members in 1947: 22
No local leagues.

Committees: Committee on Curriculum—Mae P. Smith, Chairman
Committee on Finance—Alberta P. Trunck, Chairman
Committee on Nominations—Oliver L. Healy, Chairman
Committee on Program—Emma A. Ashmore, Chairman
Committee on Revision—Anna M. Quay, Chairman
Committee on Membership—Mabel Lewis, Chairman
Committee on Mental Hygiene—Mae P. Smith, Chairman
Committee on Public Health—Mary M. Klaes, Chairman
Committee on Publicity—R. Blair Myers, Chairman

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

Activities. The monthly meetings of the Delaware league during the fall of 1947 were devoted to topics of timely interest to the members. At the October, 1947 meeting at the Delaware State Hospital, Dr. Joseph Jastack spoke on "Personality Development." At the November meeting in the Memorial Hospital, a sample of the test pool questions was read and discussed. At the December meeting which was held at St. Francis Hospital, Sister Herman Joseph gave a report of the meeting which was held in Washington in October to discuss the National Nursing Council School Study. The talk was enlightening and interesting and brought forth a lively discussion from the entire group.

Educational and social meetings have been planned for 1948. An institute will be held on tests and measurements on October 14 and 15, 1948, at the Delaware Hospital auditorium. A card party, similar to the one held last year, was held in February. The proceeds of over $400 will enable the league to proceed with its educational plans.

DISTRICT OF COLUMBIA

Members as of April 1, 1948: 114
New members in 1947: 13
No local leagues.
Committees: Committee on Curriculum—Ethel Odegard, Chairman
          Committee on Eligibility—Gladys Jorgenson, Chairman
          Committee on Finance—Esther McClain, Chairman
          Committee on Nominations—Hazel Iremann, Chairman
          Committee on Program—Lois E. Gordner, Chairman
          Committee on Measurement and Guidance—Sister Maurice Sheehy, Chairman
          Committee on Publicity—Esther McClain, Chairman
          Committee on Vocational Guidance—Kathryn Cafferty, Chairman

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

Activities: The objective of the District of Columbia league for the year of 1948 is to promote better staff education programs in the hospitals and schools of nursing. It is hoped that from such activity there will come a better understanding of the responsibility of both the hospital administration and the nursing personnel and that student nurses will be exposed to atmospheres which encourage the growth of desirable attitudes during the clinical learning experience.

FLORIDA

Members as of April 1, 1948: 54
New members in 1947: 18
No local leagues.

Committees: Committee on Curriculum and Education—Kathryn R. Gutwald, Chairman
          Committee on Membership and Eligibility—Mae Meiks, Chairman
          Committee on Nominating—Anne Stolbrand, Chairman
          Committee on Revision—Geneva Simmons, Chairman
          Committee on Mental Hygiene and Psychiatric Nursing—Etelka W. Young, Chairman
          Committee on State Board Problems—Delcie C. Inglis, Chairman

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

Activities: The Florida league held its annual convention in Daytona Beach on October 21 with the Florida State Nurses’ Association. The entire program of the league at this time dealt with the problem of establishing a university school of nursing at the University of Florida. Dorothy Rogers Williams, executive secretary of the Association of Collegiate Schools of Nursing, participated in this symposium and offered many valuable suggestions. Subsequent meetings with Dr. J. Hillis Miller, president of the University, have given us much encouragement as to the final success of this project. Plans for a preparatory survey are still progressing and we are very hopeful of seeing our university school established in the near future. The president of the Florida league is greatly indebted to Elizabeth Reed, president of the State Nurses’ Association, for her whole-hearted cooperation and support in this difficult task.

The president of the league is serving as a member of the newly created Committee on Integration of Social and Health Aspects of Nursing in the Basic Curriculum of the State Nurses’ Association, whose goal is the utilization of all community facilities in the education of student nurses as well as the teaching of nursing on the basis of consideration of the patient as a member of his community. The league is also assisting with the recruitment of students and is striving for a greatly increased membership in 1948.
GEORGIA

Members as of April 1, 1948: 123
New members in 1947: 47
Local league: Fifth District League (Atlanta)—Sister Mary Bonaventure, President
Committees: Committee on Curriculum—Mary F. Ward, Chairman
           Committee on Eligibility and Revision—Mae Jones, Chairman
           Committee on Finance—Mary James, Chairman
           Committee on Nominations—Durice D. Hanson, Chairman
           Committee on Program—Capitola Mattingly, Chairman
           Committee on Educational Administration—Timoxema Sloan, Chairman
           Committee on Graduate Courses—Ada Fort, Chairman
           Committee on the Nursing School Library—May Sanders, Chairman
           Committee on Maternity and Infant Care—Theodora Floyd, Chairman
           Committee on Measurement and Guidance—Mabel Korsell, Chairman
           Committee on Membership—Genevieve Garrison, Chairman
           Committee on Psychiatric Nursing—Mary Bischoff, Chairman
           Committee on Public Relations—Bessie Swan, Chairman
           Committee on Publications—Jane Van de Vrede, Chairman
           Committee on State Board Problems—Ruth Babin, Chairman
           Committee on Vocational Guidance—Elsie Crosby, Chairman

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

Activities: The Georgia league held its annual meeting with the Georgia State Nurses’ Association on November 5, 1947. The program included a demonstration of “Teaching the Student How to Give Total Patient Care” by Capitola Mattingly and Ollie Plunkett.

A two-week conference on Maternity and Child Health Work, sponsored by the league Committee on Maternity and Infant Care, the State Health Department, the U. S. Children’s Bureau, and the Emory University School of Nursing, was held at the Emory University Hospital. Thirty-five nurses including regional consultants in public health nursing and supervisors of obstetrics and pediatrics in the schools of nursing in Georgia attended it. An over-all program pertaining to subjects related to the mother was presented the first week, and to the child the second week. Special speakers, round table discussions, and field visits made the conference interesting and valuable to all participants and guest members.

HAWAII

Members as of April 1, 1948: 38
New members in 1947: 18
Committees: Committee on Curriculum—Anna M. Fisher, Chairman
           Executive and Finance Committee—Sister Marie Therese, Chairman
           Committee on Membership and Eligibility—Annette Bilger, Chairman
           Committee on Nominations—
           Committee on Program Arrangements and Publications—Sister M. Laurine, Chairman
           Committee on Revisions—Sister Walter Damien, Chairman
           Committee on Measurement, Guidance, and Recruitment—Reva Ridley, Chairman

The Territory of Hawaii league functions as the department of education of the Territory of Hawaii Nurses’ Association.

Activities: A group of nurses, interested in forming a division of the National
League of Nursing Education in Hawaii, met at the University of Hawaii on January 20, 1947, and adopted a resolution calling for the formation of the Territory of Hawaii League of Nursing Education. Mrs. Mildred M. Pinner was appointed temporary chairman and Mary Dooverspike, secretary. The chairman appointed a committee to set up and submit a constitution and bylaws and a Committee on Membership. Officers were elected on a temporary basis pending the acceptance of the constitution by the National League of Nursing Education. The February meeting was held for the sole purpose of reviewing the report of the Committee on Constitution and Bylaws. After much discussion the copies were submitted to Headquarters.

The formal acceptance of the Hawaii League took place at the convention in Seattle, Washington, on September 8. Carnation leis had been sent by the Visitors Bureau of Hawaii for some of the officers and guests.

Following the convention two regular meetings and one of the Board of Directors were held. At the first regular meeting, officers were elected and plans for the ensuing year discussed.

The December meeting was a social one for helping the members to get acquainted with each other. A Christmas pageant was given by the students of the St. Francis Hospital School of Nursing. During the business session, the power was off and we were real Nightingale nurses with only candlelight to conduct our meeting.

We were fortunate in securing a lay member, Mrs. Reva Ridley of the Department of Public Instruction, as chairman of the Educational Guidance and Recruitment program. The three schools of nursing in Honolulu are planning on using the League entrance tests and a combined program for recruitment. This unity is possible only because of the close connection of the chairman of the committee with the school system of the Territory.

Plans for inauguration of several postgraduate courses are under consideration, one in particular for psychiatric nursing at Territorial Hospital in Kaneohe.

The Committee on Curriculum is working on the program in public health nursing both from the clinical and theoretical aspect.

The Territory of Hawaii League of Nursing Education has spent most of the year of 1947 in preparation and it is our hope to make some worth-while contributions to nursing education in 1948.

ILLINOIS

Members as of April 1, 1948: 492

New members in 1947: 114

Local leagues: South Central Illinois (Springfield)—Amalia Metzker, President
Eastern Illinois (Champaign)—Rosemary Bilodeau, President
Western Illinois (Galesburg)—M. Alberta Lang, President
Chicago—Bernice Chapman, President

Committees: Committee on Curriculum—Zella Van Gremp, Chairman
Committee on Eligibility—Cassie Kost, Chairman
Committee on Finance—Mabel Haggman, Chairman
Committee on Program—Mildred I. Lorentz, Chairman
Committee on Revision—Henrietta Froehlke, Chairman
Committee on Education of the Nurse in Care of the Child—Ellen Dever, Chairman
Committee on Measurement and Guidance—Frances Thielbar, Chairman
Committee on Membership—Marie Brophy, Chairman
Committee on Mental Hygiene—Claudia Narancik, Chairman
Committee on Public Relations—Hildegarde Doll, Chairman
Committee on Sisters—Sister Matilda, Chairman
Committee on State Board Problems—Elizabeth Odell, Chairman
The Illinois league functions as the department of education of the State Nurses' Association.

Activities: The Illinois league held an all-day program meeting, in addition to the regular annual meeting, in October, 1947. In an attempt to meet the needs of the local leagues, the chairmen of these leagues participated in the planning of the program.

We were fortunate in securing several outstanding speakers for this occasion. Among the speakers were Lucile Petry, Chief of the Nursing Division of the U. S. Public Health Service, Margaret Carrington, nursing specialist for the American Hospital Association, Mr. George Bugbee, executive director of the American Hospital Association, and Ethel Kawin, child guidance consultant and lecturer in education at the University of Chicago. A panel discussion on "Clinical Teaching in Psychiatric Nursing" proved extremely interesting to many members.

Members of the Committee on Measurement and Guidance have participated in several programs of the local leagues. A panel discussion on "The State Board Test Pool" was presented at the annual meeting. Leila Given as guest speaker was able to clarify many questions regarding the use of the Test Pool service.

A report of the league's activities would not be complete without mention of the constructive study of the joint committee of the state association and the league on the Integration of Social and Health Aspects of Nursing in the Basic Curriculum. This committee presented an excellent program in a joint session of the public health section and the league during the annual meeting in October. Helen Gardner, U. S. Public Health Service, was the guest speaker.

The plans for 1948 include:

1. Cooperation with the National League in our responsibilities as the hostess state for the Biennial Convention.
2. Continuation of the curriculum study, with emphasis on the integration of all aspects relating to the total care of the patient.
3. The establishment of a means by which the league may be of assistance to the State Board of Nursing Examiners.
4. Plans for an all-day program meeting at the time of the annual meeting to be held in conjunction with the Illinois State Nurses' Association this fall.

INDIANA

Members as of April 1, 1948: 198

New members in 1947: 39

Local league: Indianapolis—Ethel R. Jacobs, President

Committees: Committee on Arrangements—Rena D. Moore, Chairman
            Committee on Curriculum—Grace Penrod, Chairman
            Committee on Eligibility—Sister Delphine, Chairman
            Committee on Finance—Catherine E. Parkes, Chairman
            Committee on Nominations—Mabel McCracken, Chairman
            Committee on Program—Rena D. Moore, Chairman
            Committee on Revisions—Leona Adam, Chairman
            Committee on Measurement and Guidance—Caroline Hauenstein, Chairman
            Committee on Membership—Ruby Shanks, Chairman
            Committee on Public Relations—Dolores Marshall, Chairman

The Indiana league functions as the department of education of the State Nurses' Association.
Activities: The Indianapolis League of Nursing Education was organized on June 4, 1947, and has had an active program during the year.

The Indiana league sponsored an institute on the State Board Test Pool in Indianapolis on June 18, 1947. The institute was conducted by Elizabeth L. Kemble, director, NLNE Department of Measurement and Guidance, and was very well attended, meeting, as it did, a great need in our state.

In November, together with the Bureau of Nursing of the State Board of Health and the Crippled Children’s Division of the State Department of Public Welfare, the league sponsored conferences on orthopedic nursing in three regions of Indiana. The conferences were held at Evansville in the south, Indianapolis in the central, and South Bend in the north regions. The conferences were a day and a half in length, and, in addition to local specialists, featured Dr. R. L. Sensenich, president of the American Medical Association; Florence Phenix, Nursing Consultant, U. S. Children’s Bureau; Louise Suchomel, Consultant in Orthopedic Nursing, NOPHN; and Lois Olmsted, Consultant in Orthopedic Nursing, NLNE. There was good attendance at all these conferences.

The Indiana league is represented on the joint committee of the Indiana State Nurses’ Association and the Indiana Hospital Association which has met several times to formulate policies, many of them concerned with nursing education. The league was also represented at the 1947 Conference of Elected Officers of the Indiana State Nurses’ Association held in Indianapolis in August, 1947.

The annual meeting will be held in March in Indianapolis jointly with the Indiana State Nurses’ Association. Tentative plans for a program are not yet completed.

IOWA

Members as of April 1, 1948: 92
New members in 1947: 32
Local leagues: Des Moines—Helen Cromwell, President
Sioux City—Augusta J. Hefner, President

Committees: Committee on Arrangements—Amanda Anderson, Chairman
Committee on Curriculum—Pearl Zemlicka, Chairman
Committee on Finance—Sister Mary Olivia, Chairman
Committee on Membership and Eligibility—Jessie Wortman, Chairman
Committee on Nominations—Etta Rassmusson, Chairman
Committee on Program—Helen Cromwell, Chairman
Committee on Revision—Sister Mary Philip, Chairman
Committee on Measurement and Guidance—Sister M. Barbara Ann, Chairman
Committee on Public Health—Sister M. Barbara Ann, Chairman
Committee on State Board Problems—Louise Alfsen, Chairman

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

Activities: The enrollment campaign for student nurses, described in the 1947 Annual Report, had gratifying results; enrollment in our schools has been increased approximately 81 per cent.

The yearly state meeting was held in Council Bluffs on October 25, 1947. Agnes Gelinas, Skidmore College Department of Nursing Education, was the main speaker for the day and talked on "What Should a Student Expect in Education from a Professional School of Nursing and Student Personnel Program?"

Adelaide A. Mayo, executive secretary of the National League of Nursing Education, was our guest on November 28 and 29, 1947, in Des Moines. A state-wide meeting
was called and Miss Mayo told us about the work of the League and advised us about methods of procedure to secure advanced nursing education in Iowa.

There are over one hundred and fifty League members in Iowa but we have only two local leagues, one in Des Moines and the other in Sioux City. The distances are great so that when we get together a great deal of inspiration is received from talking our problems over with those who have similar ones. Every locality reports much restlessness among the nurses and there have been frequent changes in faculty. However, with our increased enrollment and hope for advanced programs for graduate nurses the future looks somewhat brighter.

KANSAS

Members as of April 1, 1948: 58
New members in 1947: 9
No local leagues.

Committees: Committee on Curriculum—Jennie Williams, Chairman
Committee on Eligibility and Membership—M. Olga Weiss, Chairman
Committee on Finance—Sister Mary Carmel, Chairman
Committee on Nominations—Eula Benton, Chairman
Committee on Program—Ruth Boyles, Chairman
Committee on Revision—Helen Reinbach, Chairman
Committee on Education—Roberta Foote, Chairman
Committee on Selection of Nurses—Eileen Ridgway, Chairman

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

Activities: The Kansas league held its nineteenth annual institute October 15, 1947. A large percentage of the members were in attendance in addition to many who were not members. The theme followed was "Guidance." The Supervisor of Guidance Services in the State Department of Education assisted in making the program very applicable to current problems in schools of nursing.

Institutes to be held in different areas of the state are being planned. The program of each is being selected according to the needs of the nurses in the particular area.

The league maintains a page or section in the Kansas Nurse, the official publication of the Kansas State Nurses' Association.

The National League of Nursing Education's pre-testing service is being used widely throughout the state.

An interesting feature of the year's work is a survey which is being conducted by the State Department of Education with the assistance of the league and the state association, the purpose of which is to determine where recruiting is most effective, in rural or urban areas.

KENTUCKY

Members as of April 1, 1948: 86
New members in 1947: 22
No local leagues.

Committees: Committee on Arrangements—Jessie Greathouse, Chairman
Committee on Education and Curriculum—Margaret Buell, Chairman
Committee on Finance—Sister Margaret Theresa, Chairman
Committee on Membership and Eligibility—Margaret Gamble, Chairman
Committee on Nominations—Sister Mary Anthony, Chairman
Committee on Program—Louree Pottinger, Chairman
Committee on Revision—Dorothy Eveslage, Chairman
Committee on Public Relations—Alexandra Mathison, Chairman

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

Activities: During 1948 the Kentucky league will engage in the following activities:
1. An intensive drive for new members with special emphasis upon the younger nurses who are eligible.
2. Through our Committee on Public Relations a state-wide program for recruitment and, in general, an educational program on nurses and nursing. This will culminate with much pageantry on Hospital Day and Florence Nightingale's birthday when a special program will be presented both morning and evening.
3. Encouragement of more active nurse participation in community problems through participation in programs of educational institutions, churches, and similar community agencies.
4. League meetings. A check list sent out to members determined the felt needs of the membership. Appropriate programs will be arranged on such topics as guidance programs in schools of nursing, anecdotal records, clinical experience records, clinical teaching, extra-professional programs in schools of nursing, experiences necessary in various clinical areas, experiences necessary in the social sciences, evaluation of clinical teaching, nursing care studies, and orientation program in schools of nursing.
5. Active cooperation with the Kentucky Association of Registered Nurses in proposed new legislation not only for professional nurses but also for licensed attendants.

LOUISIANA

Members as of April 1, 1948: 108
New members in 1947: 22
Local leagues: Shreveport—Lennie Virl McGinity, President
New Orleans—Caroline Quigley, President

Committees: Committee on Curriculum—Sister Henrietta, Chairman
Committee on Eligibility and Membership—Anne Nichols, Chairman
Committee on Finance—Ethel Johnson, Chairman
Committee on Revision—Rose Lee Landry, Chairman
Committee on Measurement and Guidance—Carrie M. Spurgeon, Chairman

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

Activities: The Louisiana league held its 1947 annual meeting jointly with the Louisiana State Nurses' Association and the State Organization for Public Health Nursing in Shreveport. At this meeting the bylaws were revised to conform to the Bylaws of the National League. The program presented was "Illustration and Demonstration of Several Channels Through Which a Guidance Program Works." The league gratefully accepted the offer of scholarships to be used by students in the schools of nursing from the Florist Telegraph Delivery Association of Louisiana.

The president of the Louisiana league attended the meeting of the Council of State Leagues and other meetings held in connection with the convention of the National League of Nursing Education in Seattle.

The Louisiana State Board of Nurse Examiners and the Louisiana League of Nursing Education are planning a two-day conference to be held at the end of April.
The New Orleans league has held monthly meetings during the fall and winter. The programs have been planned around the subjects of geriatrics, the structure of the six national nursing organizations, and the hospital survey for hospital construction in the state. The Committee on Curriculum of the New Orleans league is making a study of the curriculum and situation in schools of nursing for better human relations in total patient care.

The Shreveport league is developing plans for a university school of nursing to be located in the Shreveport area. Plans are also being made for the development of a course in social and health aspects of nursing in connection with the nearby universities. Following the usual custom in Shreveport the five schools of nursing are planning joint graduation exercises.

The committees on membership in both local leagues have been very active.

MAINE

Members as of April 1, 1948: 18
New members in 1947: 8
NO REPORT

MARYLAND

Members as of April 1, 1948: 80
New members in 1947: 29
No local leagues.

Committees: Committee on Curriculum—Sister M. Florence Garner, Chairman
Committee on Finance—Julia R. Lizer, Chairman
Committee on Membership and Eligibility—Kathryn R. Knight, Chairman
Committee on Nominations—Winnie A. Coxe, Chairman
Committee on Program—Virginia C. Pruitt, Chairman
Committee on Revision—Mildred Struve, Chairman
Committee on Catholic Sisters—Sister M. Agnesine Monaghan, Chairman
Committee on Measurement and Guidance—Esther L. Lehman, Chairman
Committee on Psychiatric Nursing—Alice Burton, Chairman
Committee on State Board Problems—Dorothy McBride, Chairman

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

Activities: In May, following the International Council of Nurses Meeting in Atlantic City, New Jersey, the Maryland league, with the State Nurses’ Association and the State Organization for Public Health Nursing, were hostesses to about 100 delegates from many countries. Entertainment was provided at various places throughout the state. Our short association with these leaders has made us conscious of the spirit of international unity existing in the nursing profession and the oneness of purpose so necessary to accomplish our goals.

The Committee on Revision has distributed to all members copies of the September constitution and bylaws of the Maryland league as revised in September, 1947, to conform with those of the National League of Nursing Education.

The Committee on Membership and Eligibility has continued to stimulate interest in League membership and has been successful in obtaining a high percentage of those who are eligible in many hospitals.

The Maryland league held a meeting November 10 and 11, 1947, in connection
with the meeting of the District of Columbia-Maryland Hospital Association. A highlight of this meeting was a panel, "How Can Needs for Nursing Service Be Met?" Anna D. Wolf served as coordinator.

Massachusetts

Members as of April 1, 1948: 361
New members in 1947: 102

Local leagues: Eastern Massachusetts—S. Daphne Corbett, President
Western Massachusetts—Margaret Busche, President
Worcester—Rosa L. Adams, President

Committees: Committee on Program—Mary A. Maher and Anna McLean, Chairman
Committee on Revision—Marjorie Johnson, Chairman
Committee of Interests—Mary A. Maher, Chairman
Committee on Membership—Margaret T. Madden, Chairman
Committee on Nursing School Library—Charlotte Howard, Chairman
Committee on Tests and Measurements—Elizabeth Hart, Chairman

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

Activities: The annual meeting of the Massachusetts league was held in Boston on November 18, 1947. The meetings were all very successful and well attended. The program was as follows: a panel discussion on "Nursing Education—Its Responsibilities and Future" with Mildred Mahoney as chairman; "Today’s Crisis in Nursing"—Edward L. Bernays and Dorothy Hayward; "Democracy and Self-Discipline in Student Cooperative Government," a panel discussion with Mary MacDonald as chairman; "The Dynamics of Group Conference"—Gordon Hern and Morton Deutsch.

The local leagues have been very active and have usually held monthly meetings with invited guest speakers. The Committee on Tests and Measurements has completed the comprehensive pediatric examination and the test is at present being tried in controlled schools in order that statistical data for its validation may be obtained.

The Committee on the Nursing School Library is making a study of the libraries in schools of nursing in the state.

The Committee on Revision has revised the state league bylaws in accordance with changes in the National Bylaws.

In order that more league members may be included in league activities, an over-all Committee of Interests has been formed. It will include the following subcommittees: State Board Problems, Attendant Nurse, Collegiate Schools, Sisters, Head Nurse Group, Nursing Arts Group, Science Instructors, Directors, Supervisors and Clinical Instructors.

The league cooperated with the State Nurses’ Association in the printing of a "Fact Sheet of Schools of Nursing in Massachusetts." This fact sheet is to be used for recruitment and public relations.

Michigan

Members as of April 1, 1948: 281
New members in 1947: 95

Local leagues: Southeastern Michigan—Ilene Langdon, President
Northeastern Michigan—Lucille Lee, President
Southwestern Michigan—Sister Mary Leonard Sage, President
Northwestern Michigan—Gertrude Nathe, President
Committees: Committee on Curriculum—Lucy Germain, Chairman
Committee on Nominations—Mary Z. Neaman, Chairman
Committee on Revision—Gertrude Spaulding, Chairman
Subcommittees of Committee on Curriculum:
  Subcommittee on Communicable Disease Nursing—Olive B. Hart, Chairman
  Subcommittee on Measurement and Guidance—Beatrice Fisk, Chairman
  Subcommittee on Psychiatric Nursing—Lucy Rudland, Chairman

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


The league voted to cooperate in the trial plan of coordination of nursing organizations in Michigan. The joint organization is known as the Michigan Nursing Center Association. The trial period of the Michigan Nursing Center Association is for the year only, and the member organizations will vote in May whether they wish to continue as a joint group. Each organization kept intact only such standing committees as were essential to carry on activities peculiar to it. The activities that are common to all the organizations, such as public information, membership, and finance, are carried on by common committees. The league has representation on each of these committees.

The league president was made chairman of the Education Committee of the Michigan Nursing Center Association as well as secretary of this organization. The purpose of the Education Committee is to direct the planning of institutes and other educational programs.

The Committee on Curriculum was one of the three committees kept by the league. It has been very active and has various subcommittees. The league has continued to study the recommendations made by Genevieve K. Bixler in "Nursing Needs and Resources in Michigan" (the printed report of a survey done in 1945) and by the workshops conducted in Michigan following the survey. One of the universities has assisted by conducting some inservice education programs for the instructors, supervisors, and head nurse groups in various clinical areas, notably obstetric, pediatric, medical, and surgical nursing.

The Subcommittee on Psychiatric Nursing is working on plans for more affiliations in psychiatric nursing in the state. In 1947, more than 700 of the 1200 students graduating had psychiatric experience in their basic programs. This committee hopes to increase this number. Local leagues are augmenting the work of this subcommittee by conducting institutes where special emphasis is placed on the psychiatric aspects of nursing in all fields.

The Subcommittee on Measurement and Guidance is making a survey of tests used in schools of nursing in the state and the purposes for which they are used.

The Subcommittee on Communicable Disease Nursing is making a special study of the program given in an institution which provides affiliation in communicable disease nursing and tuberculosis nursing for a large number of the schools of nursing in Michigan.

The Committee on Revision is working on changes in the bylaws to conform to changes in the bylaws of the National League of Nursing Education.

The Michigan league is interested in the progress of the Practical Nurse Training Program in the state.

There is a representative of the Michigan league on the State Advisory Committee for the Practical Nurse Training Program of the State Board of Control for Vocational Education. The chairman of the Committee on Measurement and Guidance is working
with a special committee of the Practical Nurse Training Program on measures for determining vocational competency of the practical nurse graduates. Schools for training practical nurses are open in several centers in the state.

MINNESOTA

*Members as of April 1, 1948:* 271  
*New members in 1947:* 61  
*Local league:* Rochester—Nina Pladson, President  
*Committees:*  
Committee on Curriculum—Rena Boyle, Chairman  
Committee on Finance—Edith Felien, Chairman  
Committee on Membership and Eligibility—Marion Boardson, Chairman  
Committee on Nominations—Lenore Collatz, Chairman  
Committee on Program and Arrangements—Eleanor Sheldon, Chairman  
Committee on Revision—Lois Menzel, Chairman  
Committee on Affiliations—Donna Dailey, Chairman  
Committee on Headquarters—Leila Halverson, Chairman  
Committee on Measurement and Guidance—Ruth Johnston, Chairman  
Committee on Medical and Surgical Nursing—Lois Martens, Chairman  
Committee on Mental Hygiene and Psychiatric Nursing—Cecelia Leding, Chairman  
Committee on Obstetric Nursing—Angeline Stumpf, Chairman  
Committee on Operating Room Supervisors—Evelyn Skooglund, Chairman  
Committee on Public Information—Florence Brennan, Chairman

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

*Activities:* The Minnesota league held its annual meeting in October. Katharine J. Densford spoke on the program of the American Nurses’ Association. Regular monthly meetings of the league are held from September to May of the year with planned programs. The topics discussed have been: (1) “The Practical Nurse Program,” with Ella M. Thompson of the National Association for Practical Nurse Education participating in the discussion; (2) a panel on “The Nursing School Library”; and (3) a panel on “An Orientation Program for New Graduates.”

The boards and committee chairmen of the Minnesota and North Dakota leagues had a very stimulating joint conference with Adelaide A. Mayo. Many helpful suggestions were given for the activities of the state and local leagues.

The Committee on Curriculum has been active throughout the year. In cooperation with the Education Committee of the State Organization for Public Health Nursing a two-day institute was held in the spring on “The Implementation of Health Concepts in the Basic Curriculum.” Mary J. Dunn of the U. S. Public Health Service was coordinator for the institute. As a follow-up of this institute a workshop was held for a week in August on the subject of the total care of a patient with cancer. Ellwynne M. Vreeland of the U. S. Public Health Service helped conduct the program. A two-day institute was conducted on the care of children with epilepsy, eczema, and cerebral palsy. Florence Black of the University of Chicago participated in the program.

The Committee on Medical and Surgical Nursing has regular meetings throughout the year to which instructors of nursing arts are invited. A very successful institute was held in December with an attendance of 80 from all parts of the state. Ways of implementing the health concepts in the medical and surgical divisions were discussed with special emphasis on a referral system.
The Committee on Affiliations is studying the problem of rural nursing as an affiliation in the basic course and is working with the State Board on rotation dates for all affiliations in the state.

The Committee on Measurement and Guidance sponsored a one-day institute on admission and promotion policies. It is also analyzing the present battery of pre-entrance tests from the point of view of advisable changes or additions.

The league has been represented on a state-wide committee appointed by the Governor to consider the problems created by the increased demand for nurses, and a new committee has been formed with membership from all nursing organizations in the state to renew and extend the work of the Nursing Council and coordinate all of the nursing activities.

**Mississippi**

 Members as of April 1, 1948: 25  
 New members in 1947: 18  
 No local leagues.  

**Committees:** Committee on Convention Arrangements—Sister Mary Margaret, Chairman  
 Committee on Curriculum—Virginia Walker, Chairman  
 Committee on Membership—Blanche Mattox, Chairman  
 Committee on Program—Brooksie Peters, Chairman  
 Committee on Legislation—Anita G. Perez, Chairman  
 Committee on Mental Hygiene and Psychiatric Nursing—Jean Coates, Chairman  
 Committee on Practical Nurse Program—Frances Alexander, Chairman

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

**Activities:** The Mississippi league held its annual meeting in conjunction with the State Nurses' Association, November, 1947. Mary E. Corcoran, adviser in Psychiatric Nursing, U. S. Public Health Service, Washington, D. C., presented an excellent and timely paper on "Psychiatry, a Basic Subject in Nursing Education." Routine business was dispatched and officers elected.

In addition to the annual meeting, at which the programs have been varied and interesting, monthly meetings have been held. Special emphasis has been placed upon increasing the membership and including lay members in our organization.

Adelaide A. Mayo, executive secretary of the National League of Nursing Education, was our guest on December 11 and 12, for a two-day round-table conference on the history of the National League, and assisted the Mississippi league with its current problems.

The league is sponsoring a recruitment program jointly with the other health and nursing organizations. We feel this program will aid in increasing the enrollment of students in our training schools.

**Missouri**

 Members as of April 1, 1948: 120  
 New members in 1947: 13  

**Local leagues:** St. Louis—Clara M. Miller, President  
 Kansas City—Mabel Alicia Sayre, President  
 Central Missouri (Jefferson City)—Virginia H. Harrison, President
Committees: Committee on Curriculum and Guidance—Virginia H. Harrison, Chairman
Committee on Finance—Sister Olivia Drusch, Chairman
Committee on Constitution and Bylaws—Phyllis M. Dacey, Chairman
Coordinating Committee—Grace Fraunens, Chairman
Committee on Membership—Ann Hauser, Chairman
Committee on Psychiatric Nursing—Stella Amass, Chairman
Committee on Tests and Measurements—Honora Wills Camden, Chairman
Joint Committee on Integration of Public Health and Social Aspects—Helen Kinney, Chairman
Joint Committee on Practical Nurses and Auxiliary Workers—Dora B. Ford, Chairman
Joint Committee on the Structure Study—Clara M. Miller, Chairman
Joint Committee to Study Nursing Needs and Resources in Missouri—Laura R. Logan, Chairman

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

Activities: The Missouri league is very much disappointed that the Chicago meetings of the National Nursing Council conflicted with dates set for the visit of the National League's executive secretary to this area. We hope very much that a representative from Headquarters can visit us in the near future.

A third local league is being formed in Missouri with probable headquarters in Jefferson City. There are some very active and interested members in the central part of the state and we are hoping to report more activity from this area in the near future.

Committee chairmen are working this year on the development of portfolios which will outline policies for the committees and define activities for them to undertake. A Coordinating Committee has been appointed whose responsibility will be to keep these portfolios checked and up-to-date in order to avoid duplication and provide coordination.

The Missouri league is working very closely with the Missouri State Nurses' Association, particularly through four joint committees: namely, Structure Study, to Study Nursing Needs and Resources in Missouri, Practical Nurse and Auxiliary Workers, and the Integration of Public Health and Social Aspects. The Committee to Study Nursing Needs and Resources in Missouri has been fortunate in getting the interest and cooperation of the state university which lent a research worker, part time, to make the survey and which will publish the report jointly with the Missouri State Nurses' Association and the Missouri league.

The league is also expecting to benefit from the public relations program which has recently been launched jointly with the State Nurses' Association.

Very successful institutes were held the day following the annual meeting last fall. It is hoped to have more of these institutes on subjects of interest to league members.

Through the official publication of the state, The Missouri Nurse, we are hoping to keep the individual members of the league informed about what is going on locally and nationally.

Montana

Members as of April 1, 1948: 43
New members in 1947: 18
No local leagues.
Committees: Committee on Curriculum—Sister Frances Maureen, Chairman
Committee on Eligibility—Helen Haegle, Chairman
Committee on Finance—O’Connor George, Chairman
Committee on Nominations—Fay Florman, Chairman
Committee on Program and Arrangements—Katherine McDonald, Chairman
Committee on Revision—Marjory Wright, Chairman
Committee on Cost Analysis—Sister Rose Victor, Chairman
Committee on Education Relative to Control of Schools of Nursing—Katherine McDonald, Chairman
Committee on Enrollment of Students—Sister John Marie, Chairman
Committee on Measurement and Guidance—Sister M. Providence, Chairman
Committee on Membership—Ruth Mabbott, Chairman
Committee on Personnel Policies—Jane Stevenson, Chairman
Committee on Psychiatric Nursing—Lala Handorf, Chairman
Committee on Sisters—Sister Mary Bede, Chairman
Committee to Study Quality of Nursing Care—Sister Eugene Teresa, Chairman

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

Activities: The Montana league held its annual meeting preceding that of the State Nurses’ Association in Great Falls on October 15, 1947. The program of the meeting was built around the reports from the NLNE meeting in Seattle. Local problems pertinent to the subject were discussed after each report.

A committee was appointed to set up a program of cost analysis to be participated in by all schools of nursing in Montana within the year.

The league is cooperating with the State Nurses’ Association in its program to secure legislation for the licensing of practical nurses and in a central enrollment program for student nurses.

NEBRASKA

Members as of April 1, 1948: 98
New members in 1947: 43
Local leagues: Lincoln—Carrie Wilkinson, President
Omaha—Sister Mary Kevin, President

Committees: Committee on Curriculum and State Board—Blanche Graves, Chairman
Committee on Finance—Edna Fagan, Chairman
Committee on Nominating—Ruth Shoemaker, Chairman
Committee on Program—Sister Minnie, Chairman
Committee on Constitution and Bylaws—Blanche Graves, Chairman
Committee on Integration of Social and Health Aspects—Amelia Miller, Chairman
Committee on Membership—Lola Williams, Chairman
Committee on Nursing Information and Nursing Education—Ruth Shoemaker, Chairman
Joint Committee on Structure Study—Edna Broderson, Chairman
Joint Committee on Student Recruitment—Helena Stroh, Chairman

The Nebraska league functions as the department of education of the State Nurses’ Association.
Activities: Many of the accomplishments of the Nebraska league should be credited to the two local leagues. The Omaha league has been especially active in its efforts to achieve (1) a program that leads to better cooperation with other nursing groups; and (2) a public relations program. It has cooperated with the district branch of the Nebraska State Nurses' Association through committees on the Structure Study and on the Recruitment of Nurses. It sent a representative to the International Council of Nurses in Atlantic City and to the NLNE meeting in Seattle. A special meeting for directors and representatives of all schools of nursing in Nebraska was arranged with H. Phoebe Gordon, then Student Counselor of the University of Minnesota School of Nursing. Two special committees were established: one on the Constitution and Bylaws to revise the bylaws in accordance with those of the state and national organizations and one on Audio-Visual Education to compile, for schools of nursing, information on the use and availability of audio-visual materials suitable for teaching nurses. A joint committee was established with the Omaha Hospital Council to study the cost of nursing education. To further its public relations program the Omaha league has been granted membership in the Health Division of the Community Welfare Council and in the Omaha Interclub Council. Seven regular meetings were held during the year, each program designed for the consideration of some phase of nursing education.

The Lincoln league held seven regular meetings and two social meetings. It sponsored programs concerning the interpretation of results of pre-entrance tests used for students of nursing by the Department of Educational Psychology at the University of Nebraska; the rehabilitation program for the psychopathic veteran in the Veterans Administration; a panel discussion on the curriculum of the first year by representatives of each school of nursing and public health agencies in Lincoln. It also sponsored programs and teas for high school students interested in nursing. A Florence Nightingale Memorial Service was sponsored by the league in a local church, with the student nurses and graduate nurses from all fields of nursing in Lincoln attending in uniform.

Jointly the two local leagues sponsored a meeting with Adelaide A. Mayo, executive secretary of the NLNE. The annual meeting was held jointly with the Nebraska State Nurses' Association and the Nebraska State Organization for Public Health Nursing.

It has been the aim of the state league to work with the State Nurses' Association and the State Organization for Public Health Nursing through the medium of joint committees. A joint committee was established to develop a program for the integration of the social and health aspects into the curriculum of the schools of nursing in Nebraska. This committee has been given valuable assistance by Amy Viglione and Helen Dunn of the U. S. Public Health Service.

It is hoped that in the future more joint committees can be arranged for, not only to make the work more effective but also to stimulate a better understanding among the nursing groups.

New Hampshire

Members as of April 1, 1948: 27

New members in 1947: 2

No local leagues.

Committees: Committee on Eligibility—Sister M. Bernardus, Chairman
Committee on Program—Mary D. Davis, Chairman

The New Hampshire league functions as the department of education of the State Nurses' Association.
Activities: The New Hampshire league has several projects it plans to develop in the coming months:

1. It will cooperate with the State Nurses' Association in establishing university extension courses for all nurses interested in part-time study. It has been suggested that the first of the courses be Psychology, Ward Management, and Principles and Practices of Teaching.

2. Small sectional groups will meet and review the Structure Study and its development and see how we can assist in furthering the progress of this proposed structure in this state.

3. A committee will attempt to further the development of plans for a university school in this state in cooperation with the state university.

4. The league will assist in all possible ways in the recruitment of prospective students.

New Jersey

Members as of April 1, 1948: 395
New members in 1947: 68
No local leagues.

Committees: Committee on Curriculum—Grace M. Howard, Chairman
Committee on Eligibility and Membership—Rose A. Coyle, Chairman
Committee on Finance—Sister Miriam Thomas, Chairman
Committee on Nominations—Eleanor Lambertson, Chairman
Committee on Program and Arrangements—Margretta Fortuin, Chairman
Committee on Revision—Verna Halbasch, Chairman
Committee on Measurement and Guidance—Ruth Williamson, Chairman
Committee on Nursing Information—Margaret Maskrey, Chairman
Committee on Professional Relations—Bernice E. Anderson, Chairman
Committee on Administration of Schools of Nursing—Florence Haleman, Chairman
Committee for Educational Directors—Margaret B. Allen, Chairman
Committee on Educational Planning in Nursing—Caroline di Donato, Chairman
Committee on Educational Programs for Bedside Nurses—Daisy Grunau, Chairman
Committee of Interests in Nursing Service—Henrietta Korolenko, Chairman
Committee on Practical Nurse Education—Ruth Bien, Chairman
Committee on Student Personnel Program—Margaret Larkin, Chairman

Activities: The program sponsored by the New Jersey league has consisted of general membership meetings with such speakers as Dr. William Cherin of Raymond Rich Associates and Mr. Edward Bernays. At the annual meeting in October the proposed State Constitutional Revision was discussed by Mrs. Maxwell Barus of the League of Women Voters, a member of the Constitutional Convention, and the Legal Aspects of Nursing presented by Mr. Milton Lesnik, Counselor-at-Law. Under the direction of the Committee on Curriculum, the subcommittees in the clinical specialties have continued their institute programs which are proving to be very popular. Attendance at these institutes often equals that of general membership meetings.

The Subcommittee on Ways and Means has again contributed about $1,500 to the League's finances through the annual Country Fair. The dietitians of the state, students, alumnae, and hospitals have helped make this fair a success. The annual Spring Festival of Songs and Folk Dances held during Music Week was an inspiration of
beauty and loveliness, a glowing example of nursing students as cultured and talented young women as well as prospective members of the nursing profession. For the second year in succession the Glee Club of Muhlenberg Hospital School of Nursing was chosen by the judges as the outstanding one among the competitors.

One of the most satisfying projects of the year was the series of twenty-two conferences held jointly with the five district nurses' associations on the structure of nursing organizations. Another cooperative venture has been the invitation extended by the Board of Directors of the league to each district association to appoint a representative to attend league Board meetings in order to keep districts informed of the league's activities. The Committee on Educational Programs for Bedside Nurses is working with the Private Duty Section of the State Nurses' Association, and, together with the Committee on Program, is planning to put on a program in the spring on bedside nursing. The Committee on Practical Nurse Education is preparing a pamphlet on subject matter in practical nurse education in the form of a "curriculum guide" for use of the New Jersey Board of Nursing.

The most interesting project of the year was a study made by the Committee on Student Personnel Program. Nursing students acted as consultants to the committee in preparing and distributing a questionnaire to each student in New Jersey, about four thousand in all. The results tabulated to date indicate a sound and encouraging attitude among students toward nursing and their own personal problems. Printed reports of the study are available at $1.00 each from Margaret Larkin, New Jersey State Hospital, Greystone Park, N. J., chairman of the committee. A panel discussion of the study was presented by a group of students at the annual meeting of the league. This proved to be so popular that another panel of students will continue the discussion at the next general membership meeting.

The busiest committee has probably been the Committee on Nursing Information. Monthly calendars of activities are sent to members, material prepared for the State Nurses' Bulletin and the lay publication "The Lamplighter" is now published through the committee with the help of a lay editor, Mrs. Wilfred Funk.

In spite of the hundred per cent increase in the amount of the annual dues, the loss of members was not very great. Every opportunity is being given to younger members of the league to participate in Board and committee work. They have more than justified the confidence placed in them.

NEW YORK

Members as of April 1, 1948: 932
New members in 1947: 207

Local leagues: Central New York (Syracuse)—Mary M. Kelley, President
New York City—Dorothy McLaughlin, President
Western New York (Buffalo)—Hazel Hogan, President
Genesee Valley (Rochester)—Margaret Gibson, President
Linda Richards' (Watertown)—Sister M. Endo, President
Hudson Valley (Albany)—Beatrice Kinney, President

Committees: Committee on Arrangements—E. Porreca, Chairman
Committee on Curriculum—Catherine MacLay, Chairman
Committee on Eligibility and Membership—Evelyn Fraser, Chairman
Committee on Finance—Anna Bentley, Chairman
Committee on Nominations—Florence L. Illing, Chairman
Committee on Program—Marion Stevens, Chairman
Committee on Revision—Sister Mary Wilhelmina, Chairman
Committee on Sisters—Sister M. Eucharista, Chairman
Committee on Graduate Education—Beatrice Kinney, Chairman
Committee on Measurement and Guidance—Mary Rogan, Chairman
Committee on Nursing Information—Clare Casey, Chairman
Committee on Problems of Affiliation—Dorothy Weddige, Chairman
Committee on Resolutions—Margaret Conrad, Chairman
Subcommittees of Committee on Curriculum:
  Subcommittee on Care of the Child—
  Subcommittee on Mental Hygiene—Dorothy McLaughlin, Chairman
  Subcommittee on Tuberculosis Nursing—Grace Longhurst, Chairman

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

Activities: The present membership roll of the New York state league is approximately the same as it was last year, and, while the Committee on Membership, under the able leadership of Evelyn Fraser, has worked steadily to encourage new members, there is much work to be accomplished in interesting those nurses newly appointed to faculty positions in the activities of the League. The major emphasis on the importance of such membership can probably best be placed in the local areas where individuals eligible for membership are best known. Plans for further concerted effort to stimulate membership are now under discussion.

The major project of the New York state league for the past year has centered around a study of the curriculum for schools of nursing in New York State. This committee's activities, under the chairmanship of Mary Burr, have covered preparation of suggestions and recommendations for a revision of the curriculum. A copy of the report has been forwarded to the State Education Department as a basis for the revision being prepared by the Department.

The work of the main committee and the several subcommittees on clinical nursing has been carried on at the state level with study groups in local leagues submitting recommendations and suggested content in the various areas of the curriculum. Each local league has studied a special area of the curriculum and in addition to hours, placement and the like has prepared a suggested teaching outline for the major clinical courses which will be available on a loan basis through the State Board of Nurse Examiners. The tremendous contribution of this committee can be realized only after careful study of the final report.

The Committee on Graduate Nurse Education has worked in several areas in the past year by asking each local league to carry one special project relating to graduate nurse education. The projects carried included:

1. Investigation of possibilities for summer session courses on a visiting instructor basis to be given in areas of the state not serviced by a college or university with established programs in nursing education.
2. Preparation of a statement of the college courses in nursing available in New York State for use by local nursing councils, guidance officers, and the like.
3. Study of the educational background of present nursing staffs in a representative section of the state as a basis for determining specific needs and recommendations relating to improvement in faculty standards.
4. Investigation as to whether colleges and universities in New York State which offer advanced professional programs grant advanced standing for general background and social science courses taken in liberal arts schools located in an area where the nurse is employed but where no established nurses' education programs are available.
5. Study of needs for development of advanced clinical courses in colleges and universities offering established programs in nursing education.
The Committee on Careers in Nursing has been appointed recently as a joint committee of the State Nurses’ Association and the state league. It is planned that this committee will encourage, at the local level, conferences on nursing for high school principals, guidance officers, and others interested in the recruitment of qualified young women for schools of nursing. Speakers are provided for high schools requesting a nurse representative for vocational information conference and the services of a consultant in counseling and placement of the state nurses’ association are available in developing the program.

Local leagues were asked to cooperate with the district nursing associations in forming joint committees to discuss the workshop guide on the structure study. Each local league was asked to submit opinions and recommendations on structure.

Institutes on the Care of the Child to be given in various areas of the state have been planned by a subcommittee of the Committee on Curriculum. It is hoped that the first will take place in the near future in the New York City area.

**NORTH CAROLINA**

*Members as of April 1, 1948: 85*

*New members in 1947: 11*

*Local leagues: Western Division—Jane Lawrence, President*

*Eastern Division—Bessie Burgess, President*

*Committees:*

Committee on Curriculum—
Committee on Eligibility—Elizabeth Peterson, Chairman
Committee on Finance—Anne Macy, Chairman
Committee on Nominations—Minnie Cleary, Chairman
Committee on Program—Ruth Hay, Chairman
Committee on Revision—Mary Belle May, Chairman
Committee on Membership—
Committee on Mental Hygiene and Psychiatric Nursing—Gertrude Pitchford, Chairman
Committee on Nursing Information Bureau—Josephine Kerr, Chairman
Committee on State Board Problems—Myra Maxwell, Chairman
Committee on Student Recruitment—Helen Peeler, Chairman
Committee on Joint Orthopedic Advisory Service—Ruth Council, Chairman

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

*Activities:* The North Carolina league and the two local leagues have held several interesting meetings during the past year.


**NORTH DAKOTA**

*Members as of April 1, 1948: 39*

*New members in 1947: 4*

*No local leagues.*

*Committees:*

Committee on Arrangements—Florence E. Scott, Chairman
Committee on Curriculum—Sister Angele Tufts, Chairman
Committee on Membership and Eligibility—Adele William, Chairman
Committee on Finance—Virginia R. Field, Chairman
Committee on Nominations—Sister Mary Scholastica Kellog, Chairman
Committee on Revision—Orpha LaCroix, Chairman
Committee on Films—Lydia Hepperle, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Clara G. Lewis, Chairman
Committee on Nursing Tests—Ruth M. Anderson, Chairman
Committee on Recruitment—Agnes Karas, Chairman
Committee on State Board Problems and Studies—Mildred Udgaard Johnson, Chairman

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

Activities: The annual meeting of the North Dakota league was held in April, 1947, at Grand Forks, North Dakota. It was our first annual meeting apart from the fall convention of the State Nurses’ Association.

At the time of the annual meeting, an institute on Principles and Methods on Teaching in Schools of Nursing was conducted by Loretta E. Heiderken, then of the Catholic University of America. Luncheon meetings for five departmental groups were arranged to provide for an exchange of ideas on mutual problems. This year we hope to obtain some worth-while information through similar meetings.

Our recruitment committee arranged for state-wide radio broadcasts and newspaper publicity. For 1948 a member of the league’s Committee on Recruitment is also a member of a Public Relations Committee sponsored by the State Nurses’ Association.

During the second week of November a Cost Analysis Institute for Schools of Nursing was conducted at Fargo, North Dakota, by Amy Viglione, consultant on Nursing Education for the Public Health Service.

Representatives from North Dakota were fortunate in having an opportunity to meet with Adelaide A. Mayo at the same time she met with the Minnesota league in Minneapolis.

Our State Nurses’ Association is sponsoring regional institutes this spring on counseling and placement. Our league will give its wholehearted support to this project, and as a follow-up, we plan to have the topic “The Use of Efficiency Reports for Counseling in Schools of Nursing” on the program at the league’s annual meeting in April.

Ohio

Members as of April 1, 1948: 441
New members in 1947: 81

Local leagues: Cincinnati—Martha Pflueger, President
Cleveland—Eugenia Motok, President
Dayton—Alvina Fischer, President
Akron—Hazel Hawk, President
Toledo—Anne Madaras, President
Columbus—Ruth Lea

Committees: Committee on Curriculum—
Committee on Eligibility and Membership—Goldie Harker, Chairman
Committee on Nominations—Ruth Evans, Chairman
Committee on Revision—Dorothy Brinker, Chairman
Committee on Legislation—
Committee on Measurement and Guidance—Evelyn Tovey, Chairman
The Ohio league does not function as the department of education of the State Nurses' Association.

Activities: The annual convention of the Ohio league was held in the Seneca Hotel, Columbus, October 23, 24, 25, 1947. A very stimulating and helpful institute on Clinical Teaching was given by Irene Carn, associate chairman, Skidmore College School of Nursing, and Margene Faddis, professor of medical nursing, Frances Payne Bolton School of Nursing, Western Reserve University. Round table discussions were held on clinical teaching in medical nursing, surgical nursing, pediatric nursing, and obstetric nursing.

At the annual business meeting the following resolution was passed:

Whereas, it is recognized that the need for adequate nursing care is immediate and pressing and, due to increasing demands, is becoming more urgent; and

Whereas, it is recognized that the public looks to professional nurses for leadership in providing nursing services wherever the need exists in the community,

Be it resolved, that the Ohio State League of Nursing Education approves and promotes a program of Practical Nurse (trained attendant) Education, and that a committee be appointed by the president to facilitate and expedite activities toward this end and, with the full knowledge and approval of the duly elected officers of the Ohio State League of Nursing Education, it be empowered to act.

The constitution and bylaws were revised so that they conform with those of the National League of Nursing Education.

We were very fortunate in having Adelaide A. Mayo, executive secretary of the National League, visit us during our annual convention and institute. We received many helpful suggestions in regard to the organization of committees and program activities for the Ohio league.

The six local leagues have been very active throughout the year. The major problems given consideration by most of the local leagues were: (1) recruitment of student nurses; (2) guidance and counseling programs in schools of nursing; (3) use of audio-visual aids in schools of nursing; (4) problems in psychiatric nursing; (5) workshops on the structure study; (6) practical nurses and nursing.

During the year the Cleveland league received a grant of $6,030 from the Cleveland Foundation to conduct a program for the recruitment of student nurses. It secured the part-time service of a publicity manager to help organize and carry out a very effective program. The Cincinnati league is working with the Cincinnati Public Library toward the establishment of a film library for use of the local schools of nursing and is working with the local district nurses' association on a centralized teaching unit for nonprofessional workers.

The Committee on Curriculum was reorganized this year to include members representing each major area in the nursing curriculum. This member is to serve as chairman of a subcommittee in the field of her special interest. The special subcommittees on Psychiatric Nursing, Tuberculosis and Communicable Diseases, Orthopedic Nursing, and Care of the Child were dissolved. The report of the Subcommittee on the Integration of the Social and Health Aspects of Nursing in the Basic Curriculum was found so helpful that the state league had it mimeographed. Copies are available for $1.50 each. Anyone desiring a copy may secure one from the president, Ohio State League of Nursing Education, 2063 Adelbert Road, Cleveland, Ohio.

The Boards of Directors of the Ohio State Nurses' Association, the Ohio State Nurses Board, and the Ohio State League of Nursing Education have had one joint meeting this year. There are joint committees working on the preparation and use of the practical nurse and on the functions of the professional nurse.

The Ohio league is an institutional member of the Ohio Hospital Association.

The National League of Nursing Education has accepted the invitation of the Ohio
league to hold its annual convention in Cleveland May 2-6, 1949. The Ohio league is looking forward with pleasure to this meeting and trusts that there will be a very large attendance.

OKLAHOMA

Members as of April 1, 1948: 28
New members in 1947: 14

NO REPORT

PENNSYLVANIA

Members as of April 1, 1948: 557
New members in 1947: 66

Local leagues:
District #1 (Philadelphia)—Edith D. Payne, President
District #2 (Allentown)—May L. Crouch, President
District #3 (Wilkes-Barre)—S. Louise Marvin, President
District #4 (Harrisburg)—Lorraine Setzler, President
District #5 (Johnstown)—Mary A. Dumm, President
District #6 (Pittsburgh)—Frances George, President
Districts #7 and #8 (Erie)—Florence M. Cruser, President

Committees:
Committee on Curriculum—Katie Lee Walton, Chairman
Committee on Finance—Katherine Childs, Chairman
Committee on Nominations—May L. Crouch, Chairman
Committee on Program—Ruth Jesse, Chairman
Committee on Revision and Bylaws—Edna Bailey, Chairman
Committee on Measurement and Guidance—Theresa I. Lynch, Chairman
Committee on Membership—Mary E. Spur, Chairman
Committee on Lay Membership—Emily H. Talbot, Chairman
Committee on Psychiatric Nursing and Mental Hygiene—Edna B. Christy, Chairman

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

Activities: The major projects of the year 1947-48, some now in progress, some to be undertaken, will be the following:

1. A study by the Committee on Curriculum of the possibility of a better distribution of the classes in the basic nursing course. This is deemed necessary because of the still-present accelerated programs and because of the uneven distribution of classes in many programs. From the results of our basic nursing programs it seems necessary to give detailed attention and study to the content of those programs.

2. A study of the possibility of bringing the hours of duty for student nurses into conformity with those now being proposed and accepted for graduate nurses. This study will have to be considered in relation to project number 1 as project 1 will necessarily be influenced by decisions made in this project.

3. A more concentrated study by the Committee on Psychiatric Nursing and Mental Hygiene, in cooperation with the Committee on Curriculum, to determine how mental hygiene can be more effectively placed and taught in the basic curriculum. With the present emphasis on programs in mental hygiene and with the increasing demand for nurses with better backgrounds of experience in mental hygiene, it was deemed wise to incorporate, if possible, more of the mental hygiene aspect throughout the student experience. We hope that by the end of the
current year a well-devised plan for a stronger emphasis on this important phase of health will be ready for consideration by our schools of nursing.

4. A study to determine the place of the care of the chronically ill in the basic program. With the greater emphasis on the prevention of chronic illness and the rehabilitation of the chronically ill and with the stress which is being placed on the provision of nursing care rather than custodial care for this group, it seems wise to consider the student's preparation for the future demands in this field. The study will involve the consideration of hours and placement of theory and practice, and the types of hospitals or experience fields to be used for such learning.

5. The study of the practical nurse, her educational program, qualifications, licensure, and use. A good deal of self-education on the part of our members is still necessary if the program is to be understood and if the league is to do its part in safeguarding the public.

The ever-present problems of recruitment, membership, curriculum, and public relations will merit greater attention from the various committees and boards, and we hope that the Pennsylvania league will fulfill its responsibility to the profession and to the public in assisting with the advancement of nursing.

PUERTO RICO

Members as of April 1, 1948: 30
New members in 1947: 2
No local leagues.

Committees: Committee on Curriculum—Elena Bonilla, Chairman
Committee on Eligibility and Membership—Juana S. Zayas, Chairman
Committee on Finance—Lucila Rodriguez, Chairman
Committee on Program—Maria Montalvo, Chairman
Committee on Revision—Carmen C. de Marrero, Chairman
Committee on Measurement and Guidance—Carmen R. Padial, Chairman
Committee on State Board Problems—Sarah White, Chairman

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

Activities: The Puerto Rico league has held four regular meetings during the past year. At one of these meetings there was a group discussion on "Staff Organization in Schools of Nursing"; at another there was a conference on "Guidance and Counseling in Schools of Nursing." Through an informal talk presented by Sarah White, one of our members who attended the meeting of the International Council of Nurses, we had the opportunity of becoming acquainted with the activities of the Council at its past meeting in Atlantic City.

At the annual meeting in January there will be a group discussion on the topic, "Where are we going in Nursing Education?" Edna Newman, director of nurses at Cook County Hospital, Chicago, Illinois, is to be present as our guest at this meeting and we are all looking forward to hearing her views on the above subject. Because in so many aspects we are so far removed from the national organization, any personal contact with members from the States is most welcome.

At the beginning of the year we worked in cooperation with the Puerto Rico Nurses' Association in sponsoring extension courses for graduate nurses at the University of Puerto Rico during the summer. Two courses were given: Principles and Methods of Teaching by Marjorie Hibbard and Ward Management by Maria T. Sagardia.
We are still faced with the problem of devising standards for the selection of students for admission to schools of nursing. The only standard by which prospective candidates are now evaluated is the high school record, as we are unable to use the pre-nursing tests of the NLNE because of language difficulties. Unfortunately we cannot do anything much in this particular field because of economic reasons and the lack of well-prepared persons who would be interested enough to devote their time to this work.

Rhode Island

Members as of April 1, 1948: 102
New members in 1947: 45
No local leagues.

Committees:
Committee on Curriculum—Sister Marion Frances, Chairman
Committee on Membership and Eligibility—Sylvia Pigeon, Chairman
Committee on Finance—Anna K. McGibbon, Chairman
Committee on Nominations—Madeline Dill, Chairman
Committee on Program—Thelma Reeves, Chairman
Committee on Revision—Joanna Ash, Chairman
Committee on Tests and Measurements—Florence Weignier, Chairman
Committee on Institute—Doris Dittmar, Chairman
Committee on Inter-School Visits—Eileen McCann, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Margaret Ferguson, Chairman
Committee on Nursing Information—Agnes Vale, Chairman
Committee on Practical Nurse Education—Eunice Johnson, Chairman
Committee on Recruitment—Grace Tucker, Chairman

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

Activities: Interest in and activities of the Rhode Island league have been well sustained during the past year.

Two innovations were added to the usual campaign techniques used during our annual enrollment drive for student nurses. The first was a tea and program for counselors of Rhode Island secondary schools. With the cooperation of the State Department of Education, invitations were extended to all guidance directors and high school counselors. On the program were Dr. Michael Walsh, State Director of Education; Oliver G. Pratt, executive director of the Rhode Island Hospital, who spoke on the community’s need for nurses; Hazel Walker, principal of the Memorial Hospital School of Nursing in Pawtucket, who presented the prerequisites for entrance to the school of nursing; and groups of students from our five schools of nursing who presented five five-minute demonstrations of standard nursing procedures. Attendance was excellent and the discussion which followed the formal program was worthwhile and pertinent. The second innovation which accounted in great measure for the success of the drive was the invitation issued to every girl in the junior and senior classes of high schools in the state to attend one of the open houses to be held at each of our five schools of nursing. Double post cards were used for this purpose and students were asked to reply if they expected to attend. Four hundred and six students responded to the invitation and some asked to attend more than one program.

At our spring meeting, Agnes K. Ohlson, state director of education, Connecticut, spoke on "The Future of Nursing Education." All other meetings were held in conjunction with the Rhode Island State Nurses’ Association and the Rhode Island Organization for Public Health Nursing. The fall meeting, planned by the state
league, was in the form of a two-day institute with the theme, "Nursing in a Changing World." Six hundred and seven nurses attended.

The Committee on Curriculum and the Committee on Psychiatric Nursing have been holding joint meetings and have started to study methods whereby principles of psychiatric nursing may be incorporated throughout the basic curriculum.

A series of ten interschool visits, composed of stimulating programs planned by each of our various hospitals and public health organizations with basic or affiliating courses for students, provided league members with an opportunity to exchange ideas and discuss new trends.

During the past year four courses for graduate nurses, with a total enrollment of over one hundred and seventy nurses, have been given in Providence under the auspices of the Rhode Island league. These included Ward Administration, Orientation to Nursing Education, and Principles of Teaching, taught by members of the faculty of the Boston University School of Nursing, and Educational Psychology given by a member of the faculty of the Rhode Island State College.

At the time this report is being written, a full quota of twenty practical nurses are attending a refresher course, planned by the Rhode Island State League of Nursing Education in cooperation with the Rhode Island Practical Nurses' Association.

The Rhode Island league was represented on the committee appointed to draw up qualifications for prospective student nurses applying for the twenty-five scholarships donated by the Rhode Island Federation of Women's Clubs.

**SOUTH CAROLINA**

*Members as of April 1, 1948: 57*

*New members in 1947: 21*

*No local leagues.*

**Committees:**

- Committee on Arrangements—Allie Greene, Chairman
- Committee on Curriculum—Ruth Chamberlain, Chairman
- Committee on Eligibility—Ruth McLean, Chairman
- Committee on Finance—Autumn T. Ballentine, Chairman
- Committee on Nominations—Hattie Truesdale, Chairman
- Committee on Program—Marie Warncke, Chairman
- Committee on Revision—Nina Graham, Chairman
- Committee on Measurement and Guidance—Dorothy Ingraham, Chairman
- Committee on Membership Campaign—Laura Blackburr, Chairman
- Committee on Lay Membership—Laura Ebaugh, Chairman
- Committee on Mental Hygiene and Psychiatric Nursing—Abigail Rheney, Chairman
- Committee on Nursing Information—Florence Zeigler, Chairman
- Committee on the Nursing School Library—Sarah Minier Padgette, Chairman
- Committee on Planning—Isadora Poe, Chairman
- Committee on State Board Problems—Marguerite Andell, Chairman
- Committee on Vocational Guidance—Florence E. Mohney, Chairman

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

*Activities:* The South Carolina league holds an all-day meeting every two months—December, February, April, and September—besides a yearly meeting in October. Attendance is always very good. At the yearly meeting Virginia Henderson of Teachers College, Columbia University, New York, discussed the subject of "The Preparation of the Nurse for the Effective Performance of Her Unique Function."
The league will undertake the following studies for the year: (1) The structure of our existing organizations; (2) the teaching of Professional Adjustments; and (3) counseling and guidance in schools of nursing. Next summer the league hopes to sponsor a course in clinical teaching in schools of nursing.

The league cooperated with the South Carolina State Health Department, Hospital Division, in making a study of good hospital construction. This was a part of the government program for better hospital facilities.

**SOUTH DAKOTA**

*Members as of April 1, 1948: 23*

*New members in 1947: 16*

*No local leagues.*

**Committees:**
- Committee on Curriculum—Mary Virginia Dryden, Chairman
- Committee on Eligibility and Membership—R. Esther Erickson, Chairman
- Committee on Finance—Myrtle K. Corcoran, Chairman
- Committee on Nominations—Faye Brewick, Chairman
- Committee on Program—Cora L. Johnston, Chairman
- Committee on Revision—Anna Haugen Berdahl, Chairman
- Committee on Affiliation—Carrie A. Benham, Chairman
- Committee on Measurement and Guidance—Sister Marie Therese Seeberger, Chairman
- Committee on Mental Hygiene—Sister M. Desideria Hirsch, Chairman
- Committee on Publicity—Myrtle K. Corcoran, Chairman
- Committee on Special Eligibility—Olga Ulberg, Chairman

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

**Activities:** The specific objective of the various activities of the South Dakota league for the year of 1947 was student guidance. This aim was carried out in two institutes during the year and in the program of the state convention. As reported in last year’s *Annual Report*, in April a “Workshop in the Preparation of the Problem—Principle Type of Examination” was conducted by Margaret Cashman, a member of the South Dakota State Board of Nurse Examiners, to better acquaint the instructors of our schools of nursing with this type of question so that they in turn would be better able to prepare their students for the test pool questions. Thirty-two instructors, including clinical instructors, participated. The second institute was on “Counseling and Guidance in Schools of Nursing” and was conducted by Elsie Krug. This institute was the impetus for the selection of Student Guidance as the theme for faculty and staff education in some of the schools of nursing for the coming year.

The league’s contributions to the convention of the State Nurses’ Association were: “Trends in Education,” presented by Dr. E. E. Smith, the president of the Sioux Falls College; “Guidance in the Extra-Professional Program,” by Helen Farley, dean of women, Augustana College; and “Trends and Guidance in Nursing Education,” by Carrie E. Benham, the director of nursing education at the University of South Dakota. Sister M. Bonaventure, the league’s president, presented the introductory paper on “Quality Nursing for All.”

In November the board had a special meeting at which time the members had the privilege of meeting with Adelaide A. Mayo. Lay participation in the League and the future of the small schools of nursing were two of the several topics discussed.

In December, 1947, the president and four other members of the South Dakota league were present and actively participated in the Conference on Nursing held in Chicago under the auspices of the National Nursing Council.
The league has increased its enrollment by fifteen new members through stimulating each member to try to secure a new one.

Funds were appropriated at the last legislature for the organization of a teaching faculty in psychiatry at the South Dakota State Hospital for the Mentally Ill in Yankton, South Dakota. The league will continue to assist the State Board of Nurse Examiners in this project through its committees on Curriculum, Mental Hygiene, and Affiliation. Student nurses in South Dakota will then have the opportunity of a psychiatric affiliation within their own state.

TENNESSEE

Members as of April 1, 1948: 75
New members in 1947: 19
Local leagues: Knoxville—Grace Johnson, President
Memphis—Ruth Neil Murry, President
Nashville—Marian Wearich, President

Committees: Committee on Arrangements—Mary Frisz, Chairman
Committee on Curriculum—Anne Messerly, Chairman
Committee on Finance—Ruth Reinkne, Chairman
Committee on Membership and Eligibility—Elizabeth Killeffer, Chairman
Committee on Nominations—Alma Graham, Chairman
Committee on Program—Hazel Lee Goff, Chairman
Committee on Revision—
Committee on Personnel Policies and Practices—Alma Gault, Chairman

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

Activities: The objectives of the Tennessee league for the year 1947-48 are: (1) To place special emphasis on interpretation of and assistance with the School Study; (2) to participate in setting up personnel policies and practices for faculties in schools of nursing in Tennessee; (3) to plan the annual meeting of the league in conjunction with the State Nurses’ Association; (4) to increase membership; and (5) to plan institutes on state or local levels.

The Knoxville league has held regular meetings and has stabilized its membership.

The Memphis league, in November, held a successful institute on orthopedic nursing with the assistance of members of the staff of JONAS.

The Nashville league has planned discussion-meetings on the questions raised at the School Study conferences.

The Committee on Curriculum is planning to study facilities for tuberculosis nursing experience in Tennessee, as a follow-up to the study of psychiatric nursing last year.

A special committee has been appointed to study personnel policies and practices in schools of nursing in Tennessee. This committee will work with the similar committee of the State Staff Nurses' Section.

The League members in Chattanooga are considering the formation of a local league in their city. The state league has expressed willingness to assist financially in this development.
Texas

Members as of April 1, 1948: 251
New members in 1947: 59

Local leagues: Austin—Bernice Johnson, President
Central Texas (Waco and Temple)—Anna Laura Cole, President
San Antonio—Lois Weimer, President
Kasmeier (Lubbock and Amarillo)—M. Catherine Spiggle, President
Galveston-Houston—Luella Olson, President
Dallas-Fort Worth—Merle Mayo, President

Committees: Committee on Curriculum—Bernice Johnson, Chairman
Committee on Membership and Eligibility—Edith H. Turner, Chairman
Committee on Nominations—Ruth Maxson, Chairman
Committee on Program—Zora M. Fiedler, Chairman
Committee on Revision—Ruth E. Sperry, Chairman
Committee to confer with the Governor—Merle Mayo, Chairman
Committee on the Nursing School Library—Emma Pope, Chairman
Committee on Measurement and Guidance—Katherine Bratton, Chairman
Committee on Planning—Marian Fox, Chairman
Committee on Practical Nurse Training—Mildred McGonagle, Chairman
Committee on Recruitment—Louise Colbath, Chairman
Committee on the Structure Study—Marjorie Bartholf, Chairman
Committee on Visual Education—Francis Brush, Chairman

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

Activities: At the joint meeting of the Texas league and the State Organization for Public Health Nursing, Ruth Freeman, director of the American Red Cross Nursing Service, spoke on “A Desirable Organization for Community Nursing Service,” and Eleanor Palmquist, assistant director of the National Organization for Public Health Nursing, read a paper on “Student Affiliation and Standards for Field Practice Centers in Public Health Nursing.”

The theme of the annual joint institute of the Texas league and the State Organization for Public Health Nursing held in Austin in November, 1947, was measurement and guidance. Elizabeth L. Kemble, director of the Department of Measurement and Guidance of the National League of Nursing Education, was guest speaker and gave some very stimulating talks.

During the year two new local leagues have been organized—the Kasmeier league of Lubbock and Amarillo and the Central Texas league of Temple and Waco.

The Committee on Evaluation has completed the first phase of its work and has sent back to each school of nursing participating in the study a report of the committee’s findings and recommendations. Upon the request by the chairman of the committee to the State Board of Nurse Examiners, the standards set up by the committee are being used as related standards for accreditation by the Board of Professional Schools of Nursing. The committee will continue its work with the local leagues in preparing syllabi for the various clinical courses.

The Committee on Practical Nurse Training has been very busy during the first part of the year setting up standards and formulating policies relative to the definition, preparation, and control of the practical nurse. The report and recommendations of this committee were accepted at the annual meeting.

A new standing committee was appointed this year to confer with the Governor on state board problems, to keep him informed of the needs of nurses and nursing to
the end that their interests be safeguarded, and to recommend to him persons for appointment to the State Board of Nurse Examiners.

Members of the Board of Directors of the Texas league, committee chairmen, and representatives of the local leagues met with Adelaide A. Mayo, executive secretary of the National League of Nursing Education, in Fort Worth on December 8 and 9, 1947. The work of the league was discussed and the problems of the different committees were given consideration.

**Utah**

*Members as of April 1, 1948: 53*

*New members in 1947: 7*

*No local leagues.*

**Committees:**
- Committee on Arrangements and Program—Coba Rasmusson, Chairman
- Committee on Curriculum—Marie Manning, Chairman
- Committee on Eligibility and Membership—Lois Howard, Chairman
- Committee on Finance—Luella Hyatt, Chairman
- Committee on Nominations—Elaine Mellor, Chairman
- Committee on Revision—Ethel Eatchel, Chairman
- Committee on Mental Health and Psychiatric Nursing—Cynthia Curtis, Chairman

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

**Activities:** The Utah league sponsored three workshops on Management and Personnel Relations in 1947. Two of the workshops were conducted in Salt Lake City and one in Ogden.

Largely through the initiative of the league, exploratory visits were made and approval obtained from the State Board of Nurse Examiners for a psychiatric nursing affiliation. This affiliation is open to all Utah schools of nursing, and students from two schools were sent on the affiliation in December, 1947. Another school has arranged to send its first group in March, 1948, and a fourth school in June. By the end of 1948 it is believed that all Utah schools of nursing will have the psychiatric nursing affiliation well geared into the regular basic nursing program. Recommendation will then be made to the State Board of Nurse Examiners that consideration be given to the advisability of making psychiatric nursing clinical experience a required part of the basic professional program.

The Utah league has been represented on various civic and professional councils. It has helped with the planning of the practical nurse school or schools soon to be opened in Utah and with the legislation governing such schools and their graduates. The league has representation on the Community Nursing Council and the Welfare Council and on certain subcommittees of each. It has cooperated with the State Hospital Association in the recruitment of student nurses.

The league is so closely a part of the State Nurses' Association that it is most difficult to separate its activities for purposes of this report from the activities carried as the education department of the larger organization. While the state league maintains its identity, structure, and program, it receives, in recognition of its functions as the department of education, support (including financial) from the State Nurses' Association. On a small scale it is a laboratory example of the kind of relationship that might evolve on the national level if a single national nursing organization should be developed.

Four membership meetings are being planned for 1948. These are expected to take the form of panel discussions on such subjects as the evolving curricula for the educa-
tion of professional nurses, curricula for practical nurse education, a study of the recommendations of the Committee on Structure, cooperative planning with medical and hospital groups, and such other subjects as may be selected as of the greatest interest to the league members and allied professional groups. The state medical association has been approached for a spokesman to present the views of that organization on three of the panels already arranged for, and it is hoped that better understanding and a more unified front for action may grow out of the year's activities.

**VERMONT**

*Members as of April 1, 1948: 13*

*New members in 1947: 3*

*No local leagues.*

*Committees: Committee on Curriculum—*
  *Committee on Membership—*
  *Committee on Public Relations—*

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

*Activities: This is the second year of activity of the Vermont State League of Nursing Education. As yet our membership is small, but the directors of schools of nursing and their nursing school committees have shown a real interest in increasing the membership and in participating in the activities of the league.*

Two meetings have been held. At the first "The Place of the League in Promoting Better Nursing Care" was the theme. Katherine Sheppard of the Attendant School of Nursing, Boston, Massachusetts, spoke on the training and activities of the attendant nurse and stressed the opportunity the state league of nursing education has to participate in the guidance of this program. Since this time the president of the Vermont league has been appointed consultant to the Practical Nurse Association in Vermont and through her the league has been represented in the planning and policy-forming of this association.

Adelaide A. Mayo, executive secretary of the National League of Nursing Education, was the guest speaker at the fall meeting held at the University of Vermont in Burlington. She came at the request of the Vermont league to discuss activities of the National League in promoting nursing education, to tell what other state leagues are doing, and to bring specific suggestions to the Vermont group. Her talk was enthusiastically received and this very young league was stimulated to plan several activities for the coming year. Among these are the establishment of a closer relationship with the State Board of Nurse Registration, an evaluation of clinical aspects of the curriculum of schools of nursing, and particularly the drafting of a plan for a better interpretation of nursing in the local community. For the carrying out of this last activity, a committee has been appointed on which there is representation from the State Nurses' Association, the State Organization for Public Health Nursing, the field of general education in both secondary and college levels, and leading citizens in the state. Thus far the committee has been concerned with a study of the kinds of nursing needed in the state and the types of preparation needed for each level. It plans to make the information available to each community in 1948.

**VIRGINIA**

*Members as of April 1, 1948: 93*

*New members in 1947: 11*

*No local leagues.*
Committees: Committee on Arrangements—Virginia Hollar, Chairman
Committee on Curriculum—Mary Love Green, Chairman
Committee on Eligibility—Josephine McLeod, Chairman
Committee on Finance—Marie Schmidt, Chairman
Committee on Nominations—Flora Montross, Chairman
Committee on Program—Mary Louise Habel, Chairman
Committee on Revision—Alda Ditchfield, Chairman
Committee on Membership and Guidance—Hazel Higbee, Chairman

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

Activities: During the year 1947 the main activity of the Virginia league was the sponsoring of a workshop for the teaching and administrative personnel of the schools of nursing in Virginia, as a part of the total program of recruitment in the state.

Early in April a survey of all schools in the state was made by the chairman of the Committee on Program, Mary Louise Habel, to see how many were interested in such a workshop and would support it by sending members of their administrative and teaching staff to it. Each school was also asked to indicate problems in which it would like assistance.

The workshop was held the week of August 11-16, 1947. The University of Virginia, in Charlottesville, graciously provided its facilities for the meetings and the university hospital school made rooms available at a nominal fee for those who wished to attend. The hospitals were asked to pay all expenses of their staff members.

The workshop as developed consisted of three major programs: (1) "Administration and Personnel Problems," conducted by Mary Walker Randolph, associate professor of nursing education, Cabaniss Memorial School of Nursing Education, University of Virginia; (2) "Problems in Teaching and Planning the Curriculum," conducted by Sybil McLean, dean of the School of Nursing, Medical College of Virginia, and (3) "Problems in Supervision," conducted by Lois M. Austin, assistant professor of nursing education, University of Virginia. Each of these leaders was assisted by representative people in the respective areas.

The total registration was seventy-three, representing twenty different schools in the state. All were enthusiastic about the week's work, even though the weatherman chose that to be the hottest of the summer, and each felt she had something constructive to take home and put to use.

WASHINGTON

Members as of April 1, 1948: 108
New members in 1947: 17
No local leagues.

Committees: Committee on Curriculum—Helen Anderson, Chairman
Committee on Eligibility and Membership—Helen Stoleson, Chairman
Committee on Finance—Katharine Svelander, Chairman
Committee on Nominations—Audry Sanger, Chairman
Committee on Program—June Sippola, Chairman
Committee on Auxiliary Workers—Helen Johanson, Chairman
Committee on Legislation—Laura M. Jamison, Chairman
Committee on Measurement and Guidance—Virginia Felton, Chairman
Committee on Nursing Education—Elizabeth S. Soule, Chairman
Committee on Psychiatry—Nancy Kintner, Chairman
Committee on Publications—Jean Boyle, Chairman
Committee on Publicity and Public Relations—Charlotte Dowler, Chairman
Committee on State Board Problems—Dorothy Glynn, Chairman
Committee on the Structure Study—Anna Moore, Chairman
Committee on Student Enrollment—Bertha Davis, Chairman

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

Activities: The Washington league began the 1947-48 program with an annual meeting held in Spokane in conjunction with the Washington State Nurses' Association and the Washington State Organization for Public Health Nursing. At that time, the Board of the league appointed a special Committee on State Board Problems to serve as an advisory committee to the Board of Nurse Examiners. Following the annual meeting, the league's Committee on Nursing Education conducted a one-day meeting open to administrators of nursing schools and colleges for the discussion of problems and consideration of the possibilities of collegiate schools of nursing.

Monthly meetings have been held since October by both the Eastern and Western branches of the league. Committees have been appointed and have begun functioning. A yearbook was printed and distributed, and publication of the revised constitution and bylaws is planned for this year.

Most important activities under way at the present time are: (1) re-formulation of standards for schools of nursing in the state of Washington by the Committee on State Board Problems; (2) plans for a tangible and positive public relations program by the Committee on Public Relations, and (3) plans by the Committee on Curriculum for a five-day workshop in April on curricula.

WEST VIRGINIA

Members as of April 1, 1948: 40
New members in 1947: 9
No local leagues.

Committees: Committee on Curriculum—Mary Van Ness, Chairman
Committee on Membership—Sister Mary Ellen

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

Activities: The objectives of the West Virginia league are to arouse more interest in better programs for our schools of nursing and to increase our membership until every eligible nurse is a member.

The league was represented by the president at a conference held at the Medical College of Virginia, November, 1947. The subject was "The Integration of Social and Health Aspects of Nursing in the Basic Nursing Curriculum." It is the aim of the league to hold a similar conference in West Virginia for its teaching personnel early in the spring. Mary J. Dunn, senior nurse officer of the U. S. Public Health Service, director of the November conference, will be asked to conduct the proposed conference.

The league members work very closely with the committee on education of the West Virginia State Nurses' Association as all members of the committee are league members. The league lends its support to the establishment of psychiatric and tuberculosis affiliations within its state institutions.

The newly appointed Committee on Curriculum will begin its work by studying the examinations given in the various schools of nursing to help bring better-prepared nurses up for state licensure.

The league program at the joint meeting of the State Nurses' Association and
league, October 30-31 and November 1, was decidedly a step forward. Virginia Henderson of Teachers College, Columbia University, presented a stimulating topic, "Strengthening and Expanding the Curriculum in Schools of Nursing." The discussants were Clifford Burroughs, director, School of Nursing, Alderson-Broadus College, Philippi, West Virginia, and Marie Showalter, state counselor. Beatrice Ritter, director of nurses, Gallinger Hospital, Washington, D. C., presented the subject "Staff Organization" at the league round table and Sister Mary Frances of St. Mary's Hospital, Huntington, West Virginia, very ably discussed her paper. The league closed its session with the following recommendations presented to the Board of Directors of the State Nurses' Association:

1. That the Committee on Education continue to function as advisory body to State Nurses' Association and to the State Board of Examiners.

2. That the State Nurses' Association take steps to institute the much-needed affiliations in psychiatry and tuberculosis within the state institutions.

3. That the State Nurses' Association take proper steps to achieve free patient care for the West Virginia tuberculous.

4. That more frequent meetings be held between the directors and educational staffs of schools of nursing and the State Board of Examiners.

Wisconsin

Members as of April 1, 1948: 127
New members in 1947: 49
Local league: Milwaukee—Margaret Averill, President
Committees: Committee on Curriculum—Evelyn Mercer, Chairman
Committee on Finance—Ida Collings, Chairman
Committee on Membership and Eligibility—Esther Olson, Chairman
Committee on Nominations—Margaret Sullivan, Chairman
Committee on Revision—Agnes Newbold, Chairman
Committee on Measurement and Guidance—Florence Rehfeld, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Clara Brauer, Chairman
Committee on Sisters—Sister M. Mercedes, Chairman
Committee on Tuberculosis Nursing—Doris Kerwin, Chairman

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

Activities: The Wisconsin league, in cooperation with the Board of Examiners and assisted by members of the faculty of the University of Wisconsin, has conducted a five-day workshop in Test Construction.

The Committee on Psychiatric Nursing and Mental Hygiene planned a one-day conference for the purpose of stimulating interest in the provision of psychiatric experience for all students in basic programs. Programs of clinical teaching were demonstrated and tours of psychiatric wards and a general discussion of problems were arranged by two Milwaukee institutions offering affiliations in psychiatric nursing.

A five-day institute conducted by Lillian Gardiner of the U. S. Public Health Service on the "Integration of Social and Health Concepts into the Basic Curriculum" has been arranged in cooperation with Marquette University and the Bureau of Nursing Education.

Honorary membership to the Wisconsin League of Nursing Education was conferred on Mrs. Edith Partridge, executive secretary of the Wisconsin State Nurses' Associa-
tion, and Hattie Anderson, educational director of the Division of Nursing Education, Milwaukee Vocational School, a lay member.

The Milwaukee league includes the majority of League members in the state and has carried on a very active program at regular monthly meetings, which were well attended. The theme of the program for the current year was centered on "The Clinical Instructor: Her Qualifications, Responsibilities, and Activities."

THE LEAGUE LETTER

The executive secretary, Adelaide A. Mayo, called attention to the new NLNE publication, The National League of Nursing Education: Its Aims and Activities, pointing out that it should prove valuable to state and local leagues engaging in self-studies. She stated that in the pamphlet emphasis had been placed on the contribution of members to the League rather than on what the League does for the individual member.

Miss Mayo opened the discussion on the League Letters of which four had thus far been issued on a more or less experimental basis under the auspices of the Committee on Public Relations. She stated that these League Letters had been directed to state and local leagues and copies had been distributed to the presidents of the state leagues for redistribution among the officers of the state and local leagues. Copies had also been sent to sustaining members and to the executive secretaries of state nurses’ associations, and League Letter No. 2 on the School Study had been sent to all state-accredited schools of nursing. The responses had been favorable; in fact, most of them had suggested a wider distribution either to all League members or to subscribers. These requests, Miss Mayo said, would be hard to grant. The costs of sending a copy to each member would be very high, particularly in view of the numerous changes of address among the membership. The maintenance of a subscription list would be difficult with the present staff; moreover, this would not be practicable in view of the irregularity of appearance of the League Letter. Miss Mayo also pointed out that the material in the League Letters was addressed to state and local leagues rather than to individuals. She stated that it had been hoped that the leagues would redistribute the information through state bulletins or otherwise.

In the discussion which followed the presidents of state leagues indicated the various uses to which the League Letter had been put. The Kentucky league had been reprinting certain parts of the League Letter in the bulletins of the district nurses’ associations. The South Carolina league had ordered extra copies of League Letter No. 2 and used it for its May meeting as a basis of its review of the School Study. In Colorado it was posted on school bulletin boards and used in classes in Professional Adjustment. The local leagues in Illinois used the League Letter in board meetings and in planning programs; in Alabama it was used by board members and for committee work.
Several persons urged that distribution to all League members be considered again after the League Letter had passed through its experimental stages. In the meantime, the presidents of the Texas and Ohio leagues suggested that the copies for state and local league officers be sent to the respective presidents of the state and local leagues so that the state league president would be relieved of the burden of redistributing them to local league presidents. Emphasis was also given to the desirability of including all state-accredited schools and state boards of nurse examiners on the mailing list. The representative from the Maine league stated that the increase in membership in the Maine league from 18 to 42 was a reverberation of the League Letter which was sent to all the schools. Anna D. Wolf, Director of the Johns Hopkins Hospital School of Nursing, pointed out the help the League Letter would be to schools which are trying to stimulate interest in the League; these schools need the League Letter before excerpts are available through the state leagues.

Following this discussion, the chairman requested all those who would like to suggest topics for future League Letters to submit them in writing during or after the meeting.

The meeting recessed for lunch at 12:00 m.

THE NUTTING AWARD

When the meeting reconvened at 1:40 p.m., Virginia M. Dunbar, chairman of the Committee on the Nutting Award, discussed the basis on which the Mary Adelaide Nutting Award is given. She stated that it was established (1) to honor Mary Adelaide Nutting, a distinguished leader in nursing education; (2) to provide a means by which the League may recognize outstanding leadership and achievement in nursing education and make such contributions known to the public; and (3) to stimulate the development of leadership and to encourage scholarly investigation and achievement in the field of nursing education on the part of individuals and groups.

In interpreting the second purpose of the Award—"to provide a means by which the League may recognize outstanding leadership and achievement in nursing education and make such contributions known to the public"—Miss Dunbar stated that "outstanding leadership and achievement" means a contribution which is national in significance. This requirement is likely to preclude the giving of the Award to young people, although special effort is made to consider them for it. The contribution may be of any type in the area of nursing education—through writing, staff education, curriculum studies, or any other kind of achievement in either the basic or postgraduate preparation of nurses.

The Award may be made to either an individual (in the form of a medal) or a group (as a plaque). It is not limited to Americans, and it may be given to non-nurses. No specification has been made as to the frequency of the
Award; it need not be made at definite intervals of time and more than one can be made at once. Since its establishment the Award has been made to Miss Nutting, the International Council of Nurses, and Isabel M. Stewart.

The method of nominating candidates for the Award is in the process of development. In this connection, Miss Dunbar stressed the difficulty of measuring outstanding contributions to nursing education by the number of votes or nominations received for a certain group or individual. The last time an Award was made, nominations were received from state and local leagues, miscellaneous groups such as the staff of a hospital or the faculty of a school, and from individuals. The Committee on the Nutting Award would like to receive suggestions as to whether this method should be continued.

Miss Dunbar made reference to an article in the April 1947 issue of the American Journal of Nursing which gave a complete announcement of the Award and presented the outline of information which should be followed in making nominations. She stated that this outline had not been successfully followed. This year the Committee on the Nutting Award intends to prepare, in the place of the form, a guide sheet which must be followed specifically. She stated that the committee would send out further information about the Award shortly.

Isabel M. Stewart, the former chairman of the Committee on the Nutting Award, urged that thought be given to the nomination of groups for the plaque Award. She pointed out that nowadays many accomplishments are the result of the work of groups—faculties, committees, organizations, and so on.

Faculty Recruitment

The chairman stated that for some time the Board of Directors of the National League of Nursing Education had been concerned about the problem of the supply of faculty to meet the needs of schools of nursing and the changing needs in nursing education. Accordingly, the Committee to Formulate Plans for the Recruitment of Graduate Nurses for Faculty Positions in Schools of Nursing had been appointed and had now been functioning for a year.

Dora Mathis, a member of this committee, outlined the committee’s thinking and the suggestions it would like to make to state leagues. She stated that recognition had been given to the need for better prepared administrators for nursing services as well as for faculty for schools of nursing. In its study, the committee had referred to two documents used by those who are trying to recruit teachers in the field of general education—A Significant Effort and The Chautauqua Conference Group Reports.

Miss Mathis stated that the committee felt that it urgently needed the help of state and local leagues in implementing a program of faculty preparation
and recruitment. It would therefore be helpful if state and local leagues would form committees similar to the NLNE committee, and if the results of the work of these committees could be sent to the national committee.

To implement a program of faculty recruitment, the NLNE committee offered the following suggestions to state and local leagues:

1. Ask the director of the state counseling and placement service, if she is well acquainted with the field of teaching, to give talks in hospitals or health agencies describing the opportunities and satisfactions of teaching.

2. Conduct studies to determine what scholarship funds are already available in their respective states for helping graduate nurses prepare for teaching positions. These inquiries might not only reveal hitherto unpublicized sources of financial assistance but might also stimulate civic and professional groups to establish scholarships.

3. Raise money for league scholarships.

4. Survey schools in their respective areas to find out how many former graduates of recent years—for example, the period 1942-1947—are now in the teaching field. This might encourage the schools to regard themselves as contributors to the supply of teachers as well as to the demand for teachers.

5. Conduct a survey of personnel policies which concern the faculty with a view toward making the conditions of work for faculty members more attractive.

Miss Mathis further stated that, although consideration had been given to the publication of a series of articles in the *American Journal of Nursing* which would present the satisfactions and rewards of teaching, it was decided that this would be in the nature of a preacher preaching to the people already in church about the virtues of attending church regularly. In other words, the personal contact of an audience with interested and enthusiastic teachers would be much more effective than any articles which might be written.

At the committee's request, a League Letter had recently been issued on the subject of faculty recruitment.

Virginia M. Dunbar suggested that if schools which have fellowship programs for the development of young faculty toward more responsibility could describe these programs in the literature, other schools might be stimulated to experiment with similar ones.

Elizabeth S. Soule stated that the University of Washington offers teaching fellowships for graduate students and that the university’s school of nursing offers them on the same basis as the rest of the university. A nurse with a bachelor’s degree can work toward her master’s degree on a half-time basis; the other half of her time she works in whatever field she is investigating and receives, for this work, $120 a month. The University of Washington regularly has four or more such teaching fellowships.

Sister M. Olivia Gowan stated that a similar plan is in operation in The
Catholic University of America, although the term is "assistantship" rather than "fellowship." Currently the budget provided for two such assistants at a yearly stipend of $1,800.

Isabel M. Stewart stated that the Isabel Hampton Robb Scholarship Fund was utilized in this manner by Teachers College, Columbia University, New York, one of the conditions of the fellowship being that the person who held it was expected to undertake some type of study or assistantship in the division of nursing of the college. Later on, it was recognized that there would be an advantage in placing in the budget a certain number of part-time assistantships to which persons on special funds could be appointed. Currently, several persons working for degrees beyond the master-degree level were working as assistants. A small salary, sufficient to maintain the person, is given for this part-time work.

Lucile Petry pointed out that universities are frequently hard-pressed for practice fields for their teachers, and suggested that near-by schools of nursing might offer their facilities for practice teaching. This would benefit the student by giving her experience in teaching; also, the presence of a young teacher under the supervision of the university would be of benefit to the quality of teaching in the school.

Miss Petry also mentioned the need for recruiting nurses to study how to teach in schools of practical nursing. The chairman emphasized the importance of preparing teachers for practical nurse schools where the content must be so carefully selected and so well adapted to the needs of the students.

Agnes A. Dix (Catholic University, Washington) spoke of the difficulties encountered in preparing faculty for the clinical field. She stated that young girls who want to become teachers in such subjects as psychiatric or medical-surgical or pediatric nursing graduate from schools of basic nursing, have perhaps six months' experience as a general duty or private duty nurse, take a course of study in their chosen field with perhaps one semester of field work, and are then often thrust into a school of nursing where there is no really good clinical teaching program and told to set up such a program. These students have had little opportunity to develop executive ability; consequently they become discouraged and the profession loses a potential teacher. Miss Dix suggested that schools with good clinical programs—not necessarily university schools—might alleviate this situation by developing plans whereby these girls could work under good leadership for one or two years at a small salary. She stated that she knew of several girls who would welcome such an opportunity for training in clinical teaching and supervision.

The chairman, as the director of a hospital school of nursing (Massachusetts General Hospital School of Nursing) stated that some directors in hospital schools who are trying to develop sound programs of clinical teaching are more than anxious to learn of such girls who might act as assistant clinical teachers, but they do not know how to find out about possible candidates for these positions.
Eugenia K. Spalding (University of Indiana Department of Nursing Education) spoke of the difficulties the graduate student faces in finding a position before she has any teaching experience. The creation of positions as suggested by Miss Dix would make it easier for graduate students to get the experience they need before assuming "full-fledged teaching positions."

Ada Hawkins (University of Michigan School of Nursing) expressed concern as to whether too many girls are taking graduate work designed to prepare them as teachers before they have experience in nursing. The University of Michigan School of Nursing would like assistant instructors but would want them to have at least a year of work as a graduate nurse before they prepared to teach.

The chairman stated that this was a difficult problem in the guidance of young women interested in teaching clinical courses. On the one hand, hospital schools are trying to make the senior student see the need for sound graduate experience before she undertakes advanced preparation; on the other, the colleges encourage her to come to them immediately upon graduation from a school of nursing. This conflict is very confusing to the student.

Ruth Harrington (University of Minnesota School of Nursing) pointed out that there was good reason to encourage students to enter college immediately upon graduation from a school of nursing. Many graduates of schools of nursing have had no general education beyond the secondary school, and it is desirable for them to acquire more general education to develop as professional persons. Therefore, too many barriers in the form of years of nursing experience should not be put in the student's way before she can continue with her general education. The chairman replied that she had been thinking in terms of advanced clinical courses rather than general education; that a young woman training as a clinical instructor should have had some experience in her field as a graduate nurse. Miss Harrington stated that at the present time a great many of the programs in which credit for the technical course is given are offering a major in either clinical nursing or teaching as part of the bachelor's program. A distinction should be made between the bachelor's and master's program.

Henrietta A. Loughran (University of Colorado School of Nursing) spoke of the tendency, in certain nursing programs, to require the candidate for advanced work to have two years of general education at the college level before she can declare her major in nursing even as a graduate nurse. If a graduate from a non-collegiate school of nursing must have two years of nursing experience, then two years of general education, then a course in advanced clinical education before she can become a head nurse, few people will undertake to become head nurses.

Miss Dunbar spoke of the responsibility which those now in the clinical field have and which they cannot delegate to postgraduate courses. They must find ways to develop future instructors in their own schools through faculty organization; they must make arrangements for younger members of
the faculty and some who are not ranked as faculty to get experience in various aspects of the school, through encouraging them to participate in commissions and committees and particularly through personal relationships. She stated: "I do not think we can find any method more valuable in the development of faculty members for the future than to find openings for them to serve as understudies to others. This will open up a whole field of interest to them. Busy as we are in the clinical field, we have a responsibility for teaching people right on the job—a responsibility that has hardly been touched."

Sister Olivia expressed her agreement with Miss Dunbar's views. She stated that she was becoming concerned about the way in which graduates from collegiate schools of nursing with no out-of-school experience are being placed in positions of responsibility only because they have degrees. This, Sister Olivia stated, is harmful not only to the young women themselves but to the whole system of nursing education. Therefore, she is of the opinion that admission to a university should be preceded by experience. On the other hand, she realizes the barriers which such a requirement sets up. She suggested that in programs in the clinical areas of teaching, related experience might be provided while the student is in the university, following which a program such as the one suggested by Miss Dunbar or an internship with a certain amount of salary attached to it should be provided.

Ruth Johnson (Duquesne University, Pittsburgh) said that students to whom she had talked felt this need of experience in nursing very keenly and would be willing to get this experience on a part-time basis if part-time positions were available. Some hospitals have been cooperative and have made reduced schedules for their head nurses to permit them to pursue outside study.

Miss Dix reported on a plan worked out by the Catholic University and some near-by hospital schools of nursing. The superintendent of nurses in the hospitals will let young graduates from the university start out as general duty nurses and plan a year's work with them under direction; at the same time the young graduate acts as part of the faculty, attending faculty meetings and head nurse meetings. After a year of planned work of this type, the young graduate is ready to assume full faculty responsibility. Miss Dix mentioned one hospital school in which three months' experience of this type is provided in each of the clinical areas for young university graduates who wish to become supervisors. As an example, she cited the case of a student who went in training when she was about thirty-five after ten or fifteen years of business experience. Following about eighteen months of guided experience after her graduation from the university school of nursing, she became a supervisor in a large hospital.
STRUCTURE STUDY

Stella Goostrey, one of the NLNE representatives on the Joint Committee on the Structure of National Nursing Organizations, reviewed the progress of this committee since the September 1947 convention of the League in Seattle. She stated that at the time of the League convention in September the Committee on Structure was hampered somewhat because all of its members did not have full power to participate in its meetings. This situation had been corrected in September 1947, and in November 1947 the boards of the national nursing organizations met in joint session and formulated some rules of procedure for the Committee on Structure.

The Committee on Structure then started working on a plan which was presented to all the members of the committee in February 1948. This plan was made in the light of four premises: (1) the majority of nurses who had expressed opinions wanted a single organization which would carry on the necessary functions of organized nursing; (2) the problem of providing this organizational structure should be approached from the standpoint of function or work—not only the functions which organized nursing is carrying on now but those for which it should be responsible in the future; (3) first consideration should be given to the local organization and its functions in relation to nurses at the point where they do their work in the community and in relation to the consumers of nursing; and (4) in view of nurse opinion, there should be no major structural change in the local-to-state-to-national form of government.

On the basis of the plan presented to the Committee on Structure in February, the committee developed "A Tentative Plan for One National Nursing Organization" which was published in the May 1948 issue of the American Journal of Nursing. In setting up this plan, the committee arranged for the participation of those already on the membership rolls of the existing organizations: individual professional nurses, individual non-nurses, and member agencies.

The plan provided for a House of Delegates, a Board of Governors, Specialty Sections, a Division of Nursing Service, and a Division of Nursing Education. Considerable autonomy was given to the Specialty Sections and Divisions. Under the Divisions conferences were set up: under the Division of Nursing Service, a Conference of Public Health Agencies, a Conference of Institutional Services, and a Conference of Industrial Services, and, under the Division of Nursing Education, a Conference of Schools with Diploma Programs, a Conference of Schools with Degree Programs, and a Conference of Secretaries of Boards of Nurse Examiners.

Membership in the Specialty Sections was to be limited to professional nurses. Divisions would have non-nurse as well as nurse members. Non-nurse members could not hold office, but they could vote for those who would represent their Division on the Board of Governors.
This plan was submitted to the various boards of the national nursing organizations where it met with general agreement although there was some disagreement with regard to details and some compromises were made.

The plan was again reviewed at a meeting of all six boards in April, at which the League Board was represented by its Executive Committee. At this meeting, each board was asked to set up the principles which it believed should be part of any plan. The boards agreed that no one of the organizations would present any plan of its own; that any suggestions for changes or modifications in the plan would go to the Committee on Structure; that the Committee on Structure would analyze all the statements of principles which had been enunciated and present this analysis in terms of areas on agreement and disagreement to all the members of the organizations present at this convention.

The principles drawn up by the Executive Committee of the League Board, later approved by the Board at its May 26-29 meeting, were then presented by Miss Goosbray. These were published in the June 1948 issue of the American Journal of Nursing and may be found on page 132 of this Annual Report.

Miss Goosbray concluded her remarks by saying, "When this problem is presented to you at the Structure Meeting, we on the League Board hope that you will approach it objectively, keeping in mind that our responsibility is to see that the work and program of the League, which provides for nursing education, find their place in the new structure."

The chairman stated that the report of the Joint Committee on the Structure of National Nursing Organizations would be presented at a meeting of the House of Delegates of the American Nurses' Association on the evening of June 1, 1948. Since this would follow the opening business meeting of the League, it might be necessary to arrange for a special business meeting of the League membership.

Brown Report

The chairman stated that Dr. Esther Lucile Brown, who was concluding the Study of Schools of Nursing sponsored by the National Nursing Council and financed by the Carnegie Corporation, would present her final report of progress at the Joint Session on the morning of June 2. In order to set the scene for reception of the report, the League Board had prepared a letter to the boards of directors of the American Nurses' Association, Association of Collegiate Schools of Nursing, and National Organization for Public Health Nursing; also to the Advisory Council of the ANA, the Council of State Branches of the NOPHN, and the Council of State Leagues. The chairman then read this letter which had been distributed among the members of the Council of State Leagues.
The Board of Directors of the National League of Nursing Education calls your attention, as a leader in nursing, to a significant report by Esther Lucile Brown which will be published next fall. A preview of this report on a national study of schools of nursing will be given at this Convention.

The study fits into a historical sequence of analyses of nursing education in this country: first, the Rockefeller Report by Josephine Goldmark in 1923, stimulated by events surrounding World War I; second, the Grading Report by May Ayres Burgess in the early thirties; and third, this Carnegie Report of 1948. The first two reports in turn brought action by the nursing profession to improve education for nursing service. This report, in tune with the spirit of our time, will also call for intelligent, decisive action.

The author of the Carnegie Report was selected because of her knowledge of the health professions, her outstanding ability as an analyst and her vision into the major social needs of our people. The Board of the League wishes to call attention to the timeliness of the report and speak its confidence in your receptive attitude. As our attitudes mingle respect for the wisdom of our analyst with willingness to consider her evaluations objectively we shall be ready to undertake constructive action in the light of recommendations with vision which sees broad social goals.

When the full report is available early in the fall, nurses everywhere will join with other citizens to provide still better health services to all people through steady improvement in education of nurse members of the health team.

We believe that you who are privileged to hear the preview will be eager to study the report in its entirety. With that privilege comes the challenge to encourage wide reading of the report and to forward its purposes.

At the request of the chairman, Lucile Petry then gave some of the background of the Study of Schools of Nursing. She stated that it was the League representatives on the National Planning Committee who suggested that such a study be undertaken, and that the League should therefore take considerable pride in the forthcoming report as well as responsibility in seeing that it had a widespread and fair-minded reception. Although Dr. Brown had had the help of a professional and a lay advisory committee and had conferred with a group of representatives from professions related to nursing, the report was quite properly her own report and presented her own conclusions. Miss Petry emphasized the value of this in precluding the weakening of opinion that is sometimes necessary when reports must be approved by a group of committees or individuals.

The report itself, Miss Petry stated, was not yet concluded although it was hoped that it would be finished and ready for printing shortly. Dr. Brown’s presentation on June 2 would therefore be a final report of progress. Moreover, only a résumé could be presented at this time. Miss Petry urged that those hearing the report would not consider the points presented on June 2 out of context and would await study of the entire report before making definite judgments concerning it.

Miss Petry also urged that those who read the report would use their emotions constructively and would study the report as citizens as well as nurses. She pointed out that it would be only natural for the report to bring out shortcomings and weaknesses, that otherwise there would have been no need for the study to be made.
Miss Petry offered several suggestions as to ways in which League members could contribute to the effectiveness of the Brown Report. She urged that they tell people about the report and thus help in its distribution. She suggested that they help organize study groups, bearing in mind the importance of obtaining citizen participation. Finally, she emphasized the desirability of accepting the report not merely as an evaluation, but as a guidepost to a program of action. Among the possible activities resulting from a study of the report, Miss Petry stated her opinion that it would encourage the establishment of experimental schools of nursing, would place emphasis on the need for research in nursing education, and would stimulate ways in which nurses could work with other people.

The chairman pointed out that in addition to the time allotted to Dr. Brown’s presentation on June 2, some time had been scheduled for the discussion of the report at the afternoon session on June 3.

Collegiate Affiliations for Schools of Nursing and State Surveys of Nursing Needs

Janet Nusinoff, the president of the Connecticut League of Nursing Education, presented the item on the agenda proposed by that league: namely, the establishment of a series of collegiate affiliations for schools of nursing on a state-wide basis. She stated that the Connecticut League had had an active committee on collegiate affiliations which had been working hard since 1946, and that this committee would like to have some information as to how this problem was being approached in other states.

The representative from the Florida League spoke of the survey of nursing needs which had been made in that state in order to support the application to the state university for the establishment of a university school of nursing. Elizabeth Hoeltzel of the Arkansas League reported that a similar program was being initiated in Arkansas. The president of the Alabama League stated that the Alabama League, the Alabama State Nurses’ Association, and a committee from the state university had requested this type of survey by the U. S. Public Health Service. The president of the Kentucky League reported that $50,000 had been acquired from private sources to establish a collegiate program but at the present time the faculty for such a program was unavailable.

Mrs. Nusinoff stated that Connecticut already has university schools on two levels and is not primarily concerned with starting such programs; rather, it is interested in setting up a central state-wide program for collegiate schools. Gradually, it would like to have all schools of nursing become collegiate schools, but many hospital schools want to maintain their separate identities. Another problem involves the raising of standards of curriculum on a state-wide basis so that they will be higher than the minimum requirements of the State Board of Nurse Examiners. Curriculum experimentation is
also called for, and this raises the problem of financing. It is possible that state funds will be provided, but this possibility, in turn, raises the problem of supervision.

The president of the Michigan league reported that two years ago workshops had been held to find out what it would mean to hospital schools of nursing should they affiliate with colleges or universities—what it would cost them, whether or not they would lose their identity, and so on. A poll was taken among the twenty-nine schools of nursing in the state to see whether they would like to have a collegiate affiliation and, if so, what college they would like to affiliate with. One of the conclusions reached was that a college or university affiliation would add to the expense of nursing education; the students would have to finance themselves for board and room for the first nine months.

Marjorie Bartholf, dean of the school of nursing in the University of Texas, stated that, as soon as a degree program had been established in the university, several hospital schools of nursing immediately asked if some arrangements could be made for their students to obtain degrees from the university while, at the same time, the schools maintained their identities. The solution to this problem has not been found; possibly the university will spread out onto half a dozen campuses insofar as nursing is concerned.

Elizabeth S. Soule of the Washington State League of Nursing Education described the attempts of that league to implement the NLNE platform concerning the administration, control, and organization of nursing education.* In the state of Washington there are several collegiate schools and some that have certain courses given by universities, so that only two are not connected in some way with a college or university. To bring all schools under control of educational institutions, therefore, did not seem impossible, provided that the league worked slowly and secured the cooperation of all interested groups. Accordingly, the league sponsored a conference of the administrators and nursing education administrators of all hospitals in the state, and the administrators of all schools and colleges, in which no attempt was made to arrive at conclusions. This group met again in the spring of 1948 at which time committees to study such problems as finance and curriculum were appointed. To gain further cooperation, a member of the State Hospital Association and the chairman of the State Medical Association’s Nursing Committee were added to the league committee. Although no definite action could be expected for some time, Mrs. Soule expressed confidence that, with all groups studying the problems together, a satisfactory plan will eventually emerge.

Henrietta Doltz of Oregon stated that a survey of nursing education and nursing service in Oregon was being made with a surplus of the funds allotted to the State Board of Nurse Examiners.

Henrietta A. Loughran of the Colorado league described developments in Colorado, a state in which all schools of nursing have a connection with a university, college or junior college. The State Nursing Planning Committee of the State Nurses' Association, made up of representatives of about thirty organizations (professional nursing organizations, consumers of nursing service, and community groups with a particular interest in the use of nursing service), worked for two years making a survey of nursing needs and resources in the state but was unable to get a broad audience. At the time of the defeat of the practical nurse bill, the passage of which the Planning Committee had thought essential to supply necessary nursing service, the president of the State Nurses' Association and other nursing representatives requested the Governor to call a conference on nursing needs and resources to meet these needs in the state. This conference had wide representation; not only did its members come from all sections of the state but all types of groups were present.

Among the questions brought to the fore in it was the caliber of schools of nursing and the development of collegiate schools of nursing. The Governor's convention, therefore, asked the Governor to call a conference of heads of educational institutions interested in nursing education, the Board of Nurse Examiners, and other groups directly concerned with nursing education. This subgroup held a conference on professional nursing in the spring of 1948. At this conference, the heads of junior colleges expressed interest in the type of service courses they could give schools of nursing, and the college presidents wanted to know what kind of a program a collegiate school of nursing should conduct and what the responsibility of the college administration should be—whether it should include both the hospital and preclinical scientific programs. After pooling the recommendations of a number of existing collegiate schools and junior college schools, this group adopted what it called a "floor" to the type of program which should be provided by junior colleges and to the type offered by a degree-granting institution. It also agreed that this floor should not be a permanent one but should be used only on an interim basis, and a continuing committee was appointed to study the question of a reasonable "floor pattern" for collegiate schools.

Mrs. Loughran concluded her remarks by stating: "I think that the start made through the activity of all state professional nursing organizations with the Governor's cooperation is going to be of great value, although the same questions are still with us: 'Will we lose our identity?' 'Will we become too academic?' 'What will happen to us?'"

Ruth Harrington reported briefly on the Governor's Commission in Minnesota. About a year previously the Governor had expressed concern over the nursing service in the state and had called a meeting of representatives from all the health groups to discuss the subject. Following this small meeting, there was a conference of hospital administrators, nursing school and
nursing service administrators, and representatives from all the professional organizations. From this large conference, a small committee was appointed to study the possibility of state aid for nursing education in Minnesota. This small committee reported to the Governor and some of the legislators, with the result that a Governor's Commission was appointed to study the needs of nursing education throughout the state with a view to presenting to the 1949 session of the Legislature a program for state aid to nursing education in Minnesota.

In summary, Lucile Petry pointed out that the surveys of nursing needs arise from two directions: in some instances they are concerned with nursing only, while in others, such as the studies under way in the states of New York and Pennsylvania, they result from a study of the state's responsibility for higher education.

Mary Catherine Ragan (Maine) inquired how the governor had been approached in the various states in which his cooperation had been obtained. Miss Harrington replied that in the instance she had cited the Governor of Minnesota took the initiative, but that when some person or group wishes to approach him it is done by a letter to him or by arrangements made through some of the legislators who are close to him. Dorrit D. Sledge stated that, on the basis of experience in California, it is advisable for nurses to get into politics. Mrs. Loughran stated that in Colorado a relationship has been established over the years between the State Nurses' Association and the Governor; the Nurses' Association submits nominees for appointments to the State Board of Nurse Examiners and in this way the Governor knows nurses and keeps abreast of their activities. Otherwise, in Colorado, it is always possible for a group in the population to write the Governor for an audience for a particular purpose.

The meeting adjourned at 3:40 p.m.
OPENING BUSINESS SESSION

Monday, May 31—9:00-11:30 a.m.

The opening business session, held in the Grand Ballroom of the Palmer House on Monday, May 31, was called to order by Ruth Sleeper, the president, at 9:15 a.m. Members from forty-three states (including the District of Columbia and the Territory of Hawaii) responded to the roll call and a quorum was declared present.*

The president stated that a deviation would be made from the order of items on the printed agenda in order to allow time for discussion of the Report of the Committee on the Structure of National Nursing Organizations.

POLICY ON ANNOUNCEMENT OF ELECTION RETURNS

The president stated that, in order to give officers-elect and outgoing officers time to confer during the convention, the Board of Directors had decided that the names of officers-elect should be announced at the opening business session. Because of the inability of the accountant who checked the election counts to get in touch with the chairman of the tellers, such an announcement could not be made at this opening business session, but it would be made at any business session which it might be necessary to hold prior to the closing one.

REPORT OF THE SECRETARY

The growing interest in nursing education on the part of other professional groups, government agencies, and the public at large has emphasized one of the League's major responsibilities—the guidance of all those who are able to participate in the activities of nursing education and who can contribute to the solution of its problems. The Board, during the year 1947-48, has striven to work with other groups in order that the weight of the League's opinion and the benefit of its experience may be brought to bear at points of maximum effectiveness.

Federal Aid. The fact that the President's Commission on Higher Education, the Federal Security Administrator, and other government agencies and authorities have been expressing interest in the need for preparing more professional nurses has indicated the possibility that financial aid may be considered for the expansion of programs in nursing and other types of professional education. The report of the Committee to Prepare a Statement of Objectives Concerning Federal Aid for Nursing Education was therefore

*Bylaws—Article XI, Sec. 3. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
a timely one. In accordance with the recommendations of this committee, the Board appointed in December 1947 a special Committee to Prepare the Essentials to Be Included in a Bill Providing for Federal Aid for Nursing Education. On this new committee were representatives of the six national nursing organizations and of the ANA’s special Committee on Federal Legislation and the League’s Committee to Secure Information from the American Council on Education Regarding Federal Funds for Nursing Education.

In reviewing the essentials drafted by this committee, the Board kept two points in mind. First, any program of financial aid for nursing education should provide assistance in such a way that educational programs are improved as well as expanded. Secondly, such a program must be recognized as pertaining to professional education rather than to vocational training or to service, and should be administered by the government agency in charge of any similar programs which may be provided for the other health professions, such as medicine and dentistry.

The statement of essentials proposed by the committee as modified and accepted by the Board at its January meeting is presented herein in the committee’s report.

Evaluation of Advanced Psychiatric Nursing Programs. From funds available under the Mental Hygiene Act, the U. S. Public Health Service has made a grant to the League for evaluating educational programs in advanced psychiatric nursing. The National Organization for Public Health Nursing is cooperating with the League in this project.

Conferences on Nursing. The Board has accepted the invitation of the American Hospital Association to participate in a series of conferences on nursing. There will be six representatives each from the American Hospital Association and the American Medical Association, and six nurses representing the ANA, the NLNE, and the NOPHN.

The first of these conferences will be held in March 1948. Ruth Sleeper and Nellie X. Hawkinson will serve as the two League representatives, and the executive secretary of the League has also been invited to attend. It is hoped that through this mechanism the problems of nursing service and education as they affect hospitals and the practice of medicine can be discussed and solved in a spirit of true cooperation.

Structure Study. The Board has continued to encourage the study of the structure of the national nursing organizations. The first recommendations of the structure committee which were revised and approved by the Board and membership at the September 1947 convention in Seattle were later brought before a joint meeting of the Boards of the six national nursing organizations in November 1947. The subcommittees called for by these recommendations were appointed and have started on their work. More recently, another subcommittee, authorized at the January Board meetings, has been set up to outline certain over-all structural plans. Financial aid to the extent of $.15 per individual member has been promised by each of the
participating organizations for the year 1948. Furthermore, the League Board has voted an additional amount over and above the per capita contribution to help make up the expected deficit of $7,000.

In the meantime, certain events have emphasized the need for some means of promoting joint activity while joint planning is still proceeding. The Committee on Structure accordingly recommended that:

As an interim procedure until permanent structure is determined, they (the six organizations) set up a Joint Board of all six organizations which, in turn, will set up and finance together on an equitable basis joint committees as required to:

1. Carry on the responsibility of the Committee on Careers in Nursing for recruitment for all nursing (including basic and advanced professional education, practical nurse education, and services)
2. provide coordinated public information for all fields of nursing and all nursing organizations
3. implement the program of the Committee of Interests to Plan for a Single Accrediting Body in Nursing, with the consent and advice of the National Nursing Council and the committee itself
4. explore other means (besides the implementation of the unified accrediting program which presumably will be asked by the above committee) for implementing recommendations approved by the nursing profession that are to grow out of the Study of Schools of Nursing now being made by Dr. Esther Lucile Brown under the National Nursing Council.

The Board voted its approval of this recommendation. While it was realized that many of the functions of the proposed new Joint Board are now primarily the responsibility of the League and that the League was therefore risking a good deal in agreeing to the experiment, nonetheless the desirability of furthering the trial of joint action in deed as well as in thought outweighed all other considerations. However, the Board of the ANA did not accept this recommendation of the Committee on Structure. At the meeting of the Joint Board in January, it was accordingly arranged for the Committee on Careers to be continued under the aegis of the League.

Newsletter. Recognizing the need for establishing a medium of intercommunication among the various members and branches of the League, the Board approved the recommendation for a newsletter to be sent to state and local leagues as reported herein by the Committee on Public Relations. It is hoped that this newsletter will be of help to all League members and will serve to disseminate information about the League’s activities.

New State League. The Board is pleased to record the formation of the Territory of Hawaii League of Nursing Education and its acceptance as a state league at the convention in Seattle in September 1947.

Members. The membership of the NLNE for 1947 was 9,008.

The Board of Directors records with deep regret the death of the following members of the League:

MARGARET ANDREWS ................................................. April 2, 1947
MRS. BEDFORD FENWICK (Honorary member) ................... March 13, 1947
ALFRED F. LICHTENSTEIN ........................................... February, 1947
REPORT OF THE TREASURER

New York 19, N. Y.
January 12, 1948

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

DEAR MADAM:

Pursuant to engagement we have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1947, and present herewith the following three exhibits and two schedules:

Exhibit A—Schedule 1—Statement of Receipts and Expenditures of the Committee on Postgraduate Clinical Nursing Courses for the Year Ended December 31, 1947.
Exhibit C—Statement of Receipts and Expenditures for the Year Ended December 31, 1947, Relative to Grants Received for the Joint Orthopedic Nursing Advisory Service.

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

In our opinion based upon such an examination, the accompanying three exhibits and two schedules fairly present the financial condition of the National League of Nursing Education at December 31, 1947, and the results of the operations for the year ended on that date.

Very truly yours,

BERNER AND DERRY
[Certified Public Accountants]
EXHIBIT A
Statement of Financial Condition December 31, 1947

Assets:
Cash in Bank
  General Fund—Checking Account $3,661.95
  Savings Accounts 9,323.70
  Department of Measurement and Guidance—
    Checking Account 46,440.61 $59,426.26
Petty Cash
  General $125.00
  Department of Measurement and Guidance 175.00 300.00
Accounts Receivable
  General $5,502.69
  Department of Measurement and Guidance 21,406.09 26,908.78
President’s Revolving Fund 100.00
Advance for Travel
  Department of Measurement and Guidance 140.00
Prepaid Expense
  Department of Measurement and Guidance—
    Michigan Practical Nurse Study 237.51
Total Assets $87,112.55

Liabilities:
Committee on Postgraduate Clinical Nursing Courses—
  Unexpended Balance December 31, 1947, per
  Schedule 1 $4,239.44
Accounts Receivable Credit Balance—
  Department of Measurement and Guidance (Prepaid
  Fees for Services) 1,522.72 5,762.16
Net Assets $81,350.39

The Net Assets Comprise the Following Funds:
General Fund—Balance December 31, 1947, per Exhibit B
  General $14,373.90
  Department of Measurement and Guidance 66,876.49 $81,250.39
  M. Adelaide Nutting Award Fund 100.00
  $81,350.39

EXHIBIT A—SCHEDULE 1
Statement of Receipts and Expenditures of the Committee on
Postgraduate Clinical Nursing Courses for the Year Ended
December 31, 1947

Balance—December 31, 1946 $7,373.66
Add—Transfer of December 31, 1946, Balance of Special
  Study on Definitions and Criteria $338.77
$7,712.43
Expenditures:

General Expenses of Committee
  Travel .......................................................... $2,593.60
Subcommittee on Pediatric Nursing
  Printing ......................................................... 348.00
Subcommittee on Tuberculosis Nursing
  Travel .......................................................... $105.16
  Secretarial ....................................................... 9.00
  Printing .......................................................... 236.00
  Administrative Overhead, Transferred from
  General Fund ................................................. 124.23
  .......................................................... 474.39
Subcommittee on Orthopedic Nursing
  Postage, Supplies, etc. ....................................... 57.00

Balance December 31, 1947, per Exhibit "A"

.......................................................... 3,472.99
.......................................................... 4,239.44

EXHIBIT B

Statement of Income and Expenses of the General Fund and Changes
in the Balance of That Fund for the Year Ended
December 31, 1947

Income

General:
  Membership Dues ........................................... $49,759.00
  Contributions: General .................................... 6.00
  Committee on Postgraduate Nursing Education .......... 40.00
Sales: Bulletins ............................................... 658.67
  Curriculum ................................................... 4,743.59
  Records ....................................................... 26,343.75
  Other Publications (Pamphlets, etc.) ................. 15,481.10
  Photographs .................................................. 49.50
  Slides ........................................................ 284.50
  Rental of Films ............................................. 65.00
  Interest on Savings Accounts ............................ 138.23
  Convention Fees ............................................. 2,497.50
  Royalties .................................................. 10.05 $100,076.89

Committee on Administration of Accrediting Program:
  Applications .................................................. $ 275.00
  Annual Fees .................................................. 3,850.00
  Survey Fees .................................................. 3,935.00
  Resurvey Fees ............................................... 1,500.00 9,560.00

Department of Measurement and Guidance:
  Pre-Nursing and Guidance ................................... $53,357.10
  Achievement .................................................. 31,379.96
  State Board Test Pool ..................................... 68,845.10
  Basic Nursing ................................................. 8,382.00 161,964.16

Total Income ....................................................... $271,601.05
### Expenses

**General:**

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<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Travel Expenses: Board of Directors</td>
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<td>Delegate to ICN Congress</td>
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<td>Printing and Mailing <em>Annual Report</em></td>
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<td>Dues—American Council on Education</td>
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<td>Photographs and Slides</td>
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**Total General and Headquarters Expenses**

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<tr>
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<td>Headquarters Expenses, per Schedule 1</td>
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<td>Total General and Headquarters Expenses</td>
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**Deduct: Amounts Charged to Other Departments for Administrative Overhead:**

- Dept. of Measurement & Guidance: $2,000.00
- Subcommittee on Tuberculosis Nursing: $2,124.23

**Standing Committees:**

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**Special Committees:**

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<td>Sisters</td>
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**Joint Committees:**

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**Total Joint Committees:**

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<td>183.00</td>
</tr>
<tr>
<td>Committee Expenses</td>
<td>250.00</td>
</tr>
<tr>
<td><strong>Add—Administrative Overhead—Transferred from General</strong></td>
<td><strong>$117,245.39</strong></td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>$233,576.03</strong></td>
</tr>
</tbody>
</table>
REPORTS OF OFFICERS

Excess of Income Over Expenses ........................................ $ 38,023.02

Add: Surplus Balances, December 31, 1946
Department of Measurement and Guidance ........................... $ 22,157.72

General Fund:
Balance December 31, 1946 ........................................... $20,972.30
Add: Transfer of Unexpended Balances of December 31, 1946, of Following Funds:
American Nurses' Association—Department of Education .......... 192.09
M. Adelaide Nutting Award ............................................. 3.26

$21,167.65

Deduct: Transfer to M. Adelaide Nutting Award Fund ..........

100.00 21,067.65 43,225.37

Balance December 31, 1947, Per Exhibit A
General ................................................................. $ 14,373.90
Department of Measurement and Guidance ......................... 66,876.49 $ 81,250.39

EXHIBIT B—SCHEDULE 1

Statement of Headquarters Expenses for the Year Ended December 31, 1947

Expenses:

Salaries ................................................................. $25,790.29
Extra Stenographic Service ........................................... 50.00
Consultation Service .................................................. 69.00
Rent ................................................................. 3,560.12
Reception Room Service ............................................... 180.00
Telephone and Telegraph ............................................ 1,074.74
Supplies .............................................................. 859.96
Postage and Express .................................................. 3,625.89
Shipping ............................................................... 3,497.93
Mimeographing, etc. .................................................. 386.51
Library Service ....................................................... 150.00
Special Office Care ................................................... 63.24
Miscellaneous ......................................................... 276.36
Entertainment ......................................................... 18.79
Insurance ............................................................. 181.83
Reference Books, Subscriptions, etc. .............................. 22.50
Rest Rooms .................................................................. 549.53
Equipment .................................................................. 1,111.75
Service—Typewriters and Adding Machines ......................... 127.58

Total expenses per Exhibit B .......................................... $41,576.02
EXHIBIT C

Statement of Receipts and Expenditures for the Year Ended December 31, 1947, Relative to Grants Received for Joint Orthopedic Nursing Advisory Service

Balance December 31, 1946

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Additional Grant Received from the National Foundation for Infantile Paralysis, Inc.</td>
<td>$1,923.81</td>
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$11,067.57

Expenditures

<table>
<thead>
<tr>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>Salaries</td>
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<td>Office Maintenance</td>
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<td>Educational Material</td>
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<tr>
<td>Travel</td>
<td>1,997.92</td>
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<tr>
<td>Scholarships</td>
<td>1,835.02</td>
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<tr>
<td>Equipment</td>
<td>52.12</td>
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</table>

$12,991.38

Balance December 31, 1947

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted,

LUCILE PETRY, Treasurer

REPORT OF THE EXECUTIVE SECRETARY

Immediately following the Seattle convention, plans went forward for the field trip to visit state leagues approved by the Board in September. In the meantime, the routines of the office were carried forward as fast as possible to allow for a month's absence. The major activities included the initial work needed for the material to be included in "Information and Suggestions for Committee Activities and Program Meetings of State and Local Leagues." A fall convention delays the preparation of this material in view of our present policy of having newly reappointed chairmen prepare the content and plan the suggestions for state league committees. In those instances where chairmen are new appointees, the lag is even greater. Thus the states do not receive the "Suggestions" as early as they would like to have them. However, in spite of all of the difficulties, the material did go out early in December. With a spring convention, the problem is not so great and we can usually get the "Suggestions" ready by fall. The only solution for this difficulty would be to ask the chairmen who have been serving to prepare the material rather than to wait for new chairmen. The chief disadvantage is that the "Suggestions" may not coincide with the new chairmen's plans for the national committees for the coming year.

A second fall activity involved the completion of committee appointments for 1947 and 1948. The letters were gradually sent out and the "follow-ups"
left to my assistant. This latter is no small task. I should like to restate the problems created by our Bylaws in the annual appointment of committees. This procedure is time-consuming to the point of waste, first for the executive secretary, second for the chairman who often must write endless letters to those members appointed by the Board and to those whom she selects, and then thirdly for the various members of the staff who must check names for the status of membership, write to those whose membership has lapsed or who have never been League members to see if they will join. By the time the appointments are made, weeks to months, sometimes, have elapsed. Then comes the need to assist every new chairman with plans for her committee, a procedure omitted this fall because of my absence. The work of a committee is too frequently delayed as it is this year. Then it begins to taper off by the end of May and the beginning of summer. Then this cycle begins all over. When I presented this problem previously, it was decided to try reappointing at least one half of the members for a second year. This policy does not prevent the waste of time for the many people involved as well as the lag in committee activity. I would, therefore, like to urge reconsideration of our policy, at least for special committees, and ask that these chairmen and members be appointed for a two-year period and where the activity is definitely limited, that the chairmen and members when appointed be requested to serve until the task is completed. This procedure for special committees would not necessarily need a revision of the Bylaws, and standing committees could continue to be appointed annually, if you desire.

Due to delays in getting the special meeting of the Boards of the six national nursing organizations together and the meeting of the Committee on Structure, it was impossible to start the field trip as early as it had been planned. When the schedule was finally completed the itinerary began November 16 and included first the Vermont league added at the last moment upon the urgent request of the president. It was necessary to return to New York City since train connections from Burlington west were impossible. Joint conferences proved to be very difficult to work out even though suggested by the states in the beginning. Since the South Dakota league found it could not join North Dakota and Minnesota groups, the first stop was in Sioux Falls, South Dakota, thence to Minneapolis, Minnesota, where about seven of the North Dakota league Board members and committee chairmen came. The next stop was in Des Moines, Iowa, with the Iowa league, then to Omaha, Nebraska, with the Nebraska league. Unfortunately, due to a conflict of dates with the Chicago School Study Conference, the joint meeting with the Missouri and Kansas leagues had to be cancelled. Fort Worth, Texas, was next for a meeting with the Texas league, then Jackson, Mississippi, with the Mississippi league, and lastly Birmingham, Alabama, with the Alabama league. Prior to this trip, the Ohio league had asked if it could be included but preferred the meeting simultaneously with the annual fall meeting. Thus the Ohio league was visited in October. This
makes a total of ten state leagues visited this fall, not quite one fourth of our constituent members.

In the main, the topics covered at these meetings included the activities at Headquarters, such as the work of the two departments and of the NLNE accrediting program, the activities of various national committees, and especially of the joint committees. Emphasis was placed on the many projects which are of mutual interest to two or more organizations, such as the School Study, Structure Study, Accrediting, Careers in Nursing, the practical nurse and other auxiliary workers. It usually was found necessary to give each group an historical background relating to the whys and wherefores of the beginnings and the continuing sponsorship and progress of the projects.

Each state league president had been given the purpose of the visit and was asked to arrange the place, time, and group and to give me special problems confronting the league. Thus the meetings were varied and, in some instances, well planned. Problems ranged from organizational types to every nursing problem that confronts us today necessitating some impromptu versatility. The most serious reaction encountered was in Nebraska where I found an unfortunate misinterpretation of the purpose of the School Study as well as a misunderstanding as to the identity of its sponsors. Effort was made to give the background and the development of the study, its progress, and what might come from such a study. This interpretation was repeated from then on with the other leagues visited.

My belief in the need for this type of field service was only strengthened a hundredfold. There is no doubt that the state league members feel a long way from Headquarters. Almost all of us are unfamiliar individuals to them and the work carried on at Headquarters is as remote to them as the poles. Repeatedly they expressed their appreciation for the visit, the help that it gave them with their problems and the fact that they would now feel freer to turn to Headquarters because it seemed more real and because they could visualize the executive secretary. They were all amazed at the breadth of work and the cooperative projects being undertaken by our national nursing organizations. There is real concern about the Structure Study and its outcomes, especially in terms of the League. The question as to how the work of the League would be carried on and safeguarded was asked again and again. There is an urgent need for a newsletter for our state group. Also, the need to continue these field trips is, I believe, paramount since they will do more to provide interest, understanding and support of the League's activities than any other thing that can be done. The League is after all dependent upon its members and their interest for a major portion of its financial support. We can only go as far as we have a group of nurse educators willing to support our program.

While I was away from Headquarters, Elizabeth C. Burgess spent part-time three days a week at the office. We are certainly most appreciative of all she did.
Several publications have been issued from Headquarters since last summer. Pamphlets No. 4, 5, and 6 of the series "Advanced Clinical Nursing Courses" are now on sale. These are: Guide for an Advanced Clinical Course in Tuberculosis Nursing, Guide for an Advanced Clinical Course in Maternity Nursing, and Guide for an Advanced Clinical Course in Orthopedic Nursing. The list of Books Suggested for Libraries in Schools of Nursing which was revised last year by the Committee on the Nursing School Library came out this spring as did the Handbook for Career Counselors on the Profession of Nursing. The pamphlet Visual Aids for Use in Schools of Nursing was issued last October. Two other committee projects have been published in the American Journal of Nursing and are available in reprint form. These are A Guide for Nursery School Experience (AJN, January 1948), a joint effort of the NLNE and the National Association for Nursery Education, and Suggestions for Counselors of Professional Nurses (AJN, April 1948), the work of the Committee on Vocational Guidance. Both of these were so short as well as of such a nature that it seemed advisable to give them a broader reading public and incidentally reduce printing costs. The Administrative Cost Analysis for Nursing Service and Nursing Education and the Fundamentals of Administration for Schools of Nursing have recently been reprinted. Although we have worked as much as possible on the 1947 Annual Report, it is doubtful whether it will be ready for distribution in time for the May 1948 Convention.

Approximately 1,500 inquiries about nursing and nursing schools have been answered this year including about 120 letters from school counselors and school librarians. The materials used in replying are a short form letter, the list of state-accredited schools prepared by the Nursing Information Bureau, the latest pamphlet, Nursing Is a Great Profession, also prepared by the NIB, and the League's list of accredited schools. For those seeking information about schools for men and schools for Negroes, a special list is also enclosed.

There have been close to 400 inquiries from graduate nurses interested in postgraduate education, about 65 of these seeking information about positions in allied fields such as physiotherapists, anesthetists, occupational therapists, technicians, etc. The clinical fields of interest are pediatric, psychiatric and operating room nursing. The fact that only five sought information in tuberculosis nursing indicates one reason why there are few prepared nurses for this type of work.

It might have been expected that 1947 would have seen a marked lessening in the meetings to be attended and in the time spent away from the office, but this was not the case and again the number of meetings was close to 200. This, of course, includes the days of absence during the field trip. This amount of time has a marked effect upon many aspects of the Headquarters work and results in much unaccomplished work relating to efficient administration of the office and to the assistance that could and should be given to
committees and our state and local leagues and to the general problems facing
the nursing profession today. Therefore, this report brought to you today
is not what I wish it might be nor do I believe that this office functions as
broadly as the demands of the profession require. The minutiae of admin-
istration makes it impossible to give the time or even the effort required.
More than ever is vision and wisdom needed in the planning for the future,
and in the leadership which the League should take in this changing period.

Respectfully submitted,
ADELAIDE A. MAYO, Executive Secretary

REPORT OF THE COMMITTEE ON CONVENTION ARRANGEMENTS

Madeleine McConnell, as chairman of the Committee on Convention Ar-
rangements stated, "Our report is that we hope that you will all have a very
good time while you are here in Chicago." She called attention to the League
Luncheon scheduled for June 2 at which Dr. William C. Menninger was
to be the speaker.

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program has held several meetings alone and jointly
with similar committees of the ANA and NOPHN. The theme selected for
this convention is "America's Nursing Care: A Professional Challenge and
a Public Responsibility." Mr. Edward L. Bernays, public relations consultant
to the ANA, attended some joint committee meetings and offered helpful
suggestions on integrating all of the material to be used at the convention.
Considerable discussion centered around the allocation of time to business
meetings and the need for setting up a definition of the purposes of a con-
vention. Recommendations pertinent to this have been submitted to the
Joint Board of Directors. As in the past, all three organizations agreed not
to schedule any meetings during the time that the ANA House of Delegates
would be in session.

Three joint meetings have been planned around the topics (1) The Nurse
as a Citizen of the World, (2) Philosophy of General Education and the
School Study, and (3) Community Planning for Nursing Service. A depart-
ure in the pattern for planning the joint sessions evolved. The chairman
of the committee on program for each of the three organizations was
appointed chairman for one joint session program, and a member from each
of the other program committees was appointed to work with her. By this
arrangement it was felt that the purpose of the joint sessions would be
better achieved.

Three afternoon meetings for the NLNE have been planned dealing with:
(1) curriculum concepts; (2) research techniques in evaluation of clinical
experiences; (3) how nursing education interprets the philosophy of general education with opportunity for discussion with Dr. Brown of the School Study report.

An innovation in NLNE conventions has been introduced in the form of a luncheon meeting at which there will be a speaker on the subject of nursing as a profession which provides optimum opportunity for self-realization.

A program of educational films will be shown at various times throughout the convention.

Respectfully submitted,

HELEN C. GOODALE, Chairman

APPOINTMENT OF THE COMMITTEE ON RESOLUTIONS

The president appointed as the Committee on Resolutions Virginia H. Harrison (Missouri), Chairman; Grace Watson (Washington), and Emily C. Cardew (Illinois).

ADDRESS BY THE PRESIDENT

A YEAR OF SOWING

A review of the annual reports of the League presents a series of contrasting activities carried on year by year. In 1917 the central focus of activities was on the standard curriculum; in 1930 the grading of schools; 1937 a broadened pattern of curriculum revision; 1939 accrediting; 1943 problems of the war; 1944 postwar planning. Each year a new theme, a new emphasis. Each year a glimpse of the possibilities just around the next corner.

The nine months since the Seattle Convention show no great single accomplishment. Instead you will find a number of activities under way, each of which, like a seed, has been planted and tilled with care in order that a future crop, a new plan for nursing education, another generation of students, a health program yet to be developed, may have a better chance for accomplishment. It has been a year of preparation; a year of sowing.

As in every planting there have been losses. Constant planning and replanting have been necessary during the year to assure the desired harvest. There have been disappointments. The closing of the Nursing Information Bureau after fourteen years of service leaves the League without a valued co-worker and nursing without a common voice. The closing of the Nursing Information Bureau also terminates the work of the Committee on Careers in Nursing in which the League was vitally interested and on which it was actively represented. The plan for the discontinuance of the National Nursing Council terminates the work of the Joint Committee on Accreditation and emphasizes the need for some other organization to assume responsibility for the implementation of the School Study.
The loss of both organizations throws new obligations upon the League: the sponsorship of a committee on recruitment and a committee on accreditation for advanced as well as basic programs. To us also falls the obligation to follow the pattern set so well by these two organizations; to sponsor educational projects which are truly joint—jointly supported, jointly planned, jointly implemented, and jointly beneficial. The closing of the Nursing Information Bureau concludes the first broad service in unified public relations for nursing. To Mary Roberts and the Board of Directors of the American Journal of Nursing who had the vision to conceive such a service goes the gratitude of the League for all the support given to our programs and all the assistance given our committees and headquarters staff. Although the national nursing organizations are to form a joint committee to collect facts and information about nursing, this will in no way substitute for the Nursing Information Bureau program planned and carried out by a skilled public relations staff under the wise guidance of Miss Roberts. Neither can such a committee present a unified program to the profession or its public.

The closing of the National Nursing Council brings still another era to an end, for with its closing cease the major activities planned to meet the needs of the war and the postwar years. Since 1940 the National Nursing Council has demonstrated the power of cooperative action, action of organization with organization, of nurses with nurses, of nurses with hospital and medical association representatives, of voluntary and government agencies. In the Council, the League found understanding and support. To those who initiated the organization, to its officers, its executives and staff members, who served the League as they served the Council, we would record our appreciation.

The School Study, one of the most important projects of the Council, is now complete and ready for presentation to us at this Convention. Originally a unit in our postwar plan, this study is of critical importance to the League. On its recommendations wait our next steps in curriculum planning. In it may be new directions for school organization. For its implementation, you must soon decide what obligation the League is to assume. Soon you must decide how all nursing organizations can be brought together to act upon the recommendations of the School Study.

Soon you must decide whether you want a unification of nursing; whether the recommendations of the Committee on the Structure of National Nursing Organizations are to be accepted; whether we can in all conscience continue the expenditure of more money, more time and effort, to formulate still another plan; whether nursing is ready yet for unification. At the Seattle Convention the League membership acted upon the report of the Committee on Structure and renewed its directives to its representatives. Since that time members of your Board of Directors have met twice with the boards of the other five organizations, once in November and once in April. The increased support of all organizations, the growing understanding between boards, the
determined effort to find a common ground for agreement have been encouraging. Meanwhile, your representatives have met with the full Committee on Structure and served on the various subcommittees. The progress plan of the committee has been presented for your consideration at this meeting. What steps shall be taken? How can we assure future support for nursing education, future support of the programs of all the other national organizations? The plowing and harrowing have been done for several seasons. The germ of unity has been planted. Both germinating seed and germinating idea alike can lie fallow too long to bring forth a successful harvest. What are to be the next steps?

At the time this report was written, it was my understanding that the National Nursing Council would end its official program when the School Study was received this month. A record of our appreciation for its contribution therefore seemed appropriate in the report of 1948. The Cadet Nurse Corps and the termination of its activities seemed a record for 1949. As the National Nursing Council now plans to continue its activities this summer to initiate the implementation of the Carnegie School Study, the two programs will be terminated at about the same time. I wish to add to my record now the appreciation of the League for the valuable assistance given by the U. S. Public Health Service, Dr. Parran, Miss Petry and members of Miss Petry's staff. Through their efforts many fine young women were attracted to nursing; many schools were enabled to improve their programs of nursing education. Through their cooperation with the League, standards of education and patient care were maintained under the trying conditions of war and its disastrous sequelae.

Joint thinking has not been restricted to the nursing organizations. There have been three significant meetings this year with hospital administrators and representatives of the American Hospital Association and the American Medical Association.

In November, the American Medical Association Committee on Nursing invited representatives of the hospital and nursing associations to meet in Chicago. The meeting was given over entirely to general discussion, fact finding, and interpretation of nursing problems which affect hospitals and medical practice.

In early March, the League cooperated with the American Hospital Association in an Institute on Nursing Education for hospital directors and directors of schools of nursing. That the participants might have active group work and free discussion the number of both hospital administrators and nurse directors was limited. To secure representative thinking, applications were accepted on the basis of geographic representation and size and type of school and hospital. The agreement between groups was auspicious, the understanding heartening. I should like to record here the appreciation of the League for all that was done by the American Hospital Association to make this Institute possible: the constructive program, the effective organi-
zation of activities, the excellent discussions. It is hoped that some means may be found to make the Institute papers available to all those who could not attend but wish to share in its benefits.

In late March, the American Hospital Association called a meeting in New York. The following were invited to the meeting: representatives of the three hospital associations, the American Medical Association which included representation from the American College of Surgeons, the American Nurses' Association, the National Organization for Public Health Nursing, and the League, one of whose two representatives could speak on the problems of collegiate nursing education. This meeting, one of a series to be held, was also a general discussion, a coming together for mutual discussion and interpretation. It was, we hope, the beginning of better understandings.

As this report is prepared, the League is sending representatives to the National Health Assembly in Washington, May 1-4. This meeting has been called by Federal Security Administrator, Mr. Oscar Ewing, for the purpose of discussing a ten-year health plan for the nation. What this plan will do for nursing no one can yet say. The League has already set forth the principles on which we believe federal legislation for nursing education should be based. The American Nurses' Association, which worked with the League and the other nursing organizations as these principles were prepared, is ready to support us if and when legislation is introduced. Nursing stands with medicine, dentistry, and public health as one of the essentials and one of the shortages in the projected program for national health. That nursing education may be included in the legislation for this ten-year health plan seems probable. That the League should have an active part to play in this ten-year health plan is indisputable.

Certain units of the League program stand out sharply in the light of these national activities. Guidance to schools and accrediting, that we may help schools with basic and advanced programs to improve. Research studies on nursing and curriculum, that we may meet patient needs and move forward with medical science in our teaching. Measurement and educational guidance for applicants, that the caliber of the student admitted may produce the caliber of the graduate necessary for the work that is to be done. Cooperative action with other nursing organizations and with the public, that the needs of nursing education may be correctly interpreted and the progressing plans for nursing education sympathetically received.

The national committees and the Headquarters staff will report separately to you. They have planted the seeds this year. Now it is the privilege of all of us, League members and others alike, to till those seeds, that they may bring forth abundant harvests, of better nursing education, of better understanding, of greater respect, of increasing support. This year has been indeed a year of sowing.

Ruth Sleeper, President
STRUCTURE OF THE NATIONAL NURSING ORGANIZATIONS

The president reported that by agreement of the boards of directors of the six national nursing organizations no report on the Structure Study had been prepared for any of the organizations to study separately; rather, one report would be presented to the members of all six organizations assembled in convention on the evening of June 1. At this business meeting, however, an attempt would be made to bring the League membership up to date on the progress of the Structure Study and an opportunity would be given for discussion of the article, "A Tentative Plan for One National Nursing Organization," which had been published in the May, 1948 issue of the American Journal of Nursing. This plan called for local and state organizations as well as one at the national level. The structure of the national organization would consist of a House of Delegates, a Board of Governors with appropriate committees attached to it, Specialty Sections, two Divisions—one of Nursing Service and one of Nursing Education—and Service Bureaus as required.

This tentative plan was studied at a joint meeting of the boards of directors of the six national nursing organizations in May, at which the League Board was represented by its Executive Committee. Inasmuch as each board had been studying the tentative plan from the point of view of its particular membership, each group was asked to set forth the principles which it thought should be considered in the planning of a single organization. The principles put forth by the American Association of Industrial Nurses, the American Nurses' Association, the National League of Nursing Education (with the participation of representatives of the Association of Collegiate Schools of Nursing), and the National Organization for Public Health Nursing were published in the June, 1948 issue of the American Journal of Nursing, reprints of which had been distributed among those attending the present meeting.

Miss Sleeper then called attention to one point which might bring forth differences in thinking among the various organizations. The American Nurses' Association is convinced of the need to preserve the kind of organizational pattern which would permit continued membership in the International Council of Nurses. This opinion is shared by the other organizations. As Miss Sleeper stated: "No one of us, or no one in any group at this time, I am sure, would wish, in any respect, to give the nurses of the world the feeling that the American Nurses' Association was not standing back of them. We who are so safe and secure at the moment would not wish to withdraw any of the possible elements of security which those nurses either have retained or are about to regain again."

Eligibility for membership in the International Council of Nurses, however, is limited to self-governing bodies of professional nurses. The American Nurses' Association, therefore, in the section of its statement of principles
devoted to membership and dues, provided for two types of members: professional members (nurse members) with voting and office-holding powers, and associate members (non-nurses) without these powers.

On the other hand, the League and the National Organization for Public Health Nursing already have non-nurse members. Among the League’s statement of principles is one to the effect that citizens should have voice in planning for nursing service and nursing education, and the National Organization for Public Health Nursing stated as a principle: “That a satisfactory organization for the advancement of nursing should include nurse and citizen participation with equal rights as members.”

Miss Sleeper then read the statement of principles put forward by the Executive Committee of the League Board and later approved by the Board at its May meeting.

The Executive Committee believes, as a general over-all principle, that any single professional organization which may be created must exist primarily for the improvement of nursing service.

1. Standards of education and professional practice should be the responsibility of specialists in the several areas.
2. Special areas of interest should have: (a) Sufficient authority to make progress feasible (which is interpreted as power to set programs, develop research, and be provided with funds to implement both), and (b) Representation from the profession at large to secure professional thinking and understanding of programs.

In considering membership, the Executive Committee believes that:

1. Citizens, including members of related professional organizations, should have voice and vote in planning for nursing service and nursing education.
2. Membership in the association in all levels should be open to all nurses regardless of race.
3. Provision should be made for active membership of individuals, agencies, and schools.

It is further believed that:

1. The organization plan should assure adequate representation of special areas of interest in national, state, and local policy-making bodies.
2. The plan for local organization should provide for strengthening responsibility for areas of nursing service as well as for the welfare of its members.

The Committee also believes that within the organization framework provision should be made for the professional group to qualify for membership in the International Council of Nurses.

In the discussion which followed, Sister M. Olivia Gowan inquired as to the difference between the Specialty Sections and the Divisions. Miss Sleeper explained that the Specialty Sections would be established for people with similar interests to stimulate their interest and feeling of responsibility. They would comprise such areas as private duty, general staff, and industrial (for which there are now sections in the ANA), public health and mental health (to carry over the interests of the NOPHN membership), nursing educators, and some clinical fields which have grown rapidly. The Divisions would
have a slightly different membership consisting of non-nurses as well as nurses. Opportunity would be given for school or agency membership as well. A nurse might be particularly interested in mental health and wish to belong to the Section on Mental Health. At the same time, she might be a teacher and want to be a member of the Division of Nursing Education which would plan for the over-all educational activities for nursing. Louise Knapp pointed out that a further reason for having both Specialty Sections and Divisions was the desirability of having the staff nurses, head nurses, and assistant supervisors who might be members of a Section make suggestions to the Division which would be composed largely of administrators.

In connection with the first principle enunciated on behalf of the League, "Standards of education and professional practice should be the responsibility of specialists in the several areas," an inquiry was made as to why the League should concern itself with professional practice. Miss Sleeper explained that the League has always been interested in nursing practice because, on the one hand, educational activities help set standards of practice, and, on the other, it is from nursing practice that the League derives the goal for its educational program. This interest has been evinced in many significant studies of nursing service by the League. In inserting the words "professional practice" in this statement of principle, the League representatives had had in mind the fact that League members should not view the proposed new organization as one which would embrace League activities only; just as specialists are needed for planning the educational program for nursing, so there should be specialists for the service program also.

With regard to the statement, "The plan for local organization should provide for strengthening responsibility for areas of nursing service as well as for the welfare of its members," the question was asked as to whether the local organization would not also be responsible for strengthening nursing education. Miss Sleeper replied that the intent of this statement had been to emphasize the professional goal of any new organization which might be developed as well as its responsibility for its members' welfare. It was not the intention to omit education from the planning at the local level; education had been thought of as included in nursing service. Miss Sleeper stated that the suggestion to make specific mention of nursing education was a good one and this term might well be incorporated in the League's statement.

The problem of having non-nurse members and at the same time belonging to the International Council of Nurses was then discussed. Stella Goosrstray explained that some arrangement might be made whereby non-nurses could be members of Divisions and would have the right to help elect the officers and the members of the Board of Governors representing these Divisions. Lucile Petry urged that information be sought from the ICN as to whether such an arrangement would be out of line with its requirements for membership.
Anna D. Wolf stated: "In considering the possibility of having citizens of our country support nursing service and nursing education, as has been done in the past and is now being considered for the future, why can’t we approach the subject from the standpoint of what international nursing is rather than with the attitude ‘if the ICN is not going to accept us on this principle, it would not even give consideration to the plan’? I think we should approach the ICN with this in mind, not caring to overrule the ICN but at least trying to express why we need this joint effort on the part of nurses and citizens. This approach might be accepted, at least for negotiations."

Louise Knapp stated that it was the understanding of the Executive Committee of the Committee on Structure that no definite statement would be available until June 1949 as to whether the ICN constitution would permit member organizations to have non-nurses as members of divisions, as outlined by Miss Goostrey. If this plan were incompatible with the ICN constitution, it might be possible to change the constitution.

Isabel M. Stewart stated that the professional nursing organizations in Central Europe were under considerable pressure because of the trend toward government control. Another trend, apparent in countries in which the labor influence is strong, is toward having all working groups represented on government councils. These trends may bring about changes in the organizations which are members of the ICN; therefore, the present regulations of the ICN should not be accepted as immutable.

Henrietta A. Loughran stated that, despite the difficulties which they are going through, nurses in other countries will find solutions to their problems, and the nurses in the United States must also work out the problems with which they are confronted. This, she believed, could not be accomplished through a legalistic approach, and she cited an example of how an obstacle to an agreement between a university and a city and county, apparently insurmountable, was finally conquered when both sides agreed to dispense with all the fine legal points. She stated: "I have great sympathy for nurses in other countries and great belief in the ICN. Nonetheless, we, who are voicing some concern about totalitarianism in other countries, are at the same time saying that the American public and nursing organizations may not take action in their own country except under circumstances where a veto could be used by the ICN. I believe that we can find a way to work together here in this country and with our sister organizations in other countries, but I think we should be cautious about setting up some structure which permits a veto by any other country or group of countries."

The chairman then read a letter under date of May 30, 1948, from Linnie Laird, Secretary of the American Nurses’ Association, briefly reviewing the progress of the Committee on Structure since 1947. The letter concluded as follows:

The Board of Directors of the ANA and the Advisory Council meeting today believe that answers should be obtained with regard to certain fundamental questions
in order to facilitate the further work of the Structure Committee. The questions are as follows:

1. Does the House of Delegates wish one National Nursing Organization in place of the present National Professional Organizations?
2. If so, should the new organization be composed of local, state and national units?
3. Should the new organization include non-nurse members?
4. If so, should the non-nurse members have full equality of membership, including the right to vote and hold office?

These four questions will be presented to the 1948 ANA House of Delegates by the ANA Board.

The ANA Board is sharing this information with the Boards of Directors of the other two National Professional Nursing Organizations meeting at this time with the request that they be submitted to their membership for consideration.

The members at the meeting having indicated by a show of hands that they would like a special meeting for discussion of the Structure Study, the chairman stated that arrangements for such a meeting would be arranged. The meeting adjourned at 11:30 a.m.
JOINT PROGRAM MEETING
Monday, May 31—8:00-10:00 p.m.

Presiding: KATHARINE J. DENSFORD, R.N., President, American Nurses’ Association

Speaker: PAUL R. HAWLEY, M.D., Chief Executive Officer, Blue Cross-Blue Shield Commissions

Dr. Hawley’s speech, "Nursing in a Program of Prepaid Medical Care," has been published in the August, 1948 issue of the American Journal of Nursing, pages 483-484.

ROUND TABLE
Tuesday, June 1—2:00-3:15 p.m.

EVALUATION OF CLINICAL EXPERIENCE OF STUDENTS

Presiding: RUTH HARRINGTON, R.N., Associate Professor of Nursing Education, University of Minnesota School of Nursing, Minneapolis, Minnesota

Participants:

MARGARET FILSON, R.N., Associate Professor of Nursing Education, University of Minnesota School of Nursing, and Director of Nursing Service, University Hospital, Minneapolis, Minnesota

JULIA HEREFORD, R.N., Associate Professor of Nursing, Vanderbilt University School of Nursing, Nashville, Tennessee

LAURA JAMISON, R.N., Clinical Instructor, University of Washington School of Nursing, Seattle, Washington

FRANCES REITER, R.N., Assistant Professor of Nursing Education, Teachers College, Columbia University, New York, New York

EMMA SPANEY, M.A., Assistant Director, Department of Measurement and Guidance, National League of Nursing Education

The chairman stated that a discussion of the evaluation of the clinical experience of students might well take into consideration two aspects: (1) the evaluation of areas of clinical experience as parts of the whole curriculum, and (2) the evaluation of the progress of individual students.

Miss Spaney stated that, in order to evaluate the areas of clinical experience, one should have, first, a definition of the objectives of that experience, and second, instruments of evaluation. With these two essentials, existing
patterns of curriculum organization can be measured to determine what the choice of clinical experience should be, the optimum length of exposure to this clinical experience, and the conditions under which learning takes place. The process of validation would involve a determination of the extent to which the clinical experiences in the present curriculum are contributing to nursing care.

Miss Reiter pointed out that a new, enlarging concept of nursing care is in the process of evolving. Hitherto, the concept of nursing care has derived mostly from nursing service in a hospital rendered to four types of patients—medical, surgical, pediatric, and obstetric. Recently, psychiatric nursing has been added to this group. In addition, the concept of nursing is now being extended to include nursing service rendered in the home, in the outpatient department, and by the community agency. If this broadened concept of nursing is generally adopted, a new and broader clinical experience will have to be developed and the total curriculum program will need to be studied to determine whether it is measuring up to the new objectives. Miss Reiter emphasized the fact that a new definition of nursing is not yet ready to be enunciated; that the new concept of nursing is only now in the process of emerging.

Miss Hereford pointed out that until the objectives of nursing care are clarified it would be difficult to evaluate the curriculum.

Miss Spaney urged that attention be paid to evaluation of clinical experience, despite the absence of a completely up-to-date definition of nursing care. She pointed out that it would still be possible to measure the value of a specific situation.

Miss Filson suggested that one way of determining the length of clinical experience would be: (1) determine the objectives of a given type of experience; (2) take two comparable groups of students and expose one to the curriculum as it is now set up, the other to a selected experience; and (3) determine how long it takes each group to meet the objectives.

Miss Spaney pointed out that there are really two types of objectives—the teacher’s and the learner’s—and the purpose in the mind of each may differ. She stated that one of the problems of evaluation, therefore, is the establishment of a single set of objectives which both teacher and learner recognize.

Miss Reiter stated that the techniques of evaluation now in use are designed for someone who is observing someone else doing something, but that records of these supposed observations of performance are often biased by the observer’s judgment of the student’s personality. She suggested that if it were possible to separate the evaluation of performance from the evaluation of personality, each might be used separately.

Miss Jamison emphasized the value of a clearly defined objective which is understood by all concerned. Often the student, because of lack of background, cannot understand the full objective. It then becomes the responsibility of the teacher to point out the objective to her.
Miss Spaney, in discussing the instruments of evaluation, stated that some objectives are testable by paper-and-pencil techniques, but not over-all, encompassing experiences. The anecdotal record is a good initial technique from which advancement to other techniques can be made. It can also be utilized to bring teacher and learner together and to help the student learn the processes of self-evaluation. In its simplest form, Miss Spaney stated, the anecdotal record is the record of the student's performance. She warned, however, that it should describe typical behavior and therefore should be taken at a suitable time—not at the end of the day, for example, when fatigue would enter into the situation.

Miss Reiter pointed out that evaluation, guidance, and teaching are, in reality, functions of each other, so that the techniques of guidance and teaching—for example the records of student experience and the records of performance in nursing conferences and nursing clinics—can be utilized as evaluation techniques also.

She stressed the need for arriving at common values and objectives. If professional nursing is to be measured, there must be agreement as to what the student should be able to do at the end of the basic course in contrast to her ability at the end of the postgraduate course. Miss Reiter also pointed out that, because of individual variations, some students may never be able to progress beyond a certain point.

Miss Reiter also emphasized the need for students themselves to set up their own bases of evaluation. Acceptance of a common goal, however, is almost impossible because of the difficulty in communicating completely points in common.

Miss Hereford stated that if evaluation reports are to be of any value they should be utilized by all members of the faculty concerned and therefore should be as widely available as possible. In some instances evaluation reports should be made available directly to the students; in others, this would be detrimental, as, for example, when an occurrence is observed but not observed over a period of time. The teacher might think this occurrence significant but not necessarily typical.

Miss Spaney urged against slavish adherence to the results of evaluation techniques, pointing out that common sense should be utilized in the interpretation of any of them.
The integration of principles of body mechanics and posture in nursing education is a comfortable topic to discuss because it is not controversial. For years instructors and supervisors have agreed that student nurses should be taught good body mechanics as it applies both to the nurse and to the patient. There has even been rather general agreement that such instruction should be given as early as possible in the nursing curriculum so that the student may be able to form good neuromuscular patterns when she is first learning nursing procedures.

There has been no general agreement as to terminology, and words used have sometimes obscured rather than clarified. For too long the term "orthopedic nursing principles" was used to designate this broad something that applies to all positive health and care of the sick. Despite repeated efforts to explain the broad concept of orthopedic nursing, the term immediately brought to mind for many nurses a picture of complicated tractions or heavy body casts. Nursing care of the patient with an orthopedic disability is, of course, very important and student nurses should have this experience. Anything that suggests, however, that good body alignment and maintenance of normal joint motion and muscle tone, so important to the welfare of the orthopedic patient, is limited to this specialty to some extent limits its application.

At a workshop for orthopedic nurses at the University of Pittsburgh last year the central theme was the integration of orthopedic nursing principles in nursing. These nurses were convinced that they were dealing with a body of knowledge a large part of which belonged to orthopedic nursing no more than it belonged to maternity nursing, pediatric nursing, or just healthful
living. The orthopedic nurses, in spite of the use of the term "orthopedic nursing principles," have never wanted a monopoly. After prolonged discussion of various terms it was finally agreed that "principles of body mechanics and posture" is the fundamental that belongs to all nursing and that this term would be used. So, although the topic assigned me was "Orthopedic Nursing As It Is Applied to General Nursing," I hope you will approve a change in terminology and think of body mechanics and posture as applied to nursing.

Talking with nurses and doctors about principles of body mechanics and posture reveals that here we have another area of agreement. Exact definitions may differ—certainly applications differ because of variations in body build—but there is general acceptance of certain basic principles. These principles of body mechanics and posture, drawn from physiological and mechanical principles and based on a knowledge of applied anatomy, physiology, and physics, may be simply stated as they apply to the body in rest or activity. You are familiar with these but, to make for uniformity of thinking, allow me a brief review.

Segments of the body should be balanced. This balanced alignment requires minimal muscle contraction and avoids ligamentous strain to maintain equilibrium. This is shown in standing when, with head balanced over the shoulders and pelvis and the weight-bearing line passing through the hip and ankle joint, the posture demonstrates ease and lack of strain. The same balanced alignment is important in other positions, as in activity requiring reaching or stooping and in sitting.

Physiological functioning is influenced by skeletal alignment. This is demonstrated by freer action of the diaphragm, increased vital capacity, and improved circulation in the upward, forward position of the chest. A broad base of support with the center of gravity falling within this base is essential for efficient function. We are very conscious of this in dealing with inanimate objects and would not expect a standard to remain poised in a leaning position, but how often we see the nurse as she goes about her daily activities leaning far over to do a dressing or give a back rub, maintaining the position by active muscular work and with strain on ligaments. Contraction of muscles preparatory to activity helps protect joints from strain. We automatically prepare muscles for many activities and are aware of this only by default—as, when going down a dark flight of stairs, we find there is one step more than we expected. Although the unanticipated step down is only a matter of inches, the strain may be considerable. This automatic preparation of muscles for habitual action must be learned when new procedures are being practiced. The largest and strongest and greatest number of muscles should be used whenever possible to distribute the load.

Full range of joint motion and good muscle tone and elasticity are needed for efficient use of the body. Alternate rest and activity help prevent fatigue. Energy should be conserved through economical use of muscle power—by
sitting rather than standing when work can be done equally well in either position, by using mechanical support when possible, by adjusting height of work levels, by moving an object on a surface by pulling or pushing rather than lifting, by taking advantage of momentum in such activities as pulling up a mattress or assisting a patient to a sitting position, and by keeping work close to the body to avoid reaching. Protect the back from strain in activities which involve stooping, reaching, or lifting by contracting the abdominals and gluteals to stabilize the pelvis. A position which allows a muscle to remain in a shortened position for a prolonged period may result in adaptive shortening and in loss of tone of the opposing muscle. An example of this is the shortened calf muscles and loss of tone of dorsal flexors frequently found in patients confined to bed by chronic or long-term illness. Weight of bedclothes and gravity are contributory factors. A shift of the weight-bearing line causes a compensatory shift to maintain equilibrium. A common example of this is seen in the skeletal adjustments made when high heels are worn.

Now let us consider just how all this can be applied to the nurse and her patients. We agree that we wish conservation of energy, prevention of fatigue, protection from strain, and promotion of optimum physiologic functioning. Explaining to the preclinical student what is meant by good posture and body mechanics will not insure that she will either understand what is meant or carry this understanding into her daily activities. First, the student must be motivated to want to acquire good habits. This motivation must be very strong. Young women admitted to schools of nursing are in good physical condition with a resiliency which permits them to use poor body mechanics, do everything the hard way, and come up smiling. It would be futile to expect them to be too seriously concerned about backaches or even actual disability due to back strain which are all too common among nurses. At the time when teaching good posture can be most effective the nurse has not yet had work experience which has convinced her of the value of good body mechanics.

Fortunately, good posture can be made attractive to students. Commercial firms have spent a great deal of money making good posture and body mechanics glamorous and nursing schools may take advantage of their contribution. But motivation can be time wasted if the nursing school faculty is not prepared to help the student get the feel of good posture. It is all very well to talk about contracting the abdominals and gluteals to maintain correct pelvic inclination, but talking or thinking will not help the student localize muscles on herself. This is not something that can be acquired in one easy lesson. Time must be allowed, not only for class discussion and use of visual aids, but for actual practice. All nursing procedures need to be studied to be sure that they permit good posture, and that the procedure as taught conforms to the principles of good body mechanics.

Is the student instructed to stand and move in such a way while making
a bed that her center of gravity is always centered over her base of support; that she protects her back as she tucks in the drawsheet or miters the corner; that she uses larger, stronger muscles in the various movements, and stands close to her work? Yes, even the simple procedure of making a bed must be scrutinized, because fatigue and strain in nursing are seldom due to lifting the cast patient or turning the hemiplegic patient even though we sometimes like to blame a single difficult task. The blame lies with the small insults to efficient body mechanics repeated hundreds of times daily.

Being sure that in each activity taught in the classroom the student uses good body mechanics is just a beginning. The preclinical student spends only a small part of her time in practicing nursing procedures. She must devote many hours each week to study in the library, study in her room, attending classroom lectures and discussions. In planning and equipping the library, selecting classroom chairs, and furnishing the rooms in the nurses' residence it is important that furniture and lighting arrangements be such that good body mechanics for the student is promoted. Chairs and desks are seldom adjustable, but adaptations, such as footstools and chair cushions, are possible at little cost, and these will do much to help the student maintain good body alignment during study periods. The beds in the nurses' residence should also be examined to be sure that they provide firm support.

Later in her ward experience where she develops skills and where action patterns become habit, the nurse's body mechanics should be considered as well as any other aspect of the procedures. While the student is giving a bath the supervisor notes if she is gentle, if she organizes her work, if she leaves the patient comfortable. It is equally important to observe whether the student has her equipment and the patient in a position where she can use good body mechanics and if, in the stooping and reaching involved in the procedure, she protects her back. To be sure that the student will get the help she needs in applying good mechanics in her hospital activities it may be necessary to plan for intensive staff education. Too many graduate nurses have gone through basic nursing and taken advanced courses without ever having been taught to use their bodies efficiently. They may, academically, approve the idea of applying good body mechanics and posture to all nursing, but unless they have an opportunity to really learn what this is—in terms of just how it feels in their own joints and muscles to stand correctly and move efficiently—their approval will not give them security in supervising student nurses.

Thus far we have considered only the nurse. Actually if—I would like to say when—the nurse has a dynamic awareness of good posture and body mechanics as applied to herself, there will be little cause for concern regarding application to the patient. The principles of body mechanics which the student has already learned to apply in her own activities are fundamental in good nursing for the patient.

That alignment which promotes good physiological function and prevents
contractures, and nursing which promotes maintenance of muscle tone and normal joint motion for the bed patient are a part of good bedside nursing is obvious. But the methods by which these may be secured for the patient must be carefully taught the nurse in her early ward experiences. Any pillow arrangement which prevents the chest-forward position and distorts the normal spinal curves will interfere with good physiological function. Recognizing this, the nurse will be alert to arrange supports to maintain good alignment.

Change of position for the bed patient is essential and must often be either encouraged or actually accomplished by the nurse. The foot unsupported drops into poor position. The nurse, knowing the importance in normal gait of efficient feet with normal joint motion and good muscle tone of the foot and ankle, will be quite conscious of the importance of providing a foot support and teaching the patient to move his ankle and toes frequently through a normal range. So, too, she will be alert to prevent outward rotation at the hip, the back-bent knee, or the tight pectoral muscles that result from too persistent arms-across-the-lower-chest position as is often seen in bed patients. This applies to any bed patient whether surgical, medical, child, or adult. There are many special applications of body mechanics and posture in general nursing which might be mentioned, such as prevention of contractures in the hemiplegic or mastectomy patient, maintenance of joint motion for the arthritic, or prevention of deformities in the patient with extensive burns.

Nurses have become quite aware of the dangers of certain contractures developing, such as the hip flexion contracture in the above-knee amputation. There are, however, many protective positions ordered, such as the side-lying position for the patient who has had a kidney operation where special care must be exercised to maintain normal range of joint motion in the extremities. In planning nursing for such patients it is important to consider what change of position is possible within the pattern of treatment.

With increasing emphasis on preventing deconditioning in the bed patient and the recognition of the value of early ambulation and rehabilitation, the nurse’s responsibility for the body mechanics of the patient goes beyond seeing that he maintains good alignment while in bed. This is an important phase of rehabilitation. None of us has been so fortunate as not to have seen a patient with contracted knee flexors or hip flexors unable to assume an upright posture following a prolonged period in bed with back rest and pillow under the knees. Often the patient who has received loving care in the hospital, without ever having to bring his arms into full flexion or outward rotation, returns home with a limitation of shoulder motion which interferes with such daily activities as washing his back. The woman patient may find that, although she went to the hospital for a condition quite unrelated to arm or shoulder, she returns home unable to fasten a brassiere.

Limitation of joint motion may occur in any joint, although those men-
tioned are most commonly affected. To prevent this, the nurse must first know the normal range of joint motion and then, as a part of her nursing care, plan to see that the joints are moved through that range. This may suggest that a great deal of nursing time is required for this phase of care. In practice, a little ingenuity and an awareness of the problem are often all that is needed. With children, placing toy bags at the head of the bed to promote arm flexion helps. With adults, often all that is needed is for the nurse to request certain movements as she gives care. There is no reason why, as the nurse bathes the axillary region, the patient should not bring his arm to shoulder level or above his head. If the patient is able to bathe himself and an attendant makes his bed, then the nurse must plan for activity which will insure maintenance of joint motion—perhaps even contriving artificial situations. If an occupational therapist is available the nurse, working with the occupational therapist, may be able to arrange for interesting activity which will not only maintain range of joint motion but also promote good muscle tone. Such activity will apply to only the joints of the upper extremity, and it is equally important that hip, knee, and ankle joints remain flexible.

Maintaining muscle tone is another problem that requires attention. We are all familiar with the expression "weak as a kitten," though, as one watches a kitten playing with a ball of yarn, this hardly seems to describe the limp, helpless feeling so discouraging to the individual who has been confined to bed for even a short period and expects on discharge to return to work. Encouraging patients to help themselves as much as possible within the pattern of treatment helps to maintain muscle tone, but it is not the whole answer. Many muscles will not be called upon by such activity.

This is especially true of the very important postural muscles. With the doctor's approval, most patients can be taught simple bed exercises which will prevent muscle deconditioning and the discouraging period of convalescence due to bed rest, not to illness or disability which made hospital care necessary. The nurse who has learned to localize muscle action on herself knows what the important groups are and how they function, and will with some assistance have no great difficulty in teaching the patient. When she observes the results she will have no difficulty in realizing the importance of this application of body mechanics and posture in general nursing.

This first step in rehabilitation—maintaining normal joint motion and muscle tone for the bed patient—does not end the nurse's responsibility. As soon as he is allowed up in a chair, it is important to see to it that he sits down and gets up correctly, and that adjustments are made so that he maintains good posture in the chair. A child in a wheel chair with feet dangling and back distorted because the chair is too deep indicates a failure to apply principles of good body mechanics. As the patient begins to walk, seeing to it that he wears good shoes—not bedroom slippers—and that he walks correctly are a part of nursing.
The application of good body mechanics and posture in general nursing may seem a formidable undertaking when we consider that, to be really effective, all members of the nursing school faculty and the head nurses and staff nurses must be in sympathy with the aims. The hospital administrator and the doctors must understand and approve the program. Enough time must be allowed for staff education which will include practice periods to be sure that the graduate nurse really understands personal body mechanics and is aware of how this applies to patients. Only when this is done can we hope that the lessons on good body mechanics and posture taught the student nurse in the classroom will be carried into her ward experience.

Many schools, while including instruction in body mechanics and posture in the nursing arts course, do not feel that they are ready to plan for a broad application throughout nursing. Part of the difficulty has been the lack of nurses who were qualified to organize and teach good body mechanics and posture. Much has been written in recent years regarding this problem. That this written material is not solving the problem is demonstrated by the number of letters received by the Joint Orthopedic Nursing Advisory Service from nurse instructors requesting help in this area.

As mentioned earlier, too few nursing education programs, either basic or advanced, have in the past included sufficient instruction in body mechanics and posture to help the nurse develop good neuromuscular patterns or to make her secure in applying principles of good body mechanics and posture for her patients. The National League of Nursing Education, aware of the need for expert help in this area, appointed a subcommittee of the Committee on Curriculum with Jean Barrett as chairman to study the contribution which the physical therapist might make in nursing education. In her course in physical therapy and in her practice, the physical therapist gains knowledge of good body mechanics and skill in applying it. Physical therapists have in the past taught massage or given nurses an orientation to physical therapy procedures in many schools of nursing. They have seldom been called upon to function in a program directed toward helping nurses apply good body mechanics throughout all nursing. It was thought that guides would be needed both to interpret nursing needs to the physical therapist and to interpret to nurses what the physical therapist has to offer, if a dynamic program were to be developed. In order to profit by the thinking of physical therapists and nurses throughout the country, work committees, which included a physical therapist, a public health nurse, a nursing arts instructor, and an instructor in the basic sciences or a specialist in one of the clinical fields, were appointed in various communities.

The wealth of material which came from these committees indicated the very real interest in the problem. It also posed a problem for the subcommittee in getting all of the material into a form which would be sufficiently concise to be usable without omitting any of the valuable suggestions. To
Miss Barrett goes great credit for the handbook* which contains outlines suggesting how the principles of body mechanics and posture may be integrated in all areas of basic nursing education, and how the physical therapist may make a contribution which will strengthen nursing. These handbooks may be found at the League booth.

The integration of principles of posture and body mechanics in all nursing not only will protect the nurse from undue fatigue and strain, but will also promote early convalescence and prevent some of the untoward effects of bed rest for the patient. To accomplish results, the student nurse must be taught good body mechanics from the time she enters the school of nursing, and every effort must be made to help her make use of such teaching, whether in the classroom, in the nursing arts laboratory, or in her room in the nurses' home. Further, since the student nurse learns much from her observation on the wards, we must be sure, through organized staff education programs, that nursing personnel have the opportunity to learn the principles of body mechanics and posture as they apply both to their own activities and to their care of the patient.

In closing, may I suggest that, to be successful, any program for integration must include not only the nursing school faculty and the student but all other hospital personnel, including the doctor, the hospital administrator, the orderly, and on through the list, not forgetting the carpenter who will be called upon to build foot supports or help with adjustments of furniture.

PSYCHIATRIC PRINCIPLES APPLIED TO GENERAL NURSING CARE

MARION E. KALKMAN, R.N.

In nursing, we have become aware of the fact that as nurses we are not doing so good a job as we should like to do. This has been brought home to us by the opinions expressed in the Bernays reports and recent articles such as Irene Carn's "We Must Nurse People Better" in the March, 1947 American Journal of Nursing, and similar articles. In trying to discover what is wrong or what we can do to improve our nursing, many people seem to feel that psychiatry has something to offer us. Possibly this is because psychiatry is that branch of medicine which is concerned with personal relationships, and nursing is deeply concerned with the problem of nurse-patient relationship. This point of view was ably presented in another article which appeared in the Journal of October, 1947, Dr. Mary J. Sherfey's "Psychiatry Belongs at the Bedside."

If it is true that psychiatry has something to offer nursing, what are some of the psychiatric principles or concepts which could be applied to all nursing, and how can we integrate these principles into the nursing curriculum? It is

impossible to enumerate, even partially, a list of specific principles or concepts which could or should be applied to all nursing. I will mention only a few which seem to me personally ones which could prove of value. I shall merely use them as examples, and indicate their general application.

The first of these is the concept of the patient as a total personality. Psychiatry takes us away from the point of view of becoming deeply concerned with a special organ or part of an organ to the exclusion of the rest of the body. It teaches us to consider the whole individual, and to make our nursing care inclusive enough to encompass the entire patient. It goes even further and teaches us to regard the patient as a person, unique and different from any other person in the world.

Psychiatry also teaches us that we cannot separate a human being into body and mind, but that the two aspects of the personality are inextricably related. Nothing can affect the body without affecting the mind, and whatever happens to a man's mind may cause profound physiological and even organic changes in his body. The whole concept of psychosomatic medicine, which has received so much attention in recent years, is based on this concept. This means a new orientation for the nurse. No longer can she compartmentalize her nursing knowledge to one clinical service or another, but there must be a much freer flow of ideas and a carrying over of knowledge from one area to another and an integration of all of them with an understanding of the patient's psychological needs.

Another important concept is that the nurse learns that behavior of certain kinds can be regarded as a symptom as significant as a fever, a rash, or a broken bone. Behavior as a symptom is just as much in need of being understood and treated as any of the physical symptoms just mentioned. Learning why people behave as they do under certain circumstances is just as important as learning why an organ of the body behaves as it does when under stress.

Again, psychiatry makes the nurse aware of herself as a therapeutic agent. It teaches her that she does something to the patient by virtue of her own personality. Her attitude toward the patient may prove more powerful either beneficially or harmfully than the medication which she administers to him.

For my final example I should like to mention the important concept of flexibility. Flexibility teaches the nurse to recognize the individual needs of the patient and to be able to adjust herself and her nursing techniques to the patient's needs. No two patients are alike, and no two patients can be nursed successfully by identical methods.

I have chosen these examples of psychiatric principles almost at random from a great body of information to indicate to you the qualitative changes that psychiatric concepts can work in our present nursing practices. The next question we must ask ourselves is do we want to accept these principles and apply them to all nursing? Are we prepared to make the changes in nursing practice that such principles will necessitate? When the principles of aseptic technique were learned, the application of these principles revolutionized
the medical and nursing techniques of the day. If we wish to apply psychiatric principles, this will mean in nursing the acquisition of some completely new attitudes, for the application of psychiatric principles to all nursing is not so much a matter of absorbing new theory as of accepting new attitudes. This can be both difficult and painful.

Let us, however, assume that we have agreed that we wish to reorient present nursing practice in the light of our newly acquired psychiatric principles. It may now be interesting to inquire whether a serious attempt has ever been made to do this in any hospital or institution on any large scale. Neither in my own experience nor in the literature could I find any evidence that this has been accomplished, though many articles have been written in the past ten years advocating the desirability of integrating principles of psychiatry throughout the nursing field and the nursing curriculum.

A start, however, has been made in this direction, and this, in the field of pediatric nursing. This movement has been led by a group of progressive pediatricians, of whom perhaps the best known is Benjamin Spock, whose book on child care has become almost a best seller. These physicians have succeeded admirably in applying important psychiatric concepts of child development to the care and treatment of children. The nurses who are associated with these physicians have helped to integrate these principles in their nursing care. As an example of some of the changes in pediatric nursing which have taken place, I can remember my own experience as a student nurse in pediatrics when I was reprimanded by the supervisor for picking up a child to feed it. Today on a modern pediatric service, the pediatrician not only requires that the child be held in the nurse's arms for feeding, but actually prescribes cuddling for it.

More and more, this generation of young physicians is accepting the principles of psychiatry and applying them in the practice of medicine. In addition to pediatricians who have been mentioned, allergists, internists, gynecologists and dermatologists have been particularly active in recognizing the concepts of dynamic psychiatry. These concepts have had a profound influence on these young physicians, and have often necessitated a reorientation of their ideas of treatment in their particular specialty. How are we going to prepare nurses to work with physicians with these new ideas? How well are they going to be able to carry out the nursing care such physicians prescribe?

Gone forever are the days when good nursing consisted of giving a bed bath competently, making a bed with properly mitered corners, and being able to administer a dose of medicine correctly or to give a hypodermic or an enema, or to prepare a mustard poultice. Nursing today demands all this and a great deal more in addition in the form of sensitive and skillful psychological nursing care.

A program to prepare nurses to meet the challenge of both the public and the medical profession will not be easy. Nor can it be accomplished in a
short time. Let us see if we can visualize a plan which might be used as a kind of blueprint which could be carried out in successive stages.

The majority of schools of nursing in this country today are affiliated with hospitals which do not have a psychiatric service. Let us assume we are trying to work out a plan for such a school and such a hospital.

1. An affiliation with a progressive psychiatric hospital where adequate theoretical teaching and experience would be available to all student nurses in the school. This is the first, the most obvious and probably the easiest step to accomplish. In many states psychiatric affiliation has become a legal requirement for registration. This step also serves as an important introduction of psychiatry in the home school and hospital. When students come back from their psychiatric affiliation, they put into practice in their home hospitals many of the things they have learned on affiliation. Head nurses become aware of the students' increased sensitivity to the patients' needs. Physicians are pleasantly surprised by the improvement in charting and the keenness of the students' clinical observations. Instructors and supervisors encounter more interest and more questions in all of the clinical services. The younger students become very curious about the experiences the older students relate about the affiliation and look forward to their own affiliation.

2. Some of the affiliating students come back to the home school and tell the director that they felt they had not been so well prepared for their psychiatric affiliation as they might have been. They report that the transition might have been easier, and that they might have been able to learn psychiatry faster had they understood some basic concepts of the psychology of normal personality. This brings us to the second step. Somewhere in the nursing curriculum—and many nursing educators believe it should be in the preclinical period or at least during the first year—there should be a course which would teach student nurses the principles of the development of the personality and some of the basic techniques by which human beings handle emotional problems.

Some schools have nothing in the nursing curriculum to take care of this most important and basic psychological material. Some schools teach this in a special course entitled "Mental Hygiene." Other schools have revised their psychology courses to include this material. I should just like to mention in passing, the excellent book by Dr. Bert I. Beverly, The Psychology of Growth, written for student nurses, which serves this purpose admirably. Another very good book, but somewhat more advanced, is Emotional Problems of Living, by English and Pearson. The study of personality development and common mental mechanisms is as important to the modern nursing curriculum as is anatomy and physiology.

3. The third step which the director can take is to secure the services of a competent psychiatrist who is familiar with and interested in the emotional problems of adolescent girls. His duties should be twofold. He should be
available to any student nurse who wishes to consult him regarding her problems. The procedure by which the student reaches the psychiatrist should be made as simple, natural, and as free from an embarrassing or frightening aspect as possible. All records should be considered strictly confidential. No information which the student gives should ever be available to the nursing office, and no reports of any kind should be made to the nursing office. The psychiatrist, however, at his discretion should be free to discuss such aspects of the student’s problem as relate to hospital routine or to hospital personnel with the director or other members of her staff. The second function which the psychiatrist can fulfill is that of consultant to the director of nursing and the nursing school faculty whenever policies are being considered which will have some bearing on the psychological needs of the student body.

4. The fourth step is the education of the nursing school faculty in psychiatric principles and attitudes. This will vary greatly with the background of the individual members of the faculty. Some of the faculty already will have had a fairly good orientation to psychiatric principles. This is especially likely to be true of the younger instructors. Others will not have had even the basic undergraduate affiliation. It is not an easy problem to inculcate new attitudes, or for instructors to be willing to accept a new and somewhat different orientation to nursing. This must be something that the faculty members want themselves. It cannot be forced on them by the director. However, by her own attitude, the director can do much. She will need much tact, patience, and an understanding of the various emotional problems of her faculty members.

The director, herself, can set the example by deepening her own knowledge of psychiatric principles. In some instances she may encourage instructors to make up the deficiency of their undergraduate course by taking a deferred affiliate course. Other techniques which can be used include institutes, workshops, discussion groups, journal clubs, and special speakers.

The importance of the education of the faculty in psychiatric concepts must be stressed. Students absorb only what the instructors are able to give. One cannot expect to educate a student nurse regarding the importance of psychiatric principles in her care of the patient if her instructors are either unaware or indifferent to this problem, or if they are unable to give the student any concrete help. The instructors will also learn that they will have to give to the students emotionally as well as giving theoretical or factual material. That is, an instructor cannot point out to a student that her neglect of an unpleasant patient constitutes a rejection which could be harmful to the patient and expect the student to change her attitude, if the instructor herself is rejecting of the student.

Along this same line of thought there must be consistency in the application of psychiatric principles from the director down through the faculty to the student nurse to the patient. There are several other members of the
nursing staff who play very important roles. The first of these is the housemother, social director or whatever title is given to the individual or individuals responsible for the students when they are not on the wards or in the classroom. The housemother is one of the critically important individuals in the life of a student nurse. Too often she is poorly prepared and poorly paid. She, certainly, should be aware of the modern concepts of guiding adolescent girls and really be able to apply these principles, knowing what effect she has on the student and why.

The other important group consists of the ward supervisors and the head nurses. If they are rigid and lacking in understanding of the student on the ward, if they are constantly critical of her efforts, if they belittle her work as just that of a student, if they are punitive, or if they resent her as a competitor, it will be almost impossible for the student to apply psychiatric principles in her nursing care of the patient. Therefore, it is important that the housemother and the supervisors and the head nurses be inculcated with psychiatric attitudes as well as the student and faculty. This is best accomplished not by telling them that they ought to have a different attitude toward the student nurses, but by giving them what one would like them to give the students.

An overworked, unappreciated head nurse will never be able to look with sympathy and understanding at a student’s problems until her own self-esteem is raised and her work is duly appreciated. This often needs to be done by concrete demonstrations by the director, administration, and nursing faculty. If the student is to become cognizant of the emotional needs of the patient, her head nurse, instructor, and housemother must be cognizant of her emotional needs. And in turn, the director of nursing must be cognizant of the emotional needs of the head nurse, instructor, and housemother. A good director can often accomplish more for her patients and students bydevoting more time and attention to the problems of her supervisors and instructors than by working directly with students.

The next step will be a revision of the nursing school curriculum to integrate the principles of psychiatry into every course taught. Lenore Kimball, in the paper which she read at the Illinois League of Nursing Education in Chicago last October, indicated how the psychological aspects could be integrated in anatomy, physiology, and other science courses as well as in the clinical subjects.

The application of psychiatric principles into the nursing curriculum will also entail the introduction of some new techniques in teaching. For psychiatry is concerned chiefly with attitudes rather than factual information. This is much more difficult to teach. One is faced with the problem of helping the student to experience, understand, and evaluate feelings rather than ideas, and new methods of teaching must be evolved.

The final step will be the introduction of the new nursing concepts into all of the clinical services. Earlier in the paper it was indicated how this is being
attempted in pediatrics. These same principles can be utilized in all of the other services as well. It will, however, take courage, imagination, and the close cooperation of physician, nurse, and all others engaged in the care of the patient.

It will be a challenge, it will be hard work, but the reward will be the knowledge that we will really be doing the whole job in nursing.

REFERENCES


BOYD, DAVID, JR. Mental Hygiene Problems of Student Nurses. Mental Hygiene, Apr. 1945, 27:198-221.

CARN, IRENE. We Must Nurse People Better. AJN, Mar. 1947, 47:148-152.


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ELECTION OF OFFICERS 153

SPECIAL BUSINESS SESSION
Wednesday, June 2—8:00-8:45 a.m.

The special business meeting, held in the Grand Ballroom of the Palmer House, on Wednesday, June 2, 1948, was called to order by the president, Ruth Sleeper, at 8:00 a.m. Response of the members to the roll call indicated that a quorum was present.

REPORT ON THE ELECTION OF LEAGUE OFFICERS

New York, New York
May 28, 1948

Mrs. Henrietta A. Loughran, Secretary
National League of Nursing Education
1790 Broadway
New York 19, New York

My dear Mrs. Loughran:

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 President, Treasurer, Nurse Director and Lay Director.

The results of the voting are as follows:

Total ballots received ........................................... 3,748
Total valid ballots .................................................. 3,664
Invalid ballots:
  Omission of name and address on outside envelope .......... 53
  Postmarked after May 1 ........................................ 31
                                                               84
President:
  Agnes Gelinas .............................................. 2,444
  Virginia Olcott .............................................. 1,194
Treasurer:
  Henrietta Doltz .............................................. 1,805
  Marjorie Bartholf .......................................... 1,786
Nurse Director:
  Ruth Sleeper ............................................... 2,779
  Mrs. Eugenia K. Spalding .................................. 2,194
  Mrs. R. Louise McManus .................................. 1,866
  Lulu K. Wolf ................................................. 1,561
  Mildred I. Lorentz .......................................... 1,529
  Julia M. Miller .............................................. 938
Lay Director:
  Mrs. Genevieve K. Bixler .................................. 2,615
  Mrs. Arthur H. Spiegel .................................... 987

Very truly yours,

BERNER AND DERRY
(Certified Public Accountants)

Respectfully submitted,

ALMIRA H. HEMSTEAD, Chairman of Tellers
MARY J. PRENDERGAST, Co-chairman
The report was accepted, and the secretary read the names of the officers-elect who would assume office at the end of the closing business session.

President—Agnes Gelinas
Treasurer—Henrietta Dolz
Nurse Directors—Ruth Sleeper, Eugenia K. Spalding, R. Louise McManus
Lay Director—Genevieve K. Bixler

DISCUSSION OF THE PROPOSED STRUCTURE
OF NATIONAL NURSING ORGANIZATIONS

Miss Sleeper then stated that the present special business meeting had been called to discuss the proposed structure of national nursing organizations which had been considered at the meeting of the House of Delegates of the American Nurses' Association the previous evening. She stated that she would like to put two questions to the League membership:

1. Do you, as members having responsibility for nursing education, believe that the proposed structure can and will give sufficient autonomy to protect and promote the purposes of the League on local, state, and national levels?

2. Do you believe the provision for lay participation now contemplated will give to nursing education the support necessary from general education and from the community?

Miss Sleeper stated that the League's representatives on the Committee on Structure were convinced of the crucial importance of giving the Division of Nursing Education in the proposed new structure a considerable degree of autonomy. This autonomy should be sufficient to assure nursing education freedom to plan programs and engage in research as well as an ample budget to move forward.

As for the actual government of the proposed new organization, Miss Sleeper pointed out that, in the national House of Delegates, the body of final authority, nursing education would be assured of two educators from each state, although there might be additional educators even though they were not elected as representatives of nursing education. On the Board of Governors there would be one nurse from each national specialty section and two from each division, thus assuring nursing education of three representatives out of about 30 members on the Board of Governors. Miss Sleeper pointed out that, under present arrangements, the League now has over 9,000 members, and a Board of Directors concentrating on the problems of nursing education. Moreover, the League's budget is now over $200,000, or one third that of the $600,000 budget of the American Nurses' Association.

Ada Hawkins (Michigan) pointed out that, although the funds available to the National League of Nursing Education may be one third of those of the American Nurses' Association, in Michigan the state league had only one sixth as much income as the state nurses' association. Since the estab-
lishment of the Michigan Nursing Center Association, which involves the pooling of current income of all nursing groups within the state, the state league has been in a far better financial position than it was formerly.

Isabel M. Stewart (New York) stated that the representatives of nursing education per se in the House of Delegates and the Board of Governors would probably not be the entire number of nurse educators in these bodies. There would be people interested in education in all specialty sections and doubtless some of them would serve on the Board of Governors as representatives of their sections. She suggested that it might be wise to put each subdivision of the two proposed divisions on a par with each section, so that each division would have three representatives on the Board of Governors. This would be particularly desirable because of the large number of groups represented by the conferences of schools.

Agnes Gelinis expressed confidence in the proposed arrangements for conferences of schools, stating that it would be highly desirable for all schools to meet together and not to be divided into three groups.

Clara Brouse (State Board of Nurse Examiners, Ohio) stated that the arrangements to have a Conference of Secretaries of Boards of Nurse Examiners would put into effect the best thinking from both the collegiate and diploma programs.

Ruth Harrington (Minnesota) pointed out that (1) the League's present budget is only about one fourth of the total budget; (2) a large part of the League's income is derived from League activities and this source of income would still be available to the proposed new organization through the service bureaus, and (3) the unification of nursing groups might well attract more grants from Foundations.

Miss Sleeper stated that it might be necessary to write into the bylaws how earnings would be allocated. Earnings from League activities are put into a common fund and are spent for activities which are most needed.

Mary Burr (New York) stated that the rank and file of nurses now know little about nursing education, and a greater support to nursing education might accrue from a unified structure. Miss Brouse agreed, stating that it would bring into the circle of those participating in nursing education programs many assistant head nurses and head nurses who now hesitate to join more than one professional organization.

Miss Sleeper stated that, rightly applied, the proposed new pattern of organization could lead to a much stronger educational program—one supported by all nurses. If the three representatives of nursing education on the Board of Governors were active, they could show the others how important nursing education activities are to all nurses. On the other hand, if they did not effectively interpret the cause of nursing education, they might be unable to get the necessary support for education.

She stated that she was not fearful of the proposed plan, but she did feel a terrific responsibility in participating in plans so vital to nursing education.
Alma Gault (Tennessee) stated her strong belief in the plan, but urged that energy and time be not dissipated in the development of too many specialty sections. She said that in this way the interest of the younger people might be lost.

Lois White (Texas) pointed out that the proposed new structure would be of particular advantage to local leagues. The members would have fewer meetings, since now almost all of them are members of the American Nurses' Association as well as of the League.

The statement of principles to be considered in planning for a single organization* made by the Executive Committee of the League Board of Directors on behalf of the League was then discussed.

It was moved and seconded that there be added to item 2 of this statement (pertaining to the authority of special areas of interest) a provision for the allocation of funds derived from activities of the sections and divisions to the respective sections and divisions.

In the discussion of this motion, Stella Goosnay pointed out that this was a detail which was inappropriate for inclusion in a statement of principles. Henrietta A. Loughran stated that it was a dangerous proposal in that funds could not then be allocated from a common pool in accordance with the need for them. Lois Austin stated that it might hinder the work of the organization and result in some activity, such as research, not getting necessary funds.

A vote on the motion lost.

Unanimous acceptance of the statement of principles as put forward by the Executive Committee of the League Board was then voted.

The meeting adjourned at 8:45 a.m.

**JOINT PROGRAM MEETING**

**Wednesday, June 2—9:00-11:30 a.m.**

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

*Speakers:*

- **ESTHER LUCILE BROWN, PH.D.,** Director, Study of Schools of Nursing, National Nursing Council, New York, N. Y.

*See page 132*
Dr. Studebaker’s speech, “General Education,” has been published in the September, 1948 issue of the American Journal of Nursing, pages 587-589.

Dr. Brown’s speech was a progress report on the study of schools of nursing which she was conducting under the auspices of the National Nursing Council and with the financial support of the Carnegie Corporation. At the request of Dr. Brown, her speech is not reproduced here because it was believed inadvisable to print out of context any part of, or remarks concerning, her study. The complete study, entitled Nursing for the Future, has been published by and is available from the Russell Sage Foundation, 130 East 22nd Street, New York 10, New York.

LUNCHEON OF THE NATIONAL LEAGUE OF NURSING EDUCATION

Wednesday, June 2—12:30-2:30 p.m.

Presiding: EMILY C. CARDEW, R.N., President, Illinois State League of Nursing Education

Speaker: WILLIAM C. MENNINGER, M.D., President, American Psychiatric Association

 OPPORTUNITIES IN NURSING FOR A SATISFYING LIFE

WILLIAM C. MENNINGER, M.D.

Your Committee on Program, apparently with great optimism and no qualms, invited an outsider to discuss the opportunities in your profession to live a satisfying life. The invitation asked that I stress the constructive aspects of the profession of nursing and point out the opportunities which the profession of nursing offers for optimum self-realization. Presumably, the committee wanted me to talk about the psychology of the nurse, her personality, and the problems and opportunities that confront her.

Most physicians have very definite ideas and attitudes toward nurses and their work. The attitude of the individual physician often is not what we wish it might be. On the other hand, the day to day working relationship of doctors and nurses, their mutual interdependence, their intimate sharing of problems, should leave no doubt as to the esteem in which the nursing profession is held by the physicians. In fact, nursing and medicine are so intertwined that for the physician to pay special tribute to the nurse would be almost like paying tribute to himself. We are essentially one group.

A discussion of the subject of “The Opportunities in Nursing for a Satisfying Life” with you—a group of our most progressive nurses—might appear to be like carrying coals to Newcastle. Presumably you should know far better
than anyone else of these opportunities. Any life work devoted to unselfish service, particularly when it deals with the health of human beings, could certainly be assumed to be a life full of opportunity. On the other hand, your Committee on Program evidently believed that a discussion of this subject might be helpful. Perhaps they did so on the basis that, in all walks of life, it can be helpful to have some friend evaluate us, show us our liabilities as he sees them, point out our assets, and most of all, be able to point out opportunities at our own doorstep of which we were unaware.

This title implies that there are some negative aspects in the present situation, as well as in the past, which in some degree operate to limit the nurse's satisfactions in life. There are many handicaps and obstacles in the development of the profession of nursing, some of which give rise to personal problems for the individual nurse. These I should like to enumerate briefly as background for a discussion of the opportunities for richer living. Many of these handicaps have a definite relationship as limiting factors to the development of the constructive outlets.

**Factors Limiting the Nurse's Opportunities**

**Professional Heritage.** In many ways, nursing and my specialty of psychiatry face somewhat similar problems currently, because of common experiences in their background. Both are comparatively young in contrast to many of the other fields of medicine. It is my understanding that Bellevue Hospital is celebrating the seventy-fifth anniversary of the founding of its school of nursing, which is said to be the first in the United States, beginning in 1873 with six students. Certainly prior to 1850 any activity in hospitals that took place as the precursor of nursing was, like the situation in psychiatry at that same time, something to which none of us in those fields can point with pride. Those of us in these young sciences are not yet permitted to lose sight of the many misconceptions about us, that the psychiatrists are the direct descendants of the dungeon guards and the key keepers and that the nurses are similarly blood relatives of the charwomen and food stealers whom they replaced.

With such a mushroom growth, weaknesses and many inconsistencies and inadequacies in us at our present stage of development should not be surprising. It is understandable that you should be having considerable difficulty with personnel policies and with modernizing practice, particularly because of the many varied situations in which nursing is trying to function. These problems can and are being studied and solved. But momentarily they seem colossal.

**Administrative Problems.** Directly related to the evolution of nursing as a profession is a problem which impresses many of us, at least on the outside, and also, I believe, impresses many of you on the inside of the profession. This is the great number of service details that harass and cripple and hamper
the real work of many nurses. In my Army experience, traveling from one hospital to another, I was again and again impressed with the fact that often the nurse had minimal time for direct contacts with patients. It seemed to me that she had to check in the milk bottles and count the linen, direct a young army of ward attendants, and entertain officers. The Army was famous for paper work, but in many of our civilian institutions the nurse does almost everything but bedside nursing. Perhaps this is a somewhat overdrawn picture, but I am quite sure that the number of service details and the administrative paper work too often cheat nurses out of their most important contribution and the real job for which they were educated.

_Nursing Education._ Like medical education, nursing education, at least for the great majority of nurses, stressed the physical aspects of illness and gave training particularly in mechanical and physical procedures. This training ignored very largely the total person for whom the physician and nurse are responsible. Certainly, the most glaring defect in medical education has been the stress on the anatomical and chemical aspects of disease and the ignoring of the fact that someone lives and feels and thinks in that body which is sick. Fifty per cent of the patients who come to doctors do so primarily because of emotional problems, many of which are manifest in physical symptoms. Like the doctors, most nurses never receive any scientific instruction regarding the emotions in health or disease.

One could give many illustrations of this defect in nursing education that can be demonstrated in most hospitals today. If one looks at the average nursing chart, it is precise in giving the temperature, pulse and respiration, the medication, the treatment procedures, and the dressings. But in nine out of ten cases one could assume that these notes were written about some kind of machine or automaton that neither felt nor thought nor spoke. Almost never does one find any indication of how the patient reacted to the nurse or to what the nurse did, or to the doctor or to the relatives.

Another amazing inadequacy in the education of the nurses in most schools is the total failure to teach anything about interpersonal relationships or how to relate themselves to patients, what to say or not to say or how and when to say it. In psychiatry we have learned that there is a very definite science as well as an art in the interviewing of patients, in forming the all-important personal relationships with the patient. This matter is far more scientific than mere intuition or good judgment. It is the type of psychotherapy that is most frequently used by every physician, whether he calls it by that name or not. While the nurse’s contacts with patients are hardly so formal as to be regarded as psychotherapy, they are, for better or for worse, an extremely important factor in improving or threatening the health of the patient. Unless she has some scientific understanding of this relationship and her part in it, she—and her patient—are that much handicapped.

A third deficiency in nursing education is that not more than one nurse
out of twenty, in the course of her training either in lectures or in practice,
is given any understanding of the anatomy or physiology of the personality.
Whereas she has to learn about the anatomy and physiology of the body,
in many instances she graduates without the ability even to recognize a neu-
rotic symptom, let alone having any rational explanation of its origin or
method of expression.

Duty Hours. Still another bugaboo for the satisfactory life of a nurse has
been the long day which she has had to work. In too many places, even at
present, she is expected to do twelve- or even twenty-hour duty. In many
places nursing has met resistance to a change from the practice on the part
of physicians. In the great majority of our mental disease hospitals, most
nurses and nearly all attendants are still working twelve hours a day. No
one with any understanding of human nature can expect an individual to be
efficient over that long a period, nor to have much opportunity for a satisfy-
ing life.

The resistance on the part of doctors has been not merely because of
blindness to the personal needs of the nurse. It has been largely because of
the economic problems which arise when a patient requires twenty-four-hour
nursing duty. Quite understandably doctors are sympathetic with the patient,
and sometimes in deep conflict over the fact that the patient cannot afford
the expense involved. I do not presume to have any solution for this problem.
However, in giving the nurse a greater opportunity for a more satisfactory
life we incidentally enable her to do a better job while on duty. The eventual
solution of this problem is a major responsibility for the nursing profession.

Educational Standards. Nursing also has an extremely difficult problem
to solve in relation to its educational standards. We are faced with a dilemma,
a complex dilemma. We must have many more nurses than we currently have.
At the same time, nurses want their specialty to take its rightful place among
the other professions. Because most nursing schools take their students di-
rectly from high school, the great majority of nurses at the present time do
not have a college degree. Other professions require not only a college degree
but from two to four years of post-college graduate study. Therefore, more
and more nurses are combining nursing education with university courses
which lead at least to a bachelor's degree. A few in leadership positions have
gone on to procure their master's and doctor's degree.

This trend has its complications—complications that only the nursing pro-
fession can solve. Many of us have the impression, maybe incorrectly, that
the more education the nurse obtains, the further she gets away from bedside
nursing and the more distasteful the many menial, though necessary, functions
of the bedside nurse become to her.

This lack of advanced education prevents some nurses from enjoying the
most satisfactory life. With other professional people, and even with some
of her patients, who have had more time for the study of languages, art,
literature, music, she may have a feeling of insecurity and may develop unrecognized and ineffective defenses against such a feeling. However, the chance to use and develop nursing skill is sufficient compensation for many nurses.

**Constructive Steps to Increase the Opportunities**

In spite of the problems that face the nurse and the nursing profession in the realization of optimum self- and group-realization, I should like to suggest some positive steps that can be taken in this direction. From a broad psychiatric point of view, these are all concerned with improving mental health, that is, increasing one's satisfaction, efficiency, social adjustment, and real fun in living. Insofar as any of us are chronically unhappy, or dissatisfied or frustrated, we are to that degree unwell. I do not mean to imply that such unhealthiness necessarily requires professional help; in the great majority of cases it does not. Our emotional state does directly affect our capacity to work. Therefore, in addition to locating the defects and causative factors that handicap us in achieving maximum self-realization, we should, with more earnestness and intelligence, take aggressive steps toward their correction.

I should like to discuss these briefly under three heads: the emotional security of the nurse, the potential ways to increase her satisfactions, and the full acceptance of the implications of her profession.

**Emotional Security**

Emotional security is one of the cornerstones of mental health. All of us need to feel comfortable with our family, with our friends, and in our job. We want to be accepted socially and be economically secure. Most of all we need internal security—peace of mind.

First, it seems to me that nurses could greatly profit from a revival in spirit, expressed in practice, of the idealism of Florence Nightingale. Each must re-evaluate her motivation; why did she choose this profession? Nursing, along with medicine, is suffering momentarily, in the opinion of many of us, from a wave of commercialism to the neglect of professional idealism and the mission to serve. The problem boils down to the question of whether we are going to work just to make a living or whether we are interested in making a life. Those who are interested merely in making a living can find ways that are far more profitable economically. When that becomes the sole or even the chief aim, then it is a discredit to the pledge we have taken.

On the other hand, as we can become less selfish, less prejudiced, and more considerate, more creative, more generous, more cooperative, more intelligent, we become more emotionally mature. All workers in every field of medicine need maturity and the sense of a purpose in life, and that purpose is primarily to meet a social need through research or service. Strong positive
motivation makes it possible to withstand and overcome stresses that otherwise threaten security.

A second step is to develop in the nurse a far broader vision of her professional potentialities. Too often ignored or unappreciated is the fact that the personality of the nurse is one of the chief and most potent medicines that the patient receives. Her specific attitude towards each patient and her words of encouragement, reassurance, and explanation are far more important than anything she does in the way of providing physical care. Unless she becomes aware of these facts and develops a scientifically controlled friendship, given in specified doses, she misses the greatest opportunity in her role as a nurse.

Many of you are already aware of the new approach to medicine and to patients, known as psychosomatic. This concept implies no less interest in the physical aspects of the patient, but a much greater and clearer recognition of the psychological factors in illness. It is the nurse’s opportunity, in many instances, to know how her patient feels and thinks and behaves, even more acutely, and perhaps more accurately, than the physician. I need not tell you that the family visits may cause temperature rises; that some patients do not want to get well—and don’t; that fear may be more difficult to relieve than physical pain. It is the nurse’s special privilege and obligation to modify all of these and many other factors and symptoms to the best advantage of the patient. When she can do this all-important job in a superior fashion, the significance to her, in her sense of confidence in a task well done, is obvious.

And third, the nurse can gain greater security by taking positive steps toward the improvement of her standards of practice. Too many nurses, like too many doctors, forget about studying once they have finished their formal education. They quit growing; they quit making original observations; they quit learning better ways of carrying their responsibility. Whenever we find a nurse who does study, who does go on growing in her profession, she has minimal insecurity, either among her associates or in mixed company.

Greater Satisfactions

An important requirement for mental health is the necessity to find satisfaction. Very often its absence is related to insecurity, that is, lack of confidence. There are, however, many situations in which one feels no threat, but a sense of dissatisfaction is conspicuous. Often, this may be traced to failure to use our best abilities, either because of our own efforts or because of externally imposed handicaps. Then there are times when we should be dissatisfied and are not—if we have restricted our vision, compromised our ideas, or maintained illusions through apathy or laziness or indifference. Therefore, along with efforts to gain greater security, one may well consider ways and means of gaining greater satisfactions. Nurses, like doctors, can consider—
How to increase individual stature. We need to grow not only in our professional lives but in our interests, vision, and contacts. Many of us are inclined to get in a rut; we follow the same routine, we mix with the same little clique. We quit growing. Nursing education, like medical education, tends to restrict the individual during the intensive years of his study. Too often, the result is a tendency to go on in post-training days maintaining the limitation or even isolation of interests, experiences, and social contacts. If one is serious about wanting an optimum self-realization, it is well that he take cognizance of this situation and proceed to take steps to change it by cultivating new interests, widening social contacts, and taking advantage of community programs.

How to broaden professional interests. Again, nursing, like medicine, requires the same basic education of all nurses, but medicine has become so extensive that specialization has become necessary. For many of us, this opportunity is especially desirable and gives us far more satisfaction. Nursing has had to progress in this same direction so that the finish of the three-year course may, in many instances, mean merely the start of education. It represents the groundwork from which one can go into new fields, often pioneering fields. Many nurses find great satisfaction in graduate study or specialized work; many others may need to be challenged with such opportunities. In this connection, I cannot resist pointing out the terrific need for superior nurses who are well trained in the field of psychiatry. Although psychiatry is responsible for approximately 50 per cent of all hospital beds in this country, 1.7 per cent of all nurses (5,500 out of 317,800 nurses!) are in psychiatry.

How to recognize the psychological implications of her work. The greatest satisfactions come to the nurse who recognizes the psychological implications of her job in relation to her patients. Intuitively, many do so, but the facts are such that they could be taught to every class of nurses. Of all professions, the daily work of the nurse best symbolizes the role of the mother. Many nurses sublimate the yen to be a mother in the opportunities afforded by their profession. What, then, are the problems of the mother-child relationship—the fearful child, the naughty child, the anxious child? What is the mother’s—and therefore the nurse’s—role? This isn’t God-given information; it has become a body of scientific data. Each nurse can make such knowledge her own, thus insuring her of greater satisfactions in her work.

How to find creative outlets for her energy. No mature individual can reach the optimum self-realization unless he can find outlets for his creative instincts. Often this can be done as a part of the professional work. To many, research gives the greatest satisfaction in the exploration of new worlds. Certainly there is no professional field that is in any greater need for research than nursing. On the other hand, every individual can choose voluntary fields of activity for unlimited creative opportunity in the form of hobbies, whether
these be gardening or stamp collecting, painting or composing. For many there is equal satisfaction in the many forms of recreation—reading, attending concerts, playing games, traveling. The point is that creative and recreational activities are not merely an indulgence; they are a requirement for a healthy personality. This is an especially pertinent consideration for nurses. If and as you change from a 120- or 72-hour work week to one of 48 or 44 hours, how are you going to devote that leisure time to increasing your satisfactions in life and your own professional advancement?

*How to implement aspirations and dreams.* Any individual, including any nurse, who becomes routinized and rigid, established and complacent, is falling short of her maximum self-realization or her greatest satisfactions. Such a state of affairs only means a resignation. Nurses do not have to give up being women and citizens. It is unfortunate if they should give up their dreams and hopes for a home and family. Certainly, inside and outside of hospitals nurses are also citizens and live in communities. Never need any nurse permit herself to become an isolated, one-track spinster, and it is extremely unfortunate if the nursing profession, either because of its present make-up or because of its attitudes, ever permitted such a prospect to be accepted as the expected outlook of the nurse.

*Acceptance of Responsibilities*

Another method by which the nurse might obtain a richer, more satisfying life is the clearer realization, the broader vision, and the actual fulfillment of the responsibilities confronting medicine and in particular the nursing profession. In a sense this is a responsibility of the total nursing profession, but in the final analysis depends upon individuals. Therefore, only as each individual senses the possibilities and sees the vision can the full responsibilities of the nursing profession be discharged.

In the first place, I think we must recognize and press for priorities in needs. We know that there is an enormous shortage of personnel. We need nurses in many specialized fields. We know that we must improve training methods. We know that we must acquire far more tested knowledge, and that means more research. Who can carry this out but the nurses themselves? Nurses are far from reaching their maximum integration with other cooperating disciplines, not only with physicians but with all the technical professional groups that are associated in medicine—the physiotherapists, occupational therapists, social workers, laboratory technicians, psychologists, medical rehabilitation experts. What do they know of the nursing profession and its operation, and what does the nursing profession know about their techniques and operations?

Secondly, it would seem very important that the entire nursing profession intensify its efforts to solve individual and community problems in the care of the sick. No one can escape the economic bugaboo that currently concerns
the public and confuses many prospective candidates for the profession. We can be sure that few persons choose nursing as a profession because of the financial gain. On the other hand the public is aware that the costs of private nursing care are beyond the ability of all but a limited group. Therefore, present methods must be perfected and additional means sought for the provision of nursing service. This may mean an extension of community programs for nursing, visiting nurses in school systems, voluntary health insurance covering nursing. We need to develop auxiliary groups, whether we call them practical nurses or some other title, who can augment the nurses’ efforts. Such groups must be adequately trained and guided. They must be given a sense of dignity and idealism about their work. Furthermore, in the utilization of such personnel we do not want to relegate the rank and file of our nursing profession to being merely desk executives. Giving the public more adequate medical care confronts all of us in medicine and nursing. If those of us in medicine fail to take the initiative in the solution of this problem, we face the prospect of individual lives much further from optimum self-realization.

Many more of you must assume individual responsibility for leadership. You must carry an advisory and educative role in many areas, to your associates, to the other professional groups within medicine, to those large groups of individuals who want and must make use of your services—the public. Information about your abilities and needs must be provided to important persons and groups. Through the public health nursing field, you have a special responsibility to interpret the health problems of the community to the community. Nurses need to be heard in higher circles. You need to develop more nursing statesmanship, with persons who can establish contact with those in high authority at the right time and advise them in the right way.

And finally, there is great need to raise individual sights to encompass a greater horizon and obtain a clearer recognition of the need and the responsibility that each nurse carries. The job is not one that can be carried out alone by our leaders. The nursing profession is judged by the friends and patients who come in contact with each individual nurse. Therefore, I ask, are you individually prepared to represent the best in nursing, to interpret the needs and the opportunities, to provide the guidance and the vision for those who follow? I must leave the answer to you.
CATHOLIC SISTERS' CONFERENCE

Wednesday, June 2—2:30-3:30 p.m.

Presiding: SISTER MARY THERESE, R.N., Chairman, NLNE Committee on Sisters

The meeting was opened by the chairman who reviewed the report which Dr. Esther Lucile Brown had given at the convention. The greater part of the meeting was given over to a discussion on how the curriculum in schools of nursing could be strengthened, on the possibilities of a collegiate integrated program, and on the centralization of schools of nursing.

The consensus was that for the coming year effort should be centered on:

1. Evaluation of clinical facilities
2. Faculty preparation
3. Finance

The Sisters were urged to have active committees on current revision during the year.

SPECIAL INTEREST CONFERENCE

Thursday, June 3—2:00-3:15 p.m.

Presiding: NELLIE X. HAWKINSON, R.N., Professor of Nursing Education, University of Chicago, Chicago, Illinois

Speaker: ESTELLE MASSEY OSBORNE, R.N., Instructor, Nursing Education Department, School of Education, New York University, New York, New York

Discussion Leader: ESTHER LUCILE BROWN, Ph.D., Director, Study of Schools of Nursing, National Nursing Council, New York, New York

HOW THE PHILOSOPHY OF GENERAL EDUCATION CAN FUNCTION IN NURSING

ESTELLE MASSEY OSBORNE, R.N.

Nursing, which is really as old as mankind, is usually described as one of the youngest of the professions in the United States. Its "oldness" has often caused it to be taken for granted, as are those who have lost vitality, while its youth has created an air of mere condescension on the part of a public waiting for it to grow up.

Today, however, nursing is growing up. Like a vibrant, sensitive debutante,
nursing is creating a whirlwind of talk in all circles. Hospital administrators and the consuming public are frantic to see more of her; the schools, like anxious parents, are struggling desperately to find the funds to keep her going; the nursing organizations are faced with the problem of trying to assure her appearance at all the places she is expected, and at the same time to safeguard her welfare in so doing. The School Study may provide "the coming-out party" which will attract to nursing new allies and new assurances of a bright and more dynamic future, if not the traditional "happiness ever afterward."

When health was considered freedom from disease affecting the physical body, nursing was primarily concerned with the nursing problems of curative medicine. As the concept broadened to include preventive, as well as curative medicine, to include the mental as well as the physical, the concept of nursing was forced to expand to meet the broader needs.

The National League of Nursing Education pointed the way. Pursuant to studies of the duties nurses were expected to perform, the Standard Curriculum for Schools of Nursing was published in 1917 to suggest the kind of education needed for nursing. It was revived, and appeared as A Curriculum for Schools of Nursing in 1927, and later, in 1937, as A Curriculum Guide for Schools of Nursing. Each revision represents a progressive step toward coping with the rapidly changing needs of society and the educational needs of the nurse.

The thing the League, or any other single organization for that matter, could not do, was to break many of the traditional patterns within and without the profession which prevent the development of the proper soil in which to plant new ideas affecting the education of nurses. The hang-over of autocratic and militaristic attitudes and methods are in sharp conflict with the adjustment aim in education projected in the Curriculum Guide. Hospitals, which serve as the laboratories of schools of nursing, control the educational process in the majority of nursing schools, as contrasted to other fields of education where the laboratory is subordinate to the educational controls. As a result, the service roll of the student nurse is so intricately tied up with her educational role that the danger of overemphasizing the former is always present. A service curriculum has been imposed upon a subject-matter curriculum without sufficient coordination to assure professional outcome.

One of the recommendations from the recent Report of the President’s Commission on Higher Education urges provisions for education of people from six to sixty. Working as we do in the laboratory of life, with both sexes and all age groups, races, and creeds, nurses have an enviable opportunity to become highly proficient and serviceable in the area of health teaching. Operating on the democratic principle in education, projects of several types can be developed which involve all of the personnel in a dynamic program to educate patients, their relatives and friends which will be
reflected in the broad community. In one institution known to the writer, the following plan was used:

An over-all committee was set up to plan the objectives for health teaching. The following groups were represented: attendants, dietitians, maids, nurses, orderlies, physicians, stretcher-bearers, waitresses, and so on. The nurses were represented by graduates on each level and students.

Methods of implementation of the objectives were planned so that each representative had a specific job to carry out in his work area. One orderly became so effective in teaching other orderlies and male patients about the social factors in relation to venereal disease that he was used by the local Social Hygiene Association for lecture work among factory workers. An attendant developed a human interest story around a urine specimen which lifted this otherwise dull and routine procedure into an important part of the teamwork for patient care.

Students developed teaching conferences in a ward solarium in connection with the visiting hours, where relatives and friends of patients who wished to remain twenty or thirty minutes after the visiting hours on certain days might do so for specific information or a question-and-answer period. At such times the state of readiness on the part of people for learning about health is usually high. Reading material was culled from authentic yet popular sources and made available, without cost, to those who wished to take it out. There was no alarm if it was not returned inasmuch as it was accumulated without cost. Appeals to Mr. Fix-It on the radio brought ample magazines. The students were taught to choose between sources and sensational fads; the students checked the articles desired, and convalescent patients found delight in cutting and pasting for effective use. This participation heightened the interest of the patients in the health conferences in which they were often active participants.

One patient who entered the hospital in diabetic coma responded so well that several months after her discharge she was invited to the nursing school to talk to a class of nurses. From her experience as a diabetic she made a valuable contribution to the education of student nurses. This woman later organized a group of citizens into a "Diabetic Club," and for the past eight years has been an effective health educator in this realm.

Graduate nurses made studies of factors affecting the health of the personnel. Inasmuch as representatives of every department participated in the Health Planning Council it was much easier to get cooperation from each department in correcting situations than if a single department approached another.

In her report, Dr. Brown referred to professional criteria (Flexner's) and to the fact that today many nursing schools and their products do not meet such criteria. The registered graduate nurses who need more education are, for the most part, the nurses who can least afford the cost of additional study. There is likewise a dearth of scholarships to aid them. If we are to get from
where we are to where we want to be, it seems imperative that we, among other things, exert ourselves more as citizens to gain support for Bill S2588 which was introduced into the United States Senate on April 30, 1948, "to provide grants and scholarships for medical, dental and nursing and public health education."

In the meantime nurses themselves can do a great deal to raise scholarship funds in their own localities. In one situation, impetus was given to study and the raising of funds for study through the development of a five-year plan in which the immediate and long-range goals were clearly defined. Representatives from each group of nurses—administrators, supervisors, head nurses, general duty and students—participated in developing the plan. When it was agreed, for instance, that one year of specialization should be one requirement for a supervisor, each of the present supervisors, lacking such education, was given an opportunity to discuss with the administrative committee whether or not she was interested in further study. If so, she could then say whether or not she could finance such study, or discuss any other problems which might be involved.

After such individual conferences, the group of supervisors met, agreed upon the time limit for securing the additional preparation, which in this case was two academic years and three summer sessions. Staggered schedules were prepared by the supervisors to indicate when each preferred studying and where. Those who preferred studying in the locality and those who could finance themselves were urged to go first. Study leaves were secured, with the assurance of return to their present positions. Those who could not finance all or part of the cost of their study were provided either loans or scholarships, the money for both having been raised by all the nurses in a three-night Jamboree, and by a few large contributions from citizens. (Incidentally, proceeds from the Jamboree were divided equally among each group of nurses, the students using all theirs, except a loan fund, for recreation.) This same plan was used on the other levels. At one time nineteen graduate nurses from this institution were studying at leading universities in the country.

Each time an individual or group returned, it was like a breath of spring to what had been a rather inbred and static situation. Much more can be said and done about taking some of the good people we have and making what our profession needs.

The philosophy of education today makes necessary a re-evaluation of our relationship to others. As our concept of the community grows, our world becomes smaller. Our nearness to, and our interdependence with, peoples of other cultures in all parts of the world become more obvious. It is on the background which nurses have had up to this moment, whatever its strengths and weaknesses, that we must build the equipment necessary not only to broaden the concept of health and nursing, but also to develop rapidly the nurse as an important factor in relation to a one-world philosophy.
In pointing out the relationships of health to the peace of the world, Dr. Brock Chisholm, executive secretary of the World Health Organization Interim Commission, has written the following:*8

"Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." ... In less than a year sixty-three nations recognized this conception of many of the social troubles now plaguing the world, and the fact is highly significant. ... In relation to all those parts of his environment external to himself, man is learning very fast to compete successfully. ... The only real threat to man left in that part of the universe known to him, as far as can be seen now, is man himself. The fact that methods are actually available for wiping out all life over great areas has changed the conditions of living for every person in the world. ...

From the point of view of the human race, the potentials of biological warfare are not greatly different from those of the possible chain reaction in atomic warfare. The fact that effective warfare no longer depends upon manpower, heavy industries, machine production of any kind, air forces, armies or navies, completely changes the conditions of living on this small planet. ... Given even one good bacteriologist, a few technicians, and a few hundred fanatics, the small countries of the world can wage the new kind of warfare just as effectively as can the largest and most industrially organized countries.

The ability of the human race to survive will depend on its ability to adjust itself to this entirely new kind of environment. ... It is very fortunate that, at the same time that this colossal threat to the survival of the human race has arisen, the human sciences—psychology, psychiatry, sociology, social anthropology, education and others—have reached a stage of development where through them it is now possible to understand the human being, his mental and social functioning, at least much more fully than ever before, and even to begin to chart the necessary conditions of his survival.

Every word of Dr. Chisholm's article is a real challenge to nurses, and to nurses as citizens.

Nursing is as old as mankind, and as long as mankind struggles for survival there will be nursing. But whether or not nursing survives as a profession depends on the ability of nurses—all of us—who must make the necessary adjustment to meet the needs of society today, and the anticipated needs of tomorrow.

In closing, I quote from A. J. Todd's Theories of Social Progress:

So long as conformity to the mores is the prime demand, very little teaching, and that quite uninspired, is needed. Fourth-rate men are good enough to pass on superstition, tradition and colorless orthodoxy. But let education become dynamic, let it thrill with a vision of becoming the chariot horses and the chariot in which society shall urge itself forward to a better day, and men and women of the first rank will arise and consecrate themselves to making the vision full reality.

DISCUSSION OF THE BROWN REPORT

Dr. Esther Lucile Brown then led a discussion of the report which she had made the preceding day on her Study of Schools of Nursing. She answered several questions put to her concerning her thinking as to various points brought out in the study. Because of Dr. Brown's desire that her opinions should not be reproduced out of context, the discussion is not reproduced here, but the reader is instead referred to Nursing for the Future, by Esther Lucile Brown, obtainable from the Russell Sage Foundation, 130 East 22nd Street, New York 10, New York.

JOINT PROGRAM MEETING

Thursday, June 3—8:00-10:00 p.m.

COMMUNITY PLANNING FOR NURSING CARE

Presiding: RUTH W. HUBBARD, R.N., President, National Organization for Public Health Nursing

Speakers:

LEONARD W. MAYO, S.S.C.D., Vice President, Western Reserve University, Cleveland, Ohio; President, National Council of Social Work

LUCILE PETRY, R.N., Chief, Division of Nursing Service, U. S. Public Health Service, Washington, D. C.

ORGANIZING THE COMMUNITY FOR NURSING SERVICE

LEONARD W. MAYO, S.S.C.D.

The main theme of this conference is "America's Nursing Care—A Professional Challenge and a Public Responsibility." My part in it is to examine with you how the community, that is, any community, may be organized or mobilized to assist in the further development and strengthening of nursing service. It is well that you have recognized how essential is the participation of citizens and citizen groups in this whole process. Neither your profession nor mine would have started or made the progress it has without such participation.

Citizen participation is essential to the proper direction, development, and extension of every health and welfare service in every community in the land. The record clearly shows that without it adequate progress in the development of such services has never been made in a single community. It is essential because these services belong to the people, not to the profes-
sions that administer them. It is essential because citizens must understand services and the needs they are created to meet, before they can be expected to support them. It is essential because a profession grows stale unless it is constantly ventilated by the fresh air of citizen inquiry, criticism, and cooperation. It is essential because citizens themselves need the constant practice and experience that derive from participation in joint enterprises at the community level. Our faith in the democratic process increases as our effective participation increases.

Citizen participation in health activities takes on a deeper meaning when the basic purposes of health services are constantly reviewed. Their purpose is to prevent breakdowns or disintegration in the lives of human beings, to conserve human life, and to enrich human relations. These broad and basic purposes obtain in all phases, aspects, and adequate expressions of social and health work.

Whenever and wherever citizens have failed to participate to a reasonable degree in the direction and development of community services, it has been due, I dare say, quite as much to a lack of conviction and finesse on the part of the professional group as to any indifference or coolness on the part of citizens. One of the first attributes of a skillful administrator or staff member in a health agency is the ability to engage the interest and sustain the support of individual citizens and citizen groups. In all fairness it must be added, however, that in some communities, the most skillful and adroit methods based on a real conviction on the part of the professional groups have produced only a smattering of citizen participation. Why? Are some communities endowed with more leadership material than others? Undoubtedly that is so, but it is equally true that persistent efforts on the part of experienced professional people will produce leaders in due course in almost any community.

The crucial question is whether nursing organizations throughout the country can develop the "know-how" needed, first to engage the participation of citizens and citizen groups, and then to engage in effective teamwork with them in the development of nursing services.

First of all you must be quite clear as to what you wish to accomplish as a profession at this crucial time in your history. As I understand it you want and need the following as a minimum:

1. A substantial increase in the number of nurses in all categories. This means renewed effort in recruiting and doubtless some extension of present facilities for professional education in all nursing fields.

2. Ways and means of informing the general public with relation to the present shortage and how it may be met. This requires some knowledge of public relations and of the structure and pattern of community life.

3. The participation of an ever-increasing number of citizens and citizen groups to act as shock troops and bearers of the torch in the solution of
these and related problems. This calls for a knowledge of what is involved in community organization and some skill in carrying out the process.

Before nursing can move ahead on these three closely related fronts it must be sure that as a profession it is sound and wholesome at the core. No profession can properly present itself to the public, asking for its support and backing in new or renewed endeavors unless its own house is in order, its self-imposed standards high, its ethics impeccable, and its philosophy rooted deeply in a concept of service. The nursing profession has made great strides and rendered notable and noble service to mankind over the last fifty years. Unless it is still pressing forward toward new frontiers of effort and attainment, unless it is still seeking better quality of service and improved educational standards, it will not have a solid foundation upon which to build the enlarged structure it now plans.

Do not allow the pressing needs of the present to deter you from the high standards for which you have worked so long. Let your critics attack you, as they have and will, because you will not accept short cuts in education; let the uninformed and those who have no respect for the art and science of nursing have their day in court; let those who do not realize that poor quality spread thin is still poor quality have their say. Your job is clear-cut and the challenge before you is unmistakable. Keep your standards high. Your responsibility is to the patient, not to your critics; to the public you serve, not to the exigencies of the moment; to the ideals of your profession, not to expediency.

If an adequate job of organizing the community for nursing service can be done, many of your critics will be answered and support will come from unexpected quarters. There are at least five steps to be taken in this process of community organization for nursing service:

1. Research, that is, an analysis of the problem of nursing shortage. How many more nurses does your community require in accordance with accepted standards?

2. Interpretation of these facts to the community. Every conceivable and constructive method of communication should be used—the radio, newspapers, magazines, and public addresses. The medical profession is one of the most effective channels of interest because the public sustains a deep respect for the physician and gives ear to his pronouncements. The entire medical profession in every community should put its shoulder to the wheel in this respect.

3. Organization. Organization is merely an orderly and purposeful arrangement of skills or abilities. In this case it would consist of organizing an effective central committee under appropriate auspices in a given community designed to get the facts, interpret them, and work assiduously for the improvement and extension of nursing service.

4. Mobilization. This consists of bringing together or mobilizing the local
organizations, groups, individuals, and funds necessary to effectuate the objectives set forth by the central committee or a similar body.

5. Negotiation. Negotiation is applicable to and a part of any successful community organization venture. It is the art of presenting a cause in a diplomatic manner and consists of bargaining without the loss of one’s objectives or the lowering of one’s standards; it starts where one’s “prospect” is and moves forward from there. It is a method of arriving at worthy ends through educational means rather than through high-pressure tactics.

The process of community organization for any purpose or cause is long, slow, tortuous, and unspectacular. It requires finesse and unending patience. In substance it consists of making the objective, its cost, and its importance, clear; in picking skillful and experienced people of high standing to present it and work on it; and in focusing attention on the bottlenecks, local, state, and national, that prevent its consummation.

The importance of qualified citizens in this process is at once evident. Those who are not members of a profession are frequently far more effective in its support than those closely identified with it. A prior and fundamental responsibility, however, rests with the members of the nursing profession itself. They must do for themselves what no one else can do for them in keeping the heart of the profession sound, its ideals high, and its standards beyond reproach. When the citizen and the nurse each plays his part, a team is created that can be increasingly effective in deepening the respect of all people for the nursing profession and in obtaining for it the support it needs and so richly deserves.

There has been extensive discussion, both at this conference and throughout the year, among the several groups here represented concerning structure and various important matters related thereto. As a layman in relation to your profession but as a member of another profession deeply concerned with many aspects of the same problem, I would remind you that while structure is important, back of structure is purpose, and back of purpose is philosophy. Gordon Hamilton, one of the country’s leading social workers, said many years ago in this connection that as members of a profession we may differ on the periphery or with respect to form and structure, but we dare not differ at the core for the core is concerned with basic philosophy. Thus it seems to me that we are placing the cart before the horse when we discuss structure in preference to basic philosophy, unless, of course, we are quite clear as to purpose and basic philosophy.

Probably at no time in our history has it been as important as it is now to give your attention to the formulation of a philosophy or the common core of your profession. We live in an era when the need for national and international unity is great, and one of the few universal languages through which we may speak to all peoples is the language of health. A health program for this nation and for the world which would surpass in quality and extent
anything we have yet known would be of incalculable value to the unity of the world. Many years ago Benjamin Franklin wrote a paragraph which is as pertinent today as it was when he penned it. "God grant," he wrote, "that not only the love of liberty but a thorough knowledge of the rights of man may pervade all the nations of the earth so that any man at any time may set foot on any soil and say with conviction and assurance, this is my country." The honest and vigorous pursuit of the highest tenets of your profession will do much to bring that to pass.

Franklin's words are a challenge to your profession and to mine. The extent to which we can meet it will go far in shaping our future; for it is increasingly clear as Arnold Toynbee has pointed out that "The character of our response will determine the chances of our survival." The survival of our professions as such is of no significance; it is the survival of the peoples of the world we seek and for that we work and for that our professions exist.

I wish you well as you set your hands to the many tasks before you and I bid you be mindful as you work that what you do, what you say, and what you think are of tremendous and profound significance. In a real and almost frightening sense, vast numbers of people are depending upon you, your skill, your integrity, and your vision. You dare not, and you will not, let them down.

COMMUNITY NEEDS FOR NURSING CARE

LUCILE PETRY, R.N.

What does the community need in the nursing field today? Who shall determine the amount and quality of nursing services needed in a hospital, community, state, or nation? Nurses themselves are the experts in nursing. If they are truly expert they know that services must be designed which fit into current practices in medicine, public health administration, and hospital administration. If they are truly expert they know that services must be designed to meet total health needs of the people to be served. Planning nursing services and delivering them is a three-way job involving nurses themselves, related professions, and the people. We should say too that planning those phases of medical care and health services which are beyond nursing is also a three-way job in which nursing is one of the related professions.

The goal of nursing, like that of hospitals and health agencies, is not independently evolved but is interdependent, related to those of all the health professions. That goal is the physical and emotional health of all people.

Let us think of the people who desire health. Can they purchase health, which is always a positive trait, like a commodity? Can it be bestowed upon them by health workers? Is health not rather a state of being which must be worked for and earned by its possessor? If so, the nurse's task then is not that of a salesman but of a partner in a process which involves both individ-
ual and group action. With this viewpoint the nurse will see her role as one of engaging her partners, the people, in the business of securing health for themselves and for their neighbors. How much our people are willing to pay for health, what proportion and what caliber of the population will elect a career in the health field, how well conceived will be the community plans for health, can be determined to a considerable extent by the vision and leadership of nurses. If the nurse regards health as something superimposed upon the community by experts in nursing and the related health professions, she may expect that the community will be slow to change its health concepts. It will look to her and her colleagues in the health field primarily for curative rather than preventive aid. Every advance will be an uphill fight against public apathy. But if she recognizes that her patients and people are not spectators but performers in the drama entitled "Search for Health" the psychological interpretation of her role will be different. As General Marshall has said, "The attitude of the spectator is the culminating frustration of man's nature."

The practices in the related professions directly affect our own. For example, when rapid treatment is used for venereal diseases, the nurse spends more time in locating contacts and bringing them in for treatment than in visits to induce the one first patient to come to the clinic weekly for eighteen months. When penicillin is a factor in medical practice nurses give innumerable intra-muscular injections and few hot sterile moist compresses on infected wounds. The design for nursing follows designs made in these related fields. But if ours is to be a truly creative profession, it must also develop its own practices and administrative patterns for meeting the needs both of our patients and of our colleagues in related fields. We must create patterns which will take into account mass case-finding techniques, mass treatment practices, body-mind relationships for all patients, and methods of preventing the degenerative diseases of our aging population. As I see it, this means re-thinking, re-analyzing our functions particularly in three major fields—administration, planning, and research. Of all the needs of the community in these fields of nursing I shall discuss these three briefly.

Administration is too often governed by habit and custom. Science, governed by experimentation, has provided us with knowledge beyond that which our present system of administration permits to appear in practice. Administration by habit blocks progress. Scientific change we meet with courage. In administration we seek the traditional, the commonplace, and the least unusual approach. Let us expose our administrative habits to unprejudiced investigation and aim consciously to accept change after considered choice with courage rather than fear. A hospital nursing service administrator told me last month that a year was required for all the various types of nursing personnel to adjust to a realignment of activities among them and to become a new functioning entity. A year is not too long to adjust to change but a
year is too long to spend in dreading and postponing the steps necessary to effect the change.

I have a feeling that, if each of us put our operations under critical review and measured them against the gauge of modern health concepts, we would find that some things we are doing are not as essential as we had thought them to be while others would be shown to merit far more attention than they are receiving.

In the administrative field, how much thought are we giving to the utilization of nurse services in a coordinated program of public health and hospital activities? Presumably, all of you have read or are planning to read, the joint report on this subject issued by the American Hospital Association and the American Public Health Association and published in the May issues of their journals. The report outlines specific ways in which time and labor can be saved and the public better served through close coordination of hospital and public health services. They recommend that these two health facilities be brought together, physically and functionally, sharing space, sharing staffs, working as a real health team to bring both preventive and curative medicine to the people. This concept is particularly significant in view of the way the hospital survey and construction program is developing. Many of the projects that have been planned under this program so far involve the construction of small hospitals of fifty beds or less. If these facilities are to justify their cost, they must be broadly utilized. The building should be more than a hospital. But, as you study this need, are you planning what changes in your own activities, in your own hospital or public health job, can be made to facilitate such coordination? There ought to be more of the kind of thinking I came across some time ago when I met a nurse in a remote county of a midwestern state. She was supervising the nursing service of a very small hospital which was staffed only by a practical nurse, and simultaneously, she was serving as public health nurse for the eighteen hundred people in her county. She was able to handle both jobs efficiently because she never thought of them as “both.” She was carrying the coordination principle into actual practice. When she ordered supplies for the hospital she also ordered for the public health work, and in a dozen other ways she made one move serve two purposes.

The plans for a more integrated hospital system and the trend toward admitting and caring for long-term and psychiatric patients in the general hospitals are other concepts which directly affect administrative patterns. Have we analyzed what these trends mean specifically in terms of nursing—what part, for example, the nurse will play in stimulating a flow of personnel back and forth from small institutions and health centers to large medical centers? Have we anything to contribute to the methods that must be evolved for referring patients from small hospitals to large medical centers? What can we do to make the integrated hospital system better serve its objective of providing higher quality care for more patients and of filling gaps in rural
areas? These are some of the broad administrative challenges nurses must meet if they are to fill needs of communities. Equally important, however, are the small operations of our day-by-day practice. How much time is being wasted and in how many communities by nurses who are still placarding the houses and making routine home visits to patients with communicable diseases? This practice is practically unnecessary now. Yet countless surveys reveal that it is still being used quite extensively. How much needless time and money goes into unnecessary bookkeeping and accounting procedures? Just the other day I learned of a nurse in New York State who, after studying her agency’s elaborate system of accounting for nurses’ carfare, worked out a simplified system that is going to save several thousand dollars. If we put our minds to it, we can find countless ways of attaining more efficiency in our mechanical operations without sacrificing the effectiveness of personal relationships which are the prime essential in therapy.

Probably no line can ever be drawn between administration and planning, the second point for discussion here. Administrative procedures are determined by the plans that create the need for them. However, I believe that every nurse—not merely those in administrative positions—has a vital function in the planning field. The nurse who is actually doing the job, by the bedside of the hospital patient and in the homes and clinics and health centers, has perhaps the best opportunity of all to analyze whether her time is spent in maximum productivity.

Too often in the past, the nurse has been a silent bystander when plans and policies were being made. The hospital, the physician, the community, without benefit of the nurse’s counsel, determine the money she will spend, how she will spend it, and where her time will go. Not long ago, when I was conducting a course for nursing school administrators in hospitals, I began my first class by asking the group the dates which their various hospitals used in computing a fiscal year. Out of some twenty persons in the class, only two of them knew. Obviously, these nurses—every one of them in an administrative position—had no voice in the budgeting processes of the hospitals which operated the schools. Certainly, if we view nurses as members of a health team consisting of the members of the community in which we serve and the colleagues in related fields with whom we work, it will be apparent that we can fulfill our task only by participating in all stages of planning as well as in the execution of health programs.

Planning calls for more intelligence than emotion. Have you seen the plans for merging an official and a nonofficial public health nursing agency stopped by antagonism of one person? When centralization of nursing schools is planned, old loyalties to a mistaken notion that this one school is the best in the state is an obstructing emotion. Can intelligence find a way to deal with these emotions? Then planning can proceed.

Perhaps one reason we have hesitated to insist upon our rightful place at the planning and policy making table is because, in some respects, we are
ill prepared for this role. We know what we think should be done, but only
in rare and isolated instances have our opinions been tested by sound re-
search procedures. The professional body of knowledge which has been
gathered by our research and transmitted through our writing is scanty, and
it represents, in the main, extracurricular activities of nurses. The idea of
allowing a nurse time and money for basic research or significant writing
is not yet generally accepted and probably will not be until nurses them-
selves become more acutely aware of these responsibilities. Why didn’t a
nurse get the idea for the hypospray? We are the ones that are most handi-
capped by the old-fashioned syringe. Are we meeting the challenge which
Dr. Paul V. Lemkau recently threw out to us in discussing what public health
nurses can do in mental hygiene?* He pointed out that in this field the nurse
will have to do research. No other professional person gets into the homes
of so-called “normal” people as often as she does. She is the best one to know
how frequent mother-in-law troubles are in the general population; she can
count the number of under-stimulated old people in her case load; she can
evaluate the sex problems of our adolescents. Dr. Esther Lucile Brown, also
appealing for more nurse participation in research, has said, “activity analyses
of what constitutes current practices in bedside nursing in a variety of situa-
tions are badly needed.” What is the scientific basis of estimates of staff
needed in various types and sizes of hospitals? Some studies in this field,
both on a hospital-wide and on a statewide basis, are going forward but,
speaking generally, the nursing research field has barely been touched.

Moreover, we are not making full use of the studies and research we have
done because we haven’t had time to correlate it and write it up. The Cadet
Nurse Corps program, for example, has given us a tremendous volume of
data which would undoubtedly have great value if it were analyzed, tabu-
lated, and made accessible to the profession. Probably many of you could
site other examples of meaningful work that is being done throughout the
country, work that will never bring widespread benefits to the profession
simply because no one has the time to collect and publish the facts. In nursing,
an increasing number of doctoral dissertations and masters theses are appear-
ing on subjects which bear on general practice. But do you and I know where
they are and what they contain? It takes a nurse years to write a book when
she has to depend on nights and week-end hours and there is no question
but what the quality of nursing writing, as well as research, suffers by being
a thief of scarce leisure. Professional schools in other fields and progressive
industries pay for full-time and part-time research and writing activities.
We, our patients, and related professions suffer because books, studies, and
research projects die unborn.

Nurses often participate in research in clinical medicine. The extra nursing

*Lemkau, Paul V. What can the public health nurse do in mental hygiene? Public
services required are seldom included in the budget. Often nurses do not know what is being searched for. I can name two such projects in which nurses contributed vital creative ideas but this was accidental. In still another situation a clinical director who made nurses a part of his research psychiatric team complains that they are the only members from whom no spark is elicited. He blames our system of nursing education. Communities need the result of our studies and research.

Summary

Three needs of the community in the field of nursing have been discussed. First—the need for sound administration of all nursing services. Every nurse, the ultimate effector, is involved whether she is executing the plan for her own day's work or whether she represents nursing in the administrative councils of large hospitals and agencies. The single patient or community needs administration which makes for economy and effectiveness and which is in line with best new thinking. Administration must be by choice after experimentation, not by habit. Second—planning the provision of nursing services also involves every nurse. Nurses are the receptors of knowledge about needs of people and this knowledge contributes to planning. Planning calls for thinking with our heads rather than our hearts. Planning aims at providing effective nursing services of all types to all people. Planning for service is the basis of planning for education of personnel. Third—the community needs nurses who can carry out studies and research and who can add to professional literature. Research and studies should be carried on by nurses with expert advice and by nurses on teams of other researchers. Research is the basis for action and is aimed at improvement of services.

In meeting these three needs, nurses engage all citizens, some of them patients, as performers. Nurses locate citizens who have capacity for leading roles, who can give direction and financial backing to health programs. Nurses are learning rapidly to work together—witness the progress made at this convention and visualize our intensified conversations when we return home. Nurses are assuming their responsibilities as citizens. We know that we are not apart from the community but of the community, and it has a right to receive from us services over and above the special skills with which we earn our livelihood. Also, nurses are learning to be experts in scientific friendships which make interpersonal relationships count for most. We are warmed and excited by new ideas and challenges.

What will be the character of our response tomorrow? Can we translate these ideas and challenges into wisely directed action with objectivity, without resistance and without fear of change? Can we alter authoritarian patterns in schools and services and create a climate of freedom for investigation, development of additional leadership? If so, we can enter with greater vitality into the comprehensive partnership which works for health.
CLOSING BUSINESS SESSION

CLOSING BUSINESS Session

Friday, June 4—9:00-11:30 a.m.

The closing business session was called to order by Ruth Sleeper, the president, at 9:05 a.m. The roll call indicated that representatives of 41 states were present.

APPOINTMENT OF THE COMMITTEE ON NOMINATIONS

In accordance with the Bylaws, the president appointed two members of the Committee on Nominations, and the membership present at the meeting elected three members of this committee. The president appointed Martha Jayne of Connecticut, chairman, and Flora D. Goode of Mississippi. Grace Watson of Washington, Laura Wood Fitzsimmons of Georgia, and Margaret F. Grainger of Maryland were nominated and elected by the membership.

NOMINATIONS OF REPRESENTATIVES ON COMMITTEE ON STRUCTURE*

The following nominations were made from the floor for the representatives of the League on the Committee on the Structure of National Nursing Organizations: Ruth Sleeper, Massachusetts; Anna D. Wolf, Maryland; Nellie X. Hawkinson, Illinois; Stella Goosray, Massachusetts; Julia M. Miller, Georgia; Sister Mary Xavier Kinney, Michigan.

Elections were by ballot. The president appointed as tellers Sister M. Ancina of Minnesota as chairman, Celia Cranz of Ohio, Martha Johnson of Maryland, and Marjorie Johnson of Massachusetts.

RESIGNATION OF STAFF MEMBERS

The reports of staff members and committees, scheduled for the opening business session but postponed at that time, were then presented. In connection with these reports, the president announced the resignation of two staff members, Emma Spaney, assistant director of the Department of Measurement and Guidance, and Kathleen Newton, assistant consultant in orthopedic nursing. Miss Sleeper also announced that Miss Spaney had been appointed a technical consultant to the Department of Measurement and Guidance.

*See page 238.
History will probably record the current year as a "year of decision" in nursing. Decisions are now being made by the nursing profession and for the nursing profession and rapidly shaped into action. Fundamental and widespread changes are occurring in the underlying philosophy of and in the nature of the nursing care given to patients. Nursing is not passing through an evolutionary stage. It is going through a revolution. Ample evidence is available to underscore this statement.

At the close of the meetings in Seattle in September, 1947, it was decided that the director of studies would visit selected hospitals along the way on her return east. These visits were to be made in connection with the nursing service study to be undertaken during the fall.

Beginning in Seattle, 15 hospitals were visited on the return trip. Later visits were made to six other hospitals along the East Coast between Washington, D. C., and Boston and one in northwestern New York. Altogether 22 hospitals were visited. All of these hospitals except two either operate a basic school of nursing or receive students for experience through an arrangement with a university school or by affiliation. In both places where there are no basic students, courses are being conducted for trained practical nurses. In four of the hospitals having basic students, practical nurse students were also found, and two hospitals reported that they expected to have practical nurse students as well as basic students in the near future.

I have used the term "selected" in reference to the hospitals visited. Two principles guided the selection. First, we wanted the places visited to be places where it was generally understood that the rendering of good quality of nursing was an accepted policy, even though circumstances for the time being might prevent the full execution of this policy. Secondly, because of the recognition being given to the trained practical nurse, we wanted to visit hospitals that had had or were having experience with this nonprofessional worker and secure firsthand information on how she functions in the hospital nursing situation.

When I began the cross-country field work without the usual preliminary office planning, I thought the problem would be to locate hospitals where nonprofessional workers were employed. I soon found out from individual nurses and from nursing groups along the way that hospitals pretty generally were using nonprofessional personnel in nursing their patients.

But the nonprofessional worker I found was not the one I had expected to find. In our national discussions the nonprofessional worker who gives any considerable amount of nursing care to patients is the trained practical nurse graduated from an approved school for practical nursing. As indicated, I started out looking for her and I should have known better because there
were about 15,000 of such workers in the country in 1946*; it is probable that this number has not increased appreciably and it may have even decreased.

The nonprofessional worker who is giving nursing care to patients in the general hospitals visited is the worker trained on the job. She is assigned to practically all services in some hospitals, though not to all services in others. To "selected" patients she gives bed baths, takes temperatures, gives enemata, and performs other procedures which heretofore (at least before the war) were generally considered to be the functions of the professional nurse or the student enrolled in the basic professional program.

In two hospitals which had been employing trained practical nurses for some time and where an active training program was in effect, there were 40 trained practical nurses in one and 30 in the other. In the remaining 20 hospitals visited, altogether 10 trained practical nurses were reported. But in 21 of the 22 hospitals there were 979 workers trained on the job giving nursing care to patients. Usually it was stated that more workers of this type were wanted than were available.

The background of these trained-on-the-job workers varies tremendously, even though in most places visited some requirements were specified for employment. They may have had previous experience in caring for the sick in the home or in the hospital; they may be ex-students who did not complete their basic professional course; they may have been WACS or WAVES or, in the case of men, they may have been in the Medical Corps of one of the armed services; or they may be employed without any previous record of contact with the sick. Sometimes one or two years of high school education are required. The age range is all the way from 18 to 45 years or more. The characteristic which these workers have most generally alike is their unlikeliness. To define them and to attempt to classify them systematically would indeed be a difficult, if not impossible, task. Nevertheless, if the nursing service in these hospitals is at all indicative of hospitals at large, the trained-on-the-job workers are the people who, at the present time, are giving a considerable amount of care to patients in general hospitals.

In addition to the collection of data, observations were made on the trained-on-the-job aide at work in the hospitals visited on the East Coast. Not only did we want to see the kind of care she gave but we also wanted to see and talk to her and to the supervisors, head nurses, and the general staff nurses on the wards where she was assigned and to the patients she cared for. The attitude of the professional staff, including the director of nursing, differs. In some places—but relatively few—the director stated that the aides were employed because the graduate nurses were not available and that aides would be eliminated as soon as graduates could be secured. But the majority of the directors said that while the employment of aides was a measure of

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*Unpublished study, National Nursing Council, February 1946.
expediency, nevertheless they viewed the situation as an experiment out of which might grow new patterns of nursing service. In particular, this opinion was expressed in places where the aide was used to good advantage during the war.

The effectiveness of the use of the aide seems to depend upon the conditions under which she cares for patients, how carefully patients assigned to her are selected, what she is allowed to do for patients, and, most important of all, the immediacy and continuity of supervision. The plan of having the aide work with a graduate as a team tends to safeguard both the immediacy and the continuity of supervision. The second factor which appears to influence the good use of the aide is the extent to which all of the nursing service personnel are kept informed of what the aides can do and how they can function.

A very general interest was expressed in the study. Most of the places wanted to know what other places were doing and when the report would be available.

**Pediatric Nursing Study**

Through the summer months of 1947, the Department of Studies was largely concerned with the completion and printing of *A Study of Pediatric Nursing*. The planning with the printer of the type setup, which would tell the story of the tables and exhibits, and the reading of the galley and page proof occupied a considerable part of July and August. About October 1, 1947, the report was off the press.

Irrespective of any intrinsic value the pediatric study may have, it has importance in demonstrating a method of work. First, it was a demonstration of how three agencies, each with its special contribution, can cooperate in a project. Secondly, it demonstrated how a temporary full-time appointee, even one who has had no experience in the planning of studies or in the use of research tools but is highly qualified in her particular field, can function effectively given the necessary technical guidance. And thirdly, there is the value to the field worker herself and to her future professional contribution.

**Withdrawal Study**

Since the last report of the Department of Studies was submitted to the membership, the first two questionnaires on the three-year withdrawal study have been sent to the participating schools. In brief review, the plan of the study provides for the gathering of information concerning the withdrawal of students admitted to schools of nursing during 1947. It proposes to find out the number of students who will have withdrawn from school by the end of the first six months of the program and the causes of their leaving; by the end of the first year; by the end of the second year; and by the end of the
third year. The study will include approximately 900 schools which either admit students in February or in September or in both months.

The withdrawal study, spread over a period of three years, offers a good educational and public relations opportunity for the League with the schools. One way in which we can use the opportunity is to prepare reports at the end of each of the four periods when the data are collected and to send the reports directly to the schools. It would be our hope that the direct receipt of these reports would stimulate all schools to consider their own withdrawal rates and the causes of withdrawing in relation to the national picture and then to use their findings in a diligent study of their selective processes.

On September 1, 1947, the first questionnaire was sent to the 1,252 state-accredited schools. In 287 schools students were admitted in February, 1947, and the first report on that portion of the study appeared in the February, 1948, issue of the American Journal of Nursing. Preprints were obtained and one sent to every school with the routine January questionnaire on enrollment and other items.

On March 1, 1948, the second set of questionnaires was circulated. This questionnaire will gather information on the withdrawal of students admitted in February, 1947, during their second six months and the withdrawal of students admitted in September, 1947, during their first six months. The reports given in this questionnaire, like the reports in the first, will be summarized and the findings published in the Journal.

Other Statistics

The releases in the American Journal of Nursing on the statistical studies made by the Department of Studies have continued with their usual regularity. The release in the January, 1948, Journal gives the number of students graduated in 1947—40,744—and also the withdrawal rate of that class—39 per cent. The 1947 class has the distinction of being both the largest class graduated and also the class with the highest withdrawal rate. In round figures approximately 26,000 of the 67,000 students admitted to the class of 1947 withdrew before they completed their program.

That the withdrawal rate of the 1947 class should have exceeded the rate of any of the ten preceding classes was not unexpected. Pressure recruitment inevitably lets down the bars of discriminating selection. The immediate question is what can be done this year, next year, and the year thereafter to exercise better selection.

The only other statistics gathered during 1947 showing any considerable change were those concerned with the general staff nurses employed in hospitals connected with state-accredited schools of nursing. On January 1, 1947, the number of general staff nurses reported was almost double the number reported on January 1, 1946: 38,000 in 1947; 20,500 in 1946. On
January 1, 1948, there were nearly 51,000 general staff nurses in hospitals associated with schools of nursing.

Clinical facilities in hospitals operating schools of nursing (and in those associated with collegiate schools) have increased. Whereas in 1943 the number of patients in the median hospital was 112, in 1946 it was 134. This increase is reflected in each of the four basic services.

The education of entering students maintains an even level: 88 per cent of those admitted in 1947 were high school graduates and 12 per cent had one or more years of college work, of which 7 per cent had one year only. The admissions during 1947 were 38,210, an increase of 7,311 over the preceding year. Whether this increase was largely due to the recruitment program or whether it was largely due to readjustments in vocational fields is open to speculation. The total enrollment of students in nursing schools on January 1, 1948, was 91,643—6,443 more than in 1940, the last prewar year.

New List of Clinical Nursing Courses

During the fall of 1947, the new list of clinical nursing courses offered to graduate professional nurses was compiled. It was released in December, 1947.

Work with Committees, Other Agencies, and Groups

At the request of the Committee to Prepare a Statement of Objectives Concerning Federal Aid for Nursing Education, two sets of questionnaires were sent out: one to all state-accredited schools and the other to colleges and universities offering advanced programs in nursing education. Briefly, the purpose of the questionnaires was to gather information on funds received from governmental agencies for nursing education institutions. The report of the study was delivered to the committee in July, 1947.

The detailed work of the "Estimate of the Need for Professional Nurses, 1947-1960," prepared for the President's Commission on Higher Education, was done by Marguerite Zapoleon, Women's Bureau of the U. S. Department of Labor, and the Department of Studies. The material was mimeographed by the Women's Bureau, which agency sent out a release on it in December, 1947. Copies of the release may be obtained from the Women's Bureau.

During the war the director of studies was appointed consultant to the Division of Nursing Education, U. S. Public Health Service. Recently she received an invitation to continue in that capacity with the necessary papers for reappointment. To the director of studies the association with the various members of the staff of the division has always been a stimulating experience, and she is therefore pleased that the relationship will be continued.
Tentative Program for 1948-1949

1. Preparation and printing of the report of the general hospital nursing service study.

2. Coordinated study with the Joint Tuberculosis Nursing Advisory Service. The nurse consultant for this service and the director of studies have had two informal conferences to discuss the possibility of applying the techniques used in the general hospital nursing service study in a study of the nursing service in tuberculosis hospitals and in tuberculosis divisions of general hospitals. Both the consultant and the director of studies are of the opinion that a plan might be worked out whereby the facilities of the Department of Studies and JTNAS could be effectively coordinated in such an undertaking. Inasmuch as the 1948 program of the Joint Tuberculosis Nursing Advisory Service includes the project "to develop criteria for the appraisal of tuberculosis nursing services," a study such as that referred to herein would fall within the framework of the Service's program.

3. Study of psychiatric nursing service. The director of studies has had two conferences with the chairman of the League Committee on Psychiatric Nursing with reference to the application of the techniques used in the general hospital nursing service study in a similar project in selected psychiatric hospitals. The chairman of the committee was of the opinion that the techniques are applicable to a study of the psychiatric situation and that such a study would provide much needed information for nursing service administrators in psychiatric hospitals.

4. Questionnaire studies.

- Withdrawal of students (3-year study)
- Basic professional schools offering programs leading to a degree
- Advanced programs in nursing
- University- and college-controlled schools of nursing
- Admissions during first six months of 1948
- Admissions during last six months of 1948, educational qualifications of students admitted in 1948, graduations in 1948
- Changes in schools of nursing
- Enrollments of students, employment of graduate staff nurses and trained and untrained practical nurses

Once again we should like to record our appreciation of the fine cooperation on studies we have had during the year from schools of nursing.

Respectfully submitted,

Blanche Pfefferkorn, Director of Studies
REPORT OF THE SECRETARY OF THE COMMITTEE ON THE ADMINISTRATION OF THE ACCREDITING PROGRAM

At the close of the meetings of the Board of Directors of the National League of Nursing Education in January, 1948, the list of accredited schools numbered 118. This figure in itself gives little indication of the vast amount of detail involved in the study of these schools. Many were revisited since some of them had been given conditional accreditation and were thus provided with an opportunity to correct their weaknesses, while correspondence with others which were preparing for a survey consumed much time and thought. These considerations are not apparent on a brief list of names.

As indicated in the previous report it now appears to be the propitious moment for the program to move forward more rapidly. From the inquiries received at Headquarters in recent months the increased interest is apparent.

While volume of work is stimulating it is equally important in making plans at this time to provide some means of coordinating accrediting activities so they may be carried out with greater unity of values and with less duplication of time and effort on the part of the schools.

Questions are posed frequently regarding the program and its future. In previous reports it has been pointed out that the interest must come from the schools. One asks if it is not a real obligation of the state leagues, especially in states where there is no representation on the accredited list, to stimulate their good schools to participate. Undoubtedly increased regional or state activity would make greater use of the valuable experience and data accumulated by this committee over the years.

Great credit is due the secretary who developed the process of accreditation as now used for our schools of nursing. Unfortunately the resignation of Clara Quereau, who has guided the program of this committee since its inception, was submitted in October so that she might participate in a state program. This left the work in the hands of the present secretary who is becoming oriented through field experience and the wise counsel of our chairman, Elizabeth C. Burgess.

In the fall schedule of visits nine surveys were made. These were in the states of Connecticut, Illinois, New Jersey, New York, Pennsylvania, Utah, and Washington. Six were new surveys, two resurveys, and one a joint visit with the National Organization for Public Health Nursing. In two instances a specialized program in pediatrics only was being conducted. A member of the staff of JONAS was present during one of these visits.

In planning the schedules for the coming year three factors have been considered:

1. To set aside two months, April and October, when joint visits can be made with the NOPHN.
2. To include schools which have been under consideration for some time in the South and West in the spring schedule.
3. To work in as many as possible of the 22 resurveys which are due this year.

The spring schedule as now anticipated will include schools in Massachusetts, Connecticut, Virginia, Louisiana, Texas, California, and Washington.

The secretary has been in the field most of the time since her appointment and has had but a limited opportunity to review the vast amount of data, reports, and minutes accumulated by the committee. Careful study of this material is essential for a full and correct interpretation of function.

The first item to be given attention is a manual which will assist the schools making application to better evaluate their own preparedness.

The staff is limited for the work which is needed and undoubtedly this will be given consideration as more definite plans for unified accreditation of our schools and programs materialize.

Respectfully submitted,

HAZEL A. GOFF, Secretary

REPORT OF THE DIRECTOR OF THE
DEPARTMENT OF MEASUREMENT AND GUIDANCE

The year 1947 has been one of consolidation and strengthening of staff and work while improving our tests and test services, together with extension and increase in all of the four test services provided for the nursing profession. Not too much can be said for the magnificent work carried on by the original Committee on Measurement and Educational Guidance under the direction of R. Louise McManus. With part of the small staff working at Teachers College, Columbia University, and another group working at Headquarters, work went forward on the construction and standardization of tests and the servicing of the tests. The rapid increase in the use of the tests along with the difficulties of having the staff workers divided between Headquarters and Teachers College, plus the ever-increasing burden being carried by Dr. McManus along with her full-time program at Teachers College brought about the creation of the Department of Measurement and Educational Guidance in September, 1946, with the appointment of a full-time director. By vote of the League membership at the annual meeting in Seattle, Washington, September, 1947, the name of the Department was changed to the Department of Measurement and Guidance.

All of the activities of the department stem from Headquarters at 1790 Broadway. Close contact with the needs of the nursing profession in the areas of measurement and guidance are maintained by field trips by departmental representatives, correspondence with test users and potential test users, and consultations with various consulting groups. Dr. McManus continues to be a source of help, encouragement, and advice to the director and staff of
the department. Committees on measurement and guidance of state and local leagues continue to assist immeasurably in the interpretation of the four test services available through the department along with the promotion of study and planning for the solution of problems on measurement and guidance in nursing education.

Realignment of responsibilities for work in the department and the addition of new staff members encourages us to feel certain that not only the tests but also the service to the test users will be improved greatly.

**Test Services**

*Pre-Nursing and Guidance Test Service.* The year 1947 brought the extension of the Pre-Nursing and Guidance Test Service to as far distant points as the islands of Hawaii and Puerto Rico. It was gratifying to the staff and to the many interested nurses to learn that we had been able to aid the directors of schools in Hawaii in their selection of applicants. The Pre-Nursing and Guidance battery was administered to 137 applicants in Hawaii and 25 applicants in Puerto Rico.

In the United States, over 9,000 applicants were tested in 39 states, an increase over 1946 of approximately 22 per cent. There is evidence that more and more schools contemplate the use of these tests as an aid in selection of students. Not only is there a recognition of the value of a sound battery of tests as a part of the selection process, but there is also a growing awareness of the importance of the developmental approach possible through the use of selective tools and continuing appraisal by means of the use of standardized achievement tests as the students progress through the school.

Two schedules of Pre-Nursing and Guidance examinations were distributed to directors of schools of nursing for the year 1947. They give the states, cities, and dates for the examinations to be held throughout the year from Maine to California and from Washington to Florida. Every effort is made to meet the needs of the schools in arranging these dates, and additional testings can be planned in any area if the situation warrants. Such needs should be brought to the attention of the Department of Measurement and Guidance as far as possible in advance of the requested date. It is believed that with more and more directors apprising us of needed dates sufficiently far in advance for them to appear on the printed schedules, requests for special additional testing dates will be reduced to a minimum.

Beginning in January, 1947, the "streamlined" battery was offered to the nursing profession and has been in use throughout the year. As a result of careful analysis, the battery of tests was shortened by the elimination of those tests which were measuring that which could be measured more efficiently by another test. Along with the analysis of the battery, consideration has been given to systematic collection of data for periodic norms revisions and for the investigation of relationships among the tools in this battery and tools in other batteries.
An article describing the Pre-Nursing and Guidance Test Service appeared in the American Journal of Nursing in the May, 1947, issue.

Achievement Test Service. During 1947 over 60,000 achievement tests of the Department of Measurement and Guidance were used by 452 schools in 42 states. Awareness of the values of these tests in measuring the outcomes of instruction is evident when we note that there was an increase of over 230 per cent for 1947 over 1946 in the number of tests used.

The following activities approved by the League Board at its January, 1947, meeting are being carried out: Series 145 tests in Communicable Disease Nursing, Nursing of Children, Obstetric and Gynecologic Nursing, Psychiatric Nursing, Medical Nursing, Surgical Nursing, Foundations of Nursing Care, and Nutrition and Diet Therapy have been revised on the basis of critics’ comments, the printer’s copy was prepared, and the finished tests are now being used by the schools. Revised norms have been prepared for the revised Series 145 tests. These norms are fairly well representative of the nursing school population geographically, and rough differentiated norms are available. Blueprints have been completed for new tests in the science areas, and most of the items have been written. Data are being systematically collected for future norms revision and validation studies. An article describing the operation of the test service and discussing the uses of the test results was written and appeared in the July, 1947, issue of the American Journal of Nursing. Directions for administering the tests and the method of reporting were revised.

The following activities approved by the League Board at its September, 1947, meeting are being carried out: First drafts of blueprints have been completed in Communicable Disease Nursing, Nursing of Children, Obstetric Nursing, and Psychiatric Nursing. First drafts of blueprints have been begun in Medical Nursing and Surgical Nursing. Experts brought in to work upon these blueprints were: Helen Sider, Instructor, Willard Parker Hospital, New York City—Communicable Disease Nursing; Mary E. Kanane, Pediatric Supervisor, Long Island College Hospital, New York City—Nursing of Children; Louise Cook, Instructor, and Frances Billings, Assistant Director of Nursing Education, Margaret Hague Maternity Hospital, Jersey City, New Jersey—Obstetric Nursing; Anne O’Shea, Assistant Principal, Manhattan State Hospital School of Nursing, Wards Island, New York—Psychiatric Nursing; and Emily C. Cardew, Assistant Director in charge of Nursing Education, St. Luke’s Hospital School of Nursing, Chicago, Illinois—Medical Nursing. Following completion of first drafts of blueprints, subject matter experts were called in to help complete the blueprints and to begin writing the test items. The following experts were called in: Marion Schreck, Instructor, Philadelphia Hospital for Contagious Diseases, Philadelphia, Pennsylvania, and Birgit Toftte, Teaching and Administrative Supervisor in Communicable Disease, Ancker Hospital, St. Paul, Minnesota—Communicable Disease Nursing; Eileen Downey, Clinical Instructor and
Public Health Coordinator, Mercy College School of Nursing, Ann Arbor, Michigan, and Jane Harshburger, Instructor, Boston University School of Nursing, Boston, Massachusetts—Obstetric Nursing; Tabitha Wilson Rossetter, Senior Assistant Nurse Officer, USPHS, and Educational Director, Nursing Service, USPHS Hospital, Fort Worth, Texas, and Mary Redmond, Director of Nursing, St. Vincent’s Sanitarium, St. Louis, Missouri—Psychiatric Nursing; and Emily C. Cardew, Assistant Director in charge of Nursing Education, St. Luke’s Hospital School of Nursing, Chicago, Illinois—Medical Nursing.

The League Board reaffirmed its previous stand in relation to the release of confidential test material. Under this policy confidential copies of the tests can be released to authorized agents of schools of nursing but no keys are released. Early in 1948 a typical items booklet will be released to potential test users on a cost-plus basis.

State Board Test Pool Examinations. During the year 1947, 234,699 State Board Test Pool Examinations were used by 35 states, the District of Columbia and the Territory of Hawaii. This represents an increase of 24 per cent in the number of tests used in 1947 as compared with 1946 as well as the addition of 6 states using these examinations this year. Many favorable comments have been received relative to the new tests for the State Board series which were used for the first time in the fall of 1947. Data are being systematically collected for new norms. An expanded service approved by the League Board will be offered to the boards of nurse examiners at no additional charge; this will include school means, percentiles, and other comparative data. An article describing this service appeared in the August, 1947, issue of the American Journal of Nursing.

Graduate Nurse Test Series. During 1947 the Graduate Nurse Test Series was provided for 2,323 graduate nurses who were seeking admission to colleges and universities for degree work and nurses seeking appointment through merit systems to public health nursing organizations. The test of Basic Nursing Information and Judgment, originally a part of this service, was replaced by achievement tests in six clinical areas. It is now possible to report scores in the areas of Medical Nursing, Surgical Nursing, Obstetric and Gynecologic Nursing, Communicable Disease Nursing, Nursing of Children, and Psychiatric Nursing. In addition, the American Council on Education Psychological Examination and the Cooperative Reading Comprehensive Test are provided at a total charge to the candidate of $4.

Field Work

The increasing awareness among nursing educators of the problems of evaluation have brought many requests to the Department of Measurement and Guidance for institutes in the areas of measurement and guidance. During 1947, the director represented the department at institutes in Georgia, Indiana, Kentucky, Pennsylvania, and Texas. In some instances the spon-
soring state groups were state leagues, in others state boards of nurse exam-
iners, and in others the state nurses' associations. All groups sponsoring such
institutes brought an enthusiasm and alertness to the meetings that stimu-
lated active discussion of the problems. To some of the meetings came
hospital administrators, college and university psychology professors, and
interested community members. All evidenced an awareness of the problems
of evaluation and guidance in nursing education which are, after all, of
primary importance in our efforts to improve nursing education.

In addition to institutes, special meetings were attended by the representa-
tives of the Department of Measurement and Guidance in our efforts to keep
constantly aware of the problems in nursing education related to our work
and to be ready to make whatever contribution we could to related groups.
Furthermore, attendance at meetings of the American Psychological Associa-
tion and the American Council on Education, Division of Measurement and
Guidance, helps us to keep abreast of the trends in measurement and guid-
ance in general education.

The director has served on the Committee on State Board Problems and
the Committee on Vocational Guidance and has acted as consultant for other
related groups. Both the director and the assistant director participated in
an all-day meeting of the Conference of State Boards prior to the annual
convention in Seattle.

Research

Three technical consultants were appointed to the Department of Measure-
ment and Guidance as approved by the League Board in January, 1947.
These consultants, who will serve for a period of three years, are: Dr. Ruth
Strang, Teachers College, Columbia University; Dr. John C. Flanagan, Uni-
versity of Pittsburgh; and Dr. Irving D. Lorge, Teachers College, Columbia
University. The first meeting of the technical consultants to the Department
of Measurement and Guidance was held on November 7, 1947. We found
the consultants very helpful in the discussion of the problems which we
had encountered.

The department was authorized by the League Board at its September, 1947
meeting to accept an invitation to assist in the Michigan Practical Nurse
Project which is being financed by the W. K. Kellogg Foundation, and is
collecting data which will make it possible to describe the various types of
practical nurses practicing in Michigan. The director has made one trip to
Michigan and the assistant director has made two field trips in connection
with this project. Conferences have been held with the district representa-
tives of the Michigan Practical Nurse Association and with the technical
consultants and professional nurse advisers to the Practical Nurse Project.
A work-conference was held with the Supervisor of Practical Nurses, Com-
munity Nursing Bureau, to pull samples for validation of a questionnaire
on practical nursing procedures.
A general questionnaire has been devised for the surveying of all practical nurses, aides, trained attendants, etc., practicing in Michigan, and 5,000 copies have been distributed. An analysis of the replies to these questionnaires will be made in an attempt to describe the background, experience, and interests of the practical nurse group in Michigan.

The attitudes of student nurses to their school experiences have been investigated and the director is writing a report on this subject. The assistant director is writing a report on the contribution of paper-and-pencil personality tests to the prediction of success in schools of nursing.

The efforts toward better tests and better service have been successful in 1947 largely through the conscientious and persistent hard work of the staff of the department. With the reorganization of responsibility greater improvement will be possible. We have weathered freight embargoes, blizzards, fuel shortages, and fire, but by redoubling our efforts and with the cooperative understanding of our friends in nursing education, we plan to go forward in 1948 to continue the work of measurement and guidance so courageously initiated and so capably begun by Dr. McManus and her committee.

Respectfully submitted,

ELIZABETH L. KEMBLE, Director

REPORT OF THE NLNE CONSULTANT TO THE JOINT ORTHOPEDIC NURSING ADVISORY SERVICE

During the six months from July 1 to December 31, 1947, the two orthopedic nursing consultants on the League staff have worked closely with NOPHN staff members of JONAS in attempting to improve nursing care of the orthopedic patient and to increase the application of good posture and body mechanics in all nursing.

Number of states visited .................................................. 13


Lecture demonstrations .................................................. 13

These were sponsored by state leagues of nursing education, universities, and schools of nursing and dealt with such topics as nursing care of poliomyelitis patients, staff education in orthopedic nursing, crutch walking, and integration of orthopedic principles.

Institutes ................................................................. 5

Institutes of from two to three days in length in which one of the League consultants participated directly as well as in the planning were given in
Los Angeles, California; Evansville, South Bend and Indianapolis, Indiana; and Memphis, Tennessee.

Small group conferences ......................................................... 17

These dealt mainly with teaching programs and plans for better use of clinical facilities and personnel in either teaching orthopedic nursing or integrating principles of body mechanics and posture into the nursing curriculum.

Interviews with individuals ...................................................... 44

These concerned such topics as desirable preparation in orthopedic nursing, teaching programs, sources of materials on orthopedics, requests for assistance in securing orthopedic nursing instructors, and integration of body mechanics and posture in nursing.

Workshop ................................................................. 1

A two-week workshop, sponsored by the University of Pittsburgh, the Children's Bureau and JONAS was held at the University. Twenty-two orthopedic nurses, instructors in university programs, and consultants with public health agencies in the northeastern area attended. The League consultants assisted in the planning and participated as resource people. The central theme of the workshop was integration of orthopedic nursing principles in all nursing.

Studies ................................................................. 4

A League consultant visited Dallas, Texas; Seattle, Washington; Fall River, Massachusetts; and Hartford, Connecticut, to make studies of teaching programs in orthopedic nursing.

Observation visits .............................................................. 20

Visits were made to rehabilitation centers, orthopedic hospitals, Vanderbilt University (where a special demonstration of integration of principles of body mechanics and posture in nursing education has been in progress the past year), orthopedic wards in general hospitals, and nursing schools.

Assistance in poliomyelitis training programs .................................. 3

At the request of the National Foundation for Infantile Paralysis the League consultant participated in conducting or teaching courses in nursing care of poliomyelitis as follows:

Kingston, New York — 1 week course
Greenville, South Carolina — 1 week course
Knickerbocker Hospital Polio Unit, New York, 2 hour lecture for graduate nurse students attending the 3 week course.
Committee activity

NLNE Committee on Audio-Visual Aids
NLNE Subcommittee on Medical and Surgical Nursing of the Committee on Postgraduate Clinical Nursing Courses
NLNE Subcommittee on Orthopedic Nursing of the Committee on Postgraduate Clinical Nursing Courses, as chairman
NLNE Subcommittee on the Utilization of Special Therapists in the Teaching of Student Nurses of the Committee on Curriculum, as secretary

Conventions attended

Annual Meeting of the NLNE at Seattle, Washington
Annual Conference of the American Physiotherapy Association, Asilomar, California
Annual Meeting of the National Society for Crippled Children and Adults, Chicago, Illinois

Office service

Number of personal interviews ........................................ 21
Number of letters received (including requests for material) ........ 1084
Number of letters sent out (not including general mailings to nursing school instructors, questionnaires, etc.; also postcards regarding material supplied) ........................................ 442

The office interviews and correspondence concern guidance of nurses interested in orthopedic nursing, staff education, and teaching programs in schools of nursing, use of visual aids and publications.

Advisory service to magazines, publishers

Review of manuscripts, consultation on proposed illustrated manual on body mechanics, consultation regarding orthopedic nursing textbook.

Study of opportunities open for orthopedic nursing instructors and supervisors

By use of the questionnaire method, a study was made to learn the number of nursing schools at the present time that are in need of a well-prepared orthopedic nurse as clinical instructor or supervisor. The questionnaire was mailed to a limited number of schools associated with hospitals having adequate clinical facilities in orthopedics to provide good nursing experience in the specialty. Of the 193 schools which sent usable replies, 58 reported that they now have a nurse with special preparation in orthopedic nursing. The preparation specified ranged from attendance at a two-and-a-half day institute or an affiliation during basic nursing to completion of a one year's advanced course in orthopedic nursing. There are very few of the latter. There were 101 of these nursing schools that reported immediate need of a clinical instructor or supervisor of orthopedic nursing.

Of the 71 veterans' hospitals reporting that they care for orthopedic patients on segregated wards, 10 reported that they now have a prepared
person in charge of the nursing care and 47 reported immediate need of a well-prepared orthopedic nurse as supervisor.

No effort was made to secure data from universities having programs of study for graduate nurses, but there are known to be three such universities that want a well-prepared orthopedic nurse for faculty appointment. To meet this need there are only three universities offering advanced orthopedic nursing courses. Each university can admit only a limited number of students each year for this special work.

Reprints and handbooks

Jointly with the NOPHN, booklets, reprints, bibliographies, and articles are prepared, primarily for nurses. Requests for material are received from doctors, physical therapists, occupational therapists, teachers, and social workers as well as nurses.

Prior to November 1, 1947, no charge was made for any of the material distributed by JONAS. Because the increasing costs and the greatly increased demand made it necessary to use a disproportionate amount of the budget for this phase of the work, the JONAS Advisory Committee recommended that a charge be made for educational material. Single copies are still sent free to instructors and a limited number of copies are supplied for reference libraries.

Distribution of printed material

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<td>Number distributed (July 1-December 31)</td>
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<td>Number of handbooks available</td>
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<tr>
<td>Number distributed (July 1-December 31)</td>
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<tr>
<td>Number of loan folders available</td>
<td>18</td>
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<tr>
<td>Number requested (July 1-December 31)</td>
<td>20</td>
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<tr>
<td>Number of requests filled for Posture Fundamentals packets (July 1-December 31)</td>
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Visual Aids

The 2 x 2 inch film slides of which there are now 14 different series are being revised and new material being added as changes in procedures or demands from the field indicate need. Instructional scripts to accompany slides are now in use for four subjects and are being prepared for others. A new series of slides on "Nursing Care of the Amputee" has been made and is almost ready for distribution.

Distribution of slides

<table>
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<th>Description</th>
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<td>Number of sets of slides available on loan basis</td>
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<tr>
<td>(These are on 14 different orthopedic subjects.)</td>
<td></td>
</tr>
<tr>
<td>Number of slide orders filled (July 1-December 31)</td>
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<td>Number of sets of slides in above orders</td>
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Orders for slides come from nursing schools and universities in 46 states and Canada. No charge is made for loan of slides except for return transportation. Purchase orders for slides are now handled by JONAS, thus making slides available for instructors who wish to own any of the sets at a lower cost than was possible when such orders were handled by a commercial firm.

Exhibits

JONAS loan folders, publications and order sheets were supplied for an exhibit at the National Convention of Occupational Therapists in Coronado, California, in November, 1947.

Scholarships

Scholarships to prepare nurses for positions as clinical instructors, supervisors and head nurses in orthopedic nursing are available from and administered by the National Foundation for Infantile Paralysis. The League consultant acts in an advisory capacity to the credentials secretary of NFIP.

The 1947-48 scholarship grant was for ten scholarships. Thus far only three awards have been made from this grant and there are on file only five applications. Credentials for these latter have not yet been received and it is not known whether they will meet the qualifications set up by the Joint Committee on Orthopedic Scholarships.

The National Foundation scholarships pay full tuition for the advanced clinical course in orthopedic nursing, travel expenses to the university and return upon completion of the course, and a monthly stipend for maintenance.

Future plans

The JONAS Advisory Committee, a subcommittee of the Joint Council on Orthopedic Nursing, met on October 10 and 11 to outline a long-range and an immediate plan of action for the improvement of orthopedic nursing. The committee reviewed the services given by JONAS and made several suggestions in regard to future activities.

The committee advised that the staff give priority of study for graduate nurses, both institutional and public health, to help integrate principles of body mechanics and posture in graduate nursing instruction so that qualified teachers and supervisors will be assured. It was suggested that members of the staff participate in one or more demonstrations, and that JONAS work with other national organizations in planning and carrying out such demonstrations. The committee reiterated its belief that continued interpretation to administrative, medical, nursing and related groups is essential if such demonstrations are to be productive.

Respectfully submitted,

LOIS OLMSSTED

NLNE Consultant in Orthopedic Nursing
REPORT OF THE NLNE CONSULTANT TO THE
JOINT TUBERCULOSIS NURSING ADVISORY SERVICE

The following report of major activities of the Joint Tuberculosis Nursing Advisory Service during 1947 is intended to provide a bird’s-eye view of this joint project of the National League of Nursing Education and National Organization for Public Health Nursing made possible by a grant of $14,000 from the National Tuberculosis Association to promote better nursing for tuberculous patients.

Educational material

1. Three sets of 40 slides, "Family Health Service in Tuberculosis," continue to be available on a loan basis.

2. Three sets of folders containing an exhibit of types and sources of literature concerning tuberculosis were prepared and can be borrowed. These folders have been lent to schools of nursing, public health and hospital workers, physicians, tuberculosis associations, and several life insurance companies.

3. A tentative outline for a basic course in tuberculosis nursing has been prepared by a committee jointly representing the NLNE and JTNAS. It is expected that the outline will be revised and printed early in 1948.

4. Guide to Precautions for Tuberculosis Nursing. Mrs. Martha B. Naylor, Hospital Consultant, Tuberculosis Control Division, U. S. Public Health Service assisted with the preparation of manuscript for this Guide which was then submitted to a representative reviewing committee for comment. The manuscript is now being redrafted and should be ready for distribution early in 1948.

5. An article and a number of news notes were prepared by JTNAS for the American Journal of Nursing, Public Health Nursing, and publications of the NTA.

6. A pamphlet "What Tuberculosis Nursing Offers You" has been revised and is available for general distribution through local tuberculosis associations.

7. Publications lists of the NLNE and NOPHN carry revised sections of literature on tuberculosis available from Headquarters.

8. Each year the NLNE secures information concerning programs of instruction in schools of nursing and the NOPHN secures data concerning public health nursing services. For 1947, both secured information concerning tuberculosis nursing. If this factual material which is being tabulated and studied proves valuable it will be published.
Consultation service

1. One survey of the nursing service of a tuberculosis hospital was made. The administration requested the survey to help improve the nursing service and develop it as a field for nursing instruction.

2. The nursing service program carried by a tuberculosis association was surveyed by a nurse employed for the purpose by the NOPHN.

3. JTNAS participated with the faculty of one nursing school in a review of the curriculum to determine whether it was providing adequate preparation for tuberculosis nursing. Since certain changes seemed desirable suggestions for revisions were formulated.

4. JTNAS consulted with the director of the nursing service of a general hospital regarding nursing services for tuberculous patients and personnel. Suggestions were made for further study of the situation and for enlisting the interest and support of the local tuberculosis association. Plans are under way to launch a two-year program.

5. Consultation was given the director of nursing education in a university regarding sources of financial support to cover instructional costs for an advanced clinical course in tuberculosis nursing.

6. Encouragement was given to a school of nursing and the related nursing service of a general hospital to seek financial aid from the local tuberculosis association. This aid would make possible the employment of a teaching supervisor for the tuberculosis service to raise the standard of care for patients and improve instruction of students. This aid was granted.

7. Additional service included individual and group conferences with professional and nonprofessional persons from the United States and other countries.

Speaking engagements and institutes

The consultant spoke at three meetings, one sponsored by a state league of nursing education, one by the faculty of a school of nursing, and one by the state nurses’ association. She also spoke at the annual meeting of the NTA in San Francisco and was leader of two institutes in Arizona on coordination of nursing services for tuberculous patients.

General field work

During the year 83 days were devoted to field visits which were made in 34 cities in the following 18 states: Arizona, California, District of Columbia, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Montana, New Jersey, New Mexico, New York, Nebraska, Nevada, North Carolina, Oregon, Pennsylvania, and Washington. Arrangements for state-wide visits during
1947 were usually made jointly by the state league of nursing education, the nursing bureau of the state board of health, the state nurses' association and the state tuberculosis association. About 25 per cent of the cost of these visits was borne by local groups.

Scholarships

In 1947, ten of the twelve nurses receiving scholarships through sums ($20,000) granted by the NTA completed individualized programs of study. Six finished in 1946. Sixteen now hold positions in which they are using their educational preparation to good advantage. Two completed their college work about the end of 1947.

Endorsement of Program

When the Council on Tuberculosis Nursing met on December 10, 1947, to review and evaluate the work of the JTNAS, it was gratifying to have the members take action endorsing the program as making an essential contribution to the field of tuberculosis nursing and requesting the appropriation of funds to continue the work during the coming year.

Similarly gratifying action was taken by the Board of the NLNE in January, 1948, when it decided that at least funds to cover the budget for JTNAS for 1948 recommended by the Council on Tuberculosis Nursing be provided to enable office and field services to go forward now and simultaneously.

The Need: Public Support, Nurse Leadership

Field work during 1947 served to verify the unequal quality and quantity of nursing services for tuberculous patients in the United States. It seems important to enlist greater public support in efforts to correct this situation. A mass of evidence proves that public support depends upon the degree of public sympathy for a given need and this in turn depends upon public understanding of pertinent facts. We hope nurses will take the lead in assembling facts concerning tuberculosis nursing services needed in local areas and in developing ideas along modern lines for supplying these services. We hope they will enlist the aid of local tuberculosis associations to make these facts and ideas known to the public, for it is to the public we look for the supply of workers to make up teams for nursing services and to provide funds and facilities to make these services possible.

Respectfully submitted,

KATHARINE G. AMBEXON
NLNE Consultant in Tuberculosis Nursing
REPORT OF THE COMMITTEE ON THE ADMINISTRATION OF THE ACCREDITING PROGRAM

Since the committee reported to you at the 1947 convention held in Seattle, several changes have taken place in its personnel. The committee for the year 1947-1948 was not fully formed until the middle of October when the chairman, whose resignation had been accepted by the Executive Committee of the Board of Directors in June, 1947, was requested to serve for another year. This came about as the result of the resignation of Clara Quereau as secretary. It was thought unwise to go forward with changes in the positions of secretary and chairman at the same time.

The loss of Miss Quereau was a very real blow to the committee as it has been due to her continuous, devoted, and able work that the program has developed and gone forward.

Miss Quereau's service ended in September. The committee and the accredited schools are fortunate in the appointment by the Board of Directors of Hazel A. Goff who has given a long service to schools within the country and abroad. We were also fortunate that Miss Quereau was able to introduce Miss Goff to the program before she left us and that there was no interruption in the work. Miss Goff has been in the field almost constantly since her appointment and has a heavy schedule mapped out for the spring months.

We were disappointed in the fall by the withdrawal of the application for field worker by the nurse we had hoped would be appointed. The position remains vacant.

Of the changes that have taken place in the committee membership, the most important is the appointment by the Board of A. Veronica Lyons as co-chairman.

A subcommittee has been active in a search for possible persons who would be interested and qualified for the position of field worker. That committee continues its work. Another subcommittee has recently been appointed to prepare a plan whereby greater cooperation can be developed between this committee and the state boards of nurse examiners. Agnes Ohlson, chairman of the State Board Bureau of the ANA, has consented to serve on this subcommittee.

Several members of the committee have volunteered their services to assist in the resurveying of schools during the coming months.

The chairman and secretary have continued to serve on the Accreditation Committee of the NOPHN and the Membership Committee of the ACSN. As individuals they have continued to serve on the Committee of Interests on Accrediting of the National Nursing Council.

At the committee's day and a half meeting in January reports of schools surveyed during the fall months were reviewed and recommendations were made to the Board of Directors as follows: Two schools following initial
surveys were recommended for full accreditation; one conditionally accredited school was recommended for full accreditation; three schools following initial surveys were recommended for conditional accreditation; the conditional accreditation of one school was recommended to be continued for a maximum period of two years. Action on one school was deferred.

It has been interesting and most encouraging to note the hard work which has been done by many schools and the great effort made by their faculties to strengthen weaknesses pointed out in the reports made following surveys by our visitors. The progress made during a period which has contained perhaps as many difficulties and obstacles as have ever been encountered by nursing schools is noteworthy.

The League committee continues to collaborate with the Accreditation Committee of the NOPHN in the joint accrediting of certain collegiate schools offering basic nursing curricula. A joint meeting of the two committees is scheduled to be held during the spring.

The program for the spring months includes visits to schools on the West Coast, in the South and in the Middle West. The reports of these visits will be brought before the committee at its May meeting.

The accredited schools were circularized in the fall to determine if a time could be agreed upon for a conference of schools. The returns from the questionnaire did not warrant an immediate decision. It is hoped however that the schools may be brought together and may contribute their thinking to the problems involved in accreditation.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman

REPORT OF THE COMMITTEE ON CURRICULUM

The activities of the Committee on Curriculum have been centered largely in the various subcommittees.

The Subcommittee on the Education of the Nurse in the Care of the Child, under the chairmanship of Isabelle M. Jordan, assumed the responsibility for preparing the final draft of A Guide for Nursery School Experience which was undertaken several years ago as a joint project of the National Association for Nursery School Education and the National League of Nursing Education. This has been published in the American Journal of Nursing and reprints are available from League Headquarters to interested members of faculties of nursery schools and schools of nursing. Members of Miss Jordan's committee met in Washington during the last week in January to consider the implications for the basic pediatric nursing program of the recent A Study of Pediatric Nursing.

Ruth Doran, public health nursing consultant, U. S. Children's Bureau,
has agreed to act as chairman of a Subcommittee on Obstetric Nursing, and
a representative group of specialists in obstetric nursing have been invited
to serve as members of that subcommittee. We hope by having subcommittees
at work simultaneously in the fields of pediatrics and obstetrics that we can
produce suggestions for a comprehensive program in maternal, infant and
child care. We had hoped that Children’s Bureau funds could be made avail-
able to finance the work of the Subcommittee on Obstetric Nursing but this
seems unlikely at the present time.

The Subcommittee on the Utilization of Special Therapists in the Teaching
of Student Nurses has completed its work on the utilization of the special
therapist. The results of the committee’s work have been compiled in an
outline entitled The Contribution of Physical Therapy to Nursing Education.
In the outline suggestions are given for the incorporation of physical
therapy principles in the student health program, the biological and physical
sciences, nursing arts, medical and surgical nursing, maternal, infant and
child care, and psychiatric nursing. The outline, together with an introductory
statement explaining its use and an annotated bibliography, is being pub-
lished in pamphlet form for distribution to nurses and physical therapists
who are participating in the education of students in the basic nursing
curriculum. We owe a vote of thanks to the chairman of this subcommittee,
its members, and those who acted as consultants, for the manner in which
they carried on the project.

The last meeting of the Subcommittee on Tuberculosis Nursing was held
in New York in August, 1947. A tentative outline of medical and nursing
content, objectives for the course, and suggestions for placement in the
curriculum, length of course, and selection of the practice field was reviewed.
The material is in the process of revision in line with suggestions made at
the August meeting. In the meantime, instructors in tuberculosis divisions
of the Veterans Administration are trying out the tentative outlines.

The Subcommittee on Psychology met in January to make plans for the
coming year. It will give consideration to the advisability of (1) revising
the suggested content of the course in psychology in the 1937 Curriculum
Guide, and (2) preparing a bibliography on the Psychological Aspects of
Nursing Care.

The Subcommittee on the Integration of Health Statistics in the Basic
Curriculum also met in January to formulate plans for its activities in 1948.
During a recent visit to the west coast, Elisabeth H. Clayton, chairman of
this subcommittee, visited a number of schools in an effort to obtain sugges-
tions which would be helpful to the committee. Eight of these schools are
experimenting with the teaching of a unit of from 8 to 10 hours on Health
Statistics and have agreed to make available to Miss Clayton’s subcommittee
the results of their experience. The panel discussion held in Seattle during
the September meetings of the League apparently stimulated considerable
interest as Miss Clayton has had a number of requests for source material.
A Subcommittee on the Care of the Aged and Chronically Ill is being appointed.

We are also in the process of appointing a Subcommittee on Orthopedic Nursing to give consideration to the suggestion of Lois Olmsted, the League's consultant in orthopedic nursing, that a study be made of the desirable content of a supplementary course in orthopedic nursing. As the Committee on Curriculum has always confined its activities to the basic curriculum, Miss Olmsted's suggestion was referred to Eugenia K. Spalding, chairman of the Joint Committee on Postgraduate Nursing Education, as we did not wish to encroach upon the work of that committee. As Mrs. Spalding has indicated that she believes the subcommittee proposed by Miss Olmsted should be a subcommittee of the Committee on Curriculum, we are proceeding with the organization of the committee. Mrs. Spalding will be a member ex officio and the material which is prepared will be submitted to the members of the Joint Committee on Postgraduate Nursing Education for criticism and suggestions.

Some representatives of the Steering Committee of the Committee on Curriculum are meeting monthly with the Committee on Psychiatric Nursing which has undertaken as its project for 1948 the revision of the section on Psychiatric Nursing in the 1937 Curriculum Guide.

It is hoped that before the end of 1948 the proposed Department of Curriculum with a full-time director will have become a reality. Even though we do not expect to continue the revision of the Curriculum Guide at intervals of ten years there is a real need for curriculum studies and for coordination of the activities relating to the various types of curricula which are now centered in several League committees.

Respectfully submitted,

K. Virginia Betzold, Chairman

REPORT OF THE COMMITTEE ON ELIGIBILITY

The following thirty-eight nurses have been recommended for membership since the last committee report on May 1, 1947:

Sustaining

Crawford, Jewelle R., Veterans Administration, Tuskegee, Alabama
Grimmell, Julia Mae Jefferson, Veterans Hospital, Box 546, Tuskegee, Alabama
Mason, Olivette A., Veterans Administration, Tuskegee, Alabama

Active

Alexander, Julia L., Box 623, Tuskegee Institute, Alabama
Araki, Hatsune, 347 N. Kuakini St., Honolulu, Territory of Hawaii
Baskett, Lois P., Veterans Hospital, Tuskegee, Alabama
Benefiel, Jeanette Isabelle, 3507 S.W. 11th Ave., Portland, Oregon
Boeker, Elizabeth H., 457 E. Kanekapolei Pl., Honolulu, Territory of Hawaii
Bresnahan, Doris, 253 Willow Ave., Somerville 44, Massachusetts
Brown, Elizabeth, 247 Ohua Ave., Honolulu 50, Territory of Hawaii
Canard, Lorraine Phelps, 3058 Waipuna Rise, Honolulu, Territory of Hawaii
Castello, Evelyn, 2260 Liliha St., Honolulu 3, Territory of Hawaii
Chinen, Dorothy H., 347 N. Kuakini St., Honolulu, Territory of Hawaii
Fraser, Cornelia, Veterans Administration, Tuscaloosa, Alabama
Freas, Lillian, Kuakini Hospital, Honolulu, Territory of Hawaii
Freeman, Marie Jane, Kuakini Hospital, Honolulu, Territory of Hawaii
Gough, Ruth E., 2475 N.W. Westover Road, Portland, Oregon
Goya, Masae, 472 N. King St., Honolulu 18, Territory of Hawaii
Hill, Elizabeth Jane, L.D.S. Hospital, Idaho Falls, Idaho
Horikawa, Nancy N., 719A 17th Ave., Honolulu, Territory of Hawaii
Jones, Ruth M., Veterans Hospital, Miami Beach, Florida
Joye, Marjorie E., 2475 N.W. Westover Road, Portland, Oregon
Landry, Pauline E., Veterans Hospital, Northampton, Massachusetts
Logan, Margaret C., 514 Analu St., Honolulu 3, Territory of Hawaii
Mattos, Amelia P., 1527 Artesian Way, Honolulu 33, Territory of Hawaii
McRae, Dorothy G., 3211 S.W. 10th St., Portland 1, Oregon
Miota, Tsurue, 347 N. Kuakini St., Honolulu, Territory of Hawaii
Nelson, Margaret G., 1599 Thurston, Honolulu 9, Territory of Hawaii
Northcross, Mabel C., 2516 Goode Ave., St. Louis 13, Missouri
Osborne, Nettie J., P.O. Box 34, Tuskegee Institute, Alabama
Reynolds, Doris Ann, 236 Third St., Astoria, Oregon
Sister Mary Eleanor Nelson, 2260 Liliha St., Honolulu 3, Territory of Hawaii
Sister Walter Damien, 2260 Liliha St., Honolulu 3, Territory of Hawaii
Streeter, Lois E., Lexington Veterans Hospital, Lexington, Kentucky
Tomoyasu, Kimiye, 347 N. Kuakini St., Honolulu, Territory of Hawaii
Turner, Alice M., Veterans Hospital, Tuskegee, Alabama
Williams, Inell, Veterans Hospital, Tuskegee, Alabama
Wright, Elizabeth Upton, 1230 Amsterdam Ave., New York 27, New York

Two applications were not recommended for membership during this period.

Respectfully submitted,

Anna T. Beckwith, Chairman
REPORT OF THE COMMITTEE ON FINANCE

The Committee on Finance submits the following budget for the year 1948:

Balance as of January 1, 1948 .................................................. $ 81,250.39

Estimated income:

General Office:
Member dues .............................................................................. $50,000.00
Publications:
Curriculum ................................................................................. 4,500.00
Records ................................................................................... 26,000.00
Other ...................................................................................... 16,500.00
Photographs .................................................................................. 50.00
Slides ...................................................................................... 250.00
Films .......................................................................................... 50.00
Interest ...................................................................................... 100.00
Convention exhibits ................................................................. 5,000.00
Contributions .............................................................................. 100.00 $102,550.00

Committee on Administration of Accrediting Program
Applications .................................................................................. 200.00
Annual fees .............................................................................. 5,700.00
Survey fees ................................................................................ 4,000.00
Resurvey fees ............................................................................ 3,750.00 $13,650.00

Department of Measurement and Guidance
Pre-Nursing and Guidance Test Service .................................... $50,000.00
Achievement Test Service .......................................................... 27,000.00
State Board Test Pool Service .................................................. 50,000.00
Graduate Nurse Test Service ..................................................... 7,000.00 $134,000.00

Total estimated income ............................................................... $331,450.39

Estimated expenses:

General Office:
Travel: Board (3 meetings) ......................................................... $ 4,000.00
President .................................................................................. 500.00
Executive secretary and associate executive secretary ......... 1,800.00
Appointed representatives ....................................................... 500.00
League representatives on School Study ......................... 100.00 $ 6,900.00

Printing and mailing Annual Report ...................................... $ 7,000.00
Stationery .................................................................................. 500.00
Exhibit space (AHA) ................................................................. 100.00
Legal fees ................................................................................. 152.54
Dues to American Council on Education ......................... 100.00
Films, storing and handling .................................................. 50.00
Bonding .................................................................................... 200.00
Auditing .................................................................................. 400.00
Joint Board of Directors meeting—reporting ................... 125.00
Conference rooms, rental of .................................................. 50.00
State league supplies ............................................................... 300.00
Photographs and slides ......................................................... 200.00
Balloting expenses ................................................................. 500.00 $ 9,677.54
Standing committees:
- Curriculum: $500.00
- Executive (Included in Board Expenses): $0.00
- Finance: $50.00
- Measurement and Guidance: $25.00
- Nominations: $15.00
- Publications: $10.00
- Revision: $56.00

Special committees:
- Audio-Visual Aids: $125.00
- Membership: $90.00
- Nursing School Library: $100.00
- Nutting Award: $300.00
- Psychiatric Nursing: $300.00
- Public Relations: $1,500.00
- Records: $50.00
- Sisters: $15.00
- State Board Problems: $50.00
- Vocational Guidance: $300.00
- To Work with NAPNE: $150.00

Total: $656.00

Joint committees:
- Auxiliary Nursing Service: $150.00
- Community Nursing Service: $50.00
- Integration: $50.00
- Postgraduate Nursing Education: $400.00
- To Secure Information from American Council on Education on Federal Funds for Nursing Education: $50.00
- To Prepare Material for Bill: $300.00
- Committee on Careers: $0.00
- Committee on Structure Study: $3,170.00
- Accrediting Committee (Unified Program): $500.00

Total: $2,980.00

Publications:
- General: $10,000.00
- Records: $9,000.00

Total: $19,000.00

Convention:
- Staff travel: $650.00
- Miscellaneous: $200.00
- Preprints: $350.00
- Honoraria (or travel): $800.00
- Reporting: $300.00

Total: $2,300.00

Committee on Accrediting:
- Salaries: $8,075.83
- Reproduction Reports: $600.00
- Printing cost: $200.00
- Supplies: $300.00
- Travel (Secretary): $2,800.00
- Committee: $800.00
- Extra visitors: $450.00

Total: $13,225.83

Department of Curriculum:
- Salaries (6 months): $3,550.00
- Bulletin (printing costs, etc.): $1,450.00

Total: $5,000.00
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<td>Advisory and consultant fees</td>
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<td>Fees to item writers</td>
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<td>Traveling expense for item writers</td>
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<td>Maintenance of premises:</td>
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<td>Rent</td>
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<td>Test services:</td>
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<td>Supplies</td>
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<td>Postage and express</td>
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<td>Conventions and meetings—travel for staff</td>
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<td>General expenses:</td>
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<td>Library</td>
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<td>Miscellaneous</td>
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<td>Committee expense</td>
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<td>Directors’ fund—entertainment</td>
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<td>Field work—institutes</td>
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<td>Departmental information on test service</td>
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<td>Travel (committee)</td>
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### Headquarters

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<td>Reception room service</td>
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<td>Reference books, subscriptions, etc.</td>
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<td>New equipment</td>
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<td><strong>Total</strong></td>
<td><strong>$ 53,865.03</strong></td>
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Contingent fund .................................................. $37,380.52
Total estimated expenses ..................................... $331,450.39

Respectfully submitted,

GRACE WARMAN, Chairman

REPORT OF THE COMMITTEE ON MEASUREMENT AND GUIDANCE

The Committee on Measurement and Guidance has held no meeting during the past year. It has prepared for distribution to the thirty state and several local league committees on measurement and guidance suggestions for committee activities and programs. Several reports which have been received from the state committees indicate considerable interest in problems in measurement and guidance and tell of the success met with in some of the activities. These reports included mention of such specific activities as developing improved student personnel records and procedures by the study and use of the test reports of the Department of Measurement and Guidance and other materials; developing tests and other appraisal devices cooperatively, to be used for diagnostic purposes in the local situation; participating in institutes and other League programs in which measurement and guidance aspects were considered; securing suggestions for and nominating clinical and subject matter specialists to assist the Department of Measurement and Guidance in test preparation.

The committee chairman was invited to attend a conference of technical consultants to the Department of Measurement and Guidance, called to review the department's plans for research. The chairman also participated in a conference called by the executive secretary of the League to suggest policies, to be submitted to the League Board for action, which would clarify and differentiate between the functions of the directors of the League's several departments and the chairmen of the related League committees.

Respectfully submitted,

R. LOUISE McMANUS, Chairman

REPORT OF THE COMMITTEE ON NOMINATIONS

On October 10, 1947, a state league nominating blank for national officers was sent to each state league. Thirty-three forms were returned in time for the committee's consideration. From the returns, the committee formed the following ticket. All the candidates have signified their willingness to serve if elected.
President
Agnes Gelinias, chairman, Skidmore College Department of Nursing, New York, New York
Virginia Olcott, associate professor of nursing education, University of Washington, Seattle, Washington

Treasurer
Marjorie Bartholf, dean, John Sealy College of Nursing, University of Texas, Galveston, Texas
Henrietta Doltz, director of nursing education, University of Oregon, Portland, Oregon

Nurse Directors
Mildred I. Lorentz, director of nurses, Michael Reese Hospital, Chicago, Illinois
Mrs. R. Louise McManus, director, Division of Nursing Education, Teachers College, Columbia University, New York, New York
Julia M. Miller, dean, Emory University Hospital School of Nursing, Emory University, Georgia
Ruth Sleeper, director, Massachusetts General Hospital School of Nursing, Boston, Massachusetts
Mrs. Eugenia K. Spalding, director of nursing education, University of Indiana, Bloomington, Indiana
Lulu K. Wolf, director of nursing education, Vanderbilt University School of Nursing, Nashville, Tennessee

Lay Director
Mrs. Genevieve Knight Bixler, Des Moines, Iowa
Mrs. Arthur H. Spiegel, Chicago, Illinois

Respectfully submitted,

LOUISE KNAPP, Chairman
LUCY HARRIS
AGNES O. SCHUBERT
ALICE ROCKWOOD
SELMA L. TILLER

REPORT OF THE COMMITTEE ON PUBLICATIONS

The Committee on Publications has requested its members and local leagues for suggestions for publication needs. These will be sent to the editor of the American Journal of Nursing for consideration.

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

Respectfully submitted,

AGNES GELINAS, Chairman
REPORT OF THE COMMITTEE ON REVISION

The Committee on Revision has met at frequent intervals to review proposed changes in the bylaws of the following state leagues: Arkansas, Georgia, Illinois, Louisiana, Massachusetts, Minnesota, Montana, Pennsylvania, Puerto Rico, Rhode Island, Utah, and Washington.

The committee, with advice from an expert in governmental procedure, has studied the suggested form for bylaws of state and local leagues to determine if the proper relationship between national, state, and local leagues is indicated. Certain changes in the wording of the suggested form for state and local leagues have been proposed in order that this relationship may be more clearly defined.

Respectfully submitted,

ADA HAWKINS, Chairman

REPORT OF THE COMMITTEE ON STUDIES

In September, 1947, the participation of the Committee on Studies in the pediatric nursing study was reported.

On August 20, 1947, a meeting was held to consider what could and should be done to develop new criteria which could be used as guides in developing new nursing service measures. After considering several approaches along with the existing nursing service situation, the committee agreed on the following plan:

1. To call a conference of five or six nursing service administrators, in addition to the members of the committee, as early as plans could be made in the fall. If possible, the conference would be planned for two days. The object of the conference was to staff the nursing service of a hospital, service by service, on the basis of the experience and judgment of those present—the staffing to provide for satisfactory nursing care. The nursing service staffing terms evolved would be similar to those now in use, and a pamphlet would be published similar to Distribution of Nursing Service during War.

2. To secure voluntary "try-outs" applying the nursing service measures evolved on one or more ward units.

3. To attempt to secure funds for a controlled nursing service study on medical and surgical units.

Developments later occurred that made it possible for the director of studies to visit 22 hospitals through the county and discuss with the nursing directors and collect data on their current nursing service practices. Inasmuch as the information thus assembled provides a much broader base than could
have been provided through a conference with six persons, it was agreed that the conference would not be held.

A report based on the information gathered in the 22 hospitals is now in preparation and will be available early in the summer.

The chairman is happy to report that Clare Dennison, Margaret Carring-ton, and Louise O. Waagen have accepted invitations to become members of the Committee on Studies.

Respectfully submitted,

LAURA M. GRANT, Chairman

REPORT OF THE COMMITTEE ON ACCREDITING

NO REPORT

REPORT OF THE COMMITTEE ON AUDIO-VISUAL AIDS

In order to help improve teaching methods in schools of nursing by con- tinuing the promotion of a wider use and better utilization of all audio- visual aids, the Committee on Audio-Visual Aids has planned the following program for 1947-48:

1. A survey will be made to learn how widely and how effectively audio- visual aids (particularly slides, films, and film strips) are being used in schools of nursing.
2. To assist instructors of nurses, the committee members will provide consultant service by correspondence.
3. The committee is arranging for a showing of selected films at the 1948 Biennial Convention.
4. The committee will review new film listings and arrange for showing them to suggested persons in the community where the film is available.
5. The committee will publish evaluations or reviews of new films in the American Journal of Nursing.

Respectfully submitted,

LOUISE M. SUCHOMEL, Chairman

REPORT OF THE COMMITTEE ON CAREERS IN NURSING

The first meeting of the Committee on Careers in Nursing was held at Headquarters, 1790 Broadway, New York, New York, on March 24, 1948.

Since the American Hospital Association must withdraw its resources for student nurse recruitment at the end of 1948, it was the consensus of the committee that for the remainder of this year efforts should be directed toward stimulating groups in state and local leagues regarding recruitment.
A tentative budget for the last six months of 1948 was prepared for presentation to the boards of directors of the six national professional nursing organizations.

The membership of the Committee on Careers will include representatives from each of the six national professional nursing organizations, the American Hospital Association, the American Medical Association, and the fields of general education and personnel administration.

Respectfully submitted,

Theresa I. Lynch, Chairman

Report of the Committee to Formulate Plans for the Recruitment of Graduate Nurses for Faculty Positions in Schools of Nursing

This committee was created by vote of the Board of Directors of the National League of Nursing Education early in 1947. At the first meeting of the committee which was held in Atlantic City on May 14, 1947, the following program was outlined:

1. Institutes sponsored by state leagues of nursing education for the purpose of interesting staff nurses in hospitals and in public health nursing agencies to prepare for faculty positions in schools of nursing.
2. Preparation of a series of articles on teaching and administration in schools of nursing by the members of the committee for the American Journal of Nursing, emphasizing the satisfactions derived from teaching and the importance of personnel policies for faculty members.
3. Encouragement of the establishment of assistantships in selected schools of nursing for young women who have completed the preparation for teaching and who require teaching experience.
4. Brief periods of observation for prospective teachers through the cooperation of schools offering outstanding instructional programs.
5. Increased publicity regarding the availability of lists of postgraduate courses (advanced, specialized, and service).
6. Increased emphasis on the program of professional counseling and placement services in relation to the service they can render in recruiting qualified graduate nurses for teaching positions.

This program and the following recommendations were submitted to the Board of Directors of the League:

1. That formal approval be given to the program as outlined and that a directive be issued to the committee to take action.
2. That the committee be informed of the resources of the National League of Nursing Education for securing publicity for this program.
3. That announcement of the program be made at an appropriate time during
the convention of the National League of Nursing Education in Seattle on September 8-11, and that the need for the recruitment of teachers be brought out by the chairman of the various sessions.

4. That the National League of Nursing Education notify each state league through appropriate channels regarding the recruitment program and suggest that an Institute be held.

These recommendations were accepted by the Board of Directors at their meeting in Seattle in September with the amendment to recommendation 4 that for the word "institute" the following be substituted:

"this subject be recommended as a topic for state and local league meetings."

It is hoped that active interest will be taken in this program by the state and local leagues.

Respectfully submitted,

THERESA I. LYNCH, Chairman

REPORT OF THE COMMITTEE TO FORMULATE RECOMMENDATIONS ON GIVING ADVANCED STANDING TO VETERAN CANDIDATES FOR ADMISSION TO SCHOOLS OF BASIC PROFESSIONAL NURSING

The committee held two meetings, and sent out questionnaires to hospital schools of nursing accredited by the National League of Nursing Education, hospital schools of nursing for male nurses, and university schools of nursing (members of the Association of Collegiate Schools of Nursing).

The purpose of the questionnaire was to secure information relative to students admitted to schools of nursing who had had education and/or hospital experience in the armed forces. The committee had the assistance of Blanche Pfefferkorn, director of studies, National League of Nursing Education, in the formulation of the questionnaire. The committee had the advice of Charlotte Ayres, a member of the Admissions Office of the University of Chicago, who had participated in the evaluation of veterans' records for credit at the University of Chicago. Miss Ayres advised the committee to use as reference the completed edition of A Guide to the Evaluation of Educational Experience in the Armed Forces published by the American Council on Education in 1946.

The following courses were studied by the committee:

1. Courses offered by the United States Army, Medical Technician
2. Courses offered by the United States Army, Medical Aidsmen
3. Courses offered by the United States Navy, Hospital Corps
4. Courses offered by the United States Coast Guard, Hospital Corps
5. Courses offered by the United States Maritime Service
6. Courses offered by the American Red Cross, Volunteer Nurse's Aid Corps
The committee makes the following general recommendations:

1. That attention be directed to the recommendations of the *Guide to the Evaluation of Educational Experiences in the Armed Services*, and that in those instances where the guide recommended that credit granted by institutions of higher learning and professional schools, the school of nursing should consider the possibility of granting credit.

2. That the policy of granting credit for courses and/or clinical experience would of necessity be determined by the individual school.

3. That the amount of credit in theory or time would need to be referred to the state board of nurse examiners.

4. That pre-tests (such as the National League of Nursing Education Achievement Tests) be used in theory to determine whether the student should be granted credit for theoretical courses.

5. That in the event credit in clinical experience be proposed, the student have an opportunity to demonstrate satisfactory performance in that clinical specialty by the use of achievement tests and a period of supervised practice with an evaluation of performance.

Respectfully submitted,

MADELEINE MCCONNELL, Chairman

**REPORT OF THE COMMITTEE ON MEMBERSHIP**

The activities of the Committee on Membership are those of public information both to members and potential members. During the year, they have included communications to directors of schools of nursing and suggestions for increasing membership which were incorporated in "Information and Suggestions for Committee Activities and Program Meetings of State and Local Leagues."

At a meeting in Seattle the discussion centered around how best to increase membership. The members believe that the most workable method includes: (1) sending regular communications directly from Headquarters to chairmen of the state league committees on membership, informing them of the current activities of the organization; (2) making it known how to join the League on the local level; and (3) planning worthwhile and instructive program meetings.

An attempt is being made to clarify the duties of the committee as related to those of the Committee on Public Relations. The Committee on Membership now has representation on the Committee on Public Relations.

The total membership for 1947 was 9,008. The size of the membership roll is due largely to those activities carried out where nurses nurse, which acquaint them with how the League serves them through their participation
in its program. Personal contact also plays a part in the stimulation of League membership.

Respectfully submitted,

LUCY D. GERMAIN, Chairman

REPORT OF THE COMMITTEE ON POSTGRADUATE CLINICAL NURSING COURSES

The Committee on Postgraduate Clinical Nursing Courses has been concerned during the past year with the construction of an advanced clinical course in medical-surgical nursing. Early in the year a subcommittee of nurses highly qualified in this field was appointed, with Virginia Henderson as chairman, to study this project. The progress which has been made to date can probably be summarized best by presenting here the most recent report of this subcommittee. The report and its recommendations will be studied by the general committee, and next steps will be planned in accordance with conclusions reached in a joint conference of the general committee and the subcommittee.

A Plan for Study of a Core Course for Advanced Clinical Nursing and Its Relationships to All Other Clinical Nursing Courses

This subcommittee was set up to prepare for publication an outline of an "Advanced Course in Medical and Surgical Nursing" similar to the outlines prepared for advanced courses in maternity nursing, pediatric nursing, psychiatric nursing, orthopedic nursing, and tuberculosis nursing.

Great attention has been given to defining the scope of the course to be set up by this subcommittee that is loosely referred to as "Medical and Surgical Nursing." There is a question as to whether it should include: (1) the same content as that covered in the Curriculum Guide under this heading; (2) this content with the exception of the orthopedic nursing and tuberculosis nursing units for which advanced courses have been prepared; or (3) content common to all advanced clinical nursing courses.

The first and second interpretations were rejected because: (1) the organization of a course based on anatomical systems and their related conditions (as in the Curriculum Guide) does not provide the best opportunity for the student of nursing problems that are fundamental and persistent; (2) such interpretations tend to emphasize the condition rather than nursing problems; and (3) this subcommittee has no criteria for differentiation between conditions that warrant the creation of a specialty (as for example tuberculosis and orthopedics) and conditions to be considered a part of general medicine and surgery, or general pediatric nursing, as for example, syphilis and neurology.

This subcommittee believes (and the Executive Committee of the Committee on Postgraduate Clinical Nursing Courses concurs) that it will serve the best interests of the profession if it prepares a "core course" with content common to all advanced clinical nursing courses. Students in any advanced clinical program would then work in such a core course and would concurrently study nursing problems related to their clinical interest. Seminars could be offered in as many special fields as are demanded by students' needs, for example, pediatric nursing, tuberculosis nursing, eye nursing, orthopedic nursing, or psychiatric nursing.
An approach to the organization of content around nursing problems is illustrated by the following questions: "What modifications in the provision for feeding, elimination, cleanliness, sleep, moving, lifting, exercise, companionship, occupation, etc., are indicated when the person is: (1) depressed; (2) delirious; (3) febrile?" "How does the nurse modify nursing care: (1) in long-term illness; (2) as death approaches; or (5) according to the special needs of the adolescent or the aged?"

Since this organization is different from the one that has been used in the past and since the plan of this course would affect the total scheme of advanced clinical nursing education, the process of developing an outline for such a course will be relatively time-consuming and expensive.

The concept of this "core course" built around common nursing problems has implications for, and if sound will inevitably affect, the basic curriculum. Therefore, as a means of improving advanced clinical nursing education and ultimately basic nursing education, it is important that the initial study be thorough.

From the preceding discussion it is clear that this subcommittee sees its function as the preparation of a guide for a core course study of problems fundamental to all advanced clinical nursing courses. This would include a "blueprint" to indicate the relationship of this core course to other advanced clinical courses. (For purposes of clarity, the title of this subcommittee should be changed to indicate the nature and scope of its function.)

Three steps are suggested as a means of fulfilling this function.

1. Creation of a working committee to function as an advisory committee to the Committee on Postgraduate Clinical Nursing Courses.
2. Preparation of a guide for a core course and a blueprint showing the relationship of this course to other advanced clinical nursing courses.
3. A continuation study through the demonstration of an advanced clinical nursing program conducted according to this guide and blueprint in a university center.

Creation of a Working Committee

The size of the committee should be such that the work is facilitated and the cost of operation reasonable. It is suggested that the number should not be less than ten and should not exceed fifteen.

The selection of members should be based on (1) interest in the development of this concept; (2) experience in and familiarity with current graduate clinical teaching; (3) evidence of productive effectiveness in the kind of work to be undertaken. Furthermore, in the event that the study is continued through step 3, at least a nucleus of the membership of the working committee should be eligible and available for a demonstration of the program in a university.

The membership of the committee should represent all the major clinical areas, specifically (1) introductory nursing (often referred to as the nursing arts), (2) general medical and surgical nursing, (3) at least one well-established medical or surgical nursing specialty, (4) obstetric nursing, (5) pediatric nursing, and (6) psychiatric nursing. The membership should also be drawn from the major fields in which nursing is practiced as, for example, institutional nursing and community nursing services other than the hospital nursing service.

Preparation of the Guide and the Blueprint

In preparation for a concentrated work period, a series of three, or possibly more, meetings of a subcommittee on planning of the working committee might be held for the purpose of drawing up a plan of work, selecting and securing a place in which to work, making a preliminary selection of consultants, and pre-
paring a budget. These meetings might take place over a period of from two to four months.

The working committee should then meet for a concentrated work period at, or near, a university center where library and other facilities for study would be available. During this period the concept of the core course would be developed and expressed concretely in the form of the guide. The blueprint showing the relationships of the core course to other clinical courses would be developed and incorporated in the report. It is recommended that this concentrated activity be planned for a six-week period, preferably during the summer when nurse faculty members could be most easily spared from their organizations.

Preparation of the written report in its final form might require meetings of a subcommittee of the working committee whose function would be an editorial one. The time required for this should not exceed three months and the task might be accomplished in a much shorter period.

During the planning and editing period the place of meeting seems relatively unimportant, and it might be chosen with reference to its accessibility to the members. In contrast, the place of meeting during the period of concentrated work should be carefully selected. Comfortable working and living conditions should be available and the committee should have access to the facilities of a large educational center.

Demonstration of an Advanced Clinical Nursing Program

For the demonstration of a program conducted according to the guide and blueprint, a university center should probably be selected where advanced clinical nursing education is reasonably well established but where experimentation is welcomed. It is highly important that adequate clinical facilities are available and that community health agencies are accustomed to participation in joint enterprises.

Attention has been called to the importance of having at least a nucleus of the working committee appointed from the faculty or teaching staff of the nursing school or department of the school in the university where the demonstration is to be carried out. Appointments of additional personnel should be made from members of the existing nursing faculty or staff who are interested in the development of the proposed program and who are competent to participate effectively.

Using the guide and blueprint as a pattern for program planning, the nursing faculty and staff would set up and execute a program of advanced clinical nursing education.

The essential feature of this experimental program would be the core course. In order to test its usefulness, however, it would be necessary to set up advanced clinical courses in two or more selected specialties such as obstetric nursing or psychiatric nursing. In this way the relationships of the core course to the study of nursing problems peculiar to special clinical services could be shown.

Any evaluation of an educational experiment of this nature should probably not be attempted in less than three years. Many factors affect the success or failure of a program and it would be desirable to make the plan for this study sufficiently flexible to allow for a possible extension of the experimental period to five years if this seems indicated.

Respectfully submitted,

ELIZABETH K. PORTER, Chairman
REPORT OF THE COMMITTEE TO PREPARE THE ESSENTIALS TO BE INCLUDED IN A BILL PROVIDING FOR FEDERAL AID FOR NURSING EDUCATION

The following statement of essentials for inclusion in a bill for Federal aid for nursing education was approved by the NLNE Board of Directors on January 20, 1948.

1. Statement of Purpose
   A bill to authorize the appropriation of funds to provide for better nursing service throughout the nation by fostering the improvement of professional nursing education, and for other purposes.

2. Title of Act
   Nursing Education Act of 1948.

3. Agency
   An appropriate organizational division of the Federal Security Agency that will provide status coordinate with other professional health groups, if any, for which Federal aid is granted for educational purposes.

4. Appropriation (Amounts to be determined after consultation with the Federal Security Agency)
   There shall be appropriated to the Federal Security Agency for the fiscal year ending June 30, 1949 the sum of __________; for the fiscal year ending June 30, 1950 the sum of __________; for the fiscal year ending June 30, 1951 and for each fiscal year thereafter the sum of __________, these appropriations to be used as hereinafter provided.

5. Uses of Funds
   Funds appropriated under this Act shall be used exclusively for the following purposes:
   a. To provide assistance for the improvement of basic and advanced professional nursing programs.
   b. To aid in research and experimental work in nursing service and nursing education conducted under contract with appropriate agencies.
   c. To provide assistance for temporary demonstrations, intensive courses and workshops in nursing education.
   d. To provide for scholarships for qualified professional nurses to enable them to further their preparation for a special field in nursing.
   e. To provide for the effective administration of this Act.

6. Distribution of Funds
   Funds for approved plans shall be distributed directly to:
   a. Publicly and privately supported institutions offering professional nursing education programs which are approved by a national professional nursing organization designated by the Commission on Policies and Regulations.
   b. Agencies as provided under contract.
   c. Qualified professional nurses for attending approved institutions as designated above.
   These funds shall be allocated in accordance with policies set up by the Commission on Policies and Regulations and without discrimination on the basis of color, race or creed.
7. Unit of Nursing Education

For purposes of administering this Act there shall be established in the selected organizational division of the Federal Security Agency a permanent unit of nursing education for the specific administration of the proposed programs.

8. Personnel

There shall be appointed a director of the unit of nursing education who shall be a professional registered nurse well qualified by general and professional education and by nursing experience to serve in such position. It is further provided that such other personnel shall be appointed as are necessary to carry out the provisions of this Act.

9. Commission on Policies and Regulations

A Commission on Policies and Regulations shall be appointed by the head of the organizational division of the Federal Security Agency selected to administer the program.

This commission shall consist of not less than ten appointive members. The director of the proposed unit of nursing education and the head of the organizational division of the Federal Security Agency selected to administer the program shall be members ex officio. The head of the organizational division of the Federal Security Agency selected to administer the program shall serve as chairman.

At least six of the ten appointive members shall be representatives of the major fields of nursing and outstanding in their respective fields. They shall be appointed by the head of the organizational division of the Federal Security Agency selected to administer the program from a panel of not less than twelve names submitted as follows: two names each shall be submitted by the American Nurses’ Association, the National League of Nursing Education, the National Organization for Public Health Nursing, the Association of Collegiate Schools of Nursing, the National Association of Colored Graduate Nurses and the American Association of Industrial Nurses. Four members of the commission, representing the fields of general education, medicine, hospitals and public health shall be appointed by the head of the organizational division of the Federal Security Agency selected to administer the program.

Term of Office

The term of office of an appointive member shall be for three years, except that members of the first commission shall be appointed for terms as follows: four members for three years; four for two years; two for one year. Thereafter all appointments shall be for three years. No appointive member shall serve for more than two consecutive terms.

Vacancy in Office

A vacancy occurring in the commission shall be filled in the same manner as original appointments are made.

Functions of Commission

The head of the organizational division of the Federal Security Agency selected to administer the program, with the approval of the Commission, shall:

a. Prepare and promulgate regulations for the administration of this Act.
b. Establish criteria for the granting of funds to an institution offering basic
or advanced professional nursing programs, to an agency or to a professional nurse.
c. Establish such policies as may be necessary.

Meetings

Regular meetings of the commission shall be held at such times as may be necessary and not less than twice each year.

Rules

The commission is authorized to prepare such rules as may be necessary for the conduct of its meetings.

Per Diem and Expenses

The appointive members of the commission while serving on business of the commission shall receive compensation at a rate fixed by the administrator of the Federal Security Agency but not exceeding $40 per day and shall be reimbursed for such other expenses as provided by the administrative policies of the Federal Security Agency.

10. Protection of the Recipient of Funds

Federal assistance to institutions offering professional nursing educational programs or to agencies shall be limited to the provision of financial aid and educational guidance. The responsibility for the direct administration of any program or plan for which funds are approved must remain under the direct control of the institution or agency to which the funds are allotted.

11. Protection of the Use of Federal Funds

It shall be the responsibility of the Federal agency to see that money allotted is used for the purpose for which it was approved.

12. Terminology

As used in this Act:

(1) The term "nursing" refers to services rendered by the professional nurse.

(2) The term "institution" includes both those publicly and privately controlled offering basic or advanced professional nursing programs.

(3) The term "agency" refers to any national, state, or local professional nursing organization which might be utilized for making studies for the development or revision of nursing education standards.

The six national nursing organizations were all represented on the committee which drafted this report. Copies of the report were sent to the presidents of these organizations.

A copy of this statement was also sent to the ANA on January 20, 1948, for reference to its Special Committee on Federal Legislation for the preparation of a bill. This bill will be reviewed by the Committee to Prepare the Essentials to Be Included in a Bill Providing for Federal Aid for Nursing Education before it is introduced into the Congress.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman
COMMITTEE REPORTS

REPORT OF THE COMMITTEE TO PREPARE A STATEMENT OF OBJECTIVES CONCERNING FEDERAL AID FOR NURSING EDUCATION

The statement prepared by this committee and approved by the Board of Directors of the League in January, 1948, follows:

General Considerations Underlying the Request of the Nursing Profession for Federal Aid for Nursing Education

Nursing Defined

"Briefly stated, our position is that 'health' nursing is just as fundamental as 'sick' nursing and the prevention of disease at least as important a function of the nurse as the care and treatment of the sick. Indeed, these functions cannot be separated though they are undoubtedly represented in different proportions in the different fields of nursing. Moreover, the nurse is essentially a teacher and an agent of health in whatever field she may be working, though here again the emphasis varies. All nurses must be concerned with the social conditions which so directly affect the condition of the patients and their prospects of cure. The subordination of the 'human' element in our work to the physical and technical is one of the severest criticisms we have to meet in nursing today, and it seems strange that there should be any question that a much stronger emphasis on these human and social factors is needed, whether we are dealing primarily with sick nursing or health nursing.

"Every one of these elements was incorporated into the system of nursing established by Florence Nightingale over sixty-five years ago and the principles may still be found strongly expressed in her writings. With the recent rapid development of the public health movement, there seems to have been some tendency to identify these social and preventive elements with the work of the public health nurse and the social service nurse instead of with the basic practice of nursing itself. This was perhaps natural since there has been more opportunity to stress these elements in community health work, but it would be unfortunate if we should begin to consider them as extraneous to nursing proper, to be obtained only through experience in public health nursing or social service, enlightening and vital as those experiences are.

"The curriculum has been developed on the assumption that the social, preventive and teaching elements of nursing should be taught in all good nursing schools. Indeed it is just as essential for the private nurse or the hospital nurse as for the public health nurse to have this broader conception of her duties and responsibilities. It would be disastrous indeed if we should allow the great tap-root of our professional training to be impoverished by the loss of those vital elements that should nourish the whole body and not one special branch. If these elements belong to nursing and if they are to have their maximum value to the patient, the hospital, and the student nurse, they must come into the training early so that they can be applied all the way through. They should not come as a special illumination at the end or as a corrective for a certain kind of social astigmatism or myopia which sometimes attacks hospital nurses and makes them indifferent to everything outside their own walls, or beyond their technical duties." 1

Purposes of Nursing Education

To provide nursing personnel qualified to render this type of nursing service described in the foregoing statement from *A Curriculum Guide for Schools of Nursing*.

To provide administrative and instructional personnel for the training of such nursing personnel.

Type of Nursing Education Essential to Fulfill the Nursing Needs of Society

In order to produce the type of nurse in demand, nursing education must provide a broad general education and experience, including social sciences and the physical and biological sciences with great emphasis on the humanities and nursing arts.

The preparation of nurses for community nursing services of all types and for administrative and instructional responsibilities necessary for conducting nursing education programs, basic and advanced, is essential.

Such a pattern of instruction which provides preparation for all types of nurses should be a coordinate part of general education, public and private.

The Public's Stake in Nursing Education

Since the public's welfare is affected by the quality and quantity of nursing service rendered, the public should assume some responsibility for the cost of nursing education.

Present Status of Federal Aid to Nursing Education

The study on *Federal and State Aid for Basic Professional and Advanced Programs in Nursing* made recently (1947) by Blanche Pfefferkorn, director, Department of Studies, National League of Nursing Education, reveals that to date the major portion of Federal funds given for nursing education has been available for scholarships for graduate nurses, with the exception of those funds allotted in connection with the United States Cadet Nurse Corps program, and the Social Security Act. Very little is being given for the improvement of nursing education.

Proposed Purpose of Federal Aid for Nursing Education

The proposed purpose of Federal aid is to improve professional nursing service through the improvement of programs of professional nursing education, basic and advanced.

Proposed Uses of Federal Aid for Nursing Education

It is proposed that Federal aid be provided for:

1. National surveys and studies on quantitative and qualitative current nursing needs and studies that would increase the effectiveness of basic and advanced nursing curricula.
2. The preparation of skilled general staff nurses for hospital and other community agencies.
3. The preparation of skilled nurses for the field of private practice.
4. The preparation of educational, administrative, and instructional personnel for hospitals, for other community nursing service agencies, and for institutions offering basic and advanced nursing education programs.
5. Provision of educational equipment so that the quality of instruction in basic and advanced nursing programs will be improved.
6. The organization of temporary demonstrations of nursing education undertakings, intensive courses and workshops.
7. Provision for research in the administration of the program and publication of findings.
Types of Institutions Suggested for Receiving Federal Aid

Federal funds should be sought for both publicly and privately supported nursing programs. The privately supported nursing programs are large in number; they have made and are now making real contributions to the development and maintenance of nursing education programs for improved nursing service. This development should be fostered along with that of the publicly supported institutions offering nursing programs.

Types of Nursing Programs for Which Federal Aid Should Be Sought

Federal aid should be sought only for basic and advanced professional nursing curricula.

At this stage it is believed that any bill should not specify the kinds of basic and advanced nursing programs (hospital or collegiate) eligible for receiving funds; but the commission (see page 55) should be charged with the responsibility of seeing that the funds are used primarily to improve professional nursing service through improvement of programs of professional nursing education.

All institutions, regardless of control relative to race, creed or color, should qualify for funds, provided they fulfill requirements set up by the proposed commission.

The committee realizes that this is the most difficult section for development by any committee preparing essentials for a bill. It is believed that definitions of basic and advanced nursing education may need to be included. It is therefore thought advisable to consider judiciously the best present definitions with a view toward using the results of Dr. Brown's nursing school study, if these prove to be practical.

Federal Aid for Scholarships

Federal aid for scholarships should not be sought at this time except for students in advanced nursing programs who expect to go back into the field to work when they have completed their advanced studying. The idea was expressed that, in general, private and state funds should be secured for scholarship purposes. It was also thought that when scholarships are used they should be given to those in need who present potential qualifications for nursing.

Suggested Federal Agency for Administration of Funds

While the committee believes that it is not within its province to name the Federal agency to administer an over-all act for Federal aid to nursing education, it was the consensus that such agency, or organizational unit thereof, be one whose primary purpose is higher education.

Regulation and Policy-Forming Group

The bill should provide for a civilian commission to include members of the nursing profession, such commission to serve as a regulation- and policy-forming body and in an advisory capacity to the nursing and other technical personnel which constitutes the group responsible for administering the funds.

Approximately two-thirds of the membership of the proposed commission should be professional nurses nominated by the six professional nursing organizations participating in the national structure study, in accord with their then current structural plans.

Channel for Distribution of Federal Funds for Nursing Education

The funds should go directly to the approved institution from the Federal agency administering the Federal funds.
General Principles Concerning Federal Aid for Nursing Education

1. Federal aid to nursing education must not bring direct Federal control of any nursing education program. The responsibility for administration of any specific program or plan must rest in the individual institutions offering nursing education programs. The Federal statute, therefore, should state plainly the purposes for which the funds are to be used, and the only Federal interest should be to see that the money granted is used for these purposes.

2. It should be recognized that the role of the Federal government is secondary and supplementary to aid from private sources and states.

3. Regulations and policies set up by the proposed commission by which Federal funds are administered should not interfere with educational or nursing service experimentation in individual institutions but should permit and encourage such experimentation.

Role of National Nursing Organizations Relative to Federal Aid for Nursing Education

National nursing organizations should:

1. Suggest policies to guide legislators in determining what is good and what is poor in relation to Federal legislation for nursing education.

2. Develop and publish nursing service and nursing education standards that could be used as guides in developing or checking regulations and in solving problems in the administration of Federal funds.

3. Study and influence the passage or defeat of Federal legislation for nursing education.

4. Nominate members for commissions and advisory and technical committees for Federal nursing education programs.

5. Keep their memberships informed through professional journals, special bulletins and through other channels on matters pertaining to Federal nursing legislation.

6. Prepare appropriate testimony on Federal legislation concerning nursing education.

State Nursing Organizations

State nursing organizations should:

1. Contribute to the creation and revision of nursing standards through pointing out local and state nursing educational needs and by making suggestions to the national nursing organizations concerning educational policies and standards.

2. Keep their membership informed relative to Federal legislation on nursing education.

3. Inform the U. S. Senators and Congressmen representing their states concerning desirable and undesirable legislation for nursing education.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

RECENT DEVELOPMENTS IN FEDERAL LEGISLATION

Following the presentation of the reports of the Committee to Prepare the Essentials to Be Included in a Bill Providing for Federal Aid for Nursing Education and the Committee to Prepare a Statement of Objectives Concern-
ing Federal Aid for Nursing Education, the president asked Eugenia K. Spalding, chairman of these two committees, to review recent developments in federal legislation for nursing education. Mrs. Spalding stated that the statement of essentials prepared by the first-mentioned of these committees, on which there had been representation from the six national professional nursing organizations, had been referred to the American Nurses’ Association, since it is not within the province of the League to draft legislation. The ANA Committee on Federal Legislation drafted a bill on the basis of this statement of essentials, but, in the meantime, another bill, S. 2588, had been introduced into Congress. Thereupon, the ANA Committee on Federal Legislation undertook to study S. 2588 and compare it with the statement of essentials. Mrs. Spalding represented the Committee to Prepare the Essentials to Be Included in a Bill Providing for Federal Aid for Nursing Education at the meeting of the ANA Committee on Federal Legislation on March 20, 1948.

Mrs. Spalding reported that S. 2588 differed from the proposed essentials in the following ways:

1. S. 2588 covered not only nursing education, but also medical, dental and public health education. This, the ANA Committee on Federal Legislation had agreed, was a desirable difference.

2. The emphasis in S. 2588 was entirely on quantity of nursing education, not quality. Thus, S. 2588 made no provision for research, experimental work, demonstrations, or workshops; it made no provision for grants to agencies for such purposes; and it provided scholarships only for undergraduate student nurses, not for postgraduate study. One half of the funds would be allotted equally among eligible schools; the other half would be allotted on the basis of enrollment. There was, however, provision for grants to advanced nursing education programs, as defined by the Surgeon General. The bill also provided that schools must be approved or accredited.

Mrs. Spalding emphasized this basic difference between S. 2588 and the thinking of the nursing organizations, stating that the primary concern of the nursing organizations is the improvement of nursing service through better nursing education, while S. 2588 was primarily concerned with reducing shortages in the different fields.

3. S. 2588 made no provision for a unit of nursing education under the Surgeon General, nor for any director of such unit.

4. S. 2588 made no provision for a Commission on Policies and Regulations. The Surgeon General was given full power to prescribe all regulations, with the approval of the Federal Security Administrator. The conference of representatives of deans or directors of schools would appear to be merely advisory in character.

5. S. 2588 provided that schools be approved or accredited “by a body or bodies approved by the Surgeon General,” rather than “by a national pro-
fessional nursing organization designated by the Commission on Policies and Regulations," as provided in the proposed essentials.

6. S. 2588 provided that scholarships be paid to the states, rather than directly to students.

7. S. 2588 contained no definition of "nursing." It is possible, though perhaps not likely, that schools of practical nursing might qualify for grants or scholarships, or both.

Mrs. Spalding stated that in view of these differences between S. 2588 and the proposed essentials, the ANA Committee on Federal Legislation had decided to try to have S. 2588 amended by striking out all present references to nursing and putting in a new section which would cover nursing in the light of the proposed essentials.

In the discussion which followed, Sister M. Olivia Gowan stressed the importance of securing federal funds for both publicly and privately supported institutions. She pointed out that the privately supported nursing programs might undergo hardships if federal funds were directed toward only those institutions which are tax-supported. Mrs. Spalding stated that great emphasis had been placed on the desirability of including private as well as public nursing education programs in the report of the Committee to Prepare a Statement of Objectives Concerning Federal Aid for Nursing Education, which stated:

Federal funds should be sought for both publicly and privately supported nursing programs. The privately supported nursing programs are large in number; they have made and are now making real contributions to the development and maintenance of nursing education programs for improved nursing service. This development should be fostered along with that of the publicly supported institutions offering nursing programs.

The president stated that in a conference which she and the president of the ANA had had with Mr. Oscar Ewing, Federal Security Administrator, and Dr. Thomas Parran, then Surgeon General of the U. S. Public Health Service, in January this point regarding privately controlled and supported nursing education programs was stressed.

Future responsibilities of the NLNE and of the state leagues were then discussed. Mrs. Spalding stated that the immediate problem of the national organization was to prepare materials that might be used at any hearing which might be held on S. 2588. The Department of Studies, which already had a reservoir of data on hand, would undertake to collect other materials for this purpose.

Great emphasis was placed on the importance of state league participation. It was stated that the state nurses' associations each had a copy of S. 2588 and also a copy of the analysis of the bill in relation to the proposed essentials. State leagues were urged to write to their respective United States Sena-
tors for copies of the bill and to participate in the study of the bill and the analysis.

The president then stated: "I would like to add one thought to this discussion. One of the things which concerns many of us at this time—and it relates to federal legislation as well as to Dr. Brown's study—is in relation to very rapid adjustments from the hospital school to the professional school. We can find ourselves—Dr. Brown pointed this out—in just as serious a situation with too many poor professional schools in the future as we are now with our hospital schools.

"All of us will probably want to be professional schools. Some should be and some should not be. There will be many disappointments about that. Who is to help us decide what is right?"

"In the reports that were given by state league presidents at the Council of State Leagues meeting, it was brought out that there are under way, in several states, surveys to determine the needs for nursing service and for nursing education. Before we all hurry home to decide what we should like to do in the future, before we all decide what we should like to have for federal legislation, the state leagues, as the leaders in education within the states, should begin some planning.

"If a state league hasn't the wherewithal to begin that planning, it can without doubt find help, because there are all kinds of sources. If, when this federal legislation gets to the point of hearings, your representatives who will speak for federal legislation for nursing education could have some reliable studies from states to show what state needs are and how these needs can best be met, those would speak more loudly than almost anything else that could be carried to Washington.

"Also, such a survey could help to bring forth in each state a sound plan for future nursing education. It would be a challenging study. It could constitute a program in which your state league would take the leadership that it is capable of taking within your own area. It would point toward two things, financial support and future service by qualified nurses for your own section and other sections of the country."

Dr. Esther Lucile Brown expressed hearty agreement with the president's remarks, stating that she was particularly impressed with the fact that in several instances the state planning for nursing was being done within the framework of a total plan for meeting the health needs of the state. She called attention to the speech of Dr. Leonard W. Mayo* as a practical analysis of ways in which to obtain community assistance and create community organization.

*See pp. 171-175.
REPORT OF THE COMMITTEE ON PSYCHIATRIC NURSING

The work of the Committee on Psychiatric Nursing for the year 1947-48 has been centered on the study of the psychiatric aspects of all nursing. The committee is of the opinion that this work is being undertaken at a time when there is a real crisis in nursing and a widening recognition of a need for change, possibly drastic change, in our total nursing education. This is in keeping with a growing recognition that education in general must be related more effectively to the needs of our changing world; that higher education, in the words of the President's Commission on Higher Education, "must be alert to anticipate new social and economic needs and to keep its programs of professional training in step with the requirements of a changing and expanding cultural, social, and economic order."

The committee believes that nursing should be a profession which keeps pace with the needs of a changing world. Hence, the fundamental objective of all nursing education should provide for a comprehensive orientation in the care of every patient. Such an orientation includes the psychiatric implications of nursing care which means keeping the nurse close to the patient as a person—a total human being. It was, therefore, the consensus of the group that the psychiatric orientation should begin when the student enters the school and continue through the entire learning period of the basic program.

If nursing education is to become truly comprehensive, it is agreed that the student nurse should study people from the beginning, that is, during the early weeks of her learning experience. This group visualizes the specific use of case material which will provide for understanding and the transfer of learning from classroom to actual practice.

The committee is engaged in a study of a program which will provide for continuity and continuous processes throughout the entire educational period. With this objective in mind, the committee interprets its responsibility to develop a program of study which begins in the preclinical period, progresses through the clinical areas, including psychiatric nursing, and continues through the entire educational program.

Specific recommendations already made regarding content and method include the following:

A. Method

1. All learning should be as nondidactic as possible and centered in the demonstration of actual patient material.
   a. Pertinent examples from selected illustrative case material should be presented throughout.
   b. An attempt should be made to provide for a total picture of the patient and to avoid the tendency to emphasize diagnosis.

2. Emphasis should be on teaching from case material.

3. Seminar methods of instruction are preferable to lectures, which, on the whole, are generally conceded to be the least effective devices for teaching this material.
a. Seminar and discussion groups should consist of no more than 15 students, preferably 10 or 12, ideally 6 or 8.
b. The paucity of well-prepared teachers may preclude immediate use of this method.

B. Suggested Content
1. Preclinical course would include:
   a. Personality development, stages and level of maturity.
   b. Patterns of behavior, adaptive and nonadaptive; methods of adjustment.
   c. The psychodynamics of human behavior.
2. Psychological content integrated into courses in: medical and surgical nursing, nursing of children, obstetric nursing, community health nursing (maternal and child welfare, family care, etc.) and psychiatric nursing.

The future work of the committee will consist of:
1. The development of course content for the preclinical period.
2. The pointing-up of the psychiatric implications in the various clinical areas.
3. The development of pertinent psychiatric nursing content for use in the psychiatric unit.

Respectfully submitted,
Florence M. Harvey, Chairman

REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

The Committee on Public Relations has accepted as its responsibility for 1947-48 the following activities to be encouraged through state leagues:
1. Special work to promote a program for the recruitment of graduate nurses for faculty positions in schools of nursing.
2. Continuation of student recruitment programs.
3. Study, interpretation, support, and promotion of the recommendations growing out of the School Study.

To activate such a program the committee proposes to employ, on a part-time basis, a public relations expert to prepare several bulletins for use by state and local leagues in discussion groups, and, in certain cases, for use by schools of nursing. The bulletins will deal with
1. A report, based upon returns from a brief questionnaire, of successful programs and current problems of state and local leagues.
2. Student nurse recruitment.
3. School Study: a fact sheet giving information about the origin and history of the school study project to be distributed in preparation for later reports and recommendations from the study.
4. Faculty recruitment.
5. Public relations programs for schools of nursing.

Respectfully submitted,
Elmira B. Wickenden, Chairman
REPORT OF THE COMMITTEE TO SECURE INFORMATION FROM THE AMERICAN COUNCIL ON EDUCATION REGARDING FEDERAL FUNDS FOR NURSING EDUCATION

The Committee to Secure Information from the American Council on Education Regarding Federal Funds for Nursing Education heard, with interest, the report of Charlotte Seyffer on the problems of junior colleges with respect to nursing education. This report brought out that junior colleges are hampered by the lack of uniformity in standards for schools of nursing and the lack of counseling from the nursing profession.

The committee offers four recommendations:

1. That its name be changed from the NLNE Committee to Secure Information from the American Council on Education Regarding Federal Funds for Nursing Education to the Joint Committee on the American Council on Education.

2. That the membership of the committee be modified to include the delegates of the constituent nursing organizations to the American Council on Education.

3. That this committee needs the results of all studies that have been made or are in progress on the functions of nurses, and if these are not found adequate, that a new study be made which will result in the definition of nursing.

4. That, since such far-reaching changes in the educational program of this country are under way, the associations here represented adopt a more aggressive policy of participation in the work of the American Council on Education in order that the resources of the Council will be used to promote the preparation for nursing education both qualitatively and quantitatively.

Respectfully submitted,

SISTER M. OLIVIA GOWAN, Chairman

REPORT OF THE COMMITTEE ON SISTERS

A Sisters' committee for each state was established in 1946. These committees have been functioning very effectively and reports from them have been very encouraging.

This is a quotation from one of the Sisters' state meetings:

At the time of the Annual Meeting of the Nurses' Associations, there was a combined meeting of the Sisters' committees, with all present and potential Sister League Members as invited guests, with the objective of stimulating their interest and ascertaining their needs. The Sisters were asked to participate actively in the state Associations and encourage student enrollment.
Other committees reported meetings with regard to the Test Pool Examinations and their adoption by the states. Several Sisters were invited to institutes on evaluation and measurement conducted by the districts. One Sister gave a three-day institute on current needs of nursing.

Several state Sisters’ committees have adopted the idea of sending a representative to meetings that are held at night when the Sisters cannot attend, having summaries made of the meetings, and sending reports to all directors of schools of nursing.

It seems apparent that the Sisters’ committees are closely cooperating with their state leagues of nursing education and their state nurses’ associations both in educational and recruitment problems.

Respectfully submitted,

SISTER MARY THERESE, Chairman

REPORT OF THE COMMITTEE ON STATE BOARD PROBLEMS

In accordance with the request from Headquarters, the functions for state league committees on state board problems have been studied and the following ones suggested:

1. To interpret to the state league the special problems of state boards of nurse examiners as they relate to nursing education, and to indicate how the state league might work with the state board of nurse examiners to assist it in its planning for nurse education.

2. To assist state boards in an advisory capacity with such matters as admission requirements of students, state board regulations governing schools, curriculum planning, affiliations, the place of the licensed practical nurse in an institution conducting a basic professional nursing education program, surveying schools, examinations for registration, etc.

At the meeting of the committee held in December it was voted that the NLNE Board of Directors be asked to consider again the possibility of developing a joint committee with the American Nurses’ Association for discussion of questions relating to state board activities.

Respectfully submitted,

AGNES K. OHLSON, Chairman

REPORT OF THE COMMITTEE ON VOCATIONAL GUIDANCE

The current objectives of the Committee on Vocational Guidance are: (1) to encourage the use of the Handbook for Career Counselors on the Profession of Nursing by high school, college, and other counselors; (2) to develop policies and suggestions for guidance programs for use of administrative and instructional personnel in institutions offering basic and advanced
nursing curricula; and (3) to assist registrars and counselors in professional placement services through the development of appropriate literature on counseling of graduate nurses seeking nursing positions in institutions offering basic and advanced nursing curricula.

The services of H. Phoebe Gordon, School of Nursing, University of Minnesota, were secured to prepare a basic fact sheet on pre-nursing counseling in professional nursing. Miss Gordon, with the cooperation of the Committee on Vocational Guidance, other nurses, and lay counselors, has prepared a *Handbook for Career Counselors on the Profession of Nursing* which is now available from Headquarters.

The manual, *Suggestions for Counselors of Professional Nurses*, which was started in 1946 by the Subcommittee on Criteria for Use of Veterans and Civilian Nurses in Choosing Programs and Courses has been completed and published in the April issue of the *American Journal of Nursing*. Reprints are available from Headquarters. This method of publication was used in order to give the material an immediate and wide distribution.

At a meeting of the committee on January 10, 1948, the following activities were agreed upon:

1. To encourage the use of the *Handbook for Career Counselors on the Profession of Nursing* by high school, college, and other counselors. It was further agreed that a letter be sent to all state leagues of nursing education, recommending the holding of institutes for high school, college, and other counselors and suggesting that the *Handbook* be used in connection with the institutes.

2. To promote a series of articles in the *American Journal of Nursing* showing job satisfactions in the clinical and other areas of nursing. It is hoped that persons active in the field and enthusiastic about their positions may be located and secured to contribute to this series of articles. Such articles could promote a positive attitude toward these specialties and furnish a basis for the development, at a later time, of bibliography for these areas for use of students in schools of nursing and graduate nurses interested in the clinical specialties.

Respectfully submitted,

DOTALINE E. ALLEN, Chairman

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

Only one meeting of this committee was held in 1947. In June the group met jointly with the NAPNE's Committee on Curriculum to review the material for a pamphlet which had been prepared by the NAPNE committees on curriculum and approval of schools. This pamphlet was designed to serve as a guide for states and individuals who are establishing schools for
practical nurses. Reference is made in the foreword to the suggested curriculum which is now being prepared by a nationally representative committee under the leadership of the U. S. Office of Education and which is being based upon the *Analysis of the Practical Nurse Occupation* published under the auspices of that organization in 1947. The NLNE’s committee made a number of suggestions at the time it reviewed the material, some of which were adopted. The pamphlet was published in the fall of 1947 by the NAPNE and is titled *Practical Nurse Education*.

Members of this committee were very active in the preparation of the pamphlet published last spring by the Joint Committee on Auxiliary Nursing Service, *Practical Nurses and Auxiliary Workers for the Care of the Sick*. In this pamphlet are included many basic principles underlying nurse education, and it was largely because of this that it has not seemed necessary for the League’s Committee to Work with NAPNE to meet often during the past year. It is thought that it will probably be valuable to hold two or three meetings during 1948.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

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**REPORT OF THE JOINT COMMITTEE ON THE INTEGRATION OF THE SOCIAL AND HEALTH ASPECTS OF NURSING IN THE BASIC CURRICULUM**

The first meeting of the year of this committee was called February 9, 1948, and it is anticipated that at least two additional meetings will be held before the summer months.

Periodically, there has been careful consideration as to the wisdom of continuing this committee, since the problems and projects with which it has been concerned touch very largely upon the entire basic curriculum and consequently fall within the realm of the work of the Committee on Curriculum. Ultimately, this joint committee might serve as a subcommittee of the Committee on Curriculum. However for the present it has been decided that this committee should continue to function, at least until such time as a change in organizational pattern might be effected as a result of the study of the structure of national nursing organizations.

One reason for this decision was the receipt of certain specific requests for assistance from state committees on integration, state boards of nurse examiners, and individual schools of nursing. It is the consensus of this committee that it may serve more effectively by carrying out specific requests made by the state and local groups than by working on plans originating within the national committee itself.
To date, two subcommittees have been appointed to work on the following projects:

1. The preparation of a guide or schedule that may be useful to individual schools of nursing, to state boards of nurse examiners, and to other surveyors in determining and evaluating the extent to which the social and health components are being incorporated in the basic curriculum of a given school.

It is intended that such a guide should deal with the broader aspects of the problem, and would point up how better utilization might be made of such media as ward classes, nursing care studies, and the student health service program.

2. The compilation or assembling of materials of interest pertinent to the social and health aspects of nursing, and the dissemination of information relative to such source and other materials. In the past the committee has assumed responsibility for preparing and revising as indicated a pertinent bibliography. In addition, this subcommittee will undertake to assemble helpful illustrative materials as well as timely references.

Individual members of the committee continue to fulfill many requests over the country for consultation service to certain schools of nursing by conducting institutes, short courses, and group conferences, by serving in an advisory capacity to state and local committees, and by participating in regional, state and local meetings of nursing organizations in the interest of furthering the concept of comprehensive nursing, with emphasis on the social and health components.

Respectfully submitted,

MARY J. DUNN, Chairman

REPORT OF THE
JOINT COMMITTEE ON POSTGRADUATE NURSING EDUCATION

This committee, whose membership is listed in the Annual Report of the NLNE for 1947, is a joint committee of the League, the Association of Collegiate Schools of Nursing, and the National Organization for Public Health Nursing. Its purpose is to develop a statement of over-all criteria for guidance in the development and evaluation of postgraduate education.

During 1947, the following activities were engaged in:

1. A critical review of the proposed publication of the Education Committee of the International Council of Nurses on Postgraduate Education for the Professional Nurse. The chairman of the committee also participated in a two-day meeting of that committee in May, 1947.
2. A critical review on a study of Patterns of Curriculum Organization for the Preparation of Administrative and Instructional Personnel for Schools of Nursing and Hospital Nursing Services being carried on by Florence A. Hixson who is a candidate for the degree of Doctor of Education in the Division of Nursing Education, Teachers College, Columbia University. This study is being sponsored by the committee.

The main items considered by the committee at its second meeting on January 17, 1948, were:

1. The need for a list of studies that have significance for the committee in its work. Plans were made for assembling this list.

2. A review of the preliminary analysis of the committee's problems, which dealt with a restatement of definitions of such terms as post-graduate, advanced and supplementary nursing education, criteria, principles, educational program, area, curriculum (basic and advanced), course, and unit of instruction.

3. Areas of advanced nursing education curricula with which study should be concerned. These areas are curricula for preparing (a) clinical nursing practitioners, (b) hospital nursing service personnel, (c) public health nursing service personnel, and (d) school of nursing personnel.

4. Need for periodic estimates of personnel needs in all nursing fields for guiding the expansion of existing advanced nursing education programs in universities and for interesting other universities in certain parts of the country in starting such programs. It was emphasized that there should be a central place for assembling and distributing information concerning these estimates. A recommendation was submitted to the Boards of Directors of the several nursing organizations concerning a method for meeting part of the need.

5. A committee, composed of Eugenia K. Spalding, Henrietta A. Loughran, Lillian A. Hudson, Elizabeth K. Porter, and Mildred L. Tuttle, was appointed to prepare a tentative statement, based upon sources of the cooperating groups, on the following items:
   (a) General purpose of an advanced nursing education program,
   (b) General objectives for the different areas of curricula (See item 3 above),
   (c) Specific objectives for each proposed curriculum in each area, and
   (d) A diagrammatic scheme to show the general scope of advanced curricula.

6. The importance of having a unified and strong recruitment plan promoted and conducted by the nursing profession. In connection with this problem, the committee submitted the following recommendation to its Boards of Directors: That the Committee on the Structure of
National Nursing Organizations be requested to give early consideration to the working out of a plan for developing effective machinery for recruitment in all areas of nursing, including education and service.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT ON THE ELECTION OF REPRESENTATIVES ON THE COMMITTEE ON STRUCTURE

Sister M. Ancina, chairman of tellers for the election of representatives to the Committee on the Structure of National Nursing Organizations, reported on the election as follows:

Total ballots cast—346; total votes cast—2,052; invalid votes—24; Ruth Sleeper—342; Nellie X. Hawkinson—320; Genevieve K. Bixler—318; Anna D. Wolf—316; Stella Goosray—309; Julia M. Miller—238; Sister Mary Xavier—209.

The president then declared the following persons to be the League representatives on the Committee on Structure:

*Genevieve K. Bixler
Stella Goosray
Nellie X. Hawkinson

Julia M. Miller
Ruth Sleeper
Anna D. Wolf

VOTE OF APPRECIATION TO RUTH SLEEPER

Agnes Gelinas then stated: "Before the members leave, I would like to move that the following be included in the minutes of the convention:

"It has been our privilege as Board members to obtain a preview of presidential responsibilities during a very difficult period in our nursing history. Throughout this experience and on every occasion we have been tremendously impressed with the outstanding leadership, wisdom, and personal integrity of Ruth Sleeper, our retiring president. She has demonstrated to a remarkable degree her ability to stimulate excellent teamwork among Board and staff members, state and local leagues, nursing organizations and related professions.

"Thank you, Miss Sleeper, for all you have done for nursing during the four years of your presidency. You have not only improved education for nursing practice and strengthened the concept of unification of nursing activities for better health, but promoted the standards and ideals of nursing in such a way that your influence will continue to be felt."

The audience rose in unanimous acclamation and acceptance of this motion.

*Non-nurse member.
ELECTION OF CLARIBEL A. WHEELER TO HONORARY MEMBERSHIP

Upon motion of Lois M. Austin of Virginia, seconded by Julie C. Tebo of Louisiana, it was unanimously voted to confer honorary membership upon Claribel A. Wheeler, executive secretary of the National League of Nursing Education from 1932 through 1942. In accordance with the Bylaws, the Board of Directors had recommended Miss Wheeler for this honor.

RESEARCH IN EVALUATION

In response to a question from Helen F. Hansen of California, Emma Spaney, assistant director of the Department of Measurement and Guidance, stated that the primary research activity of the department would, for the time being, be directed toward the improvement of the test service.

Miss Spaney then emphasized that the basic problem in evaluation research is one of defining what is to be evaluated. Once such a definition is available, the tools of evaluation can be constructed.

"Evaluation," Miss Spaney said, "is much broader in concept than just testing and measuring. It embodies the definition of functions. It embodies the question of curriculum materials and content designed in the light of those functions, the construction and standardization of adequate tools for the evaluation not only of the student's progress through the curriculum but also for the evaluation of the curriculum itself. I should very much like to see a unified research program incorporating not merely tests and measurements but all the elements that enter into evaluation. This point has been made several times by the various speakers at this convention. It was implied in the things Dr. Brown has said, it has been implied in many of the things which you yourselves have said, and it is uppermost in my mind."

REPORT OF THE COMMITTEE ON RESOLUTIONS

The Fifty-second Convention of the National League of Nursing Education has been most challenging and stimulating. The business and program meetings have given us inspiration to return to our states with direction for progress toward our objectives and goals. Of special significance has been the evidence of constructive activity on the state and local levels.

No small part of the accomplishments and progress has been due to the inspiring leadership of our retiring president, Ruth Sleeper. We are to be congratulated that, as a member of the Board of Directors, her influence will continue to be felt.

We are grateful for the experienced counsel of Stella Goosray, who for twenty years has served as either an officer or as a member of the Board of Directors. Miss Goosray has given one of the longest periods of continuous service in the history of the League. We know and are grateful that her interest and activity will not cease with her retirement from the Board.

The committee wishes to pay special tribute to Lucile Petry, who has
capably carried, for ten years, the exacting responsibilities of the office of treasurer.

We wish to express appreciation for the contributions of Kathleen Newton, assistant consultant in orthopedic nursing, who is retiring from her position.

We wish to thank Emma Spaney, who has served with the Department of Measurement and Guidance, and who has helped to give stability to the program of that department. As a lay member and as technical consultant in her special field, we are happy that she will carry on her contacts with the League.

To the incoming and continuing officers and members of the Board of Directors we express whole-hearted confidence that, under their leadership, progress will be continued.

To the hostess state organizations and their many participants and committee members, including the related organizations and individuals, we wish to express sincere thanks for the countless contributions which they have made to insure smooth and successful functioning of the activities of this meeting.

The educational value of the convention has been enriched through the participation of the exhibitors.

We wish to congratulate the United States Public Health Service upon the completion of one hundred and fifty years of service, and thank this body for its contributions to nursing education, especially during the period of World War II.

We wish to recommend that the National League of Nursing Education further the ideals of international service through participation in the United States National Commission in UNESCO.

We also recommend that the convention go on record as endorsing the principles for one national nursing organization as approved by the Board of Directors of the National League of Nursing Education.

Inasmuch as the School Study, made possible by the Carnegie Corporation, the Russell Sage Foundation, and the National Nursing Council, Inc., through the expert services of Dr. Esther Lucile Brown, has given impetus to future direction of our program in nursing education, we recommend that:

1. The accrediting program move forward as rapidly as possible, consistent with the progressive standards of the National League of Nursing Education.
2. The National League of Nursing Education explore means of implementing the recommendations of the School Study.
3. The state and local leagues give consideration to conducting surveys and studies of needs, opportunities, and facilities to determine desirable areas of experimentation in nursing education.

Respectfully submitted,

VIRGINIA HARRISON, Chairman
EMILY C. CARDEW
GRACE WATSON
INTRODUCTION OF NEWLY ELECTED LEAGUE OFFICERS

The report on the election of League officers having been made at the special business meeting on June 2, the president introduced the newly elected officers to the membership.

President—Agnes Gelinas
Treasurer—Henrietta Doltz
Nurse Directors—R. Louise McManus, Ruth Sleeper, Eugenia K. Spalding
Lay Director—Genevieve K. Bixler

It was voted unanimously that the ballots should be destroyed.

The meeting adjourned at 11:30 a.m.
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.


AMENDMENT TO CERTIFICATE OF INCORPORATION RECORDED OCTOBER 18, 1946.

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 [Eliza] (Seal) (Seal) (Seal)

Lillian Clayton, R.N. (Seal)

Robert E. P. Kreiter as to [Jane A. Delano] [Georgina Nevins] [Clara D. Noyes]

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

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.
h. 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.

k. 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. 3, 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.
ROBB MEMORIAL FUND

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND, INC.  
(McIsaac Loan Fund and Isabel Hampton Robb Scholarship Fund)

SECRETARY’S REPORT FOR 1947

Pieces of mail sent out .......................... 426  
(In 1946—317)  
Requests for information .......................... 114  
(included above (In 1946—84)  
Folders requested in quantity ..................... 75  
Applications for scholarships received .......... 24  
(of these, two were ineligible)  

Scholarships awarded—$400.00 each .................. 3  
(Vermont) Mrs. Eleanor M. Dyke—1 Foss Street, Barre, Vermont  
Graduate of Massachusetts General Hospital  
Field of work: Administration, School of Nursing  
School of choice: Teachers College, New York, N. Y. Changed to University of Vermont  
(Vermont) Miss Geraldine Labecki—600 Colchester Avenue, Burlington, Vermont  
Graduate of Hartford Hospital, Connecticut  
Field of work: Administration, School of Nursing  
School of choice: Teachers College, New York, N. Y.  
(New York) Miss Leona M. Baker—Sydenham Hospital, New York, N. Y.  
Graduate of Lincoln Hospital, New York, N. Y.  
Field of work: Teaching Nursing Arts  
School of choice: New York University  
Alternate, Miss Beulah Oldfield  
U. S. Indian Service, Muskogee, Oklahoma  

The three scholars received $200.00. In June, Miss Labecki received the second $200.00. In December, Miss Baker wrote that she needed only $100.00 additional. As of the end of the year $300.00 is yet to be paid, but a reserve fund has been set up to cover this.  

McIsaac Loans awarded .......................... 2  
(Massachusetts) Miss Winifred V. Shuman—429 Park Street, Dorchester, Mass.  
Loan $200.00  
Graduate: St. Margarets Hospital, Dorchester, Mass.  
Field of work: Nursing Education, teaching science  
School of choice: Boston University  
(Illinois) Miss Gertrude Humm—Golconda, Illinois  
Loan $250.00  
Graduate: St. Mary’s Hospital, Detroit, Michigan  
Field of work: Nursing Education, teaching Nursing Arts  
School of choice: Catholic University, Washington, D. C.  

Loans paid in full during 1947 ..................... 3  
  #267 Ethel Kersey, $200.00 awarded in 1942  
  #271 Mary F. Davioud, $200.00 awarded in 1942  
  #287 Margaret Pinkerton, $200.00 awarded in 1946
Outstanding Loans

25 nurses have 27 loans
Notices of payments due have been sent to all loans over a year old.

Outlawed Loans

It is recommended that 3 very old unpaid loans be charged off the books

#11 Mary Helen Hankins, Balance of $195.00 due in 1924
#31 Julia Lindsley Johnson, $200.00 due in 1927
#48 Mary Salisbury Iglett, Balance of $10.00 due in 1929
No reply to communications.

Total of $405.00 can be taken from surplus. There are 3 more outlawed and delinquent loans to be written off later when surplus is sufficient to cover.

It is recommended that Mr. Donald Cornelle of Fifth Avenue Bank and Briarcliff Manor, be engaged for the year 1948 as financial adviser for the sum of at least $100.00, more if approved. His services are invaluable and without his expert help the secretary could not possibly conduct the business of the Fund in a proper manner. It should be remembered in this connection that no other salaries or emoluments are paid for the administration of funds amounting to nearly $60,000.00. Prior to the appointment of the present secretary-treasurer, the previous incumbent of the position was paid $41.66 a month ($916.52 a year) for each Fund, or $1,833.04 a year. In addition there was regular stenographic help. The expenses for administering both Funds in 1947 were: Scholarship—$154.67, and Loan—$139.68, a total of $294.35. This sum includes postage, supplies, bonding, infrequent secretarial service and financial service.

The financial adviser, Mr. Donald Cornelle, states that the anticipated income for scholarships in 1948 will permit the award of only 2 scholarships of $400.00.

U. S. Savings Bonds of $10,000.00 will mature December 11, 1948. If reinvested in U. S. Government Bonds interest (2½%) will be about half of the interest received on the Savings Bonds ($7,500.00 purchased in 1938 appreciating to $10,000.00 in 10 years).

It is also probable that in 1949, only 2 scholarships may be awarded and 3 in 1950.

CONTRIBUTIONS RECEIVED IN 1947

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<thead>
<tr>
<th>State</th>
<th>Robbins</th>
<th>McIsaac</th>
</tr>
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<tbody>
<tr>
<td>Carolina, North (District 7)</td>
<td>$10.00</td>
<td>$</td>
</tr>
<tr>
<td>Colorado (individual)</td>
<td>5.00</td>
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</tr>
<tr>
<td>Florida (S.N.A.)</td>
<td>2.50</td>
<td>2.50</td>
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<tr>
<td>Illinois (First District S.N.A.)</td>
<td>25.00</td>
<td>25.00</td>
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<td>Kansas (S.N.A.)</td>
<td>25.00</td>
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</tr>
<tr>
<td>Maine (Maine General Hospital Alumnae Association)</td>
<td>10.00</td>
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<tr>
<td>Massachusetts (Massachusetts General Hospital Alumnae Association)</td>
<td>25.00</td>
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<tr>
<td>Michigan (Battle Creek District)</td>
<td>5.00</td>
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<tr>
<td>(S.N.A.)</td>
<td>25.00</td>
<td>25.00</td>
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<tr>
<td>Minnesota (League of Nursing Education)</td>
<td>10.00</td>
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<tr>
<td>(St. Mary’s Alumnae Association)</td>
<td>5.00</td>
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<tr>
<td>Missouri (S.N.A.)</td>
<td>10.00</td>
<td>10.00</td>
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<tr>
<td>New Jersey (League of Nursing Education)</td>
<td>10.00</td>
<td>10.00</td>
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<tr>
<td>(Beth Israel Alumnae Association—Newark)</td>
<td>10.00</td>
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<tr>
<td>New York (S.N.A.)</td>
<td>25.00</td>
<td>25.00</td>
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</table>
ROBB MEMORIAL FUND

Pennsylvania (League of Nursing Education) .................................. 50.00 50.00
(Philadelphia League of Nursing Education) .................................. 25.00 25.00
(Presbyterian Hospital of Philadelphia Alumnae Association) .............. 15.00 15.00

$292.50 $257.50

ROBB SCHOLARSHIP FUND

Financial Statement as of December 31, 1947

Assets
Cash Account—First National Bank, Ossining, N. Y. ......................... $ 890.56
Cash Account—Bank for Savings, Ossining, N. Y. .............................. 214.88
U. S. Government Bonds .............................................................. 34,800.00

$35,905.44

Principal, Surplus and Reserves
Principal ................................................................. $35,378.16
Surplus ............................................................................. 227.28
Reserve for Scholarships already granted ...................................... 300.00

$35,905.44

Principal Account
Principal—December 31, 1946 .................................................... $35,085.66
Contributions received during year 1947 ...................................... 292.50

Principal—December 31, 1947 .................................................... $35,378.16

Surplus Account
Surplus—December 31, 1946 ....................................................... $ 494.32
Income for year ................................................................. $987.63
Less: expenses for year ......................................................... 154.67 832.96

Less: Scholarships granted during year ........................................ 1,100.00
Surplus—December 31, 1947 ..................................................... $ 227.28

Statement of Income and Expense

Income
Interest on bank balance ..................................................... $132.63
Interest on U. S. Government Bonds ................................. 855.00 $ 987.63

Expenses
Secretarial service ............................................................... $ 15.80
Stationery and printing .......................................................... 15.00
Postage .............................................................................. 10.00
Financial service ................................................................. 82.50
Treasurer's bond and sundry expenses .................................... 31.37 154.67

Net Income for Year ............................................................... $ 832.96
# MCISAAC LOAN FUND

## Financial Statement as of December 31, 1947

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Cash Account—First National Bank, Ossining, N.Y.</td>
<td>$1,460.72</td>
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<tr>
<td>Cash Account—Bank for Savings, Ossining, N.Y.</td>
<td>4,316.41</td>
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<tr>
<td>U. S. Government Bonds</td>
<td>13,000.00</td>
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<tr>
<td>Loans Receivable</td>
<td>4,822.05</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$23,599.18</strong></td>
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### Principal and Surplus

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<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Principal</td>
<td>$23,136.29</td>
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<tr>
<td>Surplus</td>
<td>462.89</td>
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<tr>
<td><strong>Total Principal and Surplus</strong></td>
<td><strong>$23,599.18</strong></td>
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</tbody>
</table>

### Principal Account

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>Principal</td>
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<tr>
<td>Contributions received during year 1947</td>
<td>257.50</td>
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<td><strong>Principal—December 31, 1947</strong></td>
<td><strong>$23,136.29</strong></td>
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### Surplus Account

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</thead>
<tbody>
<tr>
<td>Surplus—December 31, 1946</td>
<td>$507.79</td>
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<tr>
<td>Income for year</td>
<td>$454.78</td>
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<tr>
<td>Less: expenses for year</td>
<td>139.68</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>315.10</td>
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<tr>
<td>Less: charge-off of outlawed loans</td>
<td>360.00</td>
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<tr>
<td>Surplus—December 31, 1947</td>
<td>462.89</td>
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### Statement of Income and Expense

#### Income

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Interest on loans</td>
<td>$52.40</td>
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<tr>
<td>Interest on bank balance</td>
<td>114.88</td>
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<tr>
<td>Interest on U. S. Government Bonds</td>
<td>287.50</td>
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<tr>
<td><strong>Total Income</strong></td>
<td><strong>$454.78</strong></td>
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</table>

#### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Secretarial service</td>
<td>$15.80</td>
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<tr>
<td>Postage</td>
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<tr>
<td>Financial service</td>
<td>82.50</td>
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<tr>
<td>Treasurer's bond and sundry expense</td>
<td>31.38</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>139.68</td>
</tr>
<tr>
<td><strong>Net Income for Year</strong></td>
<td><strong>$315.10</strong></td>
</tr>
</tbody>
</table>

Respectfully submitted,

**JULIA C. STIMSON, R.N., Secretary-Treasurer**
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.
OSBORN, MRS. WILLIAM CHURCH ............ 40 E. 36 Street, New York, N. Y.
WHEELER, CLARIBEL A. .................. 1401 Bellevue Avenue, Richmond 22, Va.
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—86

ALEXANDER, MRS. JULIA L. ................. Box 623, Tuskegee Institute
ALLEN, HELEN K. ............... 953 Springhill Ave., Mobile 16
ATKINSON, VANBON G. ............... 320 Reed St., Tuscaloosa
BASHAM, NINA M. ................. 1020 Woodward Bldg., Birmingham 3
BROWN, MRS. AVIS M. ............... Birmingham Baptist Hospital, Birmingham
CHANDLER, GOLDIE N. ................ Veterans Administration Hospital, Montgomery 10
CHRISTENSEN, THYRA C. ............... 600 S. 20 St., Birmingham
CORKER, LOTTIE C. ................ South Highlands Infirmary, Birmingham 5

CRAWFORD, ANNIE L. ................ Professional Center, Montgomery
CRAWFORD, JEWELLE R.* .......... Veterans Administration, Tuskegee
DAVIDSON, DOROTHY ............. Veterans Administration Hospital, Montgomery 10
DOUGLAS, LOYCE ................ Jefferson-Hillman Hospital, Birmingham 3
DOW, MRS. LINDA ................ South Highlands Infirmary, Birmingham 5
ESTES, GLADYS ................ Veterans Administration Hospital, Montgomery 10
FRASIER, CORNELIA M. ............... Veterans Administration Hospital, Tuscaloosa
GETHIN, MRS. ELIZABETH ............ Jefferson-Hillman Hospital, Birmingham 3

1This list includes those members whose 1948 dues reached NLNE Headquarters by October 1, 1948.

2Bylaws (revised by vote of the membership September 23, 1946), Article I, 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."
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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</thead>
<tbody>
<tr>
<td>HUFFERS, MRS. ROSS E.</td>
<td>East End Memorial Hospital, Birmingham 6</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WADDELL, MRS. ROSS E.</td>
<td>St. Vincent's Hospital, Birmingham 5</td>
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<td></td>
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<tr>
<td>SELLERS, RUBY*</td>
<td>North Carolina Hospital, Birmingham 4</td>
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<tr>
<td>SHIVER, MILDRED E.</td>
<td>St. Margaret's Hospital, Montgomery 10</td>
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<tr>
<td>SISTER AMELIA LENZ</td>
<td>St. Margaret's Hospital, Montgomery 5</td>
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<td></td>
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</tr>
<tr>
<td>SISTER CLARE NEUHOFF</td>
<td>City Hospital, Mobile 16</td>
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<td></td>
<td></td>
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<tr>
<td>SISTER HELEN SONNIE</td>
<td>St. Margaret's Hospital, Montgomery 5</td>
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<td></td>
<td></td>
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<tr>
<td>SISTER JANE FRANCES</td>
<td>St. Margaret's Hospital, Montgomery 5</td>
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<td></td>
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<tr>
<td>SISTER LAURENCE</td>
<td>St. Margaret's Hospital, Montgomery 5</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>SISTER MARIANA FLYNN</td>
<td>721 N. La Salle St., Chicago 10, Ill.</td>
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</tr>
<tr>
<td>SISTER MARIE CELINE</td>
<td>Holy Name of Jesus Hospital, Gadsden</td>
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<tr>
<td>SISTER MARTINIA LOY</td>
<td>City Hospital, Mobile 16</td>
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<td>SISTER MARY AGNES</td>
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<td>SISTER MATILDA ANGELESCO</td>
<td>St. Vincent's Hospital, Birmingham 5</td>
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<td>SISTER MILDRED MARY</td>
<td>City Hospital, Mobile 16</td>
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<td>SISTER ROBERTA DEGNAN</td>
<td>St. Margaret's Hospital, Montgomery 5</td>
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<tr>
<td>SISTER STANISLAUS PHILLIPS</td>
<td>City Hospital, Mobile 16</td>
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<td>SISTER THEODORA PENN</td>
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<tr>
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</tbody>
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<td>FERN</td>
<td>12133 Richard Ave., Palos Heights</td>
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<td>CAVANAUGH</td>
<td>HILARY M.</td>
<td>1417 Addison, Chicago</td>
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<td>CAVANAUGH</td>
<td>MARY H.</td>
<td>1406 W. Park, Urbana</td>
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<td>CHAPMAN</td>
<td>L. BERNICE</td>
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<tr>
<td>CHERRY</td>
<td>S. HELENE</td>
<td>217 W. 91 St., Chicago 20</td>
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<td>CHERVASE</td>
<td>MRS. DORIS H.</td>
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<td>CHURCH</td>
<td>ELLEN</td>
<td>The Sherman Hospital, Elgin</td>
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<td>CLARK</td>
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<td>CODY</td>
<td>MARGARET M.</td>
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<td>COLBY</td>
<td>ESTHER A.</td>
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<td>COLE</td>
<td>BERYL A.</td>
<td>Blessing Hospital, Quincy</td>
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<td>COMSTOCK</td>
<td>ANN</td>
<td>2816 Ellis Ave., Chicago 16</td>
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<td>CORCORAN</td>
<td>JOSEPHINE</td>
<td>318 N. Austin Blvd., Oak Park</td>
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<td>COUPE</td>
<td>DORIS</td>
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<td>COX</td>
<td>MRS. GEORGIA P.</td>
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<td>CRANDALL</td>
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<td>CRAWFORD</td>
<td>JANE H.</td>
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<td>CRIPE</td>
<td>SUSIE</td>
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<td>CROSSON</td>
<td>FRANCES M.</td>
<td>Veterans Hospital, Tomah, Wis.</td>
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<td>CUBELL</td>
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<td>CURTIS</td>
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<td>LOIS M.</td>
<td>19 Harrison, Oak Park</td>
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<td>MARY B.</td>
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<td>DALLMAN</td>
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<td>DALTON</td>
<td>RUTH Y.</td>
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<td>DAMA</td>
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<td>DANCA</td>
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<td>Forest Park</td>
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<td>DANIELSON</td>
<td>MRS. LUCILLE</td>
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<td>DAVIS</td>
<td>MRS. ETHEL M.</td>
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<td>DAVIS</td>
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<td>DEL</td>
<td>VECCHIO, ANGELA J.</td>
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<td>DENNING</td>
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<td>DES COMBES</td>
<td>ARLYE</td>
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<td>DEVER</td>
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<td>DEVILBIS</td>
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<td>DIETZ</td>
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<td>Passavant Memorial Hospital, Jacksonville</td>
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T. E. Schumpert Memorial Sanitarium, Shreveport 15

SISTER M. ELIGIUS
Charity Hospital, New Orleans 13

SISTER MARY GERTRUDE
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER MARY HILDA
1321 Annunciation St., New Orleans 13

SISTER MARY IMMACULATE
1321 Annunciation St., New Orleans 13

SISTER MARY IRENE
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SISTER MARY JACQUELINE
1321 Annunciation St., New Orleans 13

SISTER MARY JAMES
Charity Hospital, New Orleans 13

SISTER MARY JAMES
Hotel Dieu, New Orleans 15

SISTER M. JEANNE
Mercy Hospital, New Orleans 13

SISTER MARY KOSTKA
1321 Annunciation St., New Orleans 13

SISTER M. MICHAEL
St. Francis Sanitarium, Monroe

SISTER MARY MILDRED
Mercy Hospital, New Orleans 15

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SISTER MICHAEL FRIEJE
Charity Hospital, New Orleans 13

SISTER PASCIAL BUTTERFIELD
Hotel Dieu, New Orleans 13

SISTER PATRICIA GARLAND
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SISTER RITA BOYLE
Our Lady of the Lake Sanitarium, Baton Rouge

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SISTER ROSARIA SULLIVAN
Charity Hospital, New Orleans 13

SISTER ST. MICHAEL
Our Lady of the Lake Sanitarium, Baton Rouge

SISTER ST. PATRICE
St. Francis Sanitarium, Monroe

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LOUISIANA
### LOUISIANA—MAINE—MARYLAND

**STEWARDS and MEMBERS**

- **SISTER SCHOLASTICA ATZEL**
  - Charity Hospital, New Orleans 13
- **SISTER STANISLAUS MALONE**
  - Charity Hospital, New Orleans 13
- **SISTER SYLVIA BROWN**
  - Charity Hospital, New Orleans 13
- **SISTER URBAN OBERLE**
  - Charity Hospital, New Orleans 13
- **SLACK, L. CHRISTINE**
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- **TUCKER, ANNIE M.**
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- **TUCKER, LULA**
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  - 2790 Napoleon Ave., New Orleans 15
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  - 3400 Dayton Dr., Baton Rouge
- **WILLIS, MRS. EMMA G.**
  - 850 Elmwood, Shreveport 53

### MAINE—38

- **AUSTIN, STELLA**
  - Central Maine General Hospital, Lewiston
- **BEAUDRY, BETTY A.**
  - Augusta State Hospital, Augusta
- **BOOTH, MABEL F.**
  - Eastern Maine General Hospital, Bangor
- **BRENNAN, MARIE J.**
  - 144 State St., Portland 3
- **BURKE, MARY F.**
  - 402 State St., Bangor
- **CLOUGH, MRS. FRANCES P.**
  - 224 State St., Bangor
- **CURTIS, MARY E.**
  - Colby College, Waterville
- **DOANE, EDITH H.**
  - 22 Arsenal St., Portland 4
- **DUNN, MARION L.**
  - 22 Arsenal St., Portland 4
- **EMERSON, GRACE B.**
  - 22 Arsenal St., Portland 4
- **FILAROSKA, MILDRED**
  - Sisters Hospital, Waterville
- **GOODWIN, HELEN**
  - Rumford Community Hospital, Rumford
- **GORROW, FRANCES**
  - East Eddington
- **HASKINS, REVA M.**
  - 300 Main St., Lewiston
- **HENDRICKSON, EFFIE E.**
  - 226 Spring St., Portland
- **HENDRICKSON, ELLEN J.**
  - 22 Arsenal St., Portland 4
- **KAHL, LOUISE N.**
  - Eastern Maine General Hospital, Bangor
- **LENN, MILDRED**
  - 363 Main St., Lewiston
- **MADDEN, MRS. MARY T.**
  - 146 State St., Augusta
- **MARTINEAU, ALPHERIE J.**
  - Sisters Hospital, Waterville
- **MEISNER, MARJORIE B.**
  - 22 Arsenal St., Portland 4
- **MELLEDY, ELEANOR M.**
  - Central Maine General Hospital, Lewiston
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- **OSBORNE, MARY R.**
  - 318 Sabattus St., Lewiston
- **PARKER, HOPE**
  - Eastern Maine General Hospital, Bangor
- **PERLEY, MARY G.**
  - 345 State St., Bangor
- **RAGAN, MARY C.**
  - 5 Congress Park, Portland 3
- **SISTER BINETTE**
  - 318 Sabattus St., Lewiston
- **SISTER BOUFFORD**
  - St. Mary's Hospital, Lewiston
- **SISTER M. ANNUNCIATA**
  - 216 State St., Portland
- **SISTER MARY BERNICE**
  - 144 State St., Portland 3
- **SISTER MARY EDMUND**
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- **WITHEE, HELOISE E.**
  - 79 Branhall St., Portland

### MARYLAND—190

- **ABERNATHY, FRANCES**
  - The Johns Hopkins Hospital, Baltimore 5
- **ADAMS, MARY S.**
  - Sinai Hospital, Baltimore 5
- **AKEHURST, ALICE J.**
  - 2708 Mosher St., Baltimore 16
- **ALLEN, LETHA S.**
  - 7901 York Rd., Towson 4
- **ALT, GRACE E.**
  - 3476 Dolfield Ave., Baltimore 15
- **ALONGI, CATHERINE**
  - Baltimore City Hospitals, Baltimore 24

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MEMBERS

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MARYLAND

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DODDS, DORIS I.
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DUNNELLS, DOROTHY
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Sinai Hospital, Baltimore 5

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FISK, HELEN L.
Terrace Dale, Towson 4

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GIPE, FLORENCE M.
University of Maryland Hospital, Baltimore 1

GRAINGER, MARGARET F.
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GRANDON, MARJORIE L.
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HAWKINS, SARAH M.
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HAYES, MARGARET L.  
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Sinai Hospital, Baltimore 5  
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Sinai Hospital, Baltimore 5  
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HOFFMAN, HARME W.  
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HUDSON, METTA I.  
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The Johns Hopkins Hospital, Baltimore 5  
JENKINSON, MRS. RHODA S.  
Sinai Hospital, Baltimore 5  
JOHNSON, MARTHA*  
The Johns Hopkins Hospital, Baltimore 5  
KINBACK, HELEN E.  
Union Memorial Hospital, Baltimore 18  
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1433 Park Ave., Baltimore 17  
LINTON, ARTHUR B.  
Shopard and Pratt Hospital, Towson 4  
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LOFTUS, FRANCES L.  
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3301 St. Paul St., Baltimore 18  
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The Johns Hopkins Hospital, Baltimore 5  
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Stevenson  
MAY, BERNICE  
Vienna  
MAY, DELLA  
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2 W. Second St., Frederick  
MCGOVERN, CLARA M.  
4225 Wickford Rd., Baltimore 10  
MCKNIGHT, MARIE C.  
1524 Druid Hill Ave., Baltimore 17  
MILES, ELIZABETH L.  
1401 Park Ave., Baltimore 17  
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P.O. Box 6815, Towson 4  
MITCHELL, MRS. HARRIET  
The Johns Hopkins Hospital, Baltimore 5  
MITCHELL, MARGARET S.  
Sinai Hospital, Baltimore 5  
MOORE, ILEAN  
The Johns Hopkins Hospital, Baltimore 5  
MORRIS, BETTY J.  
3516 Fairview Ave., Baltimore 16  
MOULTON, BARBARA E.  
The Johns Hopkins Hospital, Baltimore 5  
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1217 Cathedral St., Baltimore 1  
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The Johns Hopkins Hospital, Baltimore 5  
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Church Home and Hospital, Baltimore 31  
NEEL, CATHERINE L.  
620 W. Lombard St., Baltimore 1  
NEWCOMB, MARGARET E.  
Shopard and Pratt Hospital, Towson 4  
NICHOLS, ANNIE M.  
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NORWOOD, MRS. VERNON H.  
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1818 Elamont St., Baltimore 16  
PENN, MRS. RUTH L.  
Shopard and Pratt Hospital, Towson 4  
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712 N. Broadway, Baltimore 5  
PIDGEON, VIRGINIA A.  
624 N. Broadway, Baltimore 5  
PIKE, EMMA M.  
Baltimore City Hospitals, Baltimore 24  
PLANK, GERALDINE A.  
Sinai Hospital, Baltimore 5  
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210 S. Broadway, Baltimore 31  
PRATT, RUTH C.  
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James Lawrence Kernan Hospital, Hillsdale 17  
reich, LYDIA F.  
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4526 Schenley Rd., Baltimore 10
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Mercy Hospital, Baltimore 2
SISTER MARY VERONICA
Mercy Hospital, Baltimore 2
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935 N. Broadway, Baltimore 5
SMITH, IRENE F.
Sinai Hospital, Baltimore 5
SOLOW, RITA B.
1738 E. Monument St., Baltimore 5
STAFFORD, WILHELMINA
The Johns Hopkins Hospital, Baltimore 5
STAUB, LILLIAN M.
2204 Greenmount Ave., Baltimore 18
STEIN, MARIE K.
Emergency Hospital, Annapolis
STRUVE, MILDRED
The Johns Hopkins Hospital, Baltimore 5
TATE, BARBARA L.
439 W. 114 St., New York 25, N. Y.
TETLOCK, EDITH M.
4330 Roland Ave., Baltimore 11
TURNER, ETHEL
11 S. Belle Grove Rd., Catonsville 28
TYSON, MARGARET G.
1413 Park Ave., Baltimore 17
UPHAM, MARGORY C.
512 N. Washington St., Baltimore 5
VAN GORP, L.T. DYMPHNA M.
W.O.O. Naval Air Station, Patuxent River
VAN HORN, LENA E.
Baltimore City Hospitals, Baltimore 24
VICKERS, ELIZABETH V.
Preston
WALKER, MRS. GRACE M.
21 East E St., Brunswick
WARFIELD, ELIZABETH P.
1622 St. Paul St., Baltimore 2
WHEATLEY, DOROTHY L.
2750 Edmondson Ave., Baltimore 23
WHITFORTH, FAY Y.
The Johns Hopkins Hospital, Baltimore 5
WILLIAMS, ELENA E.
Preston Apts., Baltimore 2
WINSTEAD, BETTIE L.
6501 Maplewood Rd., Baltimore 12
WOLF, ANNA D.*
The Johns Hopkins Hospital, Baltimore 5
YAVITZ, MRS. SYLVIA D.
2006 Benton Ave., Baltimore 16

ADAMS, ETHEL M.
Beth Israel Hospital, Boston 15
ADAMS, RACHEL T.
The Boston Dispensary, Boston 11
ADAMS, MRS. ROSA L.
Box 57, Worcester State Hospital, Worcester 4
AIKENS, HELEN L.
67 Station St., Hyannis
ALBERTI, ROSE E.
402 East St., Pittsfield
ANDERSON, MRS. BETTY M.
Lynn Hospital, Lynn
ANDERSON, IDA I.
25 Barber Rd., Framingham

ANDREWS, MRS. MARIE S.
130 Main St., Watertown
APPEL, LEAH
30 Sutherland Rd., Brighton 35
AKEY, CONSTANCE E.
1202 Commonwealth Ave., Allston 34
ARMY, MADELINE J.
110 Massasoit Ave., Worcester 4
ARONSON, MABEL V.
168 Bellingham St., Chelsea 50
ARVANITIS, MRS. PENEOPE M.
53 Blossom St., Lynn
ATTO, L.T. COL. KATHLEEN H.
Lunenburg, Quebec, Canada

MASSACHUSETTS—472
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACHMAN, MARGARET P.</td>
<td>120 Whitwell St., Quincy 60</td>
<td>Quincy, MA</td>
</tr>
<tr>
<td>BALDWIN, GERTRUDE L.</td>
<td>New England Sanitarium and Hospital, Medrose 76</td>
<td>Medford, MA</td>
</tr>
<tr>
<td>BARCLAY, ANNIE S.</td>
<td>Franklin County Hospital, Greenfield</td>
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<tr>
<td>BARRY, ELIZABETH E.</td>
<td>376 Riverway, Boston 15</td>
<td>Boston, MA</td>
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<tr>
<td>BATTLEFELDER, HILDA</td>
<td>Newton-Wellesley Hospital, Newton Lower Falls</td>
<td></td>
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<tr>
<td>BATES, BARBARA</td>
<td>759 Chestnut St., Springfield 5</td>
<td>Springfield, MA</td>
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<td>BATES, MRS. FRANCES F.</td>
<td>122 Hersey St., Hingham</td>
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<tr>
<td>BEAL, LUCY H.</td>
<td>40 Hickory Cliff Rd., Newton Upper Falls</td>
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<tr>
<td>BEAN, MARION N.</td>
<td>330 Mt. Auburn St., Cambridge</td>
<td>Cambridge, MA</td>
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<tr>
<td>BEAUREGARD, AMELIA C.</td>
<td>72 Essex St., Holyoke</td>
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<td>BECKER, MRS. REGINA M.</td>
<td>34 Crowley St., Lowell</td>
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<td>BECKMAN, CAROLYN A.</td>
<td>Irocon Nurses Home, Lynn</td>
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<tr>
<td>BEEK, HARRIET L.</td>
<td>Lawrence General Hospital, Lawrence</td>
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<tr>
<td>BEHR, EDYTH V.</td>
<td>300 Elm St., Northampton</td>
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<tr>
<td>BELLMAN, EMILY C.</td>
<td>227 Broadway, Newport, R. I.</td>
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<tr>
<td>BERG, SERENE</td>
<td>3 Blackfan St., Boston 15</td>
<td>Boston, MA</td>
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<tr>
<td>BICKFORD, GOLDIE M.</td>
<td>Northampton State Hospital, Northampton</td>
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<tr>
<td>BILLS, EVELYN E.</td>
<td>Anna Jaques Hospital, Newburyport</td>
<td></td>
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<tr>
<td>BLAISDELL, NELLIE G.</td>
<td>293 Howard St., Lawrence</td>
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<tr>
<td>BLISS, MARY E.</td>
<td>20 Rice St., Newton Center 59</td>
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<tr>
<td>BOCHOSIAN, JULIA</td>
<td>114 Second St., Medford 55</td>
<td>Medford, MA</td>
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<tr>
<td>BOLAN, MRS. ANITA L.</td>
<td>235 Park Dr., Boston</td>
<td></td>
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<td>BOWEN, ELEANOR P.</td>
<td>22 Pilgrim Rd., Wellesley 81</td>
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<td>BOWEN, FRANCES W.</td>
<td>115 St. Stephen St., Boston 15</td>
<td>Boston, MA</td>
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<tr>
<td>BOWLES, HAZEL H.</td>
<td>115 Elm St., Northampton</td>
<td></td>
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<tr>
<td>BOYLE, MARGARET L.</td>
<td>6 Sturigs St., Worcester 5</td>
<td>Worcester, MA</td>
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<tr>
<td>BRACE, MRS. LLOYD D.</td>
<td>Mill St., Charles River</td>
<td></td>
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<tr>
<td>BREEN, MRS. AGNES K.</td>
<td>19 Lowell St., Cambridge</td>
<td>Cambridge, MA</td>
</tr>
<tr>
<td>BREGA, AMELIA A.</td>
<td>U. S. Veterans Hospital #89, Rutland Heights</td>
<td></td>
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<tr>
<td>BRESNAHAN, DORIS</td>
<td>253 Willow Ave., Somerville 44</td>
<td>Somerville, MA</td>
</tr>
<tr>
<td>BROPHY, BERENECE E.</td>
<td>St. Luke's Hospital, New Bedford</td>
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<td>BROWN, FLORENCE M.</td>
<td>Cambridge City Hospital, Cambridge 38</td>
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<tr>
<td>BROWN, FLORENCE R.</td>
<td>307 Riverway, Suite #27, Boston</td>
<td></td>
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<tr>
<td>BROWN, NORA A.</td>
<td>Symmes Arlington Hospital, Arlington 74</td>
<td></td>
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<tr>
<td>BROWN, NORAH E.</td>
<td>Waltham Hospital, Waltham</td>
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<tr>
<td>BROWNE, ETHEL C.</td>
<td>Long Island Hospital, Boston Harbor 13</td>
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<tr>
<td>BROWNHILL, HELEN E.</td>
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<td></td>
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<tr>
<td>BRYANT, MARION E.</td>
<td>Union Hospital, Fall River</td>
<td></td>
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<tr>
<td>BURGESON, ELISE M.</td>
<td>25 Benton St., Brockton 32</td>
<td></td>
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<tr>
<td>BURGESS, MURIEL E.</td>
<td>220 Fisher Ave., Boston 20</td>
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<tr>
<td>BURKE, DOROTHY S.</td>
<td>Briggs Rd., North Westport</td>
<td></td>
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<tr>
<td>BURNS, MARGUERITE E.</td>
<td>17 Oak St., Hopedale</td>
<td></td>
</tr>
<tr>
<td>BUSCHE, MARGARET J.</td>
<td>Springfield Hospital, Springfield</td>
<td></td>
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<tr>
<td>BUTENAS, MRS. HELEN V.</td>
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<td></td>
</tr>
<tr>
<td>CAMERON, ETHEL M.</td>
<td>220 Fisher Ave., Boston 20</td>
<td></td>
</tr>
<tr>
<td>CAMPBELL, KATHARINE A.</td>
<td>25 Evergreen St., Framingham</td>
<td></td>
</tr>
<tr>
<td>CARLTON, ELIZABETH G.</td>
<td>133 Pleasant St., E. Bridgewater</td>
<td></td>
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<tr>
<td>CARRUTHERS, ALTHEA H.</td>
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<tr>
<td>CARTER, VIOLA K.</td>
<td>Holyoke Hospital, Holyoke</td>
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<td>CARTLAND, MILRED H.</td>
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<td>CHALKO, FLORENCE</td>
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<td>CHAMBERLAIN, EDITH M.</td>
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114 Clifton Pl., Jersey City
CONROY, EILEEN
115 Fairmount Ave., Newark
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50 Leroy Pl., Red Bank
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331
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>SISTER ALICE EUGENIA</td>
<td>St. Elizabeth Hospital, Elizabeth</td>
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<tr>
<td>SISTER ANITA MARGARET</td>
<td>211 Pennington Ave., Passaic</td>
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<tr>
<td>SISTER ANNA RITA</td>
<td>703 Main St., Paterson 3</td>
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<tr>
<td>SISTER AUGUSTA</td>
<td>St. Francis Hospital, Jersey City 2</td>
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<td>SISTER AURELIA BONNIE</td>
<td>Mt. Alverno Convent, Warwick, N. Y.</td>
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<tr>
<td>SISTER BERILDA MUELLER</td>
<td>St. Mary's Hospital, Hoboken</td>
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<td>SISTER CASILDA KONOPASEK</td>
<td>St. Francis Hospital, Jersey City 2</td>
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<td>SISTER CECELIA EILEEN</td>
<td>St. Joseph's Hospital, Paterson 3</td>
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<td>SISTER CHRISTIANA*</td>
<td>St. Francis Hospital, Jersey City 2</td>
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<td>SISTER DOLORES LAFAYETTE</td>
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<td>SISTER GEORGETTE LEDGE*</td>
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<td>SISTER HELEN CECILIA</td>
<td>Holy Name Hospital, Teaneck</td>
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<td>SISTER JEAN VINCENT</td>
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<td>SISTER JOSEPHINE ANN*</td>
<td>St. Joseph's Hospital, Paterson 3</td>
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<td>SISTER LAMBERTA</td>
<td>St. Francis Hospital, Greenvale, S. C.</td>
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<td>St. Joseph's Hospital, Paterson 3</td>
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<td>SISTER LOYOLA</td>
<td>St. Mary's Hospital, Hoboken</td>
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<td>SISTER MARIAN THERESE</td>
<td>St. Francis Hospital, Trenton</td>
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<td>SISTER MARICE DECARY</td>
<td>St. Peter's General Hospital, New Brunswick</td>
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<tr>
<td>SISTER MARIE CELESTE</td>
<td>St. James Hospital, Newark</td>
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<tr>
<td>SISTER MARY ANDREW</td>
<td>St. Joseph's Hospital, Paterson 3</td>
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<td>SISTER M. CANICE</td>
<td>Holy Name Hospital, Teaneck</td>
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<td>SISTER M. CYRIL</td>
<td>Holy Name Hospital, Teaneck</td>
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<td>SISTER M. DOLORES</td>
<td>Holy Name Hospital, Teaneck</td>
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<td>SISTER M. ELAINE</td>
<td>St. Francis Hospital, Trenton</td>
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<td>SISTER M. ERNESTINE LUDY</td>
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<td>Kingston Hospital, Kingston</td>
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</table>
POTTIS, EDITH M.* 522 Fifth Ave., New York 18
POWHER, MARGARET L.† Kings County Hospital, Brooklyn 3
PRATT, ELEANOR F. 2174 14th St., Troy
PREM, IRENE M. 426 W. 59 St., New York 19
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SENGUSCH, MRS. ANNE W.
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SHARROCKS, THEODORA
91 Riverside Dr., New York 32

SHAW, CORA L.
600 W. 165 St., New York 32

SHAW, ETHEL M.
Highland Hospital, Rochester 7

SHAY, MARGARET T.
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SHEPPARD, MARIE G.
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SHERWIN, DORIS J.
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SHERWOOD, JULIA
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SHOLL, SOPHIE F.
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SHORE, OLLIE V.
29 Lockwood Ave., New Rochelle

SHIPRITT, EVELYN R.
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SIDER, HELEN T.
Willard Parker Hospital, New York 9

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SISTER M. JOAN MARGARET
Our Lady of Consolation Home for the Aged, Amityville

SISTER M. JULIA
152-11 89 Ave., Jamaica 2

SISTER MARY KEVIN
970 Madison Ave., Albany 3

SISTER M. LEONA
St. Joseph’s Hospital, Elmira

SISTER M. LIGOURI
St. Joseph’s Hospital, Elmira

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SISTER MARY AQUIN  
St. Rita’s Hospital, Lima  
SISTER MARY AUSTIN  
Good Samaritan Hospital, Cincinnati 20  
SISTER MARY BRENDAN  
Mt. Carmel Hospital, Columbus 3  
SISTER MARY CAROLINE  
Mercy Hospital, Toledo 2  
SISTER MARY CECILIA  
100 W. McCrecht Ave., Springfield  
SISTER M. COLUMBKIILL  
Mt. Carmel Hospital, Columbus 8  
SISTER M. DELPHINA  
St. Alexis Hospital, Cleveland 4  
SISTER MARY EDITH  
St. John College, Division of Nursing, Cleveland 14  
SISTER M. ELOISE  
St. Vincent Charity Hospital, Cleveland  
SISTER MARY ELVA  
St. John’s Hospital, Cleveland  
SISTER MARY EMILY  
Good Samaritan Hospital, Cincinnati 20  
SISTER M. ERANAN  
Mercy Hospital, Portsmouth  
SISTER M. ESTHER  
7911 Detroit Ave., Cleveland 2  
SISTER M. FABIAN  
806 Cleveland Ave., N.W., Canton  
SISTER MARY FLORENCE  
Good Samaritan Hospital, Cincinnati 20  
SISTER M. FRANZETTA  
Mercy Hospital, Canton  
SISTER M. JOSANNE  
St. Thomas Hospital, Akron 10  
SISTER M. JOSINA  
Mt. Carmel Hospital, Columbus 8  
SISTER MARY LEONIS  
St. Alexis Hospital, Cleveland 4  
SISTER M. LIBORIA  
730 Laurel Ave., Zanesville  
SISTER MARY LOLITA  
793 W. State St., Columbus 8  
SISTER M. LUCIA*  
Providence Hospital, Sandusky  
SISTER MARY MARCELLA  
801 W. High St., Lima  
SISTER M. MAURICE*  
Mercy Hospital, Canton 3  
SISTER MARY MCDONOUGH  
793 W. State St., Columbus 8  
SISTER M. NICOLAS  
Mt. Carmel Hospital, Columbus 8  
SISTER M. RAYMOND  
7911 Detroit Ave., Cleveland 2  
SISTER MARY REGINA  
Our Lady of Mercy Hospital, Cincinnati 27  
SISTER M. SYLVIA  
Mercy Hospital, Hamilton  
SISTER M. THEOPHANE  
St. Joseph’s Riverside Hospital, Warren  
SISTER M. VICTORINE  
7911 Detroit Ave., Cleveland 2  
SISTER MATILDA  
1425 W. Fairview Ave., Dayton 6  
SISTER MAURITA  
3409 Woodlawn Ave., Cleveland 15  
SISTER MIGNAIA  
St. Elizabeth Hospital, Dayton 8  
SISTER MIRIAM  
St. Rita’s Hospital, Lima  
SISTER PRIMA  
St. Anthony Hospital, Columbus 3  
SISTER REMY  
Good Samaritan Hospital, Dayton 6  
SISTER ROSARIA  
St. Elizabeth Hospital, Dayton 8  
SISTER ROSE EILEEN  
St. Joseph Infant Home, Cincinnati 29  
SISTER THEODORI  
Good Samaritan Hospital, Cincinnati 20  
SISTER THERESA*  
311 E. State St., Columbus 15  
SISTER VINCENT or PAUL  
St. Mary’s of the Springs College, Columbus 3  
SISTER VINCENTIA  
1425 W. Fairview Ave., Dayton 6  
SMALLEY, ELIZABETH A.  
RD 1, Warner Rd., Brookfield  
SMITH, FAIHY W.  
701 Parkwood Dr., Cleveland 8  
SMITH, HAZEL M.  
520 Bates Rd., Toledo 10  
SMITH, KATHRYN H.  
2737 17 St., San Diego 2, Calif.  
SMITH, M. RUTH  
3311 Euclid Ave., Cleveland 3  
SNYDER, LUCILE B.  
10608 Shaker Blvd., Cleveland 4  
SNYDER, M. JACQUELINE  
306 Cleveland Ave., Canton 3  
SOLBERG, OLGA E.  
90 Montrose Way, Columbus  
SPRUNGER, IRENE  
Christ Hospital, Cincinnati 19  
STEINERT, BEVERLY A.  
41 Arch St., Akron  
STEMLER, MRS. MILDRED M.  
104 W. McMillan St., Cincinnati 19  
STEVENSEN, MARGARET  
13915 Clifton Blvd., Lakewood 7  
STEVENSEN, MRS. NEVA M.  
40 E. Fountain Ave., Clendale  
STIEL, CLARINE  
7800 Franklin Ave., Cleveland 2  
STOLLAR, JEAN M.  
3230 Elland Ave., Cincinnati  
STREB, LOUISE H.  
Bethesda Hospital, Cincinnati 6  
STUART, LILLIAN C.  
Sunny Acres, Cleveland 22  
SWANTZ, ELEANOR  
Room 905, 21 W. Broad St., Columbus 15  
TAGE, MRS. MARY C.  
1306 Madison Ave., Columbus 5  
TIDD, MRS. ANNA R.  
2085 Cornell Rd., Cleveland 6  
TOONEY, LENORA M.  
2103 Goodnor Rd., Cleveland Heights 18  
TORRANCE, MRS. JANE T.  
621 Weber Ave., Akron 3  

361
TOVEY, EVELYN M.  
Mt. Sinai Hospital, Cleveland 6

TRAVER, CLARA A.  
13812 Shaw Ave., Cleveland 8

TRAYAN, ELENA  
1601 Larchmont Ave., Lakewood 7

TROPP, MRS. GLADYS H.  
11711 Buckingham Ave., Cleveland 20

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939 14 Ave., S.E., Minneapolis 4, Minn.

TSCHISHECK, MARION E.  
1206 Sunset Rd., Mayfield Heights

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Bethesda Hospital, Zanesville

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WALLACE, MILDRED  
Children's Hospital, Cincinnati 29

WALLINGER, ELIE M.  
Children's Hospital, Columbus 5

WASHINKA, OLGA  
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WATSON, FLORA  
614 S. Union Ave., Alliance

WAYMAN, MRS. CAROLYN S.  
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WEIGEL, MARTHA  
Good Samaritan Hospital, Cincinnati 20

WEIGHTMAN, DR. MARIAN A.†  
Toledo University, Toledo

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WEILAND, MAGDALINE T.  
2320 E. 21 St., Cleveland 15

WENZEL, JESSIE E.  
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WEST, HAZEL  
1812 E. 105 St., Cleveland 6

WHITEWATER, DORIS  
RR 4, Napoleon

WHITNEY, CHRISTINE  
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WILLIAMS, KATHERINE R.  
529 Ludlow Ave., Cincinnati 20

WILLIAMS, MARY M.  
1012 E. 105, Cleveland 6

WILLIAMS, MRS. WHITING  
2257 Tudor Dr., Cleveland 6

WISE, FAYE E.  
2005 Newberry St., Cuyahoga Falls

WISLER, MARY C.  
7350 Euclid Ave., Cleveland 3

WOLPERT, FLORA  
21 W. Broad St., Room 905, Columbus 15

WOOD, BEATRICE K.  
32 S. Sixth St., Apt. 20, Columbus 15

WOOD, PEARL A.  
3418 Scranton Rd., Cleveland 9

WOODS, MARJORIE E.  
The Christ Hospital, Cincinnati 19

WYLAND, HULDIAH M.  
2517 Robinwood Ave., Toledo 10

YAHNER, GRACE  
21 S. Walnut, Akron

YAKO, JULIA A.  
11013 Flower Ave., Cleveland 11

YEATER, LUZETTA  
1111 Center St., Ashland

ZIMA, MRS. MARY G.  
Veterans Administration Hospital, Chillicothe

ZIMMERMAN, DOROTHY  
98 Bottles Ave., Columbus 8

ZINGER, MARIAN E.  
5716 Franklin Blvd., Cleveland

--44--

OKLAHOMA

ALEXANDER, GWENDOLYN M.  
Western Oklahoma State Hospital, Clinton

BATES, DORA R.  
208 E. King, Tulsa 6

BELKNAP, EVELYN  
622 Market St., Muskogee

BIDDLE, JESSIE A.  
602 Commerce Exchange Bldg., Oklahoma City 2

CARON, MRS. MARY R.  
850 N.E. 13 St., Oklahoma City 4

CASTELLO, MARCELLA R.  
St. Anthony Hospital, Oklahoma City 3

CHURCH, DARYL E.  
418 W. Maple, Enid

COLEY, MRS. RACHEL L.  
St. John’s Hospital, Tulsa 6

DANIEL, JOSEPHINE L.  
537 Riverside Dr., Apt. 5E, New York 31, N. Y.

ECHOLS, MRS. MARGARET S.  
117 S.E. 20 St., Oklahoma City

FLEMING, KATHERINE  
Wesley Hospital, Oklahoma City 3

GARRETT, ETHEL  
151 E. Park, Apt. 7, Oklahoma City 2

GIRARD, MARGUERITE  
Albert Pike Hospital, McAlester

HALPERT, MRS. PRISCILLA W.  
925 N.E. 20 St., Oklahoma City 5

HAMBRUGER, MARGARET S.  
1511 N. Lindsey, Oklahoma City

HOTZ, LILLIE C.  
Veterans Administration Hospital, Muskogee

KAUF, IRENE E.  
St. Mary’s Hospital, Enid

KEATON, MARTHA E.  
205 Council Bldg., Oklahoma City

KENNEDY, SARAH M.  
St. Anthony Hospital, Oklahoma City 3

LANGSTON, MRS. IVA R.  
1319 N. Tacoma, Tulsa 15

McDONALD, LILLIAN M.  
Salem General Hospital, Salem

McMAHON, MARY A.  
Pawhuska Municipal Hospital, Pawhuska

362
OKLAHOMA—OREGON

SISTER MARY PANCRATIA
St. Anthony Hospital, Oklahoma City 3

SISTER M. THERESITA
St. John's Hospital, Tulsa 4

SISTER MARY VINCENTIA
St. Anthony Hospital, Oklahoma City 3

SLIEF, GOLDIA B.
707 N.E. 16, Oklahoma City 4

SOWERS, BESSIE
State University Hospital, Oklahoma City

STANATHAN, DORIS J.
Crippled Children's Hospital, Oklahoma City

STONG, WILLIAMINA H.
Wesley Hospital, Oklahoma City 3

TAYLOR, JEAN W.
Veterans Administration Hospital, Muskogee

WARD, IDA K.
1543 E. Tenth, Tulsa

WINTERS, ODESSA
507 S. Allegheny, Tulsa 4

WOLFE, CLARA E.
State Health Dept., Oklahoma City 5

OREGON—46

KETTLESBY, ROMA
1106 S.E. 13 Ave., Portland 14

LITZINGER, BLANCHE E.
The Dalles Hospital, The Dalles

McCONNELL, AGNES E.
818 S.E. Miller St., Portland 2

McREA, DOROTHY G.
3211 S.W. Tenth St., Portland 11

METZ, MRS. EDITH A.
1414 E. Ninth St., The Dalles

MILLER, ENOLA
Emmanuel Hospital, Portland 12

MOULD, ELIZABETH E.
730 S.W. St. Clair Ave., Portland 5

OECHSLER, DOROTHY A.
1335 N.W. 23 Ave., Portland 10

OLSON, GUHLI J.
3503 N.E. Stanton, Portland 13

SISTER AGNES NO BOHEME
2447 N.W. Westover Rd., Portland 10

SISTER DOLORES OF PROVIDENCE
Providence Hospital, Portland 13

SISTER ERNESTINE MARIE
Providence Hospital, Portland 13

SISTER JOHN OF THE CROSS*
2475 N.W. Westover Rd., Portland 10

SISTER M. CUNIBERTA
St. Elizabeth Hospital, Baker

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 ROSE IMELDA*
2447 N.W. Westover, Portland 10

SISTER THEODULA
Providence Hospital, Portland

SLOCUM, OLIVE A.
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OBERON—PENNSYLVANIA

SWANMAN, ALICE E.
4800 N.E. Eighth Ave., Portland 11
THOMPSON, SHIRLEY M.
3318 S.W. Marquam Hill Rd., Portland 1
VOSEN, DOROTHY
2328 N.W. Everett, Portland

VREELAND, JOHANNA R.
1230 S.W. Columbia, Apt. 8, Portland 1
WASSON, LOUISE R.
1106 S.E. 13 Ave., Apt. 30, Portland 14
WIMER, FLORENCE
6109 S.E. Belmont, Portland

PENNSYLVANIA—784

ABBOTT, MARGARET H.
219 W. Tenth St., Erie
A'HARRAH, MARY K.
RD 2, Warren
AHLESTROM, ADELE
245 Melwood St., Pittsburgh 13
ALLISON, ELLA W.
Surrey Hall, 42 & Pine Sts., Philadelphia 4
AMSILER, MAE H.
RD 2, Sewickley
ANDERSON, MILDRED N.
5200 Center Ave., Pittsburgh 9
ANDREAS, HELEN M.
204 High St., High Spire
ANDREWS, JULIA F.
1729 Bainbridge St., Philadelphia 46
ANDRISEVIC, DOROTHY
262 Arlington Ave., Pittsburgh 9
ANDROS, PAULINE
7 Quarry St., Braddock
ANGUS, MARION
Polyclinic Hospital, Harrisburg
ANTONELLI, DOLORES
573 Ridge Rd., Ambridge
APEL, MARY E.
Bryn Mawr Hospital, Bryn Mawr
APPLEGATE, MRS. GEORGE
Academy Ave., Sewickley
AVERY, MARGARET L.
Municipal Hospital, Pittsburgh 13
BACCOFF, IRENE
119 Lothrop St., Pittsburgh 13
BAGLEY, RUTH E.
737 Locust, Pittsburgh 19
BAILEY, MRS. EDNA D.
Methodist Hospital, Philadelphia 48
BAKER, RUTH E.
Abington Memorial Hospital, Abington
BALDRIDGE, ANNA M.
332 W. Pittsburgh St., Greensburg
BALE, MRS. EMILY
Hotel Seward, Detroit, Mich.
BALLAMY, EMMA S.
Wilkes-Barre General Hospital, Wilkes-Barre
BARCAUSKAIS, JOSEPHINE L.
234 Mountain St., Philadelphia 45
BARLOW, MRS. ANNA R.
223 N. Fourth St., Reading
BARRON, MABEL A.
Elizabeth Steel Magee Hospital, Pittsburgh 13
BARTLETT, CLARA
320 S. 34 St., Philadelphia
BASTIAN, KATHRYN V.
247 Sagamore Rd., Haverton
BAUMGARTEN, HILDA C.
Philadelphia General Hospital, Philadelphia 4
BEALER, NETTIE E.
Indiana Hospital, Indiana

BEAN, ESTHER M.
4000 N. Front St., Philadelphia 40
BECK, ALMA E.
St. Luke's Hospital, Bethlehem
BEEHNER, IDA M.
33 S. Washington St., Greensburg
BEGGS, MARION F.
6109 Howe St., Pittsburgh 6
BEHMAN, ANNA B.
The Netherlands, Philadelphia 4
BEINERT, AUGUSTA
1813 Lombard St., Philadelphia 46
BEISSER, MIRIAM
Abington Memorial Hospital, Abington
BELL, ELIZABETH
407 Penn St., Huntington
BELL, LOUISE C.
109 Erie Ave., Grove City
BENDL, LOUISE F.
100 Loyallhanna Ave., Latrobe
BENFIELD, RUTH E.
Pottstown Hospital, Pottstown
BENNENT, A. REGINA
1168 S. 46 St., Philadelphia 43
BENNENT, EMILY
320 North Ave., Pittsburgh 12
BENSON, MARGARET L.
Hancock Hospital, Erie
BESORE, HELEN M.
Frankford Hospital, Frankford 24
BEVAN, MABEL
Elizabeth Steel Magee Hospital, Pittsburgh 13
BICKEL, RUTH
Eaton Hospital, Easton
BICKERT, MARY R.
Allegheny General Hospital, Pittsburgh 12
BICKLE, MRS. HELEN E.
St. Luke's Hospital, Bethlehem
BIEHL, LOIS L.
5039 Kutztown Rd., Temple
BISSELL, ANNA J.
Christian H. Buhl Hospital, Sharon
BLACK, ANNA B.
D. T. Watson Home for Crippled Children, Lordsdale
BLAISDEL, FAUSTINA
549 N. Neville St., Pittsburgh 13
BLUMENSTOCK, CHRISTINE K.
RD 5, Eden West, Lancaster
BOLDIZAR, DOROTHY
4 Beulah Rd., Pittsburgh 21
BOLLINGER, MRS. DOROTHY D.
The Harrisburg Polyclinic Hospital, Harrisburg
BOLTZ, MARY K.
Visiting Nurse Assn., Lebanon
BORING, THELMA
1726 Bainbridge St., Philadelphia 46
BORTOLUZZI, FLORINDA
Butler County Memorial Hospital, Butler

364
BOWER, C. RUTH* Concord Hall, 46 & Spruce Sts., Philadelphia 4
BOYD, MARY E. Ellwood City Hospital, Ellwood City
BRANT, MRS. MARGARET 773 Park Ave., Meadville
BRASSI, MRS. ANNA S. Ashland State Hospital, Ashland
BRENNAN, MARY P. Wroming Valley Homeopathic Hospital, Wilkes-Barre
BRENNAN, RHEA A. 7 Prospect St., Warren
BRETHAUSER, JEAN 5230 Center Ave., Pittsburgh 6
BRIGGS, MRS. EVA W. 5013 Nassau St., Philadelphia 31
BRIGHT, JANE Oil City Hospital, Oil City
BROWN, GERTRUDE M. Danville State Hospital, Danville
BROWN, GRACE D. Hahnemann Hospital, Scranton
BROWN, MRS. MARCELLA V. St. Vincent’s Hospital, Erie
BROWN, MARY E. 51 N. 39 St., Philadelphia 4
BRUMBERG, OLGA L. St. Christopher’s Hospital for Children, Philadelphia 33
BUGEN, PHYLLIS L. 519 Ramb St., Easton
BURNHAN, RUTH 1241 Arkansas Ave., Pittsburgh 16
BURKE, MRS. MARY E. 6569 N. Lambert St., Philadelphia
BURKhardt, LOUISE 661 State St., Meadville
BURROUGHS, MRS. BEatrice W. Pennsylvania Hospital, Philadelphia 7
BUTLER, Miriam C. Philadelphia General Hospital, Philadelphia 4
BYLER, SARA E. Philadelphia General Hospital, Philadelphia 4
BYRNE, ANNE K. Warren State Hospital, Warren
CALABRO, FRANCES M. 424 W. Bacon St., Pottsville
CANN, MARY T. 4479 Edgemont St., Philadelphia 37
CARLSON, LOUISE M. Allegheny General Hospital, Pittsburgh 12
CARLSON, MARJORIE E. 220 Horton Ave., Sheffield
CARROLL, EILEEN P. St. Vincent’s Hospital, Erie
CARROLL, MARY A. Philadelphia General Hospital, Philadelphia 4
CARTER, MRS. MILDRED 123 Hartranft Ave., Coleson, Norristown
CASEY, ROSEMARY† 718 Devonshire St., Pittsburgh 13
CATHCART, JANE Shadyside Hospital, Pittsburgh 6
CHAFFEE, ELLEN E. 220 Meyran Ave., Pittsburgh 13
CHALFANT, NANCY D.† Seaff Rd., Sewickley

CHAMBERS, MRS. SARA W. 4618 Chester Ave., Philadelphia
CHASE, MRS. ADALINE 45 Sheffield Rd., North Hills
CHILCOTT, RUTH E. Chelten Courts Apts., Philadelphia 26
CHILDS, KATHERINE Jefferson Hospital, Philadelphia
CHRISTIE, ANNA M. Philadelphia General Hospital, Philadelphia 4
CHRISTY, MRS. EDNA B. State Hospital, Mayview
CLARK, SARA J. Christian H. Buhi Hospital, Sharon
CLARKE, KATHERINE 8835 Germantown Ave., Philadelphia 18
CLEMENTINE, CAROLINE D. Clearfield Hospital, Clearfield
CLIFFORD, MRS. IVY B. Jewish Hospital, Philadelphia 41
CLYDE, FRANCES K. Children’s Hospital, Philadelphia 44
COCHRAN, MARY L. D. T. Watson Home for Crippled Children, Leetsdale
COHEN, MRS. ELIZABETH M. 505 Reed St., Philadelphia
COHEN, MRS. JOHN H.† 5255 Fair Oaks St., Pittsburgh 17
COLBE, ARABELLE Children’s Hospital, Philadelphia
COLEMAN, GRACE E. 421 Clay St., Kane
CONNELL, MRS. EDITH S. “Hollybrook,” Brookside Lane, Wayne
CONNOR, MARY D. State Hospital, Woodville
COSTEA, BETTY G. 314 Chalmoyer Lane, Sewickley
COURCHAINE, ARMAND J. 365 Hutchinson Terrace, Holmes
COVER, CATHERINE B. Woman’s Hospital, Philadelphia
GRAIG, LE ROY N. 4401 Market St., Philadelphia 4
CRANCH, D. ELEANOR 5230 Center Ave., Pittsburgh 6
CREGAN, DOROTHY Moses Taylor Hospital, Scranton
CHIDER, KATHARINE M. Pennsylvania Hospital, Philadelphia 7
CRONIN, MARGARET M. Pittsburgh B. H. Hospital, Pittsburgh 6
CROSSLEY, ESTHER W. Jewish Hospital, Philadelphia 41
CROUCH, MAY L.* Allentown Hospital, Allentown
CROWLEY, DOROTHY A. 981 Washington Blvd., Pittsburgh 6
CRUSER, FLORENCE M. Hamot Hospital, Erie
CUNNINGHAM, MARTHA M. Northeastern Hospital, Philadelphia 34
CURRY, RUTH J. Moses Taylor Hospital, Scranton
CUSHING, ADELAIDE B. Eye and Ear Hospital, Pittsburgh 13

365
DAHLGREN, GAUL H.
McKeesport Hospital, McKeesport

DAILEY, SARA
Hahnemann Hospital, Scranton 10

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515 1st Ave., Allentown 10

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DOUCHERTY, JANE
Citizens General Hospital, New Kensington

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Allentown Hospital, Allentown

DRINKER, MRS. JAMES B.
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ENOS, SUZANNE E.
Fitzgerald Mercy Hospital, Darby

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ERBE, LILLIAN
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Protestant Episcopal Hospital, Philadelphia 25

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FEEHAN, ALICE C.
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FEINAUER, MARCELLA M.
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FERRARO, DELMA J.
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FINDEISEN, ISADORA
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FISHER, HILDA H.
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FISHER, RUTH L.
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FLETCHER, CATHERINE
317 Elysian St., Pittsburgh 6

FLITTER, HESOLL H.
University Hospital, Education Dept., Philadelphia 4

FOLEY, MRS. GERTHURDE T.
Municipal Hospital, Pittsburgh 13

FORD, T. BLANCHE
Friend's Hospital, Philadelphia 24

FRANCIS, SUSAN C.
Chancellory Hall, Philadelphia 7

FRIEDRICH, ELEANOR C.
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FRIEND, MRS. HELEN D.
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FROST, HARRIET
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GREENOUGH, KATHARINE
St. Luke's Hospital, Bethlehem
GROSBERGER, MRS. FLORENCE B.
Mt. Sinai Hospital, Philadelphia
GUILFOYLE, MARY W.
Presbyterian Hospital, Philadelphia 4
HAGMAIER, DORIS E.
Veterans Administration Hospital, Aspinwall 15
HAHNER, EVA
Sacred Heart Hospital, Allentown
HALDEMAN, NAOMI M.
Philadelphia General Hospital, Philadelphia 4
HALESKI, AGNES M.
St. Christopher's Hospital for Children, Philadelphia
HALL, HELEN D.
State Teachers College, Indiana
HAMBLETON, DOROTHY
Frankford Hospital, Philadelphia 24
HAMM, C. VERA
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HAMMES, MRS. HELEN S.
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HANCE, GRACE
3725 Chestnut St., Philadelphia 4
HARDING, A. LOUISE
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HARDING, THELMA C.
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HARKINS, ELIZABETH B.
1213 S. 53 St., Philadelphia
HARPER, ELIZABETH V.
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HARRISON, SUZANNE H.
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HARTZ, THERESA K.
245 N. 15 St., Philadelphia 2
HASLAM, GREGVILLE
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HAUSKNECHT, MABEL C.
Abington Memorial Hospital, Abington
HAWES, ETHEL P.
Leech Farm Hospital, Pittsburgh 6
HAWTHORNE, HELEN R.
611 S. 48 St., Philadelphia 43
HAY, MRS. FLORENCE A.
University of Pittsburgh School of Nursing, Pittsburgh 13
HEATH, E. ARLINE
Western State Psychiatric Institute & Clinic, Pittsburgh 13
HELLER, JANE
St. Luke's Hospital, Bethlehem
HELMSTAEDTER, FLORA L.
Rochester General Hospital, Rochester
HENDRICKS, MARTHA L.
West Side Hospital, Scranton 4
HERRINGTON, ALMA
Veterans Administration Hospital, Aspinwall 15
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SISTER M. JOANILLA  
St. Joseph’s Hospital, Reading  
SISTER M. JOELLA  
St. Joseph’s Hospital, Reading  
SISTER MARY JOHN JOSEPH  
1026 Franklin St., Johnstown  
SISTER M. LAURENTINE  
St. Francis Hospital, Pittsburgh 1  
SISTER M. LAURITA  
412 Holland Ave., Braddock  
SISTER M. LOYOLA  
Mercy Hospital, Pittsburgh 19  
SISTER M. LUCIDIA  
Sacred Heart Hospital, Allentown  
SISTER MARY LUCY  
St. John’s General Hospital, Pittsburgh 12  
SISTER M. MARCELLA  
Braddock General Hospital, Braddock  
SISTER MARY MARTINA  
Mercy Hospital, Wilkes-Barre  
SISTER MARY MARTINE  
St. Francis Hospital, Pittsburgh 1  
SISTER M. MICHAEL  
Misericordia Hospital, Philadelphia 43  
SISTER M. MONICA  
Misericordia Hospital, Philadelphia 43  
SISTER M. MONICA KOST  
Braddock General Hospital, Braddock  
SISTER M. NARCISE  
Spencer Hospital, Meadville  
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Mercy Hospital, Pittsburgh 19  
SISTER M. RAYMOND  
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SISTER M. REBECCA  
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SISTER M. REBECCA  
St. Vincent’s Hospital, Erie  
SISTER M. ROSALITA  
St. Vincent’s Hospital, Erie  
SISTER MARY ROSE  
Spencer Hospital, Meadville  
SISTER M. ROSEMOND  
St. Francis Hospital, Pittsburgh 1  
SISTER M. SCHOLASTICA  
St. Francis Hospital, Pittsburgh 1  
SISTER MARY TIMOTHY  
412 Holland Ave., Braddock  
SISTER MIRIAM FRANCIS  
Pittsburgh Hospital, Pittsburgh 6  
SISTER MIRIAM GERTRUDE  
St. Francis Hospital, Trenton, N. J.  
SISTER MIRIAM J. OKUM  
Lancaster Hospital, Philadelphia 30  
SISTER PAUL GABRIEL  
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SISTER ROSE MARY  
New Castle Hospital, New Castle  
SISTER VIRGINIA MARY  
St. Francis Hospital, Pittsburgh 1  
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Clinica Dr. Pila, Ponce

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CRUZ, ATILANA D.
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FALCON, ANA
City Hospital, San Juan

FAY, ALICE M.
USPHS, Dist. No. 6, San Juan

FONT, CLARA ORTIZ
Public Health Unit, Manati

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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
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<tr>
<td>Guzman, Celia</td>
<td>School of Tropical Medicine, San Juan</td>
<td>San Juan</td>
<td>Puerto Rico</td>
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<tr>
<td>Hibbard, Marjory C.</td>
<td>Presbyterian Hospital, Santurce</td>
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<td>LaFuent, Maria A.</td>
<td>Presbyterian Hospital, Santurce</td>
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<td>Lee, Barbara J.</td>
<td>Hospital San Patricio, V. A., San Juan</td>
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<td>Leon, Mrs. Mary Montalvo</td>
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<td>Love, Melba</td>
<td>Box 2027, Ponce</td>
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<td>Lujuan, Mrs. Julia B.</td>
<td>Presbyterian Hospital, Santurce</td>
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<td>Markel, Buena Ventura</td>
<td>Bolivar St., 609, Stop 24, Santurce</td>
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<td>Marrero, Mrs. Carmen Camacho</td>
<td>Presbyterian Hospital, Santurce</td>
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<td>Meleendez, Mrs. Martina R.</td>
<td>Presbyterian Hospital, San Juan 1</td>
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<td>Nozario, Lydia Ramos</td>
<td>100 Luis Muoz St., Santurce</td>
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<td>Ordanza, providencia</td>
<td>262 Cortez St., Santurce</td>
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<td>Osorio, Ernestina</td>
<td>District Hospital, Fajardo</td>
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<td>Ramirez, Eva Lopez</td>
<td>Dept. of Health, Santurce</td>
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<td>258 Duffaut St., Santurce</td>
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<td>Rivera, Guillermina Valles</td>
<td>Ave. Miramar No. 605, Santurce</td>
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<td>258 Duffaut St., Santurce</td>
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<td>Fajardo District Hospital, Fajardo</td>
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<td>Santos, Maria</td>
<td>Hospital de Damas, Ponce</td>
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<td>Sister Julia Andia</td>
<td>Hospital de Damas, Ponce</td>
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<td>Sister Luisa Rivera Rivera</td>
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<td>Sister Maria Teodora Gonzales</td>
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<td>Sister Rosa del Carmen Gandia</td>
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<td>Talaver, Juanita</td>
<td>Hospital San Patricio, V. A., San Juan</td>
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<td>Vazquez, Carmen E.</td>
<td>31 Virtud St., Ponce</td>
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<tr>
<td>White, Sarah G.</td>
<td>Tokyo Foreign Missionaries, APO 500, c/o PM, San Francisco, Calif.</td>
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</tbody>
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**Rhode Island—172**

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<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbatematteo, Louise R.</td>
<td>50 Maude St., Providence</td>
<td>Providence</td>
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<tr>
<td>Amaral, Julia M.</td>
<td>86 Steedman Ave., Pawtucket</td>
<td>Pawtucket</td>
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<tr>
<td>Anderson, Elsie B.</td>
<td>59 Scanda Ave., Warwick Downs 5</td>
<td>Warwick</td>
<td>RI</td>
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<tr>
<td>Anderson, Norma</td>
<td>75 Pond St., Pawtucket</td>
<td>Pawtucket</td>
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<td>Andrade, Mary F.</td>
<td>20 Prairie Ave., Providence</td>
<td>Providence</td>
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<td>Archambault, Muriel L.</td>
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<td>Providence</td>
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<tr>
<td>Armstrong, Evelyn W.</td>
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<td>Providence</td>
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<tr>
<td>Ash, Joanna R.</td>
<td>Newport Hospital, Newport</td>
<td>Newport</td>
<td>RI</td>
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<td>Augen, Lillian B.</td>
<td>305 Blackstone Blvd., Providence</td>
<td>Providence</td>
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<tr>
<td>Bacon, Mary M.</td>
<td>39 Clifton St., Central Falls</td>
<td>Central Falls</td>
<td>RI</td>
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<td>Baker, Mary V.</td>
<td>Butler Hospital, Providence</td>
<td>Providence</td>
<td>RI</td>
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<tr>
<td>Barrie, Hope K.</td>
<td>1329 New London Ave., Oak Lawn</td>
<td>Oak Lawn</td>
<td>RI</td>
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<tr>
<td>Barry, Elizabeth A.</td>
<td>State Hospital, Howard</td>
<td>Howard</td>
<td>RI</td>
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<tr>
<td>Begor, Helen C.</td>
<td>307 Newport Ave., Newport</td>
<td>Newport</td>
<td>RI</td>
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<tr>
<td>Blaser, Lyda</td>
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<td>Providence</td>
<td>RI</td>
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<tr>
<td>Bower, Charlotte M.</td>
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<td>Pawtucket</td>
<td>RI</td>
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<tr>
<td>Brown, Marjorie A.</td>
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<td>Providence</td>
<td>RI</td>
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</tr>
<tr>
<td>Brucher, Olga</td>
<td>Rhode Island State College, Kingston</td>
<td>Kingston</td>
<td>RI</td>
<td></td>
</tr>
</tbody>
</table>

| Bryant, Priscilla M.             | 236 Lafayette St., Pawtucket              | Pawtucket | RI |       |
| Burrill, Norma F.                | 47 McKinley St., Providence               | Providence | RI |       |
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JOHNSTON, MRS. DOROTHY M.
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JONES, BARBARA
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377
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SOUTH DAKOTA—41

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BERDAHL, MRS. ANNA H.
Sioux Valley Hospital, Sioux Falls

BREWICK, MRS. FAYE
Methodist State Hospital, Mitchell

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### SOUTH DAKOTA—TENNESSEE

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROWN, INA M.</td>
<td>Veterans Administration Hospital, Hot Springs</td>
</tr>
<tr>
<td>CASHMAN, MARGARET S.</td>
<td>Sioux Valley Hospital, Sioux Falls</td>
</tr>
<tr>
<td>COLES, DORIS M.</td>
<td>820 W. 16 St., Sioux Falls</td>
</tr>
<tr>
<td>COOK, MRS. MARY R.</td>
<td>State Board of Health, Selby</td>
</tr>
<tr>
<td>CORCORAN, MYRTLE K.</td>
<td>Box 430, Mitchell</td>
</tr>
<tr>
<td>CULHANE, ELLEN T.</td>
<td>512 E. 20, Sioux Falls</td>
</tr>
<tr>
<td>ERICKSON, R. ESTHER</td>
<td>South Dakota State College, Brookings</td>
</tr>
<tr>
<td>FLYNN, MRS. ANASTASIA M.</td>
<td>McKennan Hospital, Sioux Falls</td>
</tr>
<tr>
<td>HAUG, GENA M.</td>
<td>Sioux Valley Hospital, Sioux Falls</td>
</tr>
<tr>
<td>HINDE, ELLEN J.</td>
<td>769 S. Sunborn, Mitchell</td>
</tr>
<tr>
<td>HURBS, HAZEL I.</td>
<td>Barrton Hospital, Watertown</td>
</tr>
<tr>
<td>JOHNSTON, CORA L.</td>
<td>St. Luke's Hospital, Aberdeen</td>
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<tr>
<td>KELLER, LYDIA H.</td>
<td>Martin</td>
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<tr>
<td>MAGESTAD, LEORA</td>
<td>Sioux Valley Hospital, Sioux Falls</td>
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<tr>
<td>MOTHER M. WILLIAM CODY</td>
<td>St. Luke's Hospital, Aberdeen</td>
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<td>NELSON, ELVIRA</td>
<td>Methodist State Hospital, Mitchell</td>
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<td>OLSON, ALICE B.</td>
<td>State Board of Health, Pierre</td>
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<tr>
<td>OSTRANDER, JOAN S.</td>
<td>512 N. Grange, Sioux Falls</td>
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<tr>
<td>PEDERSEN, DORTHEA E.</td>
<td>Sioux Valley Hospital, Sioux Falls</td>
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### TENNESSEE—129

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<th>Name</th>
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<tbody>
<tr>
<td>ANDERSON, AGATHA A.</td>
<td>Meharry Medical College School of Nursing, Nashville 3</td>
</tr>
<tr>
<td>ARCHER, MYRTLE M.</td>
<td>Baptist Memorial Hospital, Memphis 3</td>
</tr>
<tr>
<td>ARMSTRONG, MRS. DOLORES Y.</td>
<td>1065 18 Ave., N., Nashville</td>
</tr>
<tr>
<td>BACON, ALMA C.</td>
<td>105 E. Holston Ave., Johnson City</td>
</tr>
<tr>
<td>BALLMANN, LUCILLE E.</td>
<td>615 S. Camilla, Memphis</td>
</tr>
<tr>
<td>BARABY, GERTRUDE V.</td>
<td>Veterans Administration Hospital, Nashville 5</td>
</tr>
<tr>
<td>BARTON, ETHEL</td>
<td>Veterans Administration Hospital, Murfreesboro</td>
</tr>
<tr>
<td>BEHRENS, GRACE E.</td>
<td>2211 Dixie Pk., Nashville</td>
</tr>
<tr>
<td>BLACKSTON, LA NELLE</td>
<td>Vanderbilt University School of Nursing, Nashville 4</td>
</tr>
<tr>
<td>BLAZER, ANNA M.</td>
<td>500 Lamont St., Johnson City</td>
</tr>
<tr>
<td>BRACKETT, ETHEL K.</td>
<td>VAMTG, Kennedy Hospital, Memphis 15</td>
</tr>
<tr>
<td>BRANDON, CARMINE</td>
<td>Nurses Home, Mountain Home</td>
</tr>
<tr>
<td>BREWER, INA M.</td>
<td>2137 Acklen Ave., Nashville</td>
</tr>
<tr>
<td>BROWN, ELIZABETH M.</td>
<td>Woodmont Blvd., 6/o T. E. Miles, Nashville</td>
</tr>
<tr>
<td>BROWN, MARY L.</td>
<td>Meharry Medical College School of Nursing, Nashville</td>
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<tr>
<td>BUCKLEY, MARIE E.</td>
<td>Vanderbilt University School of Nursing, Nashville 4</td>
</tr>
<tr>
<td>BUTLER, MARGARET A.</td>
<td>2355 Halv Ave., Memphis 12</td>
</tr>
<tr>
<td>CHAMBERS, OMA J.</td>
<td>Kennedy V. A. Hospital, Memphis 15</td>
</tr>
<tr>
<td>CLUTCH, BEatrice M.</td>
<td>1204 17 Ave., S., Nashville 4</td>
</tr>
<tr>
<td>COCHRAN, LAURINE</td>
<td>2424 Garland Ave., Nashville 5</td>
</tr>
<tr>
<td>COFFEY, ZONIE</td>
<td>Lincoln County Hospital, Fayetteville</td>
</tr>
<tr>
<td>CREEL, LORENE</td>
<td>3753 Marion Ave., Memphis 11</td>
</tr>
<tr>
<td>CRENshaw, VIRGINia P.</td>
<td>Vanderbilt University School of Nursing, Nashville 4</td>
</tr>
<tr>
<td>DADE, LUCY S.</td>
<td>Vanderbilt University Hospital, Nashville 4</td>
</tr>
</tbody>
</table>
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1139 Madison Ave., Memphis 4

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HACKER, GARNET I.
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SISTER M. THOMAS  
St. Joseph's Hospital, Milwaukee 10

SISTER M. VENERANDA  
570 N. Washington St., Janesville

SISTER MARY VICTIMA  
Holy Family Hospital, Manitowoc

395
SISTER M. VIRGINIA
St. Joseph's Hospital, Milwaukee 10

SISTER M. WILHELMINA
1545 S. Layton Blvd., Milwaukee 4

SISTER MERCEDES HARRISON
St. Mary's Hospital, Milwaukee 11

SISTER ROSE MCGUIRE
St. Mary's Hospital, Milwaukee 2

SISTER ST. LUCILLE
Misericordia Hospital, Milwaukee

SISTER ST. ODILON
2224 W. Juneau Ave., Milwaukee 3

SMAL, JEAN
Luther Hospital, Eau Claire

SMITH, ROSE A.
6038 W. Wells St., Milwaukee 13

SMITH, SANEE
3910 N. Walnut St., Milwaukee 8

SOBOTKA, IRENE A.
1010 Mound St., Madison 5

STAHL, ADELE G.
605 W. Lakeside, Madison

STEG, ILSE
Belin Memorial Hospital, Green Bay

STENSETH, IRENE L.
Methodist Hospital, Madison 3

STOLEN, THERESA
1218 Spring St., Madison

STOVER, HAZEL
611½ Main St., Eau Claire

STRUDELL, FRITZIE
2203 N. 40 St., Milwaukee 10

SULLIVAN, MARGARET E.
Veterans Administration Hospital, Wood

TAYLOR, AGNES J.
314 N. 12 St., Milwaukee 3

TEASDALE, HELEN
Methodist Hospital, Madison 3

THOMPSON, RUTH E.
312 St. Lawrence Ave., Beloit

TOLSKY, ANNE M.
3149 S. 43 St., Milwaukee 7

TOPZANT, MARTHA A.
2161 N. 73 St., Wauwatosa 13

TOUTENHOOFD, KOREN E.
Veterans Administration Hospital, Wood

VAHNS, MARY M.
Veterans Administration Hospital, Wood

WARTMAN, BERNICE F.
Veterans Administration Hospital, Wood

WATSON, SHIRLEY
118 S. Mills St., Madison 5

WEISS, ROSE M.
St. Mary's Hospital, Milwaukee 2

WILHELM, MARGARET A.
4544 W. Leon Terrace, Milwaukee 10

ZABLOCKI, MABEL D.
1010 Mound St., Madison 5

ZAHN, ORNA J.
2212 S. Layton Blvd., Milwaukee 7

ZELLMER, CAROL
5333 N. 64 St., Milwaukee 9

ZIEGEL, ERNA E.
1226 W. Dayton St., Madison 5

ZINZOW, MRS. ROSELINE
1377 N. 54 St., Apt. 294, Milwaukee 8

‡WYOMING—3

BORDEAUX, ESTHER P.
123 E. College Ave., Sheridan

HUNNELL, IRENE C.
243 E. Burkitt, Sheridan

‡ALASKA—1

‡CANADA—5

ELLIS, KATHLEEN W.
Bessborough Hotel, Saskatchewan, Saskatchewan

McDONEL, HELEN M.
Winnipeg General Hospital, Winnipeg, Manitoba

PENHALE, HELEN E.
University of Alberta School of Nursing, Edmonton, Alberta

‡CANAL ZONE—1

‡CHINA—1

CULLEY, FRANCES
Wuhu General Hospital, Wuhu, Anhueli

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MEMBERS

CATELAIN. MARTHA P.
P.O. Box 831. Port au Prince

JOHNSON, IDA M.
Memorial Hospital, Fatehgarh, United Provinces

FULTON, JANET
American Hospital, Teheran

MONTEITH, MRS. MARY C.
Apartado 16, Montemorelos, N. L.

ODEE, BERTHA
Mary Johnston Hospital, Manila

HAITI—INDIA—IRAN—MEXICO—OTHERS

§HAITI—1

§INDIA—1

§IRAN—1

§MEXICO—1

§PHILIPPINE ISLANDS—1

§SOUTH AMERICA—4

CURTIS, MRS. CLARA W.*
Caixa Postal 1254, Rio de Janeiro, Brazil
HOWITT, HELEN*
Ministerio de Trabajo, Hygiene y Provision Social, Escuela Superior Nacional de Enfermeras, Bogota, Columbia

KAIN, CATHERINE M.*
Av. Rio Branco 251-12, Caixa Postal 1530, Rio de Janeiro, Brazil
WEED, M. IRENE*
Caixa Postal 1530, Av. Rio Branco 250-12, Rio de Janeiro, Brazil
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*No state league
DECEASED MEMBERS

Names from 1893 to December 31, 1947, are given in previous annual reports. The names of members whose deaths have been reported since December 31, 1947, follow:

BLOOD, MRS. MARY E. .................................... March 5, 1948
BROWN, MRS. MARY C. ..................................
GILBERT, VIVIAN C. ..................................... December, 1947
HARDIN, EVA M. ........................................... July 2, 1948
MCCAIN, ERNESTINE ..................................... January 31, 1948
MCCRAE, ANNABELLA .................................... February 1, 1948

MCLEOD, JOSEPHINE .................................... October 4, 1948
NUTTING, MARY ADELAIDE (Honorary) October 5, 1948
SELL, FRANCES P. ....................................... July 24, 1948
STEVENSON, BEATRICE V. ................................ March 12, 1948
STIMSON, COL. JULIA C. ................................. September 29, 1948
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