Fifty-eighth Annual Report
OF THE
National League
OF
Nursing Education
1932
Annual Report
of the
National League
of Nursing Education

and Record of Proceedings
of the Fifty-sixth Convention

1952

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for the year 1951-52

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1951-1952

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RUTH HOPPER, R.N., Winnebago, Wisconsin

*As of June 1, 1952
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 DARCHÉ, Secretary           SOPHIA PALMER, Second Vice President
   LUCY L. DROWN, Treasurer

Officers elected* in the years following have been:

1894 New York, N. Y., January 10-11.
   President, Linda Richards; Vice President, Irene Sutcliffe; Secretary, Louise Darché; 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.

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.

*This list was corrected in 1943 giving officers elected at each convention in accordance with the proceedings printed in the Annual Reports.
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.

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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; Treasurer, 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, Bena M. Henderson.

President, Laura R. Logan; First Vice President, Caroline E. Gray; Second Vice President, Mary M. Roberts; Secretary, Ada Belle McGeary; Treasurer, Bena M. Henderson; Executive Secretary, Effie J. Taylor.

President, Laura R. Logan; First Vice President, Carrie M. Hall; Second Vice President, Mary M. Pickering; Secretary, Ada Belle McGeary; Treasurer, Marian Rottman; Executive Secretary, Blanche Pfefferkorn.

President, Carrie M. Hall; First Vice President, Mary M. Pickering; Second Vice President, Marion L. Vannier; Secretary, Ada Belle McGeary; Treasurer, 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 McGeary; Treasurer, 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 McGeary; 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.
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   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.
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   A. Wheeler.

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   Wheeler.

   President, Nellie X. Hawkinson; Vice President, Phoebe M. Kandel; Secretary,
   Marian Durell; Treasurer, Lucile Petry; Executive Secretary, Claribel A.
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1940 Philadelphia, Pa., May 12-17.
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   President, Stella Goosnay; 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 Goosnay; 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 Gelinas; Vice President, Mrs. Hazelle B. Macquin; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Secretary, Adelaide A. Mayo.

1949 Cleveland, Ohio, May 2-6.
   President, Agnes Gelinas; Vice President, Mrs. Deborah M. Jensen; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Director, Adelaide A. Mayo.

1950 San Francisco, Calif., May 7-12.
   President, Agnes Gelinas; Vice President, Mrs. Deborah M. Jensen; Secretary, Mrs. Henrietta A. Loughran; Treasurer, Henrietta Doltz; Executive Director, Adelaide A. Mayo.

*Biennial meeting with ANA and NOPHN; League not officially in convention; elections by mail.
†No convention; elections by mail.
1951  Boston, Mass., May 7-11.
     President, Agnes Gelines; Vice President, Mrs. Deborah M. Jensen; Secretary,
     Frances H. Cunningham; Treasurer, Henrietta Doltz; Executive Director,
     Julia M. Miller.

1952  Atlantic City, N. J., June 16-20.
     The National League of Nursing Education combined with the Association
     of Collegiate Schools of Nursing and the National Organization for Public
     Health Nursing to form the National League for Nursing.
PROCEEDINGS OF THE
FIFTY-SIXTH CONVENTION OF THE
NATIONAL LEAGUE OF NURSING EDUCATION

Atlantic City, New Jersey
June 15–20, 1952

MEETING OF THE COUNCIL OF STATE LEAGUES
Sunday, June 15—9:00 a.m.–11:30 a.m.

The pre-convention meeting of the Council of State Leagues was held in the Carlton Room of the Ritz-Carlton Hotel, Atlantic City, New Jersey, on Sunday, June 15, 1952. The chairman, Agnes Gelinas, called the meeting to order at 9:10 a.m. The secretary, Frances H. Cunningham, called the roll* to which 30 state league presidents or their alternates responded. An additional six state league presidents arrived after the roll call, so that 36 state leagues were represented at the meeting. Also present were the four officer members of the Council and other members of the League.

The chairman welcomed the group and pointed out that the purpose of the Council meeting was to permit the presidents of the state leagues to become better acquainted with Board members and the Headquarters staff and to get suggestions from the state league presidents so that Headquarters might be guided in planning activities for the coming year. She further stated that the agenda for the meeting had been planned by representatives of this Council from seven geographic areas who had met in Minneapolis, Minnesota, on September 5, 1951.

PSYCHIATRIC NURSING

Kathryn W. Cafferty, director of the Department of Services to Schools of Nursing, reported on those recommendations to the Department from the Advisory Committee on Psychiatric Nursing which had implications for state leagues. Among the problems recognized by the committee was the need for psychiatric nurses and other nurses to plan together. The committee suggested that state and local leagues develop and present, throughout the course of the year, programs which would make it possible for the psychiatric nurse to participate in the curricular and measurement and guidance activities of the various state and local leagues.

Another problem considered was the need for all faculty members—including those who guide the student’s learning experiences in geographically separated facilities—to work together more closely than they have in the past

*NLNE Bylaws—Article IX, Sec. 3. A quorum of the Council of State Leagues shall be ten members other than the officers.
and thus offer a better coordinated program to the student. The committee believed such cooperation not only would benefit the student, but would help all faculty members, or the various groups of faculties if there is more than one school utilizing a psychiatric facility, to profit from this professional interassociation.

So that more consideration may be given to the total problem of providing adequate care for the mentally ill patient, the committee was planning a series of conferences, first for nurses, then including members of allied disciplines, starting with groups in the local area, expanding from local to state, from state to regional, and from regional to the national level.

Miss Cafferty then requested state leagues to distribute among their members and to local groups additional information furnished by Headquarters.

Elsie G. Ogilvie, nurse consultant for the American Psychiatric Association, stated that members of the Association were impressed by the interest of the League in the need for better care for psychiatric patients and expressed the willingness of the APA to cooperate with all groups concerned with promoting better care for psychiatric patients.

Evelyn Fisher (District of Columbia) expressed the opinion that the questionnaire concerning the functions and qualifications of psychiatric nurses circulated by the League in the fall of 1951 had provided a sounding board for the Curriculum Committee of her state league to start considering the whole question of improving the student’s preparation for psychiatric nursing.

Helen A. Meyer (Louisiana) reported improvement in curriculum development in the psychiatric nursing area during the last few months among the schools in Louisiana. She said that the state boards are eager to have schools engage in carefully guided experimentation and to keep their state boards informed of their experiments.

Louise Meyer (Illinois) reported the special committee to study the need for advanced programs in clinical nursing, appointed by the Illinois league in the fall of 1951, undertook a study of the facilities for advanced psychiatric nursing education in the region. Questionnaires were sent to all universities in the region. Six universities responded with information about their programs, three of which were initiating new programs. In two programs 30 or 40 more students could be accommodated to make the best use of available resources. To gather additional information and determine potential candidates for an advanced program, the Committee on Psychiatric Nursing of the Illinois league plans to send questionnaires, outlining the usual prerequisites of an advanced program in psychiatric nursing, to the graduating seniors in several selected schools of nursing and to nurses engaged in psychiatric nursing in the state.

Edith W. Salguero (Mississipi) reported that the state hospital would be able to offer its facilities to educational programs in the fall and to accommodate all basic students in the state. Personnel in the state hospital had received scholarship help to prepare them for this new responsibility.
Laura Robinson (New Jersey) reported many psychiatric institutes in New Jersey are planned by the Curriculum Committee of the state league. One of the state hospitals has established the practice of inviting all the faculties of the schools utilizing its facilities to spend an afternoon visiting the institution in order to meet and become acquainted with its personnel and inspect the hospital's facilities.

Florence Wilson (North Carolina) suggested the League investigate what is being done in the field of prevention of mental illness. She expressed the opinion that a great deal can be done in this area in the other clinical services, and suggested the need for making available descriptions and evaluations of the experiments now being conducted in that field.

**Faculty Preparation**

Marie Farrell (Massachusetts) opened the discussion on faculty preparation by stating that there are several facets to the problem of securing faculty: to continue development of the faculty member "on the job"; to expedite the production of faculty members in the numbers needed by telescoping some of the plans for preparing people for faculty positions; and to discover what abilities faculty members should have.

The question of numbers, Miss Farrell said, is the problem of everyone, not just the universities preparing faculty members. Schools of nursing and employing agencies should be alert for potential candidates, and, through observation and screening, can aid in discovering personnel who have potentialities as nurse educators if they get preparation early.

Preparing people early, Miss Farrell continued, is probably one of the first steps in meeting the quantitative needs for faculty members. Other professions help equip people to develop fully their power and improve the quality of service they render at an earlier age than does the nursing profession. Quoting Dr. Herman Finer, Miss Farrell said, "If you improve the quality by 10 per cent you have increased the numerical value of your staff by 20 per cent."

Another way of meeting this need, suggested by Miss Farrell, is by sharing faculty members. A person who is specialized in a given field could, as a roving faculty member, contribute more effective service in a community or region if her services were not limited to one school only. In this connection, Miss Gelines spoke of the special talent which Bernice Anderson has in the legal aspects of nursing and how important it is for schools in the area of her university to seek her help when the advice of an expert is required.

Another method mentioned by Miss Farrell whereby faculty effectiveness can be increased is through better in-service education and through encouraging more active participation in League activities on the part of faculty
members. Self-learning, she stated, is the key to growing faster, and committee activities promote self-learning and self-propulsion.

Miss Farrell also mentioned the possibility that numbers could be increased through the universities giving more help on a short-term basis. They could more quickly prepare or partially prepare nurses to be better participants in the school of nursing if the schools and the employing agencies clarified fully to the universities exactly the kind of help they would like.

Miss Farrell added that it is very valuable for the faculty to get nearer to the patient and the actual nursing situation.

With regard to the assistance which League Headquarters might give in the problem of faculty preparation and recruitment, the executive director, Julia M. Miller, called attention to the new leaflet Your Career as a Nurse Educator, available from Headquarters, expressing the hope that state leagues would find the leaflets useful in recruitment programs for faculty positions.

Alma E. Gault (Tennessee) reported tremendous development on the part of faculty members in the Tennessee schools brought about by the participation of many persons, both nurses and non-nurses, in the work of the state league Curriculum Committee. Many subcommittees were organized through local leagues, all headed up under the state league Curriculum Committee. Members met numerous times, revised, discussed, suggested, and finally held an all-day winter meeting. The committee then sent all the suggestions about curricular requirements to the Tennessee Board of Nursing. One important outcome, over and beyond the actual accomplishment of these groups, was the value to those who engaged in this study. Many subcommittees have been reluctant to disband, even though the report was completed several months ago.

Florence K. Wilson (North Carolina) reported on southern regional activities in the preparation of faculty. Presidents of the leagues in 14 southern states worked with the Southern Regional Education Board three years before the Committee on Nursing was established. The initial step was taken by Alma Gault who wrote to each state league president, requesting that she meet at the headquarters of the board to discuss, informally, problems of nursing in her area and region. In securing the interest of the Regional Education Board in nursing, every effort was made to bring the southern region into the national thinking and national thinking to the southern region. Representatives of the Board and of the NLNE have been brought together on various occasions.

The Committee on Nursing follows the "catch them young" principle by trying to convince prospective candidates that teacher preparation is not a deterrent to marriage, and that such preparation can be helpful after marriage in enabling a wife to help provide for her family is gradually being recognized.

The Committee’s first concern, however, is to determine how to get more people with baccalaureate degrees. To this end, it sponsored a meeting with
representatives from the university schools in the southern region to help
determine the possibilities for the development of truly collegiate programs.

The next questions under consideration are: where in the southern region
can people with baccalaureate degrees go for master’s work, and exactly what
facilities are wanted for a graduate program? These must be solved to fore-
stall programs without proper facilities springing up all over the region.
An effort will also be made to concentrate efforts toward developing special-
ized programs in universities with particular facilities for such programs.
Also, recommendations were made to set up a research center for the training
of personnel in research, for the evaluation of research, and to give help
and guidance to all who are engaged in making studies.

Eleanor Bowen, speaking for the New England group, agreed schools
should “get them young” for two reasons: (1) financial responsibilities in-
crease with age, and (2) young people are more willing and eager to continue
their education. However, Miss Bowen pointed out, not much can be ac-
complished until the financial problem of the girl who wants to go to
school is solved. Collegiate schools want teachers with master’s degrees, but
it is becoming increasingly difficult to obtain this type personnel because of
the cost of higher education. Fellowships, which permit the graduate student
to earn by assisting in teaching while she studies for her master’s degree,
offer a possible solution. This raises another problem, Miss Bowen said—
that of getting fellowships to members in the field who can attend school
and persuading them to accept the fellowships. Perhaps more publicity is
the answer. People may not be aware that fellowships are available. Increas-
ing, or at least maintaining, the present number of scholarships might be
solved through sources hitherto untapped. For instance: (1) through the
community paying half the cost and the student half; (2) from alumnæ
associations, say, $10 from each member toward a $1,000 scholarship; and
(3) from private industry, the Veterans Administration and public health
agencies, which drain off well-prepared people, and which should assume
some of the financial burden.

Elizabeth V. Cunningham, assistant to the executive director, reported on
the number of graduate nurses who completed or were enrolled in programs
leading to a degree in 1951. Although enrollments in graduate nurse programs
have been in the neighborhood of 12,000 for the past five years, only about
2,300 received degrees during 1951. The reason may be that many grad-
uate nurses are studying on part time, which prolongs the period of study
and decreases the annual yield of graduate nurses getting degrees. At the
time the study was started, the GI Bill of Rights aided many students. Even
so, almost 50 per cent were on part-time study, and now that these funds
have become less and less available—and no longer available for people who
are beginning—it has been found that two thirds of all graduate nurses
continuing their studies do so on part-time basis.

In reference to the Southern Regional Conference Board’s efforts to fore-
FACULTY PREPARATION

It stall the growth of many small, weak programs, Miss Cunningham said two years ago the League received reports from about 60 institutions which maintained programs for graduate nurses. In 1951, 113 institutions reported. While this figure is encouraging and seems to indicate that universities are becoming more interested in helping graduate nurses obtain degrees—both bachelor's and master's—it might be questioned, in view of the dearth of well-prepared faculty members, whether continued rapid expansion might not spread available resources rather "thin." Miss Cunningham pointed out that 26 of the 113 institutions reported enrollments of less than 10 graduate nurses.

Of the 2,300 degrees granted in 1951, 376 were at the master's level, the remainder at the baccalaureate. When the programs are classified according to objectives rather than academic level, about 900 of those who completed programs were prepared for beginning positions and about 1,400 for administrative, supervisory, teaching, and specialist positions. It was not possible to subdivide this latter group accurately but Miss Cunningham thought one quarter of the students now enrolled probably were in programs which would prepare them to be instructors.

Eugenia K. Spalding (New York) suggested an investigation be made to see if all available funds are being used. She also urged that there be close scrutiny of the total concept of graduate education, and that graduate nurses be counselled to seek preparation in programs which have not only foundational and clinical offerings but also the supporting offerings for the functional areas such as teaching, supervision, or administration.

R. Louise McManus (New York) opening the discussion on financial aid to further the educational preparation of faculty, said thought should be given to the various ways whereby schools of nursing assist their faculty members to get further preparation: (1) total help, paying a full salary, giving a scholarship, and ending up sending the person to college; (2) including money in the school budget for in-service education of the faculty; (3) granting sabbatical leaves, arranged on either a full- or part-salary basis; (4) encouraging nurses to seek scholarships and investigate the resources in their own state through the department of mental hygiene, public health, or other agencies. Mrs. McManus said some alumnae organizations provide scholarships, and some schools of nursing, in lieu of cash, provide a room in the residence hall, maintenance, and fellowship for alumnae who have the means of supporting themselves in part while in school. One New York City institution arranges a 24-hour work week for nurses engaging in part-time study.

A national foundation, Mrs. McManus said, has money available for research projects that lead to doctoral degrees, but the foundation questions the interest of nurses in research, since last year some 650 fellowships were awarded and not one nurse applied. Mrs. McManus also discussed some cooperative ways of financing education such as part-time teaching appoint-
ments and assistants to instructors. She pointed out that the teaching fellowship provides tuition exemption or allowance, and that such assistance has been given in the nursing, in the science laboratories, and in the clinical fields. Mrs. McManus said this trend is growing and she considers it one of the best types of faculty preparation because it permits the teaching fellow to share in all faculty affairs and functions. Of similar value is the placement of graduates of nursing service administration programs in positions as assistants to directors of hospital nursing services.

Mrs. McManus then announced that the Division of Nursing Education, Teachers College, Columbia University, has funds available for some research assistants to work on the junior college experimental project; but is having difficulty finding people qualified in this new field of nursing.

Teachers College is also planning an experimental Learn-Earn Plan which will give the student a good start toward a bachelor's degree and provide an opportunity for her to work in an experimental center where there are some special studies of team functioning in nursing. The plan also includes some research in nursing and in the field of medical care. The nurse will play the role of staff nurse and be a member of the team, assisting in experimentation on the concentration of professional versus nonprofessional nursing staff. The plan has been worked out so that a student may earn from $2,500 to $3,000 a year on a twelve-month basis and receive from 10 to 20 points credit toward a degree.

On the topic of "getting them young" Mrs. McManus said a recent study, comparing the ages of people completing advanced study towards doctor's degrees in education with the ages of people completing doctor's degrees in engineering, medicine, law, social work, and the like, disclosed that doctoral candidates in the field of education were ten years older than those in other fields, and the age of candidates for doctor's degrees in the field of nursing even exceeded the average in the field of education. Mrs. McManus said the profession suffers a great loss by having the highly developed tools for research and special studies placed in the hands of professional workers so late in life that before they have them half or more than half their professional careers are over. Preparation should be started as early as possible, and it is essential, she said, that a concerted effort be made to secure help for more nurses while they are young so they can go ahead with advanced study and prepare for research and the type of leadership jobs the profession needs.

Carolyn L. Widmer (Connecticut) reported that the pamphlet published last year by the Connecticut league and state board of examiners for nursing, advising registered nurses how to select and enroll in a program and listing all educational institutions in Connecticut with the programs offered by each, was well received and considered helpful to graduate nurses.

Agnes K. Ohlson (Connecticut) said the state league and other nursing organizations in Connecticut started a joint study in 1946 on funds avail-
able for nursing education and presented it to the legislature in 1948, and again in 1950. They asked for $500,000 for the biennium and received $140,000 for basic students only. The provision for scholarship funds for graduate nurses was deleted from the 1950 bill, but another attempt will be made to get such legislation in 1953. The scholarships are granted on a sliding scale according to need, so that some cover full costs and some partial. The average scholarship for each year has been less than $250 per individual, although a few have been in the $700 and $800 class. The students awarded scholarships have been well-selected. Withdrawals have been less from this group than from within the total group of admissions. A little less than half the scholarships granted were for collegiate programs, even though in Connecticut only 15 per cent enrollment is in collegiate programs.

Miss Ohlson stressed the value of joint action. The Liaison Committee of the state board, composed of representatives from the medical and hospital associations as well as the nursing organizations, helped promote the passage of the bill. The administration of the scholarship program was also developed by a representative group, with the directors of schools of nursing participating in the establishment of policies. The investigation and guidance of candidates for scholarships is carried on in an individual basis by the director of a school of nursing who then sends to the state board the application, with her recommendation and information as to the eligibility of the candidate.

Alice B. Brethorst (Minnesota) reported that two years ago the state nurses’ association, working with the state league, secured a two-year grant for scholarships from the state legislature. Because of pressure by the state medical association, none of the funds was allocated to college programs, part was allocated for training of practical nurses, and one third was given to schools in rural areas. This latter group did not use all the appropriation. Miss Brethorst reported further that 274 state scholarships were granted and that Minnesota had 274 more freshman nurse recruits last year than the previous year.

Eloise R. Lewis (Pennsylvania) reported on the method used by the Philadelphia General Hospital School of Nursing in preparing the members of the staff. Educational leave—a leave of absence of a year or less with pay—is granted to members of the graduate staff who are interested in furthering their education, with the understanding that the person will return to the hospital and work the length of time she was away. Arrangements have also been made for special tuition rates in a near-by university.

FACULTY RESPONSIBILITIES

Mary Tschudin (Washington) opened the discussion by stating her opinion that the responsibility of faculty members is threefold: first, in research; second, in care of the patient; and third, in teaching. In research, she said,
much that is planned and discussed is the type that needs to be done on
the job day by day, week by week, and month by month largely by faculty
members within a hospital or collegiate school. Problems are being clearly
identified and some challenging hunches toward solution offered, but sound
future progress depends upon demonstrating ability in research technic, in
gathering necessary data to test hunches, and sharing these data with schools
of nursing throughout the entire country. Mrs. Tschudin said there is need
for the type of research that can be carried on by a total faculty group, out-
standing areas being research in the whole field of curriculum organization
and teaching methods.

Research in the care of the patient, Mrs. Tschudin stated, is also the
responsibility of the faculty member. She recalled Dr. Flexner’s distinction
between the responsibility of the professor in the school of medicine—to
demonstrate, interpret, and evaluate the kind of care given—and that of
the practitioner—to give the care. Similarly, nursing faculty should be cap-
able of demonstrating what is good care for a particular patient, inter-
preting that care, diagnosing the kind of nursing problems that the patient
presents, and evaluating the care given. This must be done from the patient’s
bedside, not behind a desk or in a classroom, for medical science moves on
too fast. Many universities, Mrs. Tschudin reported, give their faculties op-
portunity to do research in both nursing education and nursing service.
One outcome, she predicted, may be that a quarter or a third of the time
of faculty members will be assigned to definite research, and they will be
expected to demonstrate the results from that research. Universities may also
assign their faculty members full time to research activity, which will require
considerable preparation.

Sister Olivia Gowan (District of Columbia) called for a new definition
of “part-time” work, pointing out that it is actually continual work which
aids the student integrate what she learns in the field with her work in the
university.

Mildred I. Lorentz (Illinois) pointed out that emphasis on the speed-up
in education and “catching them young” might, if carried to an extreme,
propel a young person directly from a baccalaureate program through a
master’s and doctor’s program without any intermediate experience in pa-
tient care.

Margaret Tracy (California) said the instructor in the school really needs
to know the patient in the ward in order to teach. Progress can be made
only by members of faculties going into the wards, clinics, and public health
nursing agencies and learning about those patients where the student needs
expert guidance in understanding the care of the patient, and the head nurse
needs help in directing that care.

Katherine K. Baker (Washington) reported the experiments in the Sacred
Heart School of Nursing in getting faculty members with the student to
the patient’s bedside by transferring the nursing laboratory to the hospital
section. Last September all 115 members of the freshman class were receiving learning experiences on the medical and surgical service within three weeks after admission to the school. The school arranged to have an instructor with student groups, numbering not more than five or six. Patients assigned to the students were chosen carefully and the curriculum was kept in a block pattern so that the student had the same patient for morning and evening care for two or three days. Miss Baker stressed the effect of such instruction on the faculty members who are kept in close touch with patient care.

Marie Farrell (Massachusetts) announced that a conference for representatives from colleges and universities offering programs for graduate nurses would be held in Chicago on September 8 through 12. She stated that, although employing agencies have a tremendous share in the total plan of the education of graduate nurses, it was thought that from this first conference of educators the issues, the objectives, and the philosophies involved in graduate nurse education could be explored.

**Early Nursing Source Materials**

Isabel M. Stewart, Chairman of the NLNE Committee on Early Nursing Source Materials, stated that Volume I—*Source Materials in Nursing Education*, consisting of republished articles from the 1900-1910 decade, was now available. She reported the committee, composed of Stella Goostray, Helen W. Munson, Anne L. Austin, and Mildred Lorentz, wished to present two questions to the group: (1) Should republication of the older materials be continued? (2) Should state league committees be organized to locate source materials, describe them, and send a record of them to the national committee?

Miss Stewart stressed the value of historical research and the preservation of historical materials. She said many interesting and valuable materials have been collected and expressed the hope that arrangements can be made either in libraries of collegiate schools of nursing or at Headquarters to keep them available for use.

The group registered unanimous approval of the two plans proposed by the Committee on Early Nursing Source Materials.

**Federal Aid for Nursing Education**

Mary Shields, associate director, reported on a new short-term emergency bill, H.R. 8087 (not an ANA bill), entitled "Emergency Nursing Education Act of 1952" introduced in the House of Representatives on June 5. The bill was designed to get passage during this session of Congress to provide a program of emergency grants and scholarships for education in the field of nursing. It was constructed to overcome the difficulties which stalled passage of the Bolton Bill last March, namely, Congressional reluctance to pass
on anything permanent in an election year and the people's concern about taxes and the spread of federal control. Mrs. Shields reported Mrs. Bolton's continued interest in long-term legislation for nursing; the new bill is purely an emergency measure. It would provide scholarship funds for students in all programs, basic, advanced, and practical, and some funds for costs of instruction, but none for construction. The grants for the three years would be $5,000,000, $10,000,000, and $15,000,000 to take care of the newly enrolled student. This averages about $200,000 a state and would include cost of administering the grants, the scholarships, and cost of instruction. The state boards of nurse examiners are named as administering agencies. In the state agency the senior officer would be a registered nurse "outstanding in the field of nursing education." Each state would designate a state advisory council, with representation from "the major classes of schools of nursing," nursing service, hospital administration, general education, public health administration, and the public. This council would review the state plan and send comments to the Surgeon General.

Payments would be made directly to schools when the state is not authorized to make payments to private or sectarian schools. Payment for costs of instruction would be in proportion to the increase of newly enrolled nurse trainees.

Scholarships would be given on the basis of qualifications and financial need of students, as attested by the schools, and would be granted for the full length of the regular program of their school, even for the students admitted to schools of nursing during the third year of the act. Therefore, the act would really cover more than three years. The scholarships would cover tuition, educational fees, cost of books, uniforms, and maintenance, the amount being determined for each school by the designated state agency. Although the scholarships are intended for newly enrolled nurse trainees, a previously enrolled student would be eligible, if the school makes a special request on the basis that the student will be forced to leave if financial assistance were not forthcoming.

A National Commission of ten members (including five representative nurse educators) would advise the Surgeon General, and might investigate the nursing shortage problem and costs of nursing education, all from the same $5,000,000. Title 2 of the Act—Vocational Education in Practical Nursing—would provide for $10,000 minimum to each state whose plan had been approved by the Surgeon General.

The executive director commended the members of the Pre-Planning Committee on their work in preparation for the present meeting and asked everyone to keep material flowing in to Headquarters.

At the suggestion of the chairman, a rising vote of thanks was given to Wilma Davies, secretary to the executive director, for her part in making everyone's stay so pleasant.

The meeting adjourned at 11:35 a.m.
ALABAMA

President: Mrs. Oma Houser

New members in 1951: 23

Local leagues: Central Alabama (Montgomery)—Mrs. Mary Lee Parker, President
Northern Alabama (Birmingham)—Mrs. Laurene Gilmore, President
Southern Alabama (Mobile)—Mrs. Marie Hawkins, President

Committees: Committee on Curriculum—Mrs. F. Bruton, Chairman
Subcommittee on Integration of Social and Health Aspects—Mrs. Eleanor Aldridge, Chairman
Subcommittee on Mental Hygiene and Psychology—Mrs. Ruth Oglesby, Chairman
Subcommittee on Pediatrics—Mrs. Summa Elgin, Chairman
Subcommittee on Tuberculosis Nursing—Mrs. Marie Holly, Chairman
Committee on Measurement and Guidance—Dorothy Foley, Chairman
Committee on Membership—Mrs. I. Moffett, Chairman
Committee on Program and Arrangements—Mrs. Anna L. Sorge, Chairman
Committee on Revision of Constitution—Mrs. Lillian Harvey, Chairman

The Alabama league does not function as the department of education of the state nurses' association.

Activities: The Alabama league has been divided into three sections, and activities have been concerned with each of these sections.

In December, 1950 a discussion on the evaluation of pre-nursing tests was presented by Mrs. Florie Bruton. Mrs. Bruton stated that her observations were: (1) A critical score of 200 was assumed, below which no student should be admitted. This score is arrived at by adding the scores on the individual tests. (2) A score of 200-225 was considered questionable, and students had a very difficult time in the school of nursing. (3) Students with scores of 225-275 usually were "C" students, those scoring 275-300 were "B" students, and those with scores over 300 were usually "A" students. Of course, other factors cause variations in these scores.

The Alabama league held an institute on psychiatric nursing in January, 1951. It was an all-day meeting held in the morning at Veterans Hospital, Tuscaloosa and in the afternoon at Bryce Hospital, Tuscaloosa. A box lunch was enjoyed by everyone. The highlight of the day occurred when Mrs. Lela Anderson, director of nursing education, presented plans for making available, for clinical learning experiences in nursing, the facilities at Bryce, which is the state hospital. Another all-day meeting on "Cost in Schools of Nursing" was held in Birmingham. Costs were approached from various viewpoints. It is hoped that more study can be done in this area.

The February meeting was held to organize further and plan the local group. The members of the group realized they were handicapped by the lack of a constitution and bylaws on the local level.

The March meeting was held in Birmingham, and Florence Hixon, dean of the school of nursing, University of Alabama, presented developments in the new school. Miss Hixon stated that at that time there were 11 full-time undergraduates in the school, 115 students registered in the extension centers of the University of Alabama, and 205 students registered in hospital schools of nursing taking courses (31 semester hours) through the extension centers in Birmingham, Mobile, and Montgomery. Miss
Hixon also presented her plans for the program for graduate nurses leading to the degree of Bachelor of Science in Nursing Education.

The Alabama league was well represented at the all-day institute in Mobile in April. The subject, "Nutrition and Diet Therapy," was presented in hopes of standardizing courses offered in the various schools in the state. The league assisted in sponsoring the trip of the president of the Alabama Student Nurses' Organization, Nancy Peck, to Boston to take part in the NLNE convention.

The Alabama league worked with the practical nurses in the state by sponsoring refresher courses to prepare those practical nurses who were licensed by waiver for positions in the Veterans Hospital which is being constructed in Birmingham. The league also conducted a survey of the schools of the state in regard to tuition, stipends, courses with college credit offered, recreational facilities, and affiliation expense. The survey demonstrated wide variation in the schools; i.e., tuition varied from 0-$300; stipends from 0-$20; college courses from 1-31 semester hours credit; recreational facilities from no planned program to well-planned programs, and affiliation expense from no assistance to payment of stipends and traveling expense.

The Alabama league did not meet during the summer months of June, July, or August, but during this time the membership was active in promoting the state legislative program. The league was particularly interested in H.B. 814 and 316. It was necessary to visit the state capitol frequently to talk with legislators. These two bills concerned financial aid to develop affiliation facilities in psychiatry and tuberculosis. The committee worked hard for a bill for scholarships for both colored and white students. These attempts were futile, but the organization plans to begin work immediately for the next legislative session.

In September the group was very interested to hear that Ruth Horn had been appointed assistant state supervisor of vocations and state education in charge of practical nursing programs throughout the state. The state is very fortunate in having received a grant from the W. K. Kellogg Foundation to develop this work in Alabama. Practical nurse programs are set up at the present time in Gadsden (1), Birmingham (2), Jefferson County (1), and Dothan (1). Plans are being made for Montgomery, Mobile, Tuscaloosa, and perhaps Florence.

The Alabama league plans to emphasize good nursing care in all of its projects. This was demonstrated in October when a panel discussion was held on "Good Nursing Care of the Geriatric Patient." A psychologist from the medical college of Alabama presented the psychological aspects, a nursing instructor presented the educational needs, and a head nurse presented the actual situation. The membership also voted to work toward an honorary degree from the University of Alabama to be conferred on Mrs. Lennie Denny, a pioneer nurse in Alabama.

The Alabama league was well represented at the joint meeting of the league and the state nurses' association which was held in Montgomery in November. Mrs. Helen Seck of the U. S. Public Health Service discussed mental hygiene on the league-sponsored program.

On February 25, 1951, an all-day meeting was held on evaluation of the pre-nursing and guidance examination and the Henmon-Nelson tests of mental abilities. The committee plans to study various tests and test results used by the various schools in the state.

A four-day workshop on the care of the poliomyelitis patient was held in Birmingham, February 26-29, 1952. Those participating actually applied braces, packs, and joint motion, and learned to use the chest and tank respirators and the rocking bed.

In the coming year the organization plans to develop a constitution and bylaws, to work toward better interpretation of accreditation, to study school of nursing records, to study further measurement and guidance in schools of nursing, to give any assistance possible in the development of tuberculosis and psychiatric nursing affiliations, and to continue studies of cost in schools, as well as the development of practical nursing.
ARIZONA

President: Lucia G. Allyn
New members in 1951: 3

NO REPORT

ARKANSAS

President: Marguerite L. Burt
New members in 1951: 5
No local leagues.

Committees: Committee on Arrangements—Barbara D. Fegan, Chairman
Committee on Constitution and Bylaws—Betty Oberlies, Chairman
Committee on Curriculum—Ethelle Reeves, Chairman
Committee on Eligibility and Membership—Mary Emma Smith, Chairman
Committee on Nominations—Myrtle Horton, Chairman
Committee on Program—Eupha Sue Knox, Chairman

The Arkansas league functions as the department of education of the state nurses' association.

Activities: The league, in conjunction with three other southwest states, shared in the expense for Doris Carues of Louisiana to attend a conference in Minneapolis, Minnesota, September 5-7, to plan the next meeting of the Council of State Leagues. The league now serves as an advisory board to the state board of nurse examiners.

Mrs. Lois Streuter was the guest of the league at the annual convention in October. Student nurses were special guests at a breakfast at which Mrs. Streuter discussed "Student Organizations."

The league and the state organization for public health nursing have appointed a joint committee to study ways of implementing the nursing league in Arkansas.

The league, in cooperation with the state board of health and the obstetric department of the University of Arkansas School of Medicine, is sponsoring institutes on maternity nursing in Little Rock on April 7-8, and in Fort Smith on April 9-10. Imogene O. Cahill, assistant professor of maternity and gynecological nursing, Vanderbilt University, Nashville, Tennessee, will be the guest lecturer.

CALIFORNIA

President: Anna M. Steffen
New members in 1951: 58

Local leagues: Northern Section (San Francisco)—Ruth Marshall, President
Northern Valley Section (Sacramento)—Helen Hansen, President
Southern Section (Los Angeles)—Margaret Bonen, President

Committees: Advisory Committee to Student Nurses Association—Alice Inigmire, Chairman
Committee on Careers in Nursing—Kathryn Smith, Chairman
Committee on Curriculum—
Committee on Finance—Mary Somogyi, Chairman
Committee for the Improvement of Nursing Services—Lulu K. Wolf, Chairman
Committee on Measurement and Guidance—Harriet Smith, Chairman
Committee on Membership and Eligibility—Margaret Coeefield, Chairman
The California league functions as the department of education of the state nurses' association.

**Activities:** The California league has functioned largely through its committees and has developed an active and cooperative program. Evidence of cooperative action has been shown in the work of joint committees with the state nurses' association and the state organization for public health nursing. The Committee for the Improvement of Nursing Services is functioning as a league committee, with representation from the state nurses' association and the state organization for public health nursing. This committee concerns itself with (1) bringing about a greater awareness on the part of the nurse herself of the significant role she is called upon to play in today's world, (2) arousing the public to the imperative need for moral and financial support in order to carry out a service and educational program for better nursing service, and (3) promoting a better understanding of the problems in nursing as they affect inter-professional groups and opening new roads for closer cooperation among them.

The Committee to Consider Practical Nurse Education was dissolved, and a new league committee with representation from the state nurses' association and the organization for public health nursing was created. This Committee on Vocational Nurse Programs and Problems directs its efforts toward improving nursing service through better preparation of the vocational nurse. Guidance is given, upon request, to help eligible institutions establish curricula acceptable for such a program.

The Committee on Careers in Nursing continued to work as a part of the Student Nurse Recruitment Committee of California. Emphasis was placed on the following areas: (1) making information available to prospective candidates and the public regarding the opportunities in the nursing profession, (2) recruiting for the nursing profession, rather than for a specific school, (3) giving guidance on how to select a school of nursing, and (4) making contacts with students in junior high schools, high schools, and colleges to stimulate interest in nursing. It was through the efforts of this committee that the California Congress of Parents and Teachers established four $100 scholarships, one for each accredited school of nursing in California in 1951.

A special committee, the Advisory Committee to Student Nurse Association, was created to acquaint students with and to stimulate their interest in professional organizations. It gives guidance to students in their preparation toward active participation in professional organizations as graduate nurses. This committee also strives to promote professional unity and fellowship among students by providing an opportunity for exchange of ideas through educational and social meetings, and to encourage high standards of personal and professional conduct among student nurses.

The Committee on Revision rendered service to the sections in helping them set up their constitutions and bylaws.

The Committee on Curriculum has been extremely busy studying the needs for public health nursing and the facilities and resources available in the state for educational purposes. Emphasis was also placed on improving methods of teaching in various areas, such as geriatrics and psychiatric nursing.

Through the activity of the Committee on Membership and Eligibility, interest in the league program was stimulated and membership increased.

The Committee on Finance carries the burden of allocating all too few funds to the demanding and overburdened work schedule of a program which continues to grow in spite of financial reverses.

The Committee on Measurement and Guidance continues to participate in the preparation of examinations.

The three local leagues continue to carry heavy activities centering around local
interests and needs. It is through the individual members functioning on a local level that the league continues to be the interesting and important professional organization that it is.

The Committee on Institutes and Programs is a joint committee with the state organization for public health nursing. This group planned the annual convention held in San Francisco, November 1951.

The board of directors of the California league met four times during the year to formulate plans and to conduct the business of the league. They also met at specified intervals, with the board of directors of the state nurses' association and the board of directors of the state organization for public health nursing, to plan toward the new two-organization structure.

COLORADO

President: Barbara Goetz

New members in 1951: 28

No local leagues.

Committees: Committee on Arrangements and Program—Lita L. Korbe, Chairman
Committee on Curriculum—Madolin Dickinson, Chairman
Committee on Eligibility and Membership—Anna Schwockert, Chairman
Committee on Finance—May O'Malley, Chairman
Committee on Guidance and Measurement—Alice E. Smith, Chairman
Committee on Nominations—Marguerite Fason, Chairman

The Colorado league functions as the department of education of the state nurses' association.

Activities: The Colorado league has met regularly each month with the exception of May during which the annual meeting of the NLNE was held.

All committees have been active in the past year. The Committee on Guidance and Measurement organized and directed an all-day institute in November with the general theme "Evaluation—A Challenge to Nursing." In group discussions the following items were considered: (1) a practical approach to test construction, (2) interpretation of personal data, (3) student appraisal—a cooperative enterprise, (4) product appraisal—a follow-up. These discussions were led by teachers in the field of nursing and general education. The program was arranged so that discussion groups were repeated in the afternoon to give everyone an opportunity to participate in two group meetings. There was a general expression from the group that this method of study was beneficial to all, and recommendations were made for continuation of some of these discussions.

The Committee on Curriculum and other members worked with the Colorado State Board of Nurse Examiners on: (1) revision of "Recommendations and Regulations for Schools of Nursing in Colorado," and (2) development of a shortened course in pediatric nursing that might be offered in a school of nursing to assist out-of-state nurses to fulfill requirements for registration.

The league sponsored a special committee of representatives from all schools of nursing in the state to prepare a brochure on "Schools of Nursing in Colorado." The pattern of content was developed through questionnaires which were sent to all schools in the state. This project is being financed by contributions from individual schools and nursing organizations. The brochure will be used by the Colorado Committee on Careers in Nursing which is jointly sponsored by the Colorado league and the state nurses' association.

On October 31 and November 1 a successful regional institute on recruitment of nurses was co-sponsored by the National and Colorado Committees on Careers in
Nursing. The nursing organizations of Colorado which jointly sponsor the state Committee on Careers felt honored, since this was the first regional institute of this kind.

The Colorado Committee for the Improvement of Nursing Services, sponsored jointly with the state nurses' association, spent time in preliminary work acquainting the general public and a group of people from allied professions with some of the problems of nursing.

Other activities held throughout the year in which the Colorado league participated, or jointly sponsored with other organizations, included a six-day workshop on tuberculosis nursing and refresher classes for graduate nurses.

The league at present plans to participate in study groups for the purpose of becoming better informed about the contemplated changes in the structure of nursing organizations, both national and state.

CONNECTICUT

President: Mrs. Carolyn L. Widmer
New members in 1951: 11
No local leagues.

Committees: Administrators' Committee—Martha Jayne, Chairman
Committee on Auxiliary Personnel—Ethel A. Brooks, Chairman
Committee on Curriculum—Patricia O'Connell, Chairman
Committee on Eligibility and Membership—Mary T. Gorham, Chairman
Committee on Finance—Adelma Mofft, Chairman
Committee on Measurement and Guidance—Eunice Main, Chairman
Committee on Nominations—Mrs. Margaret Larson, Chairman
Committee on Nursing Information—Mrs. Helen Cullen, Chairman
Committee on Program and Arrangements—Mary Blair, Chairman
Committee on Revision—Eloise Shields, Chairman
Committee on State Board Liaison—Ona Wilcox, Chairman

The Connecticut league functions as the department of education of the state nurses' association.

Activities: The annual meeting of the Connecticut league was held in Hartford in October 1951, in conjunction with the convention of the state nurses' association. Eleanor Bowen of Boston University spoke on "Total Integration of the Curriculum in Schools of Nursing." The league joined in sponsoring a general program meeting the following day in which demonstrations of the use of role-playing in nursing education were presented.

The league has held three general membership meetings during the past year. For the first, the Committee on Measurement and Guidance arranged a program in which Dr. Winfield Scott of Yale University spoke on "The Guidance of the Student." Role-playing was then used to demonstrate guidance and counseling in operation. At the second meeting Mr. Carlton Erickson of the University of Connecticut spoke on "Audio-Visual Aids in Nursing Education." The first program meeting of 1952, which was held early in February, presented the theme "This Is Your League." The directors and committee chairman dramatized a typical board meeting, in the course of which the various activities of the league were brought out.

The league has appointed representatives to the joint board of the state, and to joint committees on structure, recruitment, and student organization. It has also established a Committee on Agreements in conjunction with other state organizations.

Two themes are to be developed in the league's spring program meetings. The first, "Improving Our Schools of Nursing," is a joint project of the curriculum, administrators' and state board liaison committees. A day-long workshop is planned for
late March, with group studies on "Selection of Students and Prediction of Success," "Curriculum Planning," "Better Clinical Instruction," and probably other topics as well. The theme for the May program meeting is called "Getting Ready for the Boardwalk." A panel discussion of the proposed structure reorganization will highlight this meeting.

The cooperation of the National League throughout the year has been greatly appreciated.

**DELAWARE**

*President:* Mrs. Alberta M. Trunck

*New members in 1951:* 28

*No local leagues.*

**Committees:**
- Committee on Bylaws—Anna M. Quay, Chairman
- Committee on Membership and Eligibility—Lois Ketzan, Chairman
- Committee on Mental Hygiene—Sylvia Ginsberg, Chairman
- Committee on Nominations—Mrs. Jean Newton, Chairman
- Committee on Practical Nurse Problems—Mrs. Anne Byrnem, Chairman
- Committee on Program and Arrangements—Sister Herman Joseph, Chairman
- Committee on Publicity—Mrs. Jean Myers, Chairman
- Committee on Structure—Frances Loftus, Chairman
- Committee on Ways and Means—Mabel Lewis, Chairman

The Delaware league functions as the department of education of the state nurses' association.

**Activities:** The league has held seven regular meetings and five board meetings. The president of the Delaware league was selected by the members of the South Atlantic census area to represent them at the pre-planning conference in Minneapolis for the meeting of the Council of State Leagues. Four members of the Delaware league attended the regional work conference on curriculum development, student selection and guidance, and accreditation held in Atlanta, Georgia, June 18-21, 1951. The president was sent as a representative to the Council of State Leagues at the National League convention in Boston, May 6-11.

The Committee on Structure has been very active. It has held three meetings which were devoted entirely to the study of the new National League for Nursing plan and has worked cooperatively with the Committee on Structure of the state nurses' association. Members of both committees on structure, the league and the state nurses' association, attended alumnae meetings to explain the new structure. On February 19, 1952, the league and state nurses' association invited Mrs. Edith Wensley to come to Wilmington to speak on the latest developments in structure, and to clarify points that the members did not understand.

The Committee on Practical Nurse Problems has had an average of 12 meetings. It has outlined the functions of the practical nurse and has commenced work on the curriculum and clinical service.

At the present time the board of directors of the league is working on a project outlining a manual on the functions and procedures for each committee. This is to be used for orientation of new committee members when they are appointed.

**DISTRICT OF COLUMBIA**

*President:* Mrs. Evelyn J. Fisher

*New members in 1951:* 27

*No local leagues.*
Committees: Committee on Curriculum—Mrs. Nettie Wiggs Wilkinson, Chairman
Committee on Eligibility—Mrs. Nelle S. Totten, Chairman
Committee on Finance—Mrs. Ellen Andrucci, Chairman
Committee on Membership—Lieutenant Elizabeth Feeney, USN, Chairman
Committee on Nominations—Mrs. Joyce B. Jarvis, Chairman
Committee on Practical Nurse Education—Major Isabelle Mason, AC, Chairman
Committee on Program and Arrangements—Sister Theofreda, Chairman
Committee on Revision—Janie Hardwicke, Chairman

The District of Columbia league functions as the department of education of the state nurses’ association.

Activities: The District of Columbia league functions largely through the work of its standing committees.

The Committee on Curriculum has had a busy year working on various projects of local interest in certain phases of student experience. Examples of the projects undertaken are: (1) How Shall We Prepare Students for Field Trips? Representatives of the various schools presented methods that they were using, and the committees finally recommended that the instructor at the school should prepare the student for the proposed field trip in advance by the use of lecture, guide sheets, conferences, and films. (2) How Can We Best Use the Social Service Exchange as a Field Trip Experience? The committee members visited the local social service exchange. They learned of its purpose and function from the supervisor and enjoyed a tour of the offices. It was revealed that the use of the exchange in the District, as well as nationally, has declined rapidly in recent months. Reasons for this are obscure but may be due to duplication of functions within the respective agencies. Plans were made for the tour and the information that students would receive on this field trip. (3) How Shall We Prepare Students for the Psychiatric Affiliation? After careful study of this project the committee recommended: (a) In curriculum planning there should be a more generous inclusion of principles of mental hygiene, child development, and normal psychology in the medical, surgical, obstetric, and pediatric nursing experience for students. (b) There should be planned group and individual conferences with students, directed toward the psychiatric affiliation. (c) Showing of such films as Overdependency, Sky Guy, Feelings of Depression, Feelings of Hostility, Feelings of Rejection, and Preface to Life at strategic intervals in the program by the home school should increase the student’s understanding of variations from normal behavior and should help in the orientation to psychiatric nursing.

A subcommittee of the Committee on Curriculum worked on the preparation of an annotated bibliography on pharmacology which included written articles and visual aids. This work was part of the National League project to prepare a series of briefly annotated bibliographies of both written materials and visual aids to cover all areas of usefulness in nursing education. As requested by the national office it is planned that this subcommittee will continue to function for a period of three years.

The Committee on Program and Arrangements worked with the graduate nurses’ association of the District of Columbia in planning for three large general jointly sponsored programs during the year. It was believed that such joint activity would relieve the strain on busy agencies of releasing staff members several times a month to attend meetings. During the latter part of the year, the major work of this committee was the planning and presentation of an Institute on Evaluation. The institute was held on two days, one week apart, from two to six o’clock in the afternoon. Those participating in the program on the first day were: Sister Theofreda, assistant professor of nursing education, School of Nursing Education, The Catholic University of America, on the topic “Essentials of an Evaluation Program,” and Martha App,
assistant professor of nursing education, School of Nursing Education, The Catholic University of America, on the topic "Principles of Constructing Achievement Tests." Those participating on the second day were: Frank Rooney, training director eastern area, American National Red Cross, who discussed "The Use of Rating Scales in Evaluating Performance," and Thelma Hunt, professor of psychology, George Washington University, who spoke on "Marks and Marking." At the close of each speech, opportunity was provided for questions and discussion from the floor. The program was stimulating and dynamic.

The committee hopes to follow through in 1952 with the formation and supervision of small, special interest groups who will work on the preparation of examinations and rating scales.

Two new standing committees were formed during the year: the Committee on Practical Nurse Education, and the Committee on Membership. Both committees have been quite active since their organization. All other committees also were active.

The District of Columbia league sent a delegate to the regional work conference on curriculum development, student selection and guidance, and accreditation which was held at Emory University, in Atlanta, Georgia, June 18-21, 1951. The delegate presented an interesting report of the conference at the next regular meeting of the league.

An Institute on Tuberculosis Nursing was sponsored by the league in the spring of 1951. This proved to be so successful that a second institute is being planned for the spring of 1952. With all of the committees working enthusiastically, it is expected that the coming year will be a very successful and productive one.

**FLORIDA**

*President:* Mary Luvisi

*New members in 1951:* 23

*Local league:* No. 1 (Jacksonville)—Mrs. Frances Lilly, President

*Committees:*
- Committee on Curriculum—Agnes Salisbury, Chairman
- Committee on Eligibility—Julia King, Chairman
- Committee on Finance—Avis Guilford, Chairman
- Committee for the Improvement of Nursing Services—Marie Marley, Chairman
- Committee on Program—Mary Jane Davis, Chairman
- Committee on Recruitment—Lois Mooney, Chairman
- Committee on Revision—Ruth Mettinger, Chairman

The Florida league does not function as the department of education of the state nurses' association.

*Activities:* The annual meeting of the Florida league was held in November, 1951 at St. Petersburg, in conjunction with the annual meeting of the state nurses' association. The state nurses' association voted to discontinue representation of the president of the league on the board of directors of the state nurses' association. This conforms with the policy of the American Nurses' Association. The board of the state nurses' association approved of joint committees of the two organizations for special committees, such as the Committee for the Improvement of Nursing Services and the Committee on Student Recruitment.

The league voted to have its annual meeting in 1952 in the fall, and to hold it apart from the state association meeting. This will be a two-day meeting. One and one-half days will be devoted to an education program. The Florida league has decided to have a quarterly bulletin.

Local league No. 1 gave assistance to the NLNE committee which developed a bibliographical and visual aid list on nutrition and diet therapy. Mrs. Julia King,
of Gainesville, Florida, was chairman, and her committee was composed of members mainly from the local league. The local league made a study of the need for a public health coordinator for the four schools of nursing in Jacksonville. After the study was made, a plan was presented to the four hospitals. In October 1951, the Public Health Coordinators Association for Schools of Nursing in Jacksonville was organized, and a public health coordinator was employed.

Plans for the coming year are: (1) increase in membership, (2) recruitment of students, (3) special program for improvement of nursing services, and (4) support of institutes and workshops sponsored by other agencies.

GEORGIA

President: E. Louise Grant

New members in 1951: 58

Local leagues: Atlanta—Ada Fort, President
Augusta—Mrs. June H. Wilson, President
Columbus—Gladys Currin, Acting President
Macon—Mrs. Dorothy Rogers, President

Committees: Committee on Affiliation—Annie Lou Overton, Chairman
Committee on Arrangement—
Committee on Curriculum—Sister Mary Bonaventure, Chairman
Committee on Eligibility and Revision—Ruth Henley, Chairman
Committee on Finance—Irla Marsh, Chairman
Committee on Guidance and Careers—Jeannie Lambie, Chairman
Committee on Membership—Jane Van de Vrede, Chairman
Committee on Nominations—Mrs. Lucile Kemp, Chairman
Committee on Practical Nurse—May Sanders, Chairman
Committee on Program—E. Louise Grant, Chairman
Committee on Public Relations—Marian Christopher, Chairman
Student Nurse Advisory Committee—Annie Lou Overton, Chairman

The Georgia league functions as the department of education of the state nurses' association.

Activities: The board of directors of the Georgia league met at regular intervals during the past year. In addition to the newly organized local league in Augusta, representatives of two other cities, Columbus and Macon, worked diligently toward organizing on the local level. Study groups also have been formed at Savannah and Marietta.

The 25th annual meeting of the league was held in joint session with the state nurses' association, state organization for public health nursing, and the association of industrial nurses in Atlanta on November 4-7. At the convention, two outstanding events planned by the league were the presentation by Elizabeth Kemble on "Functional Analysis of Nursing," and the league luncheon, at which student nurses presented the program and entertainment.

Accomplishments of the league this year, although not phenomenal, are worthy. Through the efforts of the Committee on Affiliation, the study "A Survey of Nursing Personnel in the General Hospitals of Georgia" has come to fruition. This report formed the basis, at least partially, upon which support was obtained from the W. K. Kellogg Foundation by the Emory University School of Nursing for the establishment of a field service experience program. It is hoped that through this experience the health needs of rural areas may be better met. Further recommendation pointed out the need for a study on the function of nursing. Such a study is being given serious consideration. The league, in cooperation with the state health department, held a follow-up institute on child growth and development on April 23-28, inclusive.
Mrs. Margaret Adams, Teachers College, Columbia University, and Dr. Mary Elizabeth Mercer, Cornell University Medical Center, brought a great deal of stimulation to the 76 other participants. A full report of the institute can be obtained from the department of public health, division of maternal and child health.

On December 4-15, a second institute, on tuberculosis, was sponsored by the league, in cooperation with the Georgia Tuberculosis Association under the auspices of Jean South. Approximately 75 nurses attended. Recommendations were made that further consideration be given to the establishment of tuberculosis affiliations adequate to meet the needs of all student nurses in the state of Georgia, and through the Committee on Affiliations a study is now being conducted.

Atlanta was fortunate in being chosen as the southern regional center for the National League’s work conference on curriculum development, student selection and guidance, and accreditation held June 18-22 at Emory University. The Georgia league and the Atlanta local league, as well as the state Committee on Curriculum, played a large part in making this meeting successful and pleasant. The report and proceedings may be obtained from national headquarters.

A curriculum workshop, sponsored by the state Committee on Curriculum and directed by Kathryn W. Cafferty, was held at Emory University, April 28-30. The 92 representatives included both nurse and non-nurse members, one college administrator, and students of nursing. A second institute, on mental hygiene, will be held at a later date.

Serious consideration is being given to the initiation of a research project or study of graduate nurses in our state. Methods of implementation, procedure, and other details are being studied carefully by the Committee on Curriculum. Commendation goes to this committee for its serious and intensive efforts.

Assistance was received from NEIP for studying resources in Georgia, and the Committee on Curriculum activated a subcommittee to help solve the polio nursing service problem—whether endemic or epidemic. A questionnaire and letter was mailed to nurses, agencies, and institutions in two counties.

The Committee on Agreements held two meetings to discuss national and state plans for reorganization. No specific action was taken, pending outcome of the Biennial Convention. The Joint Coordinating Committee also met twice.

**TERRITORY OF HAWAII**

**President:** Alison MacBride  
**New members in 1951:** 17  
**No local leagues.**

**Committees:**  
Committee on Careers in Nursing—Mary Cheek, Chairman  
Committee on Curriculum—Sister Mary Albert, Chairman  
Committee on Finance—Loretta Schuler, Chairman  
Committee for the Improvement of Nursing Services—Mildred Asato, Chairman  
Committee on Membership—Mrs. Sara Trainovich, Chairman  
Committee on Nominations—Mrs. Patience Martelon, Chairman  
Committee on Program—Wilma Porter, Chairman  
Committee on Revision—Audrey Booth, Chairman

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

**Activities:** The survey of nursing needs and resources in the Territory was completed in March, and the Committee on Nursing Study, representing the league, the nurses’ association, board of nurse examiners, and related professional and community groups was successful in having three bills enacted by the legislature. A
Commission on Nursing Education and Nursing Services was created to continue study of nursing problems. A college of nursing was established by legislative act at the University of Hawaii, with a four-year curriculum leading to a bachelor's degree, and expects to enroll students in the fall of 1952. A limited appropriation for scholarships enabled five nurses to attend mainland universities in preparation for supervision and teaching programs.

The Committee on Curriculum concentrated on curriculum revision and refresher courses. Considerable progress was made along these lines, and over 100 nurses participated in a six-week refresher course during the summer. In the coming year, this committee will work on abilities needed by graduate nurses and on forms required to keep good records of clinical teaching and experience.

The Committee for the Improvement of Nursing Services completed a survey of in-service training programs in hospitals and health agencies, and intends to continue with a study leading to recommendations on in-service training program planning. In the coming year the committee will work on job descriptions and qualifications of head nurses, supervisors, and administrative nurses.

The Committee on Careers continued to work closely with the vocational education division of the department of public instruction in disseminating information on nursing. A speakers' bureau has been set up, and 25 public and private high schools made use of its services during the year. This work will be expanded by publishing a bulletin on various types of nursing, giving information on qualifications, opportunities for advancement, and local needs in the specialty fields.

The league was fortunate in having two delegates, Sister Laurine and Mary Cheek, at the 1951 annual convention of the National League.

The four regular league membership meetings were well attended, and the program covered a diversity of interests: "League Tests and Interpretation"; "White House Conference on Children and Youth"; "Nursing a Bill Through the Legislature"; "Rehabilitation of a Mastectomy Patient"; and, for our annual meeting at the mental hospital, an amusing and informative program on the "Psychiatric Nursing Affiliation—What It Is and What It Is Not."

IDAHO

President: Mrs. Hazel Rosecrans
New members in 1951: 10
No local leagues.

Committees: Committee on Curriculum—Sister Mary Terence, Chairman
Committee on Finance—Frances Urschel, Chairman
Committee on Membership and Eligibility—Mrs. Gertrude Toyer, Chairman
Committee on Nominations—Mrs. Ardath Young, Chairman
Committee on Program—Colleen Leigh, Chairman
Committee on Revision—Mrs. Esther Harrison, Chairman
Committee for Survey of Nursing Facilities and Resources—Florence Whipple, Chairman

The Idaho league does not function as the department of education of the state nurses' association.

Activities: The second annual meeting of the Idaho league was held in Pocatello in June 1951 in conjunction with the state nurses' association.

Several representatives attended the western regional work conference on curriculum development, student selection and guidance, and accreditation in Salt Lake City in July.

Two institutes on counseling were sponsored by the league in October and November in Boise and Blackfoot, respectively.
Recommendations for changes in the curricula of schools of nursing in the state were made to the state board of nurse registration and nursing education. An effort is being made at the present time to proceed with a survey of nursing facilities and resources in Idaho.

ILLINOIS

President: Emily C. Cardew
New members in 1951: 124
Local leagues: Chicago—Clare Smith, President
                   Eastern—Gertrude M. Stier, President
                   South Central—Mrs. Louise Meyer, President
                   Western—Mrs. Irene B. Donaldson, President

Committee: Committee on Arrangements—Audrey Short, Chairman
           Committee on Curriculum—Miriam Rand, Chairman
           Committee on Eligibility—Evelyn Van de Steeg, Chairman
           Committee on Finance—Grace Mauschak, Chairman
           Committee for the Improvement of Nursing Services—Nellie X. Hawkinson, Chairman
           Committee on Membership—Mrs. Ruth Babcock, Chairman
           Committee on Nominations—Marie Hughes Costello, Chairman
           Committee on Nursing Information—Gladys Sandwig, Chairman
           Committee on Personnel Practices—Helen Bruck, Chairman
           Committee on Program—Claudia Naranick, Chairman
           Committee on Psychiatric Nursing—Helen Rusch, Chairman
           Committee on Refresher Courses—Gladys Sandwig, Chairman
           Committee on Revision—Margaret Carrington, Chairman
           Committee on State Board Problems—Gladys Kiniery, Chairman
           Joint Committee on Care of Patient—Madeleine McConnell, Chairman

The Illinois league functions as the department of education of the state nurses' association.

Activities: The activities of the Illinois league continue to be centered on implementing the recommendations of the Committee for the Improvement of Nursing Services in Illinois.

Two graduate students have completed studies on withdrawals from schools of nursing and on reasons for failure on state board examinations. The reports are being summarized for publication in the state journal.

The Committee on Careers in Nursing is conducting a survey on the availability of scholarship aid for students who are entering schools of nursing. When the survey is completed, the committee plans to publicize this information.

A special Committee on Advanced Programs for Graduate Nurses is studying the need for such programs in the state. This study is based upon a survey of programs in the area.

The annual meeting of the league was held in Chicago in October, 1951, in conjunction with the annual meeting of the state nurses' association. Business meetings were scheduled to prevent conflicts with the meetings of the administrative section, and the league and the administrative section planned a joint program meeting.

The local leagues conducted several institutes which were open to all nurses in the state. This policy, which has been effective for the past few years, has made it possible to have more institutes each year than if the state league attempted to conduct them. The state league assists the local leagues both financially and by sending resource people, when such assistance is requested.
INDIANA

President: Dotaline E. Allen
New members in 1951: 32
Local leagues: Indianapolis—Mrs. Shirley W. Fowles, President
Terre Haute—Grace Penrod, President
Committees: Committee on Constitution and Bylaws—Ann Dugan, Chairman
Committee on Curriculum—Helen Latham, Chairman
Committee on Finance—Catherine Parkes, Chairman
Committee on Measurement and Guidance—Jean Schweer, Chairman
Committee on Membership and Eligibility—Martha Bracken, Chairman
Committee on Nominations—Ann Poorman, Chairman
Committee on Personnel Policies—Sister Marie Amadeo, Chairman
Committee on Program and Arrangements—Mrs. Grace Penrod, Chairman

The Indiana league functions as the department of education of the state nurses’ association.

Activities: The Indiana league and the state nurses’ association jointly sponsored a five months’ survey of nursing in Indiana conducted by Mrs. Genevieve Bixler, assisted by Margene Faddis and Dr. Roy Bixler, and financed by contributions from the state medical association, state hospital association, state nurses’ association, and the Eli Lilly Drug Company. The report has just been published under the title of The Indiana Nursing Survey, and may be purchased through the state nurses’ association. It will serve as a basis for planning for improvement of nursing and nursing education in the state, and, as such, will be the focus of planning by the state league.

The program for the year has centered on the basic nursing curriculum, with emphasis upon improvement of clinical instruction. Five regional meetings were held in various sections of the state in preparation for an institute on clinical instruction. The two-day state Institute on Clinical Instruction was held in September, with 180 in attendance. Regional meetings are now being held on clinical instruction in medical and surgical nursing and in pediatric and obstetric nursing, in preparation for state institutes in these clinical areas.

A two-day annual meeting of the league was held on the campus of Indiana University. The program theme was the basic nursing curriculum, and major topics considered were philosophy, aims and objectives of the curriculum, faculty preparation and organization, and content in the curriculum.

A series of two-day institutes on tuberculosis nursing is being held throughout the state, jointly sponsored by the league, state nurses’ association, state board of nurse registration and nursing education, and state board of health.

The Indianapolis local league has been active, and two other communities in the state are holding initial meetings, with a view toward organization of local leagues.

All 38 persons who were asked to serve on league committees accepted. The interest of these members is further demonstrated by their active participation on the committees.

IOWA

President: Marjorie Perrine
New members in 1951: 24
Local leagues: Des Moines—Alice Coppess, President
Sioux City—Augusta Hefner, President
Committees: Committee on Curriculum—Jessie Wortman, Chairman
Committee on Eligibility—Mrs. May Bemis, Chairman
Committee on Nominations—Sister Mary Brigid, Chairman
Committee on Structure—Mrs. Genevieve K. Bixler, Chairman

The Iowa league functions as the department of education of the state nurses' association.

Activities: The annual meeting of the Iowa league was held on October 15, 1951, in the city auditorium at Sioux City. The theme was "Education for Nursing in Our Changing World." Approximately one hundred league members and guests attended the meetings and luncheon. At the morning meeting Sister Mary Therese of St. Xavier College, Chicago, Illinois, spoke on "How Can We Meet Today's Challenge in Nursing Education?" Mrs. Louise Freese of the Sioux City Journal-Tribune staff was the speaker at the luncheon. Her topic was "Women in This Changing World." The program for the afternoon was based on questions from the membership. Sister Mary Therese acted as discussion leader for this session.

Plans of the organization for the coming year have been outlined as follows:
1. Increase membership.
2. Study reorganization on the national, state, and local level so that the Iowa league will be prepared for its place under the new organizational plan.
3. Cooperate with the state nurses' association and the state hospital association in sponsoring a state-wide recruitment program for student nurses.

The tentative program of institutes for the winter and spring of 1952 is as follows:
March 6-7, —“Providing Learning Experiences for Total Nursing Care”—sponsored by the Iowa league and the board of nurse examiners.
April 17-18, —“In-Service Education Program”—sponsored by the State University of Iowa City.
April 24-25, —“In-Service Education Program”—sponsored by Sioux City league.

Kansas

President: E. Jean M. Hill
New members in 1951: 16
No local leagues.

Committees: Committee on Arrangements and Program—Amy Adams, Chairman
Committee on Careers in Nursing—Avis Van Lew, Chairman
Committee on Curriculum and Education—Roberta Foote, Chairman
Committee for the Improvement of Nursing Services—Sister Hilda Mueller, Chairman
Committee on Membership and Finance—Sister Mary Carmel, Chairman
Committee on Nominations—Elda Hartung, Chairman
Committee on Psychiatric Nursing—Avis Van Lew, Chairman
Committee on Publicity—Sarah Patterson, Chairman
Committee on Revision—Sister Hilda Mueller, Chairman
Joint Committee on Structure—Eula Benton, Chairman
Joint Committee on Tuberculosis Nursing Advisory Service—Roberta Foote, Chairman

The Kansas league functions as the department of education of the state nurses' association.
Activities: The regional work conference on curriculum development, student selection and guidance, and accreditation held in Omaha last July was well attended by Kansas members. However, the workshop to be held in Kansas City under joint sponsorship with the university was first postponed, then canceled, as the flood made travel and housing exceedingly difficult.

Helen Nahm met with nurse educators and administrators for one-half day in August to discuss temporary accreditation.

The annual meeting was held in October 1951, the day before the state nurses' association meeting. "The College President Looks at Nursing Education" was discussed by Father Paul Reinert, and Dr. Donald Rose discussed "The Physician Looks at Nursing Education." Marguerite Coffman presented the results of state board examinations for the last year. Voting by mail was suggested as a means of securing wider representation of membership in voting.

The league board of directors served in an advisory capacity to the state board of nursing registration and education in revision of the rules and regulations concerning curricula in schools of nursing.

A three-day program on nursing and nursing education, jointly sponsored with the University of Kansas, was held in Kansas City in February. Attendance included over 200 nurses from Kansas and Missouri.

In joint sponsorship with JTNAS, a one-half-day meeting on attitudes toward tuberculosis nursing was held in Topeka in February. Jean South was consultant for both this and the three-day meeting in Parsons on tuberculosis nursing.

Three one-day meetings on "Eye Health" are planned to be held in March for nursing students in Kansas City, Wichita, and Salina. Helen Weaver will conduct the meetings. A three-day workshop in psychiatric nursing is planned to be held in Topeka in April to assist in organizing a program with the state hospital for nursing students in the state.

The Committee on Careers in Nursing has been especially active in bringing materials and speakers to high school groups. The state vocational education counselor and the executive secretary of the state hospital association are members of the committee. Information about all schools in the state is sent from the vocational education office to all high schools. There is considerable interest in loan funds and scholarships at present. The league board has assisted interested groups in developing criteria and mechanics.

The possibility of holding a curriculum workshop this summer is being explored.

Kentucky

President: Mrs. Marjorie C. Tyler
New members in 1951: 25
No local leagues.

Committees: Committee on Arrangements—Mrs. Adelaide Braun, Chairman
Committee on Curriculum—Joy McCuddy, Chairman
Committee on Finance—Louise Weidner, Chairman
Committee on Membership and Eligibility—Beatrice Lusby, Chairman
Committee on Nominations—Sister Kathleen Mary, Chairman
Committee on Program—Martha Spurling, Chairman
Committee on Recruitment—Nadine Bronson, Chairman
Committee on Revision—Margaret Jones, Chairman
Committee on Structure—Sister Mary Evarista, Chairman

The Kentucky league functions as the department of education of the state nurses' association.
Activities: Meetings of the Kentucky league were scheduled at hospital schools of nursing throughout the state and have been well attended.

The September meeting was held at the Kentucky Baptist Hospital. At the morning session Dr. Marion F. Beard, associate clinical professor of medicine at the University of Louisville, talked on "Current Trends in Hematology," and in the afternoon Alice Clark, U. S. Public Health Nursing Consultant, spoke on "Utilization of Nursing Service and Functional Relationship of Hospital Departments."

On October 18-20 the state nurses' association, state league, state organization for public health nursing, and board of nursing education and nurse registration held their annual joint meeting at Somerset, Kentucky. The theme was "Better Nursing through Better Organization." Highlight of the sessions was a paper presented by Sister Mary Evarista, clinical instructor, St. Elizabeth Hospital School of Nursing, Covington, entitled "Better Nursing through Better Organization of Ward Facilities for Clinical Teaching." At the same morning meeting on October 19, Julia Hereford, dean, Vanderbilt University College of Nursing, Nashville, Tennessee, spoke on "Better Nursing." It was agreed that the one-day quarterly meetings would continue to be held from ten o'clock in the morning to four in the afternoon in hospital schools of nursing throughout the state.

On November 13-15, 1951 the league was co-sponsor of an Institute on Tuberculosis at St. Joseph Infirmary, Louisville. Tuberculosis was recognized as a public health menace, and a number of the addresses made were devoted to seeking methods of prevention and control, as well as the clinical diagnosis, treatment, and nursing care of the disease. Field trips were made to three local sanitaria.

At the January 22 meeting held at St. Joseph Hospital, Lexington, Leslie Martin, assistant director of the personnel department of the University of Kentucky, spoke on "Techniques of Guidance." Later, in order to show the value of teamwork in a clinical situation involving all phases of nursing, a very clever dramatization entitled "Good Orientation Prevents Many Errors" was presented by faculty members of the Good Samaritan Hospital School of Nursing in Lexington.

This past year one of the league's main objectives has been the preparation of Kentucky schools of nursing for national accreditation. Many schools already have been evaluated by a visitor from the regional area and are now awaiting the outcome of her analyses.

Louisiana

President: Helen A. Meyer

New members in 1951: 83

Local leagues: New Orleans—Hilda Burnham, President
Shreveport—Mrs. Nell N. Marshall, President

Committees: Committee on Curriculum—Mary Stuart, Chairman
Committee on Eligibility and Membership—Mrs. Sue Fabregas, Chairman
Committee on Finance—Doris Carnes, Chairman
Committee on Measurement and Guidance—Carrie Spurgeon, Chairman
Committee on Membership—Barbara Odum, Chairman
Committee on Nominations—Mrs. Helen Sheehan, Chairman
Committee on Program—Carrie Spurgeon, Chairman
Committee on Revision—Rosa Lee Landry, Chairman
Joint Committee on Careers in Nursing—Mrs. Mae M. Palfrey, Chairman
Joint Committee for the Improvement of Nursing Services—Carrie Spurgeon, Chairman
Joint Committee on Mental Hygiene and Psychiatric Nursing—Sister Carlos McDonnel, Chairman
Joint Committee on Practical Nurse Education—Mrs. Lucille Sawyer, Chairman

The Louisiana league functions as the department of education of the state nurses' association.

Activities: The 1951-52 activities of the Louisiana league have focused attention on the Committee on Structure study, Committee on Careers in Nursing, Committee on Improvement of Nursing Service, and the Committee on Practical Nurse Education.

Acting through a joint committee, the state nurses' association, the state organization of public health nurses, and the league have been instrumental in furthering the development of a practical nurse education program. It is anticipated that by the close of 1952 there will be seven schools of practical nursing under the Louisiana State Department of Education.

The league has been most actively engaged in implementing, in many areas, recommendations based on the survey of nursing resources and needs. The week of March 25-29 was officially designated as Student Nurse Recruitment Week and included special radio programs, teas at various hospitals, and a city-wide contest in New Orleans to select "Miss Student Nurse."

The Southern Regional Institute on Careers in Nursing will be held in New Orleans, October 3-4, 1952, under the co-sponsorship of the national and Louisiana Committee on Careers in Nursing.

A Joint Committee on Structure, patterned after the national Joint Coordinating Committee, was organized early in January. This committee found outstanding value in frequent group study sessions. A Committee on Agreements concerning a nursing league in Louisiana has been most helpful in planning for a two-organization structure. The first meeting of the joint board of directors of the state nurses' association, state organization for public health nursing, and state league was held in New Orleans on March 29-30, 1952.

The league has a prime objective for 1952: To cooperate with the state nurses' association in making most effective the two-organization structure in Louisiana.

MAINE

President: Mildred I. Lenz
New members in 1951: 12
No local leagues.

Committees: Committee on Curriculum—Marie Brennan, Chairman
Committee on Eligibility and Membership—Marion Dunn, Chairman
Committee on Finance—Marie Brennan, Chairman
Committee on Information and Program—Anne Mitton, Chairman
Committee on Lay Participation—Frances Jordan, Chairman
Committee on Mental Hygiene—Eleanor M. Melledy, Chairman
Committee on Nominations—Arlene Millett, Chairman
Committee on Nursing Attendant Education—Eleanor M. Melledy, Chairman
Committee on Revision and Bylaws—Sister Mary Edmund, Chairman
Committee on State Board Activities—Edith Doane, Chairman
Committee on Structure—Marie Brennan, Chairman

The Maine league does not function as the department of education of the state nurses' association.
Activities: The Maine league held six meetings from the date of the 1951 annual convention through March 1952, and other meetings are scheduled for April, May, June, and October.

At Lucerne-in-Maine in June 1951 the highlights of the NLNE Convention were presented.

The league held its annual meeting in Portland on October 9. The business session was followed by a symposium and group discussion on the three-week course "Special Problems in Practical Nurse Education" which was held during the summer at the University of Maine.

The following month the governor appointed a committee to study state nursing needs and resources, and the state survey plan was one of the topics discussed at the league's November meeting. On the same date a progress report of the National Nursing Accrediting Service's temporary accreditation program was presented by the president.

In January 1952 the membership participated in a discussion on structure with one of the national committee members. A symposium on structure is planned for March 7, 1952.

The February meeting included mental hygiene films and a psychiatrist's viewpoint of the current status of psychiatric nursing.

League members have been active in the regional nursing education program recently initiated in Maine, and on the Committee for the Improvement of Nursing Services and the state Committee for the Study of Nursing Needs and Resources. During the winter and spring months, four schools used the League's experimental Student Final Record and Progress forms.

MARYLAND

President: Anna D. Wolf

New members in 1951: 62

No local leagues.

Committees: Committee on Curriculum—Irene Coleman, Chairman
          Committee on Finance—Josephine O'Connor, Chairman
          Committee on Membership and Eligibility—Mrs. Eva Darley, Chairman
          Committee on Nominations—Louise Hohener, Chairman
          Committee on Program and Arrangements—Francis Orgain, Chairman
          Committee on Revision—Irene Perry, Chairman

The Maryland league does not function as the department of education of the state nurses' association.

Activities: The past year has been marked particularly by cooperative planning between the Maryland league, the state nurses' association, and the state organization for public health nursing. A joint board of these three organizations has been organized and now functions with joint committees representing each one of the organizations. These joint committees, all active, are as follows: (1) on Improvement of Nursing Services, (2) on Reorganization of Professional Nursing Organizations, (3) on Careers in Nursing, (4) on Nursing Information, (5) on Nursing Resources, and (6) on Student Nurse Organization.

Prior to the establishment of the joint board, plans for carrying forward these nursing activities in Maryland were under one of the state organizations, with representation from the other two groups. Already, a much more unified interest in the operation of these committees is evident. There is less duplication of effort, and prompter and better results are expected. It is believed this plan will prove very helpful for the later changes in structure of nursing organizations in Maryland.
The league records with real pride that the nursing students of Maryland have initiated successfully their plans for a state council.

Whenever possible the programs of the three state nursing organizations have been worked out cooperatively. In cooperation with the state organization for public health nursing, a stimulating one-day meeting was held in Easton in October. Discussion centered upon nursing in rural communities. The annual meeting, held November 7-9, 1951, had as a central theme "Human Relations in Nursing," with a discussion in relation to patient care, education, and interrelationships of personnel in health services. Two spring programs have been jointly planned on the reorganization of national and local nursing organizations, and an institute on the improvement of nursing services through better preparation of head nurses is to be conducted in May.

Under the Committee on Medical Care of the Maryland State Planning Commission, the subcommittee on the Survey of Nursing Needs has been working diligently throughout the year. It is hoped that these studies may be prepared for publication by June 1, 1952, and will provide a basis for long-range planning through the Joint Committee for the Improvement of Nursing Services.

The Maryland league has encouraged schools of nursing to participate in the temporary accreditation plan which it is hoped may lead to the improvement of nursing education for improved nursing services. The league will continue to cooperate with the state board of nurse examiners in the study of curriculum and administrative policies for schools of nursing.

The Maryland league had representation at the southern regional work conference on curriculum development, student selection and guidance, and accreditation held in Atlanta, and it is anticipated a number will attend the Biennial Convention in June 1952.

**Massachusetts**

President: Dorothy E. Dawes

New members in 1951: 106

Local leagues: Eastern Massachusetts (Boston)—Mary E. Gilmore, President

Western Massachusetts (Springfield)—Margaret J. Busche, President

Worcester—Eleanor E. Healy, President

Committees: Committee on Curriculum—Sylvia Perkins, Chairman

Committee on Finance—Emily Pearson, Chairman

Committee on Membership—Marjorie Pond, Chairman

Committee on Nominations—Madeline Army, Chairman

Committee on Program—Betty A. Updegraff, Chairman

Committee on Revision—Rose E. Griffin, Chairman

Committee on Student Council—Jeanette K. Gilman and Jessie Stewart, Co-Chairmen

Committee on Ways and Means—

The Massachusetts league functions as the department of education of the state nurses’ association.

Activities: During 1950-1951 the activities of the league were largely concerned with preparations for the 55th annual convention of the NLNE which was held in Boston in May 1951. Special committees were appointed to plan for this convention, and their efforts contributed to the productive sessions enjoyed by the membership. Special mention should be made of the Committee on Ways and Means for its untiring efforts in raising a substantial sum of money to meet the expenses of the convention year. One of its achievements was the reservation of the main floor in Symphony Hall for an evening at the "Pops" concert. The Committee on Program
was responsible for the League dinner at the Hotel Statler which brought the membership together both socially and professionally.

The Committee on Curriculum has met at least once each month and made a progressive study of curriculum problems related to the three-year diploma school, and plans to explore the social sciences and other areas. With a few necessary changes, the same committee membership will continue its work for another year.

The Committee on Revision has followed along with the released information on the new structure plan, in anticipation of the many changes in the constitution and bylaws in 1952.

The activities of the Advisory Committee to the Massachusetts State Council of Student Nurses have been centered in working directly with the executive council of the student organization. This committee serves in a liaison capacity, giving interpretation, support, and guidance to the student group. The past year has been a successful one with many activities and interests. The organization, although only two years old, now has forty-nine member schools.

Since the national convention of the League was held here in May, it was decided that this year the state league would not take an active part in the annual meeting of the other state organizations. However, the Committee on Curriculum gave a progress report of its two years’ study. Interest in this report was evidenced by the large attendance and active question period which followed.

In the fall the league gave financial aid to the “Institute on Nutrition” which was a joint project of civic and professional organizations in the state.

The three local leagues have been active in various ways. The Eastern league held one joint and three general meetings. Topics of discussion included: “Guidance and Counseling in Nursing Schools,” “Integration of Sciences in Teaching Nursing Students,” and “The Nurse’s Responsibility as a Citizen.” The Western league cooperated with the W. K. Kellogg Foundation, Boston University, and Bingham Associates in holding a two-day institute to discuss curriculum planning, with emphasis on utilizing the facilities of the community. Later a committee of League members was formed to work on regional planning. The Worcester league held five regular meetings in the mid-state area. Topics under discussion were: “Newer Trends in the Treatment of Tuberculosis,” “Centralized Teaching in Schools of Nursing,” and “Public Health Units.” The local leagues are the activity centers in the state, and their support is fully appreciated.

The Massachusetts league wishes to express appreciation for the information and help received from the National League during the past year.

MICHIGAN

President: Gertrude E. Nathe

New members in 1951: 124

Local leagues: Northeastern Michigan (Saginaw, Bay City, Flint)—Adelaide L. Fialk, President
Northwestern Michigan (Grand Rapids, Muskegon)—Rebecca Jack, President
South Central Michigan (Ann Arbor)—Sister Mary Valentina, President
Southeastern Michigan (Detroit)—Mrs. Ruth Edelson, President
Southwestern Michigan (Kalamazoo, Lansing, Battle Creek)—Leone Sweet, President

Committees: Committee on Curriculum—Florence C. Kempf, Chairman
Committee on Finance—Gertrude Spaulding, Chairman
Committee on Membership—Lydia Reich, Chairman
Committee on Nominations—Mrs. Ethel MacLennan, Chairman
Committee on Structure—Mrs. Laura Peck Campbell, Chairman
Coordinating Committee for Continuing Educational Programs for Graduate Nurses—Gertrude E. Nath, Chairman

The Michigan league functions as the department of education of the Michigan Nursing Center Association.

Activities: The Committee on Curriculum held a conference at Michigan State College, East Lansing in October 1951. The chairman and members of the subcommittee met to discuss some proposals and recommendations for the activities of the Committee on Curriculum for the year. It was decided to hold six one-day conferences in league areas over the state. This plan will give faculty members in the areas an opportunity to benefit from the program. The program for each institute was planned by one of the subcommittees which are as follows: Mental Hygiene and Psychiatric Nursing, Tuberculosis Nursing, Medical and Surgical Nursing, Obstetric Nursing, Pediatric Nursing, Introductory Nursing, and Measurement and Guidance. The program for the year was published in the Michigan Nurse, and local league officers were urged to inform the individual schools in their area and invite representatives to the meetings. Directors and faculties of schools who were hostesses also extended invitations to local members. Each subcommittee planned to integrate related principles of nursing care and develop a total curriculum pattern. In this way a comprehensive plan was developed. The conferences held to date have had an attendance of 40-50 members.

The Southeastern league developed a program for the year on the theme "Improve Nursing Service through Improving Nursing Education." Speakers for programs were Esther Lucile Brown, Ruth Gillan, and Dr. Ralph Tyler. This league also sponsored a workshop on "Clinical Evaluation," and conducted a panel discussion on "Better Patient Care through Better Interpersonal Relations between the Professional and the Practical Nurses." A refresher course was given to practical nurses by league members who were instructors in practical nurse training schools. In addition, three courses were given to between thirty and forty foreign nurses to help prepare them for state board examinations. A speakers’ bureau was established to provide informed speakers on nursing topics to other groups.

At a meeting of the Southwestern league Katharine Faville, dean of Wayne University School of Nursing in Detroit, presented a paper on "Nursing Service Administration." Three programs also were given over to phases of growth and development.

Other local leagues presented programs which were developed cooperatively with nurses from other fields of nursing on various clinical nursing situations, emphasizing better nurse-patient relationships and improved nursing care.

The Michigan league also has given assistance in curriculum development to individual requests from schools of nursing and colleges. Several colleges have expressed a desire to develop a collegiate program in nursing. It has been the aim of the league to give these requests careful consideration in order to avoid the development of unsound collegiate programs. Deans and counselors welcomed the opportunity to discuss their plans, and they expressed appreciation for information given. These conferences, while time consuming, were interesting and provided an excellent opportunity to develop a better understanding of present-day nursing education.

Local league members, who are also members of the district nurses’ associations, assumed the responsibility of planning educational programs for district members. Programs included refresher courses for professional and practical nurses and a series of lectures on newer treatments and medications and better understanding of children. In assisting with these programs, members accomplished one of the main objectives of the league—to promote the education of nurses.

Many faculty members in schools of nursing have taken advantage of the numerous institutes and workshops on nursing service and clinical instruction which were held
at Wayne University in Detroit, Michigan State College in East Lansing, and the University of Michigan in Ann Arbor.

Helen Nahm, director of the National Nursing Accrediting Service, was the speaker at a general meeting at the league convention held in Grand Rapids in May. Her topic was "Nursing Education Today and Tomorrow."

The Michigan league continues to work cooperatively with the three other state nursing organizations which comprise the Michigan Nursing Center Association. It is the sincere hope of the league that, when the new structure plan is developed, the existing cooperative planning will continue.

MINNESOTA

President: Alice B. Brethorst

New members in 1951: 68

Local league: Rochester—Sister Raymunda, President

Committees: Committee on Affiliations—Mrs. Marion Hansen, Chairman

Committee on Curriculum—Bertha Lunde, Chairman

Committee on Finance—Alice B. Brethorst, Chairman

Committee on Measurement and Educational Guidance—Irene McKean, Chairman

Committee on Membership—Doris Yokie, Chairman

Committee on Practical Nurses—Eugenia Taylor, Chairman

Committee on Program—Nina Lee, Chairman

Committee on Recruitment—Alice Dotseth, Chairman

The Minnesota league functions as the department of education of the state nurses' association.

Activities: Since May 1951 the league has engaged in several worth-while projects. It worked, through its board, to help every school of nursing in the state to be surveyed by the National Nursing Accrediting Service for either temporary or permanent accreditation. In January 1951 the state had 8 fully accredited schools—3 collegiate and 5 noncollegiate schools. One noncollegiate school was added during the year, which places 36 per cent of the schools in the state on the nationally accredited list. The state board of nurse examiners contributed $1,200, through the state league, to the national organization to defray the expenses of this temporary survey.

The league also has taken the initiative in holding meetings with representatives of the state organization for public health nursing and the state association of industrial nurses in preparing for the National League for Nursing. Such questions as dues, the disposal of funds now held by the three respective organizations, the selection of suitable headquarters and an executive secretary, membership, department organizations, special interest groups, and possible candidates for the various offices have all been discussed informally. These meetings are scheduled to continue until the Biennial Convention, and, if the two-organization plan is adopted by the profession, it is hoped that Minnesota nurses will be ready for the reorganization.

All the directors of schools of nursing in the state will be called to a meeting in May. It is planned to organize two departments of the educational division, one concerned with diploma programs and the other with degree programs.

Twenty-two members from Minnesota attended the Omaha regional meeting. Lenore Collatz was sent by the state league to represent it on the program.

During the year, the Committee on Measurement and Guidance conducted a workshop on proficiencies for which 197 registered, 22 of whom were from the neighboring states of Iowa, Kansas, Montana, Nebraska, North Dakota, and South Dakota. The
league underwrote the expenses for this workshop and was pleasantly surprised to learn at its close that not only had the committee secured enough funds to pay for the workshop, but returned $300 to the league treasury to use for future conferences.

The largest project of the league, given to it by the state board of nurse examiners, is to prepare recommendations for the revision of the state minimum standards for licensure of professional nurses. This project was begun three years ago, and each year a valuable workshop on curriculum planning has been held. This year a small committee of eleven has been meeting regularly, holding either one whole-day or two whole-day sessions. Small subcommittees have been appointed to study special areas, such as maternity, pediatric, psychiatric, and medical and surgical nursing. Each subcommittee includes two public health nurses who help integrate the programs. These subcommittees, consisting of a few key members only, have met and formulated objectives for standards for the preparation of instructors, time placement of nursing experience, minimum clinical facilities, and methods of evaluation for their particular areas. Their findings have been mimeographed and sent to each instructor in that particular field in the state with the request that she study the report and then send back her suggestions or criticisms. After the replies have been studied and an outline has been devised, a meeting has been held at which all the instructors interested in that area have been asked to attend. The Committee on Psychiatric Nursing had more than 50 instructors from all over the state present at its open meeting. After the meeting recommendations were formulated, and the chairman of the subcommittee and others who so desired were invited to present their findings to the Committee on Curriculum. The program was then carefully reviewed by the main committee, and, when necessary, referred back to the subcommittee for revision. In May all of the directors of the schools of nursing in the state and their assistants will be called together to discuss, item by item, the proposed minimum standards. Mimeographed copies will be circulated prior to the meeting so that the directors will have an opportunity to study the program. Following the directors' meeting, an open meeting of the general membership will be held and the proposed minimum standards reviewed. The league hopes that in this way every educator in the state will have an opportunity to express her ideas and will feel that she has had a part in the curriculum planning.

MISSISSIPPI

President: Mrs. Edith W. Salguero
New members in 1951: 11
No local leagues.

Committees: Committee on Eligibility—Sister M. Andrew, Chairman
Committee on Membership—Phoebe M. Kandel, Chairman
Committee on Nominations—Grace Niehuis, Chairman
Committee on Program Arrangements—Annie Margaret Tucker, Chairman
Committee on Resolutions—Kate Lou Lord, Chairman
Committee on Revision—Christine Oglevee, Chairman

The Mississippi league functions as the department of education of the state nurses' association.

Activities: The league met bimonthly all through the year in different sections of the state for one-day meetings.

The nurse education consultant for the board of nurse examiners reported that she had attended the Catholic Hospital Conference on Cost Accounting and Budgeting for Schools of Nursing which was held in Baltimore. Copies of all the forms applicable
to writing budgets were given to all schools of nursing, and conferences were held. Copies of personnel policies also were distributed, and recommendations were made that both be considered for the schools of nursing. Efforts have been made through the league to improve personnel policies in the schools of nursing. This project supports the recommendations and counseling by the executive secretary and consultant of the board of nurses' examiners.

Three members of the Mississippi league—Grace Niehuis of Baptist Hospital, Jackson, Christine Oglevee of the University of Mississippi, and Phoebe M. Kandel of the board of nurse examiners—attended the southern regional work conference on curriculum development, student selection and guidance, and accreditation in Atlanta.

At the May 1951 meeting, Mrs. Elizabeth N. Wates, state commander and executive vice-chairman, Mississippi Division, American Cancer Society, presented a paper on "What Nurses Should Know about Cancer." The talk was illustrated with a film.

The speakers for the August meeting were Mr. V. T. Anthony, Mississippi representative, National Foundation for Infantile Paralysis, on "Poliomyelitis in Mississippi," and Dr. W. L. Jacques, psychiatrist, Mississippi State Mental Hospital, on "Whitfield's Proposed Affiliation for Student Nurses in Psychiatry."

For the first time the annual convention of the Mississippi league was held apart from that of the state nurses' association. The theme of the one-day convention was "Educational Resources in Mississippi." Dr. Estelle A. Magiera, director of Child Guidance Center, Jackson, discussed the "Child Guidance Program in Mississippi."

She encouraged the nurses to utilize the clinics for teaching purposes in the schools of nursing. Negro student nurses of Baptist Hospital school of nursing sang several appropriate selections at the special dinner on this occasion. The afternoon program was a panel discussion of "The Progress of the Medical School and How It Will Affect Nursing Education." The speakers were Mr. William L. Gill, MNO Associated Architects, Dr. Dave Wilson, medical consultant, Mississippi Commission on Hospital Care, and Brenda Marrs, University of Mississippi, department of nursing. Ten students attended this meeting.

The members of the Mississippi league participated very actively in the convention program of the state nurses' association, serving as chairmen of conference groups or as consultants to the groups.

The league feels especially grateful to the W. K. Kellogg Foundation for providing an expert in good nursing and policies, Ann Chapman, to guide in-service programs through the department of nursing, University of Mississippi. Miss Chapman was recommended by the division of nursing, Teachers College, Columbia University. She attended the special program sponsored by the Kellogg Foundation at Chicago University on in-service nursing programs. She has had wide experience in all of the clinical nursing practice fields, and is thus an able consultant, doer, and resource person. There are two self-directed in-service programs. The plans have been prepared by the board of nurse examiners, and guidance has been given to those schools which participated.

The league has supported the institute on cancer which has been organized to afford one academic credit through the department of nursing, University of Mississippi. The leader for the development of this course is Mrs. Elizabeth Wates, who secured counsel in other university nursing programs which offer credit for well-organized programs. Plans are now being made to offer an institute program for the care of poliomyelitis.

All of the schools of nursing but one have applied for national temporary accreditation. Each hospital school believes that it is meeting a community need. These schools also believe that, even if they do not merit temporary accreditation, they have made improvements which have been partly prompted by the detailed questionnaires they filled out and the self-analysis they made of their situations.
MISSOURI

President: Sister Mary Agnita Claire Day
New members in 1951: 33

Local leagues: Central Missouri (Jefferson City)—Renilda Hilkemeyer, President
Kansas City—Maxine Hurley, President
St. Louis—Mrs. Grace H. Lieberstein, President
Southwest Missouri (Springfield)—Sister M. Chrysostom, President

Committees: Committee on Curriculum—Laura Logan, Chairman
Committee on Finance—Helen Valentine, Chairman
Committee on Measurement and Guidance—Mildred Rost, Chairman
Committee on Membership—Dorothy Henry Berger, Chairman
Committee on Nominations—Mildred McMillan, Chairman
Committee on Revision—Mable C. Northcross, Chairman
Joint Committee for the Improvement of Nursing Services—Sister
   Olivia Drusch, Chairman
Joint Committee on Nursing to Meet Civil and Military Needs—
   Mildred Sanderson, Chairman
Joint Committee on Practical Nurses and Auxiliary Workers—Alma
   Kinsey, Chairman
Joint Committee on Structure—Louise Knapp, Chairman
Joint Committee on Tuberculosis Nursing Advisory Service—Mary
   Scholl, Chairman

The Missouri league functions as the department of education of the state nurses' association.

Activities: The Missouri league has had a busy and interesting year. A new local league, consisting of 35 members, has been established in the southwest part of the state. Many of the members formerly belonged to the Central Missouri league which sponsored the new group. With headquarters in Springfield, the Southwest league will include the Joplin-Branson-Mount Vernon-Lebanon area.

The Committee on Curriculum has been very active. Under joint auspices of the league and the University of Missouri, two institutes on improvement of teaching and supervision were held in November. Over 500 nurses from St. Louis and Kansas City attended. Following the institutes, interest groups have met in Kansas City and St. Louis at regular intervals. Another large institute will be held in Jefferson City in March, following the annual meeting.

The Committee on Measurement and Guidance is continuing its study of the curriculum in the schools of nursing in Missouri. The second questionnaire, now being completed, is addressed to senior students and young graduate nurses.

The St. Louis league also has been active. It held a one-day Institute on Nursing Service Administration, and its monthly meetings have been well attended.

Throughout the state, League members have been active in institutes on nursing in atomic warfare, the Committee on Structure, and the Coordinating Council on Nursing in Missouri.

At the instigation of the Committee for the Improvement of Nursing Services, the University of Missouri established a refresher course for graduate nurses. The pilot course in Columbia will be followed by others, under the auspices of the division of adult education and extension, wherever there is sufficient demand.

Although plans for the coming year will not be formulated until the annual meeting in March, it is expected that major efforts will be directed toward implementation of the new structure on the state level. The Coordinating Council will have a large portion of the work to carry in this respect. The Committees on Curriculum and on
Measurement and Guidance hope to continue their very successful programs. The Committees on Revision and on Membership will, no doubt, have considerable work to do.

A regional workshop on improvement of teaching is being proposed to the boards of directors of the Missouri and Kansas leagues. The league thus hopes to carry on its work in the same spirit of service which has characterized its activities in the past.

MONTANA

President: Sister Eugene Teresa

New members in 1951: 4

No local leagues.

Committees: Committee on Affiliations—Meral Loewus, Chairman
Committee on Eligibility and Membership—Daisy Prentice, Chairman
Committee on Finance—Patricia Ulrich, Chairman
Committee on Measurement, Guidance and Curriculum—Anna P. Sher-rick, Chairman
Committee on Nominations—Sister Mary Bede, Chairman
Committee on Program—Kathleen O. King, Chairman
Committee on Revisions—Ursula K. Wolfe, Chairman
Committee on Sisters—Sister Mary Thomasine, Chairman

The Montana league functions as the department of education of the state nurses’ association.

Activities: At the seventh annual convention of the Montana league a drive for new members was initiated. To date, three new applicants have been accepted and two members reinstated, and it is anticipated that a number more will indicate interest in league membership.

With the 1952 Biennial Convention so near, the proposed organizational structure has assumed a position of importance. It was decided at the convention luncheon that the NLNE questions on the Nursing League of America should be distributed among the membership. The assumption is that this questionnaire will stimulate thought and discussion concerning the new structure.

The western regional work conference held at the University of Utah, Salt Lake City, July 16-19, 1951, had a representation of eight league members from Montana. Subjects under discussion were curriculum construction, student selection and evaluation, accreditation, regional planning, and faculty and budgets in schools of nursing.

During November 26-28, 1951 a conference on evaluation under the joint direction of the state board of nurse examiners and the state league was held at St. John’s Unit, Helena. Under the able guidance of Katherine J. Kelly, associate professor of nursing, University of Colorado, and the two resource personnel, Father Paul Mackin, dean of education, Carroll College, Helena, and Maurice E. Brookhart, acting director, testing and counseling service, Montana State College, all participants felt they had benefited, and enthusiastically seconded the recommendation to hold a similar program later in 1952.

The Committee on Nursing Team Relations of the state nurses’ association, together with the state board of nurse examiners and the league, has scheduled a work conference on nursing team relations for March 24-25 and March 26-27 in Butte and Billings, respectively. Cooperating further in this effort, the state league has provided copies of Practical Nurse in Nursing Services for distribution to those hospitals which, in the opinion of the Committee on Nursing Team Relations, will benefit most from such a publication.
NEBRASKA

President: Edna A. Fagan
New members in 1951: 51
Local leagues: Grand Island— Mildred Bradford, President
Hastings—Lenore Schropp, President
Lincoln—Maeie Herin, President
Omaha—Sister M. Louis, President

Committees: Committee on Arrangements—Norma Johnson, Chairman
Committee on Finance—Rose Baker, Chairman
Committee on Nominations—Mabel Johnston, Chairman
Committee on Program—
Joint Committee on Structure—Shirley Robins, Chairman

The Nebraska league functions as the department of education of the state nurses' association.

Activities: The Nebraska league has concentrated on coordinating the efforts of its local units. Encouragement has been given to study in the curricular area. Study groups in the Omaha league have done a particularly fine job. The instructors of nursing arts in Omaha's six schools of nursing met to study their mutual problems, and activity has now extended to other areas of instruction.

A new local league was organized at Grand Island. Though this is a small group, it has possibilities for many important contributions to nursing and nursing education in that out-state community.

The state league was hostess for the regional work conference on curriculum development, student selection and guidance, and accreditation held in July 1951. It also co-sponsored an institute to study the needs for tuberculosis nursing in Nebraska and worked with the bureau of education and registration for nurses on a one-day workshop for operating room supervisors. Plans are under way for a workshop on performance rating.

The league is participating with the state nurses' association in structure study and student nurse recruitment. It is also working with rural communities to organize refresher courses for graduate nurses. It is hoped that such courses will help relieve some of the acute nursing needs in these areas. The league feels a deep sense of responsibility for such community services.

NEW HAMPSHIRE

President: Ruth E. Bagley
New members in 1951: 1
No local leagues.

Committees: Committee on Education—Winnifred Hodgkins, Chairman
Committee on Finance and Budget—Mrs. Mary D. Davis, Chairman
Committee on Legislature—Mrs. Germaine Fontaine, Chairman
Committee on Membership and Eligibility—Mary C. Allen, Chairman
Committee on Nominations—Kathleen Clare, Chairman
Committee on Personnel Policies—Kathleen Clare, Chairman
Committee on Public Relations—Dorothy M. Breene, Chairman
Committee on Scholarship Funds—E. Mae Davis, Chairman

The New Hampshire league functions as the department of education of the state nurses' association.
NEW JERSEY

President: Laura Robinson
New members in 1951: 90
No local leagues.

Committees: Committee on Administration of Schools of Nursing—Margaret B. Corbett, Chairman
Committee on Curriculum—Ruth T. McGrorey, Chairman
Committee on Educational Planning for Bedside Nurses—Catherine Molinari, Chairman
Committee on Educational Planning in Nursing—Olive M. Northwood, Chairman
Committee on Eligibility and Membership—Frances L. Millard, Chairman
Committee on Finance—Mabel M. Keller, Chairman
Committee on Measurement and Guidance—Gladys Wendelken, Chairman
Committee on Nominations—Anne M. Loughery, Chairman
Committee on Nursing Information—Helen Eustice, Chairman
Committee on Program and Arrangements—Gladys B. Loew, Chairman
Committee on Revision—Elizabeth D. McCue, Chairman
Committee on Scholarship and Awards—Lois B. Sachs, Chairman
Committee on Student Personnel—Edith M. Chamberlain, Chairman

The New Jersey league functions as the department of education of the state nurses' association.

Activities: Three meetings of the general membership were held by the New Jersey league during the year. At the first meeting a panel discussion on the integration of the basic sciences in a clinical nursing situation proved most interesting and worth while. The history of accreditation and an outline of the plan for temporary accreditation in schools of nursing was the theme for the second meeting, and at the final meeting Agnes Gelas, president of the National League, spoke on nursing at the midcentury. At the annual meeting in October Dr. Lillian Gilbreth discussed scientific management in the nursing field, and Bernice Anderson presented an interesting address on the progress of nursing education.

All standing committees of the league carried on active programs during the year. The Committee on the Administration of Schools of Nursing held three meetings and discussed topics such as temporary accreditation, the value of placement and counseling, proposed two- and four-year programs for schools of nursing, and in-service training for graduate nurses and students in operating room nursing.

The Committee on Curriculum continued to be very active during the year and sponsored a total of 15 institutes: five in medical-surgical nursing, five in obstetric nursing, two in psychiatric nursing, and three in pediatric nursing. The average attendance at these institutes was approximately 155. The subcommittee chairmen reported an increasing interest in floor participation at the institutes, and students who attended showed considerable interest. Also, one of the highlights of the year was a two-day curriculum conference. Five areas of curriculum planning were explored: (1) cooperative planning of the curriculum, (2) problems in the rotation of students, (3) providing clinical experience for student learning, (4) integration of mental hygiene, and (5) integration of public health nursing. The entire conference was very successful, and the resource people most helpful.

This year the league's annual scholarships were awarded to two instructors, Ruth T. McGrorey of Newark and Mildred Schmidt of Long Branch, who attended a work
conference on human relations at Boston University in June. A one-year tuition scholarship for a basic collegiate program to be awarded to a student in New Jersey also was established.

The Committee on Educational Planning has done splendid work on recruitment. Folders on accreditation in schools of nursing in New Jersey were made up and distributed to high school counselors and other groups interested in supplying scholarship funds for high school students entering nursing schools.

The Committee on Educational Planning for Bedside Nurses compiled a worthwhile outline suitable for use in refresher courses. The outline includes a list of new drugs, new or improved technics, and new or improved equipment introduced during the year 1950-1951. This material was distributed to hospital schools and is available to others upon request.

This year for the first time the league was given an opportunity to appoint a representative to the editorial staff of the New Jersey Nurse. Ruth T. McGorey graciously accepted the assignment and already has contributed several worthwhile articles to the magazine which has state-wide distribution through members of the state nurses' association.

During the year facilities for nursing education were increased in New Jersey by the establishment of two programs in the division of nursing, Newark College, Rutgers University. One program is a basic four-year professional course leading to a bachelor of science degree in nursing, and the other is designed for graduate registered nurses who wish to extend their education to include a bachelor of science degree.

The New Jersey league acknowledges with sincere appreciation the interest and assistance that was available from national headquarters and also the loyal support of its membership that has made the work of the past year possible. The league hopes to carry on in the same spirit of service in the interest of better nursing care through better nursing education.

New York

President: Mrs. Beatrice C. Kinney

New members in 1951: 163

Local leagues: Central New York (Syracuse)—Mrs. Ida Bowler, President
Genesee Valley (Rochester)—Catherine Brophy, President
Hudson Valley (Albany)—Mrs. Beatrice C. Kinney, President
Linda Richards (Watertown-Ogdensburg)—Sister Mary Louise, President
New York City—Mrs. Vera Fry, President
Western (Buffalo)—Mrs. Maxine Campbell, President

Committees: Committee on Area of Educational Programs and Policies—Mrs. Anne Sengbusch, Chairman
Committee on Area of Management—G. Harriet Mantel, Chairman
Committee on Area of Public Relations—Jeanne Hess, Chairman
Committee on Area of Research—Esther Thompson, Chairman

The New York league functions as the department of education of the state nurses' association.

Activities: Many of the activities and accomplishments of the New York state league in the past year have been shared with the state nurses' association. Plans for many future joint activities are being made by both organizations. The meetings of the boards of directors of both organizations have been held during the same week and in the same city, and a definite time has been set aside for a conference meeting
of the two boards, with jointly planned agenda, and with the presidents of both organizations alternately chairing the conferences. It is believed that these conferences have resulted in better understanding of common problems, and their solutions have set the stage for much more effective action in the future.

At the present time there are three conference committees of the two state organizations: (a) convention, (b) improvement of nursing care, and (c) structure. The practical nurse organization also has representation on the Committee for the Improvement of Nursing Care.

For the first time, the state convention this year is being planned and sponsored jointly by both organizations through a committee with equal representation from both associations.

Although the state Committee on Structure has not as yet functioned actively, programs on structure have been provided in local areas of the state, and, in most instances, attended by members of both local organizations.

The Conference Committee for the Improvement of Nursing Care has restated its objectives and planned to broaden its membership to include representatives from other health services, as well as the general community. Its activities are expected to include:

1. Assembling of data regarding resources which are essential to the improvement of nursing care
2. Evaluating the present use of nurse power, and recommending ways of more economical and effective use of this power to increase the quality and quantity of nursing care
3. Assisting groups in adopting patterns of nursing care which implement the available data
4. Interpreting nursing to nurses, to allied workers, and to consumers of nursing service
5. Promoting better interpersonal and intrapersonal and professional relationships among all groups concerned with nursing care
6. Stimulating the development of and providing guidance for conference committees for the improvement of nursing care at local and regional levels
7. Devising ways and means of effective communication among all groups concerned with the improvement of patient care

Another joint activity which is just getting under way, and which is closely allied to the activities of the Committee for the Improvement of Nursing Care, is the consideration of recommendations to relieve nursing shortages which were formulated and published by the New York Academy of Medicine. Two conferences have been held for representatives of the academy and state league for the purpose of discussing the recommendations. To the third meeting, held recently, were invited representatives from the state nurses' association, Practical Nurses of New York, Greater New York Hospital Association, the Academy of Medicine, and the state league. It is hoped that this group can be merged with the Committee for the Improvement of Nursing Care at the time that committee is expanded, thus eliminating duplication of effort and coordinating activities.

Consideration is now being given to plans for conferences on curriculum development with the possibility of: (a) a regional conference including the New Jersey, Pennsylvania, and New York state leagues, (b) a New York state conference sponsored jointly by the state league and the state board of examiners of nurses, and (c) conferences in the local league areas.

The 1951 annual meeting of the state league was for business purposes only and included a business session, a meeting of the council of local leagues, and meetings of the board of directors.
NORTH CAROLINA

President: Florence K. Wilson
New members in 1951: 30
Local leagues: Eastern Division (Fayetteville)—Marie Showalter, President
Western Division (Winston-Salem)—Dorothy B. Jarvis, President
Committees: Committee on Curriculum—Ruth Boyles, Chairman
Committee on Eligibility—Mrs. Effie Parker, Chairman
Committee on Finance—C. Margaret Johnson, Chairman
Committee on Information, Publicity and Public Relations—Margaret M. Cheek, Chairman
Committee on Measurement and Guidance—Helen Peeler, Chairman
Committee on Membership and Lay Participation—Lucy Boylan, Chairman
Committee on Nominations—Ethel Burton, Chairman
Committee on Program—Anne P. White, Chairman
Committee on Recruitment—Ruth Carter, Chairman
Committee on Scholarship Eligibility—Helen Peeler, Chairman
Joint Committee on Education—Elizabeth Kemble, Chairman
Joint Orthopedic Nursing 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 held its annual meeting in November. Kathryn Cafferty was guest speaker and presented the principles which must be observed in establishing centralized schools. One of the recommendations of the report on nursing and nursing education in North Carolina was to establish schools of nursing coordinated with an educational institution and using several small hospitals for nursing experience. In the light of this recommendation Miss Cafferty's speech was very timely.

For programs this year the league is having a number of small local institutes on tuberculosis, care of premature babies, venereal disease, and diseases of the heart. The one large mid-year meeting for the entire membership in North Carolina will be held in April. The subject will be "Curriculum Planning." At that time also some consideration will be given to changes in structure of the state organization.

NORTH DAKOTA

President: Sister M. Scholastica
New members in 1951: 4
Local league: Fargo—Marie Schwan, President
Committees: Committee on Curriculum—Beatrice Horsey, Chairman
Committee on Finance—Clara G. Lewis, Chairman
Committee on Legislation—Esther Bischof, Chairman
Committee on Measurement and Guidance—Marjorie Jarmon, Chairman
Committee on Nominations—Myrtle Saf, Chairman
Committee on Program—Mrs. Miriam Keller, Chairman
Committee on Public Relations—Sister Jane Margaret, Chairman
Committee on Revision—Mrs. Miriam Keller, Chairman
Committee on Studies—Mrs. Geneva Woods, Chairman

The North Dakota league functions as the department of education of the state nurses' association.
Activities: The North Dakota league held its annual meeting in Valley City, March 29-30, 1951, at which time the membership voted to have the annual meeting either the day preceding or immediately following the annual convention of the state nurses' association which is held in October each year. Business for 1951 having been transacted, it was decided that the next annual meeting would be held in October 1952.

Ruth Anderson and Doris Stucke were delegates of the North Dakota league at the convention in Boston in May 1951.

Gladys Benz, director of the NLNE Department of Advisory Service to State Leagues, visited North Dakota in March 1951 and held institutes with members in Fargo and Bismarck.

Members of the league participated in assisting with an excellent institute for nurses on cancer, held in Bismarck in April 1951. This workshop was well attended.

Five members of the North Dakota league attended the regional work conference on curriculum development, student selection and guidance, and accreditation sponsored by the National League and held in Omaha, Nebraska, on July 9, 1951.

The North Dakota league was co-sponsor of a mental health workshop held at the University of North Dakota, Grand Forks, November 7-9, 1951. Social workers, doctors, nurses, educators, and other persons interested in this important subject were invited to participate. Group and general discussion periods as well as visual aids were the methods by which the conference was conducted.

Plans for the North Dakota league to sponsor a series of workshops on the care of the polio patient are being made and are to be held in four different cities during July. It is hoped that this will afford an opportunity for a greater number of nurses to attend. The National Foundation for Infantile Paralysis, the state health department, and the Joint Orthopedic Nursing Advisory Service will provide personnel to conduct these workshops.

Ohio

President: Mary E. Horrigan

New members in 1951: 56

Local leagues: Akron—Ella A. Ketchum, President
           Cincinnati—Ruth Olson, President
           Cleveland—Carol Randall, President
           Columbus—Bernice O'Brien, President
           Dayton—Susannah Aukerman, President
           Toledo—Ruth Rees, President

Committees: Committee on Arrangements—Florence F. Fogle, Chairman
            Committee on Curriculum—Hulda Merkel, Chairman
            Committee on Eligibility—Mary Jane Showers, Chairman
            Committee on Legislation—Louise Flynn, Chairman
            Committee on Measurement and Guidance—Clara Gilchrist, Chairman
            Committee on Nominations—Eleanor Swartz, Chairman
            Committee on Practical Nurses—Irma Nickerson, Chairman
            Committee on Program—Bernice O'Brien, Chairman
            Committee on Revision—Sister M. Minalia, Chairman
            Committee on Structure—Mrs. Dorothy Kuhl, 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 Hotel Statler, Cleveland, October 24-26, 1951. The theme of the convention, Modernizing Nursing Education and Nursing Service, was carried throughout the three-day session by various panels and addresses. At the opening session Marion W. Sheahan, director of
programs, National Committee for the Improvement of Nursing Services, presented the topic "New Developments in Nursing Service." Helen Nahm, director, National Nursing Accrediting Service, discussed "Improving Nursing through National Accreditation." "Modernizing Nursing Education and Nursing through Experimentation" was presented by a panel including Helen Bunge and Olga Benderoff of Western Reserve University and Clara Brouse, secretary-treasurer, Ohio state Nurses Board. On the closing day of the meeting, Elizabeth K. Porter, president of the American Nurses' Association, discussed graduate nurse personnel practices.

Approximately 648 student nurses from various areas of Ohio attended the student session which constituted an outstanding session of the annual meeting. The program sponsored by the Student Nurses Organization of Greater Cleveland considered student opportunity for leadership and the role of the student nurse in the world today.

As a project for the year the Committee on Curriculum made a study of facilities for affiliations in rural nursing experience for schools of nursing in Ohio.

As its objective for the year the Committee on Measurement and Guidance proposed to stimulate interest of local leagues in activities related to educational measurement and guidance. Members of the committee were particularly active in connection with certain projects of the National League of Nursing Education.

The Committee on Legislation worked closely with various groups in the support of bill H.R. 910, as well as other legislation affecting nursing and health.

During the year the Committee on Practical Nursing assisted in groups forming advisory committees in the interest of practical nurse education.

The local leagues in Ohio have been very active and have developed worth-while programs in many areas of nursing education during the past year.

The Akron league sponsored an institute for the health and welfare agencies of Summit County.

The Cincinnati league, in conjunction with the College of Nursing and Health of the University of Cincinnati, conducted a two-day Institute on Team Organization of Nursing Personnel, with Amelia Leino, Teachers College, Columbia University, as leader.

In addition to monthly programs, the Cleveland league sponsored a program of continuation study for the head nurse.

As its project for 1951 the Columbus league emphasized the responsibility of the nurse in civilian defense and the importance of new developments in the curriculum.

In conjunction with the board of education the Dayton league chose as its theme for the year, Understanding the Teen-ager: Practical Problems of Youth and Their Relationships to the Adjustment of the Student in the School of Nursing.

During the past year the Toledo league planned its entire program around the central idea of availability of community and hospital resources for better nursing education in Toledo.

In addition to the annual meeting which will be held in Columbus the first week of November 1952, the Ohio league includes in its plans for the year 1951-52 a workshop on evaluation of clinical practice in the basic program in nursing education, to be held at Dayton, Ohio, on May 6-8, 1952.

Oklahoma

President: Mrs. Rachel M. Cooley
New members in 1951: 17
No local leagues.

Committees: Committee on Constitution and Bylaws—Mary De Shetler, Chairman
Committee on Curriculum—Sister Mary Vincentia, Chairman
Committee on Eligibility—Mrs. Mary Perez, Chairman
Committee on Finance—Josephine Daniel, Chairman  
Committee on Nominations—Sister M. Gratiana, Chairman  
Committee on Programs—Martha E. Keaton, Chairman

The Oklahoma league functions as the department of education of the state nurses' association.

Activities: The membership of the Oklahoma league has actively participated in all projects of the organization.

Great interest has been shown by Oklahoma nurses in two league-sponsored institutes; namely, an Institute on Tuberculosis Nursing held in August in Talihina, and an Institute on Research in Nursing held in January 1952 in Oklahoma City. A third institute on structure study is being planned for April and will be held in Muskogee.

The league is continuing its panel discussions on various educational topics. These panels are available to the district association meetings throughout the state.

The state league voted to participate in the study of nursing functions by the American Nurses' Association.

The history of the Oklahoma league was prepared during 1951. The constitution and bylaws of the league were revised. The board of directors met nine times during the year. Each issue of the Oklahoma Nurse carried a page of league news this year.

The Committee on Curriculum prepared a revised curriculum for schools of nursing in Oklahoma. Upon completion it was sent to the state board of nurse examiners for study and approval.

Short courses for graduate nurses is a project of the league, and the Committee on Programs is working with the Oklahoma University in preparing this program for the early summer.

Several projects to increase finances are being planned which will enable the league to participate in national meetings.

The league continues to work with the Committee for the Improvement of Nursing Services of the state nurses' association in its many projects. The motto of the league remains "Better nursing education today insures better nursing care tomorrow." A goal of the league is increased membership. Each member is urged to get one new member this year.

The annual meeting will be held in October 1952 at Lake Murray, Ardmore, Oklahoma.

OREGON

President: Eva A. Davis

New members in 1951: 14

No local leagues.

Committees: Advisory Committee to State Board of Nurse Examiners—Lucile Gregerson, Chairman  
Committee on Curriculum—Winifred Wolfe, Chairman  
Committee on Finance—Roberta Richter, Chairman  
Committee on Measurement and Guidance—Donna Monkman, Chairman  
Committee on Membership and Eligibility—Juanita Murr, Chairman  
Committee on Nominations—Sister Mary Martha, Chairman  
Committee on Program and Arrangements—Hazel Hinds, Chairman  
Committee on Revision—Lucile Higby, Chairman  
Joint Committee on Careers in Nursing—Geraldine Wells, Chairman

The Oregon league does not function as the department of education of the state nurses' association.
Activities: The twenty-fourth annual meeting of the Oregon league was held in October in Astoria in conjunction with the annual convention of all three nursing organizations in the state. At the business meeting the bylaws were amended to conform to current demands, the most important change being to provide for the Committee on Revision to act also on structure. The annual reports of committees were compiled and sent to all members in a league letter. The state league was hostess at the first luncheon meeting of the convention and sparked the general theme of inter-relationship by presenting five nurses from other countries who are studying and working in hospitals here. In a charming and informal manner they discussed their reactions to nursing in this country as compared with nursing in their own lands.

The five nurses who attended the NLNE meeting in Boston related their experiences to other League members at a June meeting. The seven nurses who attended the western regional work conference on curriculum development, student selection and guidance, and accreditation held in Salt Lake City in July shared their experiences with League members and others at the first fall meeting.

Following the annual meeting, all three nursing organizations appointed representatives to the committees designated by the joint board of directors of the three state nursing organizations as having common interest or overlapping responsibility. On February 8 the joint board of directors met with the chairmen of these committees to hear their initial reports.

The Joint Committee for the Improvement of Nursing Services has functioned successfully for a year and has been instrumental in carrying through a successful series of institutes throughout the state on cancer nursing, nursing in communicable disease, particularly tuberculosis, and new drugs. This committee also has been concerned with activating subcommittees on community nursing experience and tuberculosis nursing.

The Joint Committee on Careers in Nursing was set up under the aegis of the league, with representation from all areas of nursing and lay participation from the medical auxiliary and Oregon Tuberculosis and Health Association. It is enlarging its scope of interest to include recruitment to all levels of nursing education, with scholarships and financial assistance, broad programs in interest, and preparation of kits of material for anyone in a position to get in touch with potential students. This last year the Committee on Careers has carried on an active recruitment program in all high schools in the state and published the annual "Directory of Accredited Schools of Nursing in Oregon." This year the directory included the program for practical nurse training under state vocational education.

Other active joint committees are the Committee on Structure and the Committee on Nursing Information and Nursing Needs in Civilian Defense. Joint activities and interest at board level and committee level have progressed satisfactorily during the year. The league president acted as chairman of the joint board of directors.

The boards of directors of the state organization for public health nursing and the league met to explore their responsibilities in connection with the formation of an Oregon League for Nursing and the possible need for a Committee on Agreements. It was decided that the first step toward the successful formation of such an organization would be an active educational program among all the potential membership. It was thought that the Joint Committee on Structure would serve the required needs until after the national convention.

The league was asked to become a charter member in an Oregon rural health council being formed. The objective of the council is to bring together, at the state level, representatives of organizations, agencies, and institutions concerned with rural health. Two annual rural health conferences have been held at which nurses were well represented and vocal.

The board of directors has met almost monthly, and on two occasions during the
year chairmen of all committees were invited to meet with the board. Actual business has been conducted in this way, leaving general meetings free for program material.

In January the Committee on Program, departing from the usual plan, invited all nurse educators to a pot-luck supper and folk dance demonstration given by a colorful group from the International Folk Dancers. Graduate students in the teaching and supervision and public health courses at the University of Oregon Medical School, department of nursing, were guests of the evening.

The March meeting is planned around the subject of community nursing experiences for students in nursing. In April the Joint Committee for the Improvement of Nursing Services has planned an orthopedic institute which will be conducted by a representative from JONAS and made available to all interested nurses in the state. In May a joint meeting with the state organization for public health nursing is planned on structure and other convention items.

Programs have been planned for alternate afternoons and evenings in an attempt to get all members to attend some meetings. Committee activity and interest has been high, and by means of carefully planned meetings and periodic league letters a large proportion of Oregon nurse educators have been kept informed and up-to-date.

Faculty members from most of the schools of nursing have participated in various activities of the NLNE Department of Measurement and Guidance. Oregon members also have participated on the NLNE Board of Directors, on national committees, on accreditation visits, at regional conferences, and with the JTNAS, and have been able to share many of their experiences with other League members.

The league has appointed a representative to the state nurses’ association Committee on Legislation which is preparing to propose amendments to the Oregon Nurse Practice Act at the next legislative session.

The Oregon league acknowledges with sincere appreciation the continuing efforts on the part of national headquarters this past year.

Pennsylvania

President: Edith Payne

New members in 1951: 175

Local leagues:
District No. 1 (Philadelphia)—Mrs. Eloise Lewis, President
District No. 2 (Allentown)—Louise Harding, President
District No. 3 (Wilkes-Barre)—Virginia Lowe, President
District No. 4 (Harrisburg)—Myra Prowell, President
District No. 5 (Johnstown)—Mrs. Movere Ponas, President
District No. 6 (Pittsburgh)—Frances Purdy, President
Districts No. 7 and 8 (Warren)—Mrs. Mary A'Harrah, President

Committees:
Committee on Arrangements—Christine Lazzarine, Chairman
Committee on Curriculum—Mrs. Louise Anderson, Chairman
Committee on Education—Frances Purdy, Chairman
Committee on Eligibility and Membership—Mrs. Geraldine Ellis, Chairman
Committee on Finance—Virginia Lowe, Chairman
Committee for the Improvement of Nursing Services—Martha Cunningham, Chairman
Committee on Lay Membership—Mrs. Emily Talbot, Chairman
Committee on Measurement and Guidance—Mrs. Reva L. Swartz, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Gertrude Brown, Chairman
Committee on Nominations—Mrs. Dorothy Dobrushin, Chairman
Committee on Program—Dora Mathis, Chairman
Committee on Revision—Ann M. Jacobansky, Chairman
Committee on Structure—Sister Margaret Fry and Mrs. Moven Ponas,
Co-Chairmen

The Pennsylvania league functions as the department of education of the state nurses' association.

Activities: The activities of the Pennsylvania league have, in most instances, been carried on by state committees. The membership of state committees is composed of the chairmen of similar committees in the local areas.

There has been considerable thought and planning of a joint nature between the three state nursing organizations—the state nurses' association, the state organization for public health nursing, and the Pennsylvania league. Out of this activity has grown the formation of a joint board comprised of board members from all three organizations, a joint steering committee, and a joint structure committee, each with equal representation from the three organizations. This joint activity is the forerunner of the change in organization pattern that is anticipated by the time of the next annual meeting in November.

There has also been a Committee on Agreements appointed, with representation from the organization for public health nursing and the league. This committee is planning future meetings in an effort to coordinate the activities of the two organizations into what will be the Pennsylvania League for Nursing. The three organizations have further joined together in appointing a small committee to study the need for state planning in Pennsylvania. The Pennsylvania league has felt a very real need for state planning for education and service. This is the initial step to try to determine what kind of committee should be formed to make a study of the needs and to make recommendations for state planning. A joint education committee has been formed by the organization for public health nursing and the league to study educational needs. It is anticipated that this committee will later become a part of an over-all state planning committee.

The Committee on Curriculum has been actively engaged in a study of forms used in schools of nursing. This activity was undertaken at the request of the state board of nurse examiners, and a revision of required forms is anticipated. A need has been expressed by faculty members from schools of nursing for help in planning course outlines, so that the school with a small faculty may have an opportunity to benefit from the thinking of the larger group in the state. The Committee on Curriculum also has undertaken this project for the year.

The Committee for the Improvement of Nursing Services continues to be a league committee in Pennsylvania, with representation from both of the other state nursing organizations. This committee plans to work closely with both the Committee on Education and the Committee on the Study of Nursing Functions in an effort to promote better understanding of nursing needs.

The league participated with the state nurses' association during the past year in an active legislative program and secured what is now known as the Professional Nursing Law. This is a mandatory law for professional nurses in the state.

Both the state nurses' association and the league are giving guidance to student groups in forming plans for a state student nurses' association which will be established as an independent organization.

Puerto Rico

President: Elena Bonilla
New members in 1951: 6
No local leagues.
Committees: Committee on Curriculum—Ana Falcon, Chairman
Committee on Eligibility—Irma Llavina, Chairman
Committee on Nominations—Augustina Besosa, Chairman
Committee on Program and Arrangement—Gloria Rojas Paccini, Chairman
Committee on Tests and Measurements—Celia Guzman, Chairman

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

Activities: The first activity of the year 1951-52 was the annual meeting held on February 3. At this meeting two groups discussed the preparation and administration of the nursing curriculum and coordinating nursing education and nursing service. Lay people and non-League members participated. Many questions were raised and discussed, thus clarifying many issues.

Three meetings were held during the year. One was held during Nurses' Week in May. The league sponsored a day-activity during that week. As part of the activities, a conference on the control of cancer was held, and two films on this subject, Traitor Within and Breast Self-Examination, were exhibited. Another activity was a tour to the cancer hospital where the director of the institution gave an informal talk on cancer in Puerto Rico and what is being done to control it. Nurses and nursing students from all over the island were present.

The Puerto Rico league cooperated with the nurses' association in all educational activities carried out by this association during the past year. Members of the league are serving on a number of state committees. During the annual state meeting held on December 1951 the league presented a round table in which the following areas were discussed: Future plans for hospital construction in Puerto Rico, physical facilities found at present in our nursing schools, problems encountered in the recruitment of student nurses, faculty preparation, and the nurse after graduation—problems she finds in her professional career.

We are sorry to report that the study on nursing education recommended by the Committee on Test and Measurements could not be carried out this past year; however, the league is working closely with the commissioner of health and hopes to persuade the University of Puerto Rico to sponsor such study in the near future.

RHODE ISLAND

President: Evelyn Richardson
New members in 1951: 21
No local leagues.

Committees: Committee on Curriculum—Georgia Cassimatis, Chairman
Committee on Education of Graduate Nurses—Sister Mary Augusta
Committee on Eligibility—Matilde Holanetz, Chairman
Committee on Finance—Anna K. McGibbion, Chairman
Committee on Measurement and Guidance—Virginia O. Granger, Chairman
Committee on Nominations—Beverly Smith, Chairman
Committee on Nursing Information—Sarah Nagle, Chairman
Committee on Practical Nursing—Agnes E. Vale, Chairman
Committee on Program and Arrangements—Pauline Musco, Chairman
Committee on Recruitment—Francis Flood, Chairman
Committee on Revision—Nellie Dillon, Chairman
Committee on Structure—Mrs. Mildred L. Hatton, Chairman
The Rhode Island league functions as the department of education of the state nurses’ association.

Activities: The Committee on Curriculum inaugurated a series of study groups in which a large number of instructors participated. The fields being studied were the sciences, medical and surgical nursing, pediatric nursing, and nutrition. These groups plan to continue this year. New study groups have been formed to study social foundations of nursing and tuberculosis nursing. In all groups the aims are toward the integration of social and health aspects, the integration of physics, and preparation of guides for instruction.

The league sponsored two courses in ward management and principles and methods of teaching applied to nursing which were given by a faculty member of the University of Rhode Island. A refresher course in orthopedic nursing was conducted. A course in clinical instruction given by a faculty member of Boston College and a refresher course in neuromuscular conditions are now in process. All of the above courses were provided in response to expressed needs of the membership.

The efforts of the nursing groups have been realized in the establishment of a school of practical nursing by the state department of education. The first class of 30 members will begin the program on March 10, 1952.

In addition to the many committee meetings, two general meetings of the entire membership were held. Programs on “Nursing Education—Its Reflection in Nursing Care” and “Weight Control” were provided. The program for the annual dinner meeting consisted of a presentation of “My Trip to Paris,” a delightful account by a teacher from the public school system.

The league has been intensely interested in legislation pertaining to a nurse practice act sponsored by the state nurses’ association. This bill is in the legislature at the present time.

The Committee on Recruitment sponsored an “open house” program in the spring and fall. Publicity was gained through radio, television, and newspaper releases. Several feature stories and profiles were published on the woman’s page of the local newspaper. A counselors’ tea was held and a panel discussion presented which resulted in the high school counselors suggesting that a follow-up history on students be sent to their respective high schools. The speakers’ bureau made excellent plans to insure the continuity of this program. The state recruitment pamphlet is being re-evaluated.

In 1951 the student nurses in Rhode Island organized a state council of nursing students, sponsored by the league and state nurses’ association. This group and its advisers have demonstrated much enthusiasm and productivity.

**SOUTH CAROLINA**

*President*: Marie A. Warnecke

*New members in 1951*: 11

*No local leagues.*

**Committees:**

- Committee on Accreditation—Viana McCown, Chairman
- Committee on Arrangements—Allie Green, Chairman
- Committee on Curriculum and State Board Problems—Mrs. Marie Harris, Chairman
- Committee on Eligibility—Mrs. Autumn Ballentine, Chairman
- Committee on Finance—Mrs. Helen DeYoung, Chairman
- Committee on Information—Mrs. Eunice Medhurst, Chairman
- Committee on Measurement and Guidance—Ruth Chamberlain, Chairman
- Committee on Membership—Florence Zeigler, Chairman
Committee on Mental Hygiene—Duffie Hughes, Chairman
Committee on Nominations—Lillie Gee, Chairman
Committee on Practical Nurse Education—Julia Wallace, Chairman
Committee on Program—Martha Bradley, Chairman
Committee on Revisions—Mrs. Hattie Truesdale, Chairman
Committee on School Library—Viana McCown, Chairman
Committee to Study Courses in High Schools—Nellie Cunningham, Chairman

The South Carolina league functions as the department of education of the state nurses' association.

Activities: The annual meeting of the South Carolina league was held in Sumter, October 4-6, in conjunction with the state nurses' association, the state organization for public health nursing, and the state association of industrial nurses. Julia Miller, executive director of the NLNE, spoke at a joint program meeting on "Our Nation’s Nurse Power," in keeping with the theme of the convention which was "Nursing in the National Security Program."

The league created a new committee this year to study courses given in high schools, with the hope of having a wider selection of courses to offer students who wish to enter schools of nursing. This committee is working with a representative of the state department of education, and it is hoped that some definite plans may be worked out this year.

The Committee on Mental Hygiene is planning to hold a three-day institute, April 7-9, at the state hospital in Columbia to study problems in psychiatric affiliation and to evaluate the present program. This committee also has been studying the problem of securing psychiatric affiliation for the Negro students within the state.

The Committee on Measurement and Guidance is planning to present a workshop program on tests and evaluation at the April 1952 meeting. During the year a survey was made of the schools within the state using League achievement tests, and the benefits to the students in terms of their performance in state board examinations, and recommendations were made urging all schools to use them.

At the February meeting the Committee on Program presented a panel discussion on "Affiliation in Tuberculosis Nursing." The meeting was highlighted by the talk on "Understanding the Needs of the Tuberculosis Patient" given by Mary Ivanco, tuberculosis consultant of the state, and a student nurse who had completed her affiliation.

The Committee on Practical Nurse Education acted in an advisory capacity to the practical nurses within the state who are quite active in the Charleston area.

State league members participated in the regional work conference on curriculum development, student selection and guidance, and accreditation held at Emory University, Atlanta, Georgia in June 1951. The experience in group dynamics has been considered helpful by all those who attended.

The annual meeting of the league for 1952 will be held in Spartanburg, October 9-11, in conjunction with the other state nursing organizations.

SOUTH DAKOTA

President: R. Esther Erickson
New members in 1951: 24
No local leagues.

Committees: Committee on Affiliations—Alice Olson, Chairman
Committee on Arrangements—Sister M. Rosalie, Chairman
Committee on Bylaws and Structure—Mrs. Anna Berdahl, Chairman
Committee on Curriculum—Ann Kverness, Chairman
Editorial Committee—Sister Jane Frances, Chairman
Committee on Eligibility and Membership—Agnes Thompson, Chairman
Committee on Exhibits—Sister Mary Seraphica, Chairman
Committee on Faculty Personnel Policies—Sister M. Bonaventure, Chairman
Committee on Finance—Sister M. Harriett, Chairman
Committee on Loan Library for Teaching Aids—Doris Mae Coles, Chairman
Committee on Measurement and Educational Guidance—Mrs. Margaret Arbogast, Chairman
Committee on Mental Hygiene—Carmilita Craven, Chairman
Committee on Nominations—Mrs. Evelyn Poula, Chairman
Committee on Program—Florence Dunn, Chairman
Committee on Public Relations—Leora Magestad, Chairman
Gena Haug Honorium
  Subcommittee on Staff—Margaret Underwood, Chairman
  Subcommittee on Student Recognition—Sister M. Conception, Chairman

The South Dakota league functions as the department of education of the state nurses' association.

Activities: The annual meeting of the South Dakota league was held in Mitchell, on October 9-12, 1951. Temporary accreditation was the main topic of discussion, with Helen Nahm the featured speaker.

The implementation of the recommendations pointed out in the survey to measure nursing needs and resources in South Dakota has been going forward as follows:

1. Three members met with Dean Bridgman for one half day at the Curtis Hotel, Minneapolis, in March 1951 to discuss the collegiate school of nursing problems.
2. A two-day institute on administration was held June 11-12, 1951 in Sioux Falls under the leadership of Margaret Grainger, University of Minnesota.
3. An affiliation in psychiatric nursing has been established at the state hospital, Yankton, South Dakota.
4. An institute on "How To Organize a Collegiate School of Nursing in South Dakota" will be held at South Dakota State College, Brookings, on March 10-11, 1952 with Edyth Barnes of the U. S. Public Health Service as leader. It is expected that this meeting will be attended by representatives from colleges, nursing schools, public health agencies, women's organizations, and other interested groups.

During the year an Honorium to Gena Haug was set up. Miss Haug was an outstanding bedside nurse who demonstrated special interest in developing her students to become good bedside nurses. The activity will be carried out in two areas: a student honorium for demonstrated achievement in outstanding bedside nursing, and a yearly institute for staff and head nurses on some phase of bedside care.

In addition to these enterprises, the league hopes to have an institute on pediatric nursing; to carry on a follow-up on the study made last year on guidance in our schools of nursing; to put extra effort on developing rural nursing affiliation; and to develop further the loan library on teaching aids.

League members availed themselves of the opportunities of attending regional conferences. Eight members attended the work conference on curriculum development, student selection and guidance, and accreditation in Omaha, Nebraska. Six members attended the institute on curriculum in Sioux City, Iowa. Three members took part in the conference on "Evaluation of Student Progress" held in St. Paul, Minnesota. Two
members attended the regional conference on "Careers in Nursing" held in Chicago, Illinois. Many Catholic members took part in educational conferences held under the auspices of their own association.

The league acknowledges with sincere appreciation the help received from the National League, especially through the visit and assistance of Gladys Benz. Through this aid and diligent work of our members we have been able to go forward.

TENNESSEE

President: Alma E. Gault
New members in 1951: 28

Local leagues: Chattanooga—Beatrice McGavin, President
Knoxville—Hazel Lee Goff, President
Memphis—Mary Grisez, President
Nashville—Grace Behrens, President

Committees: Committee on Agreements—Lovetta Dixon, Chairman
Committee on Arrangements—Mary Morris, Chairman
Committee on Curriculum—Virginia Crenshaw, Chairman
Committee on Eligibility—Mrs. Elizabeth Parsons, Chairman
Committee on Finance—Elizabeth Neubert, Chairman
Committee on Institutes—Elizabeth Fleming, Chairman
Committee on Nominations—Edna Lewis, Chairman
Committee on Principles and Policies—Mrs. Nina Basham, Chairman
Committee on Program—Mary Grisez, Chairman
Committee on Revision—Sister Bernadette, Chairman
Committee on Student Welfare—Beatrice McGavin, Chairman
Joint Committee on Careers—Gene McMakin, Chairman
Joint Committee on Counseling and Placement—Mary E. Dunn, Chairman
Joint Committee for the Improvement of Nursing Services—Julia Herford, Chairman
Joint Committee on Nursing Resources—Mrs. Alma Manning, Chairman
Joint Committee on Practical Nursing—Frances King, Chairman
Joint Committee on Public Relations—Elizabeth Neubert, Chairman
Joint Committee on Research and Studies—
Joint Committee on Structure—Hazel Lee Goff, Chairman

The Tennessee league functions as the department of education of the state nurses' association.

Activities: The Tennessee league is having a good year. The interest of many persons—members and nonmembers—has been stimulated by two major projects. They are: (1) study of the curriculum, with suggestions and recommendations for the Tennessee Board of Nursing; and (2) preparation for the new organization structure.

At the request of the state board of nursing, the league made a study of all phases of the curriculum. Numerous subcommittees, under the guidance of the state league Committee on Curriculum, met many times throughout the year. An all-day meeting on February 15, 1952 was devoted to discussion of the committees' reports. It was attended by approximately 100 persons concerned with the study, and the group indicated interest in continuing study on several points. Recommendations to the board of nursing must be submitted not later than March 15.

A committee to prepare an orientation to the new organization structure was appointed in October. Later, the committee became the Committee on Agreements, with personnel and functions patterned after a similar committee on the national level.

A workshop of outstanding merit on tuberculosis nursing was provided for all nurses
in the state. Thirty nurses availed themselves of the opportunity to attend. Follow-up programs have been presented in various parts of the state.

A new local league in Chattanooga is being organized, making a total of four.

For the sake of brevity, all activities of the league have not been included in this report, however, membership is higher than ever before, programs are stimulating, and attendance is excellent.

**Texas**

**President:** Marjorie Bartholf  
**New members in 1951:** 61

**Local leagues:** Austin—Charlotte Collier, President  
Central Texas (Temple-Waco)—Mary F. Allen, President  
Dallas-Fort Worth—Sister Blanche, President  
Galveston-Houston—Evelyn Calhoun, President  
Kasmeier (Amarillo)—Anna Mae Tappken, President  
Lubbock—Mrs. Inez Hines, President  
San Antonio—Gladys Davis, President  
Wichita Falls—LaVelle Yarbrough, President

**Committee:** Committee on Convention Arrangements—Charlotte Collier, Chairman  
Committee on Curriculum—Julia Kasmeier, Chairman  
Committee on Finances—Claire McGuire, Chairman  
Committee on Membership and Eligibility—Hazel Johnson, Chairman  
Committee on Nominations—Imogene Smith, Chairman  
Committee on Program—Amy Burrows, Chairman  
Committee on Revisions—Jessie Bewley, Chairman  
Committee on State Board Problems—Ruth Sperry, Chairman

The Texas league does not function as the department of education of the state nurses' association.

**Activities:** The Texas league took the initiative in calling together the heads of the three professional nursing organizations to appoint some joint committees. As a result, in the fall of 1951 there was a formal organization of a joint board of directors of the three nursing organizations which have appointed and been responsible for the following committees: (1) Committee for the Improvement of Nursing Services, (2) Committee on Careers in Nursing, (3) Committee on Vocational Nurse Education, and (4) Committee on Appointments to State Boards for Nursing.

The Texas league holds its business meeting each year at the same time as the state nurses' association and the state organization for public health nursing. The programs in connection with this meeting are to be on accreditation of schools of nursing and surveying nursing facilities and needs of the state. The annual institute held jointly with the state organization for public health nursing in the fall was very successful. The subject was "Continuity of Patient Care." The institutes showed how the patient is cared for both during his hospital stay and after he returns home.

The activities of the state league have centered around the activities of the joint committees. The local leagues have been very active. A partial list of their activities include sponsoring refresher courses for graduate nurses, programs to assist clinical instructors in their work, and a variety of programs to inform members of the workings of other social agencies in the community. The local leagues are represented on the local committees of the state joint committees and thus have helped implement the work of the Committee on Careers, the Committee for the Improvement of Nursing Services, and the Committee on Vocational Nurse Education.
UTAH

President: Katherine Brim

New members in 1951: 21

No local leagues.

Committees: Committee on Arrangements—Anna Grace Williams, Chairman
Committee on Curriculum—Eleanor Sheldon, Chairman
Committee on Membership—Sister Berno Flint, Chairman
Committee on Nominations—Olga Falls, Chairman
Committee on Program—Lillian DeYoung, Chairman
Committee on Revision—Edna Seidner, Chairman

The Utah league functions as the department of education of the state nurses' association.

Activities: This past year has been an active as well as productive one for the Utah league. During the spring months, monthly meetings for the membership were continued. Through these programs the membership received an overview of the public health, psychiatric, and tuberculosis affiliating programs for the basic nursing students. These programs have been established in the state within the past two years, primarily through the effort and support of the league. At the fall monthly meetings the league continued to present programs in which the membership had expressed interest. The programs were received with enthusiasm and attendance increased notably.

At the annual meeting of the Utah league and state nurses' association, the membership of both groups voted to support a joint committee of the boards of the two organizations and sponsor seven joint subcommittees in which the two organizations have a common interest. The standing committees of both organizations are meeting together for joint planning and action.

In July the Utah league was host to the western regional work conference on curriculum development, student selection and guidance, and accreditation, sponsored by the NLNE and state leagues. In November the Utah league and the state tuberculosis association sponsored a one-day institute on tuberculosis. Jean South, public health nursing consultant of the Joint Tuberculosis Advisory Service, was one of the participants.

In January 1952 the league initiated the organization of a committee to study the possibilities of establishing a rural nursing experience for basic students in Utah.

The Utah league with the support of its members hopes to continue its active program which should be of benefit to nursing and nurses in Utah.

VERMONT

President: Geraldine Labecki

New members in 1951: 2

No local leagues.

Committees: Committee on Arrangements—
Committee on Curriculum—
Committee on Eligibility and Membership—Catherine Therrien, Chairman
Committee on Finance—Sister Bisson, Chairman
Committee on Program—
Committee on Ways and Means—
Joint Committee on Structure—Faye Crabbe, Chairman

The Vermont league functions as the department of education of the state nurses' association.
Activities: The Vermont league held its annual meeting in Barre in September. Reva Haskins, vice president of the Rhode Island league, gave an excellent report of the meetings on structure which were held in Minneapolis the first week of September.

A joint Committee on Structure has been formed with the state nurses' association. Members of the league have been working diligently with the state nurses' association on the study of nursing needs and resources in the state. The report is, at the time of this writing, being prepared for publication.

VIRGINIA

President: Sybil MacLean
New members in 1951: 20
Local leagues: Charlottesville—Zula Mae Baber, President
Richmond—Margaret L. Cavey, President

Committees: Committee on Arrangements—Mrs. Clarice Spindle, Chairman
Committee on Curriculum—Margaret Sanner, Chairman
Committee on Eligibility—C. Viola Hahn, Chairman
Committee on Finance—Ona Haslebacher, Chairman
Committee on Measurement and Educational Guidance—Mary Walker Randolph, Chairman
Committee on Nominations—Mrs. Marion Welch, Chairman
Committee on Program—Mrs. Hazel Gibbs, Chairman
Committee on Publicity—Alice L. Wallenborn, Chairman
Committee on Revision—Mrs. Madeline Cox, Chairman

The Virginia league functions as the department of education of the state nurses' association.

Activities: This year has been an active one for the Virginia league. The entire membership has shown considerable interest in participating in institutes and workshops on problems relating to nursing service and nursing education. The two local leagues have sponsored excellent programs.

The Charlottesville league has been active in assisting with projects in the interest of schools of nursing in this area of the state. At McKim Hall, University of Virginia, the league sponsored a tea for student nurse recruitment as part of the national recruitment program. The constitution and bylaws of the local league have been printed. At the meeting in April 1951, the subject presented by Dr. Boggs of the University of Virginia was "Philosophy of Education." The goals of the league are increased membership and active participation in programs relating to curriculum revision.

The Richmond league alternates monthly meetings with District 5 of the state nurses' association. Louree Pottinger was chairman of the program committee. On October 9, 1951, a tape recording on the subject "Human Relations in Personnel Management" was given by Dr. Earl Planty, clinical psychologist. "Drug Addiction" was the topic of the program on December 12, discussed by Dr. Robert W. Rasor, senior surgeon, U. S. Public Health Service, Lexington, Kentucky. The program of February 2, 1952 included two role-playing sessions, one referring to a patient with a colostomy and the other to the care of a premature infant, depicting the "Community Resources Available to You in Richmond." The program in April will include a panel discussion on Alcoholics Anonymous. The Committee on Ways and Means, with Stefanie Schlesinger as chairman, sponsored a Christmas concert, "Chorus in the Skies," on December 14. The chorus was composed of 100 nurses, students, and graduates, representing all Richmond hospitals. The total amount raised was $1,238.85. To increase membership and to stimulate the members to active participation in the programs are goals of the Richmond league.
Several programs have been provided by the Virginia league to assist schools of nursing with their educational problems. On February 22-23, 1951 in Richmond the Committee on Curriculum conducted a two-day Conference on Counseling and Guidance, with Dr. Ruth Strang, professor of education at Teachers College, Columbia University, acting as consultant during the first day of the conference. Through demonstrations of panel discussions, role-playing, and faculty meetings, Dr. Strang directed a presentation of available resources of guidance, and gave expert counseling concerning present methods practiced in schools of nursing. At the end of each presentation Dr. Strang summarized and interpreted the underlying principles of guidance. The program on the second day of the conference included the following topics and discussants: "The Use of Tests in Counseling," Howard Williams; "The Need of Counseling for Student Nurses," Mrs. Franklin Bacon; "The Need of Counseling for Graduate Nurses," Mrs. Hazel H. Gibbs; and "Preparation of the Counselor," Mary Walker Randolph. The Committee on Curriculum will conduct two two-day workshops on the development of objectives and course content to be held on March 11-12, 1952 in Richmond, and March 19-20 in Roanoke. A one-day planning meeting for group leaders will be conducted on February 28 and March 6 by Mary Walker Randolph, chairman of the Committee on Measurement and Educational Guidance.

In response to expressed interest in how to use all nursing personnel most effectively in providing adequate care of patients, the Committee on Program sponsored two one-day institutes in the western and eastern sections of the state, the first on November 15, 1951 in Roanoke, and the second on November 16 in Richmond. The committee was most fortunate in securing Eleanor Lambertsen, field supervisor and assistant in nursing education, Teachers College, Columbia University, to give leadership in these meetings. Miss Lambertsen’s enthusiasm for the use of the nursing service team was very contagious, and, as a result, the subject is to be carried forward by her at the annual state convention in May 1952, at Bristol, Virginia.

In December 1951 the league was a co-sponsor of four regional meetings on the integration of cancer nursing in the basic nursing curriculum. These meetings, directed primarily to instructors in medical and surgical nursing, were held in Roanoke, Charlottesville, Norfolk, and Richmond. Margaret Sanner, chairman of the Committee on Curriculum, served on the program advisory committee, and Elizabeth Boeker, National Cancer Institute, assisted by Margaret Moseley, surgical nursing supervisor, University of Virginia Hospital, conducted the meetings.

Marguerite Nicholson represented the league as a recorder in the NLNE regional work conference on student selection and evaluation, curriculum development, and accreditation for basic professional programs in Atlanta, Georgia, June 18-21, 1951.

Frances Gordon was the league representative on the state nurses’ association recruitment committee and attended the Eastern Regional Student Nurse Recruitment Institute in Philadelphia on December 3-4, 1951.

The twelfth annual meeting of the Virginia league was held in conjunction with the fifty-first annual convention of the Virginia Graduate Nurses’ Association at Hot Springs, Virginia, June 24-27, 1951. The theme of the annual meeting, "Mid-Century Start," was carried out in the programs arranged by the league. At the first business meeting of the league, reports of the activities of the officers and committees showed that much work had been done during the past year. The thirteenth annual meeting of the Virginia league will be held in conjunction with the annual convention of the Virginia Graduate Nurses’ Association at Bristol on April 30-May 3, 1952.

The work of the various committees of the state league, as well as that of the two local leagues, has been expanded during the year. This has been made possible by the keen interest and active participation of each member in the total program.
WASHINGTON

President: Sally Heitman

New members in 1951: 34

Local leagues: Spokane—Ernestine Amick, President
Western Washington (Seattle)—Alice Fisher, President

Committees: Committee on Finance—Virginia MacIvor, Chairman
Committee on Membership—Jean Thompson, Chairman
Committee on Nominations—Katherine Svelander, Chairman
Committee on Revision of Constitution and Bylaws—Bessie Robinson,
Chairman
Joint Committee on Careers in Nursing—Leona Forsberg, Chairman
Joint Committee on Collegiate Schools of Nursing—Mary Tschudin,
Chairman
Joint Committee on Committees—Vera J. Meeker, Chairman
Joint Committee on Curriculum—Fred Hansen, Chairman
Joint Committee on Headquarters—Anna R. Moore, Chairman
Joint Committee on Legislation—Gladys Jones, Chairman
Joint Committee on Measurement and Guidance—Florence Muehlhauser, Chairman
Joint Committee to Meet Nursing Needs in Civil and Military Services—Genevieve Bruggeman, Chairman
Joint Committee on Nursing Service—Mary A. Miller, Chairman
Joint Committee on Pediatric Nursing—Virginia MacIvor, Chairman
Joint Committee on Poliomyelitis Nursing—Elizabeth Smith, Chairman
Joint Committee on Practical Nurse Education and Auxiliary Workers in Nursing Services—Jeanne Irving, Chairman
Joint Committee on Program, Institutes and Workshop—Sylvia Bryson,
Chairman
Joint Committee on Psychiatric Nursing and Mental Hygiene—Eliza-
beth Lamberty, Chairman
Joint Committee on Public Relations—Betty Parry, Chairman
Joint Committee on Registries, Counseling, and Placement—Julia Crose,
Chairman
Joint Committee on Rural Nursing—Lillian Eno, Chairman
Joint Committee on Scholarships—Gertrude Sawyer, Chairman
Joint Committee on Structure—Katherine King Baker, Chairman
Joint Committee on Tuberculosis Nursing—Winifred Cushing, Chair-
man

The Washington league functions as the department of education of the state nurses' association.

Activities: Two local leagues were organized in the state of Washington during the spring of 1951 and have held regular monthly meetings since that time. The Spokane league in eastern Washington serves league members in and about Spokane. The Western Washington league draws its members from the areas west of the mountains. It is hoped that the state league members in southeastern and central Washington will soon organize a local league in that area. The league functions continue to be carried on through the activity of the joint committees of the state nurses' association and the league.

The Joint Committee on Measurement and Guidance completed a study of student withdrawals from schools of nursing in the state. A report of the committee's findings was sent to each school of nursing. A coded graph showed the average percentage of withdrawals from classes which will be graduated from each school in 1949-1950.
The report should be of inestimable value to the schools in studying their withdrawal problems and in pointing the way to improvement.

Through the Joint Committee on Practical Nurse Education and Auxiliary Workers in Nursing Services and in cooperation with the practical nurses' association, a course of study for an extension program for licensed practical nurses has been prepared. The course is designed to prepare practical nurses, particularly those who were licensed under a waiver, to meet the demands for their services in rural areas where professional nurse services are not available. It is estimated that approximately 2,000 practical nurses throughout the state will take the course.

The Joint Committee on Nursing Service has been very active in formulating plans for the study of nursing functions. A pilot study has been completed, and now a study of nursing functions is being undertaken in three hospitals in the state.

The Committee on Committees has completed a "Handbook for Committee Chairmen." It will be ready for distribution shortly. The purpose of the handbook is to provide information for committee activity and to help develop good business procedure.

In addition to the monthly meeting of the local leagues, the regular fall meeting of the Washington league was held in Yakima in October. The program consisted of two parts—the first, a very interesting symposium on "Trends in Nursing Education," and the second, group discussions centering around the findings and recommendations of "Better Nursing—a Study of Nursing Care and Education in Washington."

The professional board of nurse examiners sponsored a very interesting and valuable workshop on affiliations for schools of nursing and agencies with which the schools are affiliated. Several important problems discussed at the workshop have been referred to the Joint Committee on Curriculum for consideration.

The Joint Committee on Structure requested all district associations and local leagues to devote at least one meeting, before the annual meeting in April, to structure.

**WEST VIRGINIA**

*President:* Mrs. Emma Jean Ralph

*New members in 1951:* 10

*No local leagues.*

**Committees:**
- Committee on Correspondence—Ella Bloomheart, Chairman
- Committee on Curriculum—Sister Mary Ruth, Chairman
- Committee on Eligibility—Mary S. Turner, Chairman
- Committee on Membership—Mary Farrar, Chairman
- Committee on Nominations—Alice White, Chairman
- Committee on Program—Marjorie DuMez, Chairman
- Committee on Revision—Jeannette Oswald, Chairman

The West Virginia league does not function as the department of education of the state nurses' association.

*Activities:* The annual meeting of the West Virginia league was held May 18, 1951 at the Veterans Administration Hospital, Clarksburg, West Virginia. Ann Gardiner, who had represented the league at the southern regional work conference on curriculum development, student selection and guidance, and accreditation, gave an interesting report of that meeting. Isabelle Durie addressed the group on the subject of "Integration of Public Health in Our Curriculum," and Sister Mary Ruth led a discussion on "How to Prepare for National Accreditation." Dr. Charles Zeller, chief, neuro-psychiatric division of the Veterans Administration Hospital, gave a most interesting lecture on "Mental Health" and also a brief report of the state mental institutions. An informal tea closed the meeting.

On November 6 and 7, 1951 a curriculum conference sponsored jointly by the league and the state board of nurse examiners was held. Kathryn Cafferty was con-
sultant for this meeting. Many resolutions and recommendations resulted from this conference and are included in the report of the meeting. Recommendations will be presented to the league and appropriate consideration given them. This conference proved very beneficial to all concerned, and tentative plans are being formulated to have other similar group meetings.

The annual league convention was held jointly with the state nurses' association, and both groups contributed to a very interesting and helpful program. A number of league members were active in assisting the state nurses' association in its survey of nursing needs of this state.

The Committee on Curriculum, at the request of the board of examiners, studied the "Circular of Information" of the board and proposed revisions of the policies, requirements, and recommendations for accredited schools of nursing in West Virginia. A workshop for the purpose of studying these proposed revisions will be held April 16-17, 1952 in Clarksburg. Directors of schools, administrators of hospitals, instructors, and other interested persons are being invited to attend. Bernice Anderson will serve as consultant.

WISCONSIN

President: Ruth Jane Hopper

New members in 1951: 23

Local leagues: Milwaukee—Sister M. Ethelreda, President

Committees: Committee on Audio-Visual Aids—Mrs. Signe Cooper, Chairman
Committee on Curriculum—Ellen Evans, Chairman
Committee on Finance—Sister M. Capistrana, Chairman
Committee on Measurement and Guidance—Sister M. Ethelreda, Chairman
Committee on Membership and Eligibility—Gladys Johnson, Chairman
Committee on Mental Hygiene and Psychiatric Nursing—Mrs. Clara Brauer, Chairman
Committee on Nominations—Lorraine B. Dandoi, Chairman
Committee on Regional Meetings—Sister M. Edith, Chairman
Committee on Revisions—Sister M. Agreda, Chairman
Committee on Rural Health—Josephine Balaty, Chairman
Committee on Tuberculosis Nursing—Doris Kerwin, Chairman

The Wisconsin league functions as the department of education of the state nurses' association.

Activities: "Curriculum Planning in Wisconsin Schools of Nursing" is the subject selected for concentrated study for the 1951-52 work period. The program, as planned by the Committees on Regional Meetings, Curriculum, and Audio-Visual Aids, is being sponsored jointly by the state department of nurses and the Wisconsin league. The four meetings, each lasting two days, will be concerned with the following elements of curriculum planning: the philosophy of the school of nursing, the structure of the curriculum, methods of teaching, and evaluation. The meetings are being held at six-week intervals, and, in order to achieve continuity of group thinking and effectiveness for future action, are being attended by the directors of the schools of nursing and designated faculty members from each school, as well as a good number of other nurse instructors.

The University of Wisconsin Extension Division is making it possible for four professors from the University School of Education to assist in the planning of the meetings, to be present as group leaders at each meeting, and to work with the organizational committee in preparing summaries of each meeting. Professors John W. Rothney, F. J. Estvan, M. H. Willing, and Warren H. Southworth supply valuable
information on curriculum construction and aid in a critical assessment of present practices. Their contributions stimulate constant testing of traditional thinking against the "why" of the non-nurse educator and the citizen-consumer of nursing.

The January meeting did much to clarify the meaning of the term "curriculum." Group discussions pointed up the variety of school activities involved in the school's curriculum, as well as the need for faculty understanding of the basic philosophy of the school and the processes necessary for achievement of its goal.

At the February meeting, Helen Bunge, dean of the school of nursing at Western Reserve University in Cleveland, Ohio, in addition to presenting a discussion on "Trends in Nursing" that highlighted the need for a rethinking of present nursing school programs, participated in group discussions and helped evaluate the product of the league's group work. The Committee on Audio-Visual Aids presented the McGraw-Hill movie Breakdown at the February meeting. Other films will be shown at future meetings.

In March Emily Cardew, coordinator and assistant professor of nursing education, University of Illinois, and Mrs. Mary Tschudin, dean of the University of Washington School of Nursing in Seattle, will work with the league in its study of teaching methods.

A valuable part of the year's program is the "homework" which is carried on by the faculty of each school of nursing following the two days of concentrated work at the league meetings. Summaries sent to the schools make it possible for all faculty members to participate in this curriculum study. New ideas, questions, and controversial issues are studied and discussed at the home school. It is hoped that action in the form of curriculum revision will evolve from this year's study.

**Student Nurse Social Hour**

**Sunday, June 15—7:00 p.m.—9:00 p.m.**

*Hostess: New Jersey State Student Organization*

On Sunday evening, June 15, 1952, in the lounge of the Ambassador Hotel in Atlantic City, New Jersey, we, the nursing students of the United States and its territories, gathered together at the very first of our meetings. What better way to begin our work and become better acquainted than at a social hour! It was really terrific! Our evening began at seven and was supposedly over at nine, but at ten there were still a few people around. We were having such a wonderful time that we just didn’t want to leave. We would like, at this time, to express our deep appreciation to the committee that did such a splendid piece of work. The members of the committee were:

- **Janet Bellanger**, Atlantic City Hospital, Atlantic City, New Jersey
- **Bette Bocella**, Presbyterian Hospital, Newark, New Jersey
- **Alice Izatt**, McKinley Hospital, Trenton, New Jersey
- **Wilma Patterson**, St. Peter's Hospital, New Brunswick, New Jersey
- **Marguerite Perrini**, St. Mary's Hospital, Hoboken, New Jersey
- **Audrey Sachs**, Englewood Hospital, Englewood, New Jersey
- **Barbara Wegrzyzn**, Somerset Hospital, Somerset, New Jersey
List of Delegates

Alabama (name not available)
CAROL ALLES, Medical Center, University of California, San Francisco, California
NORMA BRIGGS, President, Colorado State Student Nurses’ Association, St. Luke’s Hospital, Denver, Colorado
ELEANOR KEARNs, Hartford Hospital School of Nursing, Hartford, Connecticut
LAURA ESKRIDGE, Memorial Hospital, Wilmington, Delaware
BETTY HELLYER, Garfield Memorial Hospital, Washington, D. C.
Georgia (name not available)
DOROTHY K. SAKAMOTO, Territory of Hawaii
BETTY MARCH, Samaritan Hospital, Nampa, Idaho
MARY K. DAVENPORT, Mercy Hospital, Urbana, Illinois
CAROL ELLENWOOD, Ball Memorial Hospital, Muncie, Indiana
ALICE O’SHAUGHNESSY, President, Student Nurses’ Association of Iowa, 624 Jones Street, Sioux City, Iowa
JOANNE HOWE, Stormont Vail Hospital, Topeka, Kansas
PATRICIA A. FELTY, 1214 South Talbot Street, Louisville, Kentucky
ROSE MARIE SONNIER, Nurses Home, Baton Rouge, Louisiana
NELLIE JOSE, Eastern Maine General Hospital, Bangor, Maine
JOAN WILLIAMS, President, Maryland Student Nurses’ Association, 624 N. Broadway, Baltimore, Maryland
MARGARET A. MILLER, President, Massachusetts State Council of Student Nurses, Boston College School of Nursing, Boston, Massachusetts
MARION GOODWIN, Hurley Hospital, Flint, Michigan
ELAINE MURRAY, Ancker Hospital, St. Paul, Minnesota
ANNE STANFORD, 724 Oak Drive, Laurel, Mississippi
BEATRICE A. ROBINSON, President, Missouri State Student Nurses’ Association, Kansas City, Missouri
KAY PARKER, President, Montana State Student Nurses’ Association, 829 Zarelda St., Butte, Montana
HELEN BERTRAM, Nebraska Methodist Hospital, Omaha, Nebraska
PAULINE J. LECLERC, Second Vice President, New Hampshire Student Nurses’ Association, Notre Dame School of Nursing, Manchester, New Hampshire
FAITH G. PAINE, Cooper Hospital, Camden, New Jersey
NANCY JAEGER, 440 East 46th Street, New York, New York
CAROLYN MORGAN, President, North Carolina State Student Nurses’ Association, Charlotte Memorial Hospital, Charlotte, North Carolina
MARLYS LILLEHANGEN, University of North Dakota, Grand Forks, North Dakota
TERRY HAAS, Frances Payne Bolton School of Nursing, Cleveland, Ohio
LOUISE LUCAS, 519 N.W. 12th Street, Oklahoma City, Oklahoma
BETTY HEDDEN, President, Oregon Student Nurses’ Association, 1137 Hilyard Street, Eugene, Oregon
MARY ANNE BLOOM, Western Pennsylvania Hospital, Pittsburgh, Pennsylvania
VIRGINIA CALDEON, President, Puerto Rico Student Council Organization, Presbyterian Hospital, Puerto Rico
MONICA KNIGHT, Rhode Island State Council of Nursing Students, University of Rhode Island School of Nursing, Kingston, Rhode Island
SARAH STARNES, University of South Carolina School of Nursing, Charleston, South Carolina
LOIS MCKENNA, President, South Dakota Student Nurses’ Association, Presentation School of Nursing, Mitchell, South Dakota
Kay Scruggs, Vanderbilt University, Nashville, Tennessee
Pat Culver, Chairman, Student Nurses' Association of Utah, St. Mark's Hospital, Salt Lake City, Utah
Gloria Wing, Mary Fletcher Hospital, Burlington, Vermont
Jane A. Matheny, Maryview Hospital, Portsmouth, Virginia
Gloria J. Schuk, President, Washington Student Nurses' Association Council, Washington
Irene Starkey, President, West Virginia Student Nurses' Association, McMillan Hospital, Charleston, West Virginia
Phylis Liethen, President, Wisconsin State Student Nurses' Association, Wisconsin
Dorothy Buford, 2702 Hood Street, Dallas, Texas

Forums on Structure

Two joint forums of members of the three convening organizations—the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing—were held on Sunday, June 15, from 2:00 to 4:00 p.m. and Monday, June 16, from 9:00 a.m. to 11:30 a.m. for the purpose of discussing the proposed changes in the structure of the national nursing organizations as formulated in the proposed new bylaws for the American Nurses' Association and the proposed bylaws of the National League for Nursing. In addition, the National League of Nursing Education held a meeting for the discussion of the proposed NLN bylaws on Sunday, June 16, from 4:30 to 6:30 p.m.

Among the points discussed at these meetings were the amount of dues of the national organizations and the reasons why a sliding scale of dues had not been provided for; the reasons why sections in the ANA had not been arranged for clinical groups, such as psychiatric nurses; the reasons why the secretary should be a non-elected member of the Board of Directors; and the question as to whether the first vice-president should have the same qualifications as the president.
FIFTY-EIGHTH ANNUAL REPORT

OPENING BUSINESS SESSION

Monday, June 16—1:00 p.m.—4:00 p.m.

The opening business session of the National League of Nursing Education, held in Convention Hall, Atlantic City, New Jersey on Monday, June 16, 1952, was called to order by Agnes Gelines, the president, at 1:20 p.m. Members from all 48 state leagues responded to the roll call, and a quorum was declared present.4

The president welcomed members and friends of the NLNE to the session and invited all to participate in the discussions but stated that only fully instated members, identified by the green badges, could exercise the privilege of voting.

REPORT ON ELECTIONS

New York, New York
June 2, 1952

Miss Frances H. Cunningham, Secretary
National League of Nursing Education
2 Park Avenue
New York, N. Y.

My dear Miss Cunningham:

We 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 directors, lay director, and Committee on Nominations.

The results of the voting are as follows:

Total valid ballots ........................................ 4,952

Invalid ballots:
Names and addresses not properly indicated on outside envelope .... 65
Postmarked after May 15 .................................. 51
Two ballots in one envelope ................................ 2 118

Total ballots received .................................... 5,070

Votes cast for each nominee:
President:
Agnes Gelines ........................................... 3,742
Florence K. Wilson ...................................... 1,193

Treasurer:
Henrietta Delitz ....................................... 2,865
Mildred A. Richardson ................................. 1,995

4NLNE Bylaws—Article IX. Sec. 4. Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
Nurse Directors:
Ruth Sleeper ........................................................................ 3,555
Helen L. Bunge ....................................................................... 2,899
R. Louise McManus ............................................................... 2,838
Sister M. Desideria ............................................................... 2,197
Gertrude E. Nathe ................................................................. 1,745
K. Virginia Betzold .............................................................. 1,474

Lay Director:
May O. Spiegel .................................................................... 2,879
Esther Irene West ................................................................. 1,973

Committee on Nominations:
Margene O. Faddis ............................................................... 3,009
Doris I. Miller ........................................................................ 2,748
Elizabeth F. Harris .............................................................. 2,497
Katherine J. Hoffman ......................................................... 2,328
Josephine A. Dolan .............................................................. 2,100
Eleanor E. Palmquist ........................................................... 2,024

Very truly yours,
Berner and Derry
[Certified Public Accountants]

Respectfully submitted,
J. Margaret Ada Mutch, Chairman of Tellers
Frances Marcia Croyle, Co-chairman

The report was accepted, and the president read the names of the officers-elect, directors-elect, and the members-elect of the Committee on Nominations, who would assume their duties at the end of the convention if the National League of Nursing Education was still in existence as such.*

President—Agnes Gelinas
Treasurer—Henrietta Doltz
Nurse Directors—Ruth Sleeper, Helen L. Bunge, R. Louise McManus
Lay Director—May O. Spiegel
Committee on Nominations—Margene O. Faddis, Doris I. Miller, Elizabeth F. Harris

ADDRESS OF THE PRESIDENT

NEEDED: BETTER EDUCATIONAL PROGRAMS IN NURSING

In presenting an address as your president at this Fifty-sixth Convention of the National League of Nursing Education, I feel obligated to present a problem that should give League members and all citizens deep concern.

Before presenting this matter of concern to you, I should like to report that membership in the League is on the increase. The reports of the officers,

*Inasmuch as the National League of Nursing Education later combined with the Association of Collegiate Schools of Nursing and the National Organization for Public Health Nursing to form the National League for Nursing, these officers, directors, and committee members did not assume office.
headquarters staff, committees, and state and local leagues continue to outline progress in a number of directions. On behalf of the membership, I wish to convey the deepest gratitude for the excellent leadership and cooperation we have received from our executive director, the rest of our able staff, and all League members who have contributed so generously of their time and talents. We have all worked together during the past year. This means not only the nursing profession but includes other organizations whose aims are similar to ours. As a result we have unified the members of our profession and developed excellent relationships with related professions and others.

I should also like to comment about structural reorganization.

The decision we are to make this week is a great responsibility for us, the members of the National League of Nursing Education in convention assembled. It is a decision in which each League member who is here will participate—one which cannot and should not be delegated to a Board, a committee, or any other limited group. For the responsibility of decision is ours equally.

In a wider sense, however, the League is not ours alone. It truly belongs to many people—to our predecessors out of whose selfless devotion this organization was founded and built; to those who will inherit from us the cause of nursing education; to the future generations of nurses with whose adequate preparation we are ever concerned; to the people of this country, and of the world, for whose welfare the National League of Nursing Education has always existed. These are the people, the "silent" League members if you wish, whom we must consider in our decision on the future structure of organized nursing. Their ideals, their hopes, their best interests must guide each one of us as we vote.

Now, I want to present what I consider to be one of our most serious current problems in nursing education: upgrading basic professional nursing programs and schools in this country.

The need for better basic professional education in nursing in all of our schools is apparent to the League membership. As nurse educators, we realize that the serious shortage of faculty, facilities, and funds have forced us to adopt makeshift methods of educational and economic existence. We realize that this shortage of teaching personnel, and this shortage of funds, and the limitation of clinical facilities for teaching are jeopardizing the full development of America's nursing educational potential. What can we do to improve the present conditions in our schools of nursing?

It is my belief that we must bring the need for better professional schools and educational programs to the attention of more American people and ask immediate and substantial help for our schools and programs.

Above all other benefits resulting from this proposal to spread widely information to the public about our schools, I would place as first the sense of "togetherness" which it will foster between the schools and the people. For I believe that if the basic professional schools and programs and the
people of this country once get together, they will continue to work together for the improvement of schools and programs.

Only in this manner can we hope to deal practically and successfully with the current problems associated with nurse power in the United States.

What would we tell the public?

In our early contact with the public we might indicate that although our past education did achieve a great deal, it did not always equip nurses who were prepared to deal with the problems presented to them as practitioners. It can also be indicated that very likely some of our present education for nurses is inadequate for our age because the education in these particular schools is based on two fallacious assumptions.

First, it is assumed by some of the people in the poor and mediocre schools that nursing practice is education—that if a student nurse practices over and over again the making of beds, the giving of baths, the changing of dressings, the scrubbing for operations, that she is engaging in an educational process each time she carries out any procedure.

Nursing education is, after all, not nursing practice, but education. Only if qualified clinical instructors are readily available to the students to guide their learning experiences is it possible to insure that as active participants they are learning something new in each class and each clinical situation.

The second false assumption, which is held by some of the people in these poor and mediocre schools is that any hospital can do the job of education alone and within the walls of the hospital. Consequently, some of our limited schools are attempting to provide training that is insufficient by any except minimum standards.

The only chance a profession has to maintain high standards of practice is to match the complexities of the times with a school system, under educational auspices, planned and equipped to bring the level of the practice to a point where the practitioner can cope successfully with the professional problems of the times. As a profession we are not doing this. One of the glaring failures of our generation is that we still maintain in nursing too many poor and mediocre basic professional schools and programs of nursing. Also, there are a good many only fairly good schools which should be upgraded to a much higher level of performance just as soon as it is reasonably possible to do so without jeopardizing patient care.

Could we take two steps at one time and attempt to upgrade simultaneously both the poor and the mediocre basic professional schools and programs?

It is my belief that nurse educators and citizens must immediately take a good long look inside our poor and our mediocre schools and educational programs in nursing in hospitals and in colleges. We want them to answer such questions as these:

What are the chief problems of the boards of trustees?

Is there a full-time qualified school director?
What goes on in the school during a single day?
How many of the teachers are qualified to teach? Is there a sufficient number? Are they too far away from nursing practice?
What do the students and alumnae think of their school and their schooling?
Are there enough clinical teaching facilities?
What kind of care do patients receive?
Are the students getting enough general education?
Are they learning to perform today’s nursing functions?
What is the work week of the students?
Is there enough attention paid to extracurricular activities?
What is the student morale?
How much money does the school have to spend on education?

This is what a look at some of our poor and mediocre schools and programs in hospitals and colleges will show:

During the past few years of depression, war and defense we have allowed a back-breaking load of problems to pile on the shoulders of some of our schools and programs.

We have allowed too many to remain under the control of hospitals which did not permit the school to have education as their primary purpose. We have failed to provide adequate libraries for the new generation who enter these limited schools each year. Too many students have been denied a richer education in the social studies and the humanities, and some have been forced to accept a technical rather than a professional education.

Several schools have attempted to provide training that is insufficient by any except minimum standards. The bulk of the classroom work has been crowded into the first six months of the program. The clinical learning experiences have been limited and the supervision inadequate. Some of the collegiate programs have failed to accept responsibility for clinical learning experiences of students.

The problem of the relationship of the student to organized nursing service in some situations has been a serious one. There have been demands for a large amount of her time for nursing service which should have been spent in educational experiences. Too many students have been filling gaps in hospital service. Some schools have demanded a longer period of service than others in return for tuition and maintenance. In the interest of the educational rights and privileges of every student nurse in this country, this question needs to be brought squarely into the open while all of us search for the right answer.

Education is a process. Its success hinges on the number and quality of persons who teach. All schools need competent teachers. The poor and mediocre do not get many of them. They have not been able to hold on to the ones they get. Why? The teaching load has been a heavy one. These
schools have forced many of our clinical instructors to carry the dual role of nursing service and nursing education. Pay has been poor. The morale is low.

This nation is in the midst of a period of evolution and adjustment to many of the relationships between citizens of different racial backgrounds. Churches are rarely interested in the color of their members. But some of our schools of nursing have to live with this problem in all of its manifestations.

The enrollments of many mediocre schools have been too small to be economically and educationally sound. We have increasing evidence that greater emphasis must be placed on the cultivation of character, of the spirit of service, and of the sense of responsibility in the students in some of our educational institutions.

There are those who are highly critical of these poorer schools and educational programs. They say that the educators have been too concerned with piling up course after course and clinical experience after clinical experience in the curriculum to the end that the student has built up the total number of courses and weeks of experience to get the diploma or the degree quite independent of technical skill, professional competence, scholarly ability, ethical integrity, productive capacity, ability to relate to others, nursing maturity, and social awareness.

Nursing education today is expensive because of the special teaching methods required in guiding the learning activities of students in the laboratory and in the clinical fields. These limited nursing schools and programs do not have the money to meet operating expenses. They need additional support for scholarships and fellowships. In general, the poor and mediocre schools are staggering under a growing financial burden. Some attempt to maintain their teaching standards at a sufficiently high level for the learning of competent nurses but fail because of inadequate financial support.

In summary, when interested nurse educators and citizens take a good look inside some of our poor and mediocre schools and programs they will see what is needed is a better school system for nursing.

Is there a solution to the real problems of the school of nursing? Indeed there is. A solution that is possible, if we all work to solve it, consists of four parts:

First: the maintenance of completely free channels of communication in this country between the schools and the public. The press has been particularly courageous in bringing the current nursing shortages to the attention of the citizens of this country. It must help the schools of the nation to tell their story about educational needs to the public. Nursing must have a mind and it must speak it forcefully. It must initiate citizen interest in order to encourage citizen participation. It must tell the people how much better it could serve the health of the people if all schools were better.

A need for better information of trustees and hospital administrators on
the whole picture of accreditation and its extraordinary contribution to nurs-
ing service through education is very essential.

Representatives of closely related health professions like medicine, public
health, social service, nutrition, and dentistry must know more about our
schools and work directly with teachers to understand the students and their
needs and to develop schools to meet these needs and to improve nursing
care. Boards of trustees and directors of nursing schools must invite the
widest possible community and regional advice and participation in policy
formation, in program development, and in financial support. These things
must go on—medical center by medical center, community by community,
region by region, and school by school—throughout America.

The maintenance of completely free channels of communication between
nursing and other types of higher education is vital. The National Education
Association and the American Council on Education will need to play a
much greater role in bringing the needs of education for nursing to the
attention of institutions of higher education. Representatives of higher edu-
cation and general citizens of all shades of opinion about education must
discuss and debate the policies, procedures, programs, and budgets of the
schools of nursing. Following debates and discussions, substantial support
for educational programs must be secured.

Second: The answer to the real problem of the school of nursing lies in
the placement of all schools, as soon as it is feasible, under the American
system of higher education. Every effort must be made to promote school
administration which is conducive to sound educational planning and cur-
riculum development. This will result in improved school operation. We
cannot drag our feet much longer. We must join dynamic forces for an
all-out attack on the problem. First, as nurses, we must believe that sound
basic collegiate education is the quickest and most economical way to provide
nurses with the essential training needed to carry out the technical and the
professional functions of nursing. Once we truly believe in collegiate educa-
tion for nursing, then, secondly, we must promote public support of it. We
must break away as soon as it is reasonably safe from the traditional hospital
apprenticeship system of education and provide a new education for nurses.
Schools must help schools to establish sound collegiate connections or schools
under independent auspices. With belief in, and universal support of, col-
legiate schools by nurses and the public, I am confident that better nursing
care of patients will be provided in the United States.

Third: Personnel, including students and faculty, must be better in edu-
cational programs for nursing if we are to have better schools. Every educa-
tional program deserves a well-qualified full-time director and full-time
clinical nurse faculty, in sufficient numbers. Competent faculty deserve to
have the best possible students to teach.

Fourth: Funds must be raised for nursing education to improve education,
raise teachers' salaries, buy books, conduct research and the hundred and one school services required by improved education programs in nursing.

Always in the United States there have been people who opposed the principle of federal aid to nursing education. They are here now. They don't want it because it costs money. Then there are those individuals and specific groups who fear bureaucratic control. The learning of competent nurses, teachers, supervisors, and administrators in nursing and nursing scientists is endangered by the financial crisis in the nursing schools. If this condition is allowed to continue it will affect the health of the people as they will be denied modern nursing care. The dangers inherent in the financial situation presently facing the schools and programs in nursing cannot be exaggerated.

Greater efforts must be made to alert the American people and especially Congress to the increasing shortages of nurses and the need for federal aid to nursing education.

An economically sound independent school of nursing means a better education for nursing and improved nursing service.

Pioneering in an effort to find a positive solution to the serious financial problems that beset the nation's nursing schools is imperative. If we subscribe to the four-point aim of maintaining continuous channels of communication between the schools and the people, establishing nursing education under the system of higher education of the country, providing qualified school personnel, and providing financial stability to the schools of nursing in America, I believe we shall be able to provide, within the next decade, the right number of nurses qualified to meet the modern nursing needs of the country. Certainly we can all bank on our League and our National Nursing Accrediting Service to help us advance.

Agnes Gelinas, President

REPORT OF THE SECRETARY

The Board of Directors of the National League of Nursing Education has been very much aware of the fact that this may be the last year that the organization will function as the National League of Nursing Education. It has been a busy year! Active programs have been conducted, and much time and effort has been spent in planning for the new organization. Every effort has been made to assure the continuance of the programs and interests that have always been important to the membership of the National League of Nursing Education as a whole.

The minutes of the pre- and post-convention meetings held in Boston, in May 1951 and those of the January 21-25, 1952 meeting in New York, together with copies of exhibits and reports, are indexed and filed for reference in the headquarters office.

On May 12, 1951 the officers of the National League of Nursing Educa-
tion met with the Executive Committee of the Board of Directors of the National Organization for Public Health Nursing along with legal counsel to consider the problem of which association should be the holding organization for the proposed new National League for Nursing. As all advantages and disadvantages were considered, it became evident that it would be more advisable for the National League of Nursing Education to be this organization. A Committee on Agreements was formed with representation from the boards of directors of the American Association of Industrial Nurses, the Association of Collegiate Schools of Nursing, the National League of Nursing Education, and the National Organization for Public Health Nursing. Much credit is due the members of this committee for their excellent cooperation and thoughtful consideration of all problems relating to the development of the new National League for Nursing. Plans have been made for changing the Certificate of Incorporation of the National League of Nursing Education and the Bylaws have been re-written. These have been accepted by the Board of Directors of the NLNE and were approved by the Joint Board of Directors of the Five National Nursing Organizations. They are being presented to the membership for vote at the convention in Atlantic City, June 16-20, 1952.

In accordance with the Bylaws, the report of the Committee on Nominations has been received by the secretary and presented to the Board of Directors. This is a slate for stand-by officers and other Board members who will serve only if the proposed new organization is not accepted by our membership in June 1952. An interim Board of Directors for the new National League for Nursing has been selected which will serve for one year. This will give an opportunity for nominating committees to prepare slates which will be presented for vote at the first meeting of the new organization in 1953. This interim Board of Directors has four nurse and two non-nurse members nominated by each of the boards of directors of the American Association of Industrial Nurses, the Association of Collegiate Schools of Nursing, the National League of Nursing Education, and the National Organization for Public Health Nursing.

Call-to-meeting for the 1952 convention in Atlantic City and the proposed bylaws of the National League for Nursing have been sent to all members of the National League of Nursing Education.

The business and program for the past year are given in detail in the annual reports of the executive director, department directors, and committees and therefore are omitted from this report. However, there are a few things that deserve special comment.

The executive director and staff have worked very hard in putting all past and present policies in writing. This will be extremely helpful as a new organization assumes responsibility for a program.

The boards of directors of the National League of Nursing Education and
the Association of Collegiate Schools of Nursing met jointly January 24, 1952 to give consideration to some problems presented by the National Nursing Accrediting Service. Very serious consideration was given to the problem of how the NLNE and ACSN could set up some guiding principles which would be helpful to the National Nursing Accrediting Service in the evaluation of schools.

There is a felt need for additional staff personnel who can give consultant service to schools of nursing in their efforts to improve their programs. The Board of Directors approved the appointment of two additional members to the professional staff, one to serve with Margaret Bridgman as consultant to administrators in colleges and universities that have or are contemplating establishing a nursing program, and one to give direct counseling to administrators of basic diploma programs. Every effort is being made to coordinate the work of the various departments and consultants at headquarters so that schools of nursing will receive the maximum benefit, that is, so that the National Nursing Accrediting Service can help schools to see what they might do to improve, the Department of Services to Schools can help them determine how they might go about doing it, and the Department of Measurement and Guidance can help them evaluate whether or not they have done it. Another felt need has led to the authorization of a Committee on Financing Nursing Education to formulate and recommend to the Board policies with regard to the role of the League concerning national programs of financial assistance to educational programs and students in nursing, to evaluate proposals for assistance in the light of these policies, and to stimulate the development of financial assistance to schools and students.

Because of federal regulations concerning lobbying, the League Committee to Consider Federal Legislation on Nursing Education has been dissolved.

The Board of Directors studied carefully the trends and issues suggested by state and local leagues. There is recognition of the need for all groups concerned to work together in solving some of our pressing problems. As a result several conferences are being planned during the next six months both on a regional and national basis. It is hoped that in this way large numbers of League members can participate actively in meeting some of the major issues of these times. The Board and headquarters staff have made every effort to forward the purposes and programs of the League and to assure the continuation of such programs in any new organization which may be formed.

The 11,723 NLNE members can look back with pride on 58 years of very productive work in the field of nursing education. History shows the progress! The members can also look forward to broader horizons and greater achievement in promoting better nursing service through even better organization for better nursing education.

The Board wishes to express appreciation to Katharine G. Amberson for
her contributions as League consultant in tuberculosis nursing on the staff of the Joint Tuberculosis Nursing Advisory Service from 1946 until her resignation this year.

It was with sorrow that the Board learned of the death of Josephine Goldmark, an honorary member of the League, whose survey for the Committee for the Study of Nursing Education as published in 1923 in *Nursing and Nursing Education in the United States* has had such a profound effect on the advancement of nursing education. The Board also wishes to express its sorrow at the death of Mrs. Carmelita Calderwood Hearst, League consultant on the staff of the Joint Orthopedic Nursing Advisory Service from 1941 to 1944.

The Board of Directors records with deep regret the deaths of members of the National League of Nursing Education whose names follow:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baker, Mary A.</td>
<td>November 17, 1951</td>
</tr>
<tr>
<td>Boyd, Louie Croft</td>
<td>June 15, 1951</td>
</tr>
<tr>
<td>Cunningham, Frances K.</td>
<td>June 1951</td>
</tr>
<tr>
<td>Goldmark, Josephine</td>
<td>June 1951</td>
</tr>
<tr>
<td>Haug, Gena M.</td>
<td>October 20, 1951</td>
</tr>
<tr>
<td>Hearst, Carmelita Calderwood</td>
<td>October 9, 1951</td>
</tr>
<tr>
<td>McPherson, Arthur L.</td>
<td>1950</td>
</tr>
<tr>
<td>Melville, Mary E.</td>
<td>February 11, 1952</td>
</tr>
<tr>
<td>Purcell, Margaret E.</td>
<td>September 18, 1951</td>
</tr>
<tr>
<td>Questill, Naomi L.</td>
<td>January 10, 1952</td>
</tr>
<tr>
<td>Sister John Gabriel</td>
<td>June 12, 1951</td>
</tr>
<tr>
<td>Skeim, Anna R.</td>
<td>October 12, 1951</td>
</tr>
<tr>
<td>Thompson, Louise H.</td>
<td></td>
</tr>
</tbody>
</table>

Respectfully submitted,

FRANCES H. CUNNINGHAM, Secretary

---

**REPORT OF THE TREASURER**

Miss Henrietta Dolitz, R.N., Treasurer
National League of Nursing Education
2 Park Avenue, New York 16, New York

DEAR MADAM:

We have made an examination of the books of account of the National League of Nursing Education for the year ended December 31, 1951 and present the accompanying three exhibits and six schedules:

Exhibit A—Schedule 1—Committee on Careers in Nursing, Statements of Receipts and Expenditures.
Exhibit A—Schedule 2—National Nursing Accrediting Service, Statement of Receipts and Expenditures.
Exhibit A—Schedule 3—National Committee for the Improvement of Nursing Services, Statement of Receipts and Expenditures.


Exhibit A—Schedule 5—Committee on Postgraduate Clinical Nursing Courses, Statement of Receipts and Expenditures.


Exhibit C—M. Adelaide Nutting Award Fund, Statement of Receipts and Expenditures for the Year Ended December 31, 1951.

In connection with the foregoing, without making a detailed audit of the transactions, we have examined or tested accounting records and other supporting evidence in accordance with generally accepted auditing standards applicable in the circumstances.

Recorded cash receipts were compared with the deposits appearing on the bank statements, and all recorded receipts were found to have been deposited in the bank. Disbursements were verified by examination of cancelled checks and tested to approved vouchers.

Cash in bank at the close of the period was reconciled with confirmations obtained from depositories. The securities were verified by examination, and the petty cash fund was counted during the course of our examination and was found to be in accordance with the requirement.

In our opinion, based upon such an examination, the accompanying three exhibits and six schedules fairly present the financial condition of the National League of Nursing Education at December 31, 1951 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, 1951

Assets:

Cash in Banks:
Checking accounts ........................................... $152,599.92
Savings accounts ........................................... 47,521.82
M. Adelaide Nutting Award Fund ......................... 708.72
Petty Cash Fund ........................................... 500.00
Securities—$30,000 U. S. Savings Bonds, G ........... 30,000.00
Accounts Receivable:
General ......................................................... 8,531.27
Department of Measurement and Guidance ............... 48,897.60
National Nursing Accrediting Service .................. 912.00
National Committee for Improvement of Nursing Services ........................................... 152.00
Advance for travel .......................................... 3,950.00
Returnable deposits ........................................ 700.00
Prepaid 1952 Convention Expenses ..................... 61.19

Total Assets .................................................. $294,534.52

Liabilities and Unexpended Balances:

Liabilities:
Accounts payable ........................................... $ 4,749.97
Associated Hospital Service of New York ............... 118.00

Unexpended Balances for Special Projects:
Committee on Careers in Nursing, per Schedule 1:
  General Committee ....................................... 2,608.50
  United Community Defense Services, Inc. ............. 709.98
National Nursing Accrediting Service, per Schedule 2:
  General .................................................. 6,383.00
  Rockefeller Foundation Grant ........................ 562.64
  National Foundation for Infantile Paralysis Grant .... 1,938.95
  The Commonwealth Fund Grant ......................... 1,250.00
National Committee for the Improvement of Nursing Services, per Schedule 3:
  General Committee ..................................... 1,500.79
  W. K. Kellogg Foundation Grant, 1951-1952 ........... 66,891.95
Psychiatric Nursing Training—U. S. Public Health Service Grant, 1951-1952, per Schedule 4 ............ 12,151.72
Committee on Postgraduate Clinical Nursing Courses, per Schedule 5 ..................................... 1,493.39
Deferred Income—Membership dues for 1952 ............. 5,563.00 105,921.89

Net Assets, December 31, 1951 ........................................... $188,612.63

The Net Assets Comprise the Following Funds on December 31, 1951:

General Fund, per Exhibit B ................................ $112,903.91
Reserve Fund .................................................. 75,000.00
M. Adelaide Nutting Award Fund, per Exhibit C ........ 708.72

Total Funds, December 31, 1951 ........................................... $188,612.63
# Exhibit A—Schedule 1

Committee on Careers in Nursing  
Statements of Receipts and Expenditures

General Committee  
*For the Year Ended December 31, 1951*

<table>
<thead>
<tr>
<th>Balance, December 31, 1950</th>
<th>$3,173.78</th>
</tr>
</thead>
</table>

## Receipts:

<table>
<thead>
<tr>
<th>Contributions:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>National League of Nursing Education</td>
<td>$4,033.54</td>
</tr>
<tr>
<td>American Nurses’ Association</td>
<td>$5,202.04</td>
</tr>
<tr>
<td>National Organization for Public Health Nursing</td>
<td>$1,999.92</td>
</tr>
<tr>
<td>American Hospital Association</td>
<td>$20,000.00</td>
</tr>
<tr>
<td>American Medical Association</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Association of Collegiate Schools of Nursing</td>
<td>$25.00</td>
</tr>
<tr>
<td>Blue Cross Commission of the American Hospital Association</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Modern Hospital</td>
<td>$500.00</td>
</tr>
<tr>
<td>Hospitals with schools</td>
<td>$19,093.50</td>
</tr>
<tr>
<td>Hospitals without schools</td>
<td>$5,075.80</td>
</tr>
<tr>
<td>Organizations and individuals</td>
<td>$597.35</td>
</tr>
<tr>
<td>Sales of materials</td>
<td>$7,255.69</td>
</tr>
<tr>
<td></td>
<td><strong>71,784.84</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$15,767.00</td>
</tr>
<tr>
<td>Social security</td>
<td>$223.89</td>
</tr>
<tr>
<td>Rent</td>
<td>$1,829.17</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>$689.30</td>
</tr>
<tr>
<td>Printing</td>
<td>$2,459.69</td>
</tr>
<tr>
<td>Letter service</td>
<td>$2,707.70</td>
</tr>
<tr>
<td>Postage and express</td>
<td>$3,879.78</td>
</tr>
<tr>
<td>Stationery and supplies</td>
<td>$3,267.93</td>
</tr>
<tr>
<td>Equipment</td>
<td>$1,447.75</td>
</tr>
<tr>
<td>Shipping</td>
<td>$701.25</td>
</tr>
<tr>
<td>Library</td>
<td>$777</td>
</tr>
<tr>
<td>Insurance</td>
<td>$75.92</td>
</tr>
<tr>
<td>Materials (mats and posters)</td>
<td>$34,951.72</td>
</tr>
<tr>
<td>Clerical and professional fees</td>
<td>$796.21</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$314.72</td>
</tr>
<tr>
<td>Administrative overhead</td>
<td>$3,230.32</td>
</tr>
<tr>
<td></td>
<td><strong>72,350.12</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Balance, December 31, 1951, per Exhibit A</th>
<th>$2,608.30</th>
</tr>
</thead>
</table>
### National Foundation for Infantile Paralysis Grant

*For the Period from January 1, 1951 to December 31, 1951*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Grant from National Foundation for Infantile Paralysis</td>
<td>$22,000.00</td>
</tr>
<tr>
<td>Less: Unexpended balance refunded to Foundation</td>
<td>45.10</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$3,992.88</td>
</tr>
<tr>
<td>Reprinting of folders</td>
<td>11,955.49</td>
</tr>
<tr>
<td>Printing new folders</td>
<td>1,000.00</td>
</tr>
<tr>
<td>Travel:</td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>966.53</td>
</tr>
<tr>
<td>Field service</td>
<td>4,000.00</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1951</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>21,954.90</td>
</tr>
</tbody>
</table>

### United Community Defense Services, Inc.

*For the Period from November 1, 1951 to December 31, 1951*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Grant from United Community Defense Services, Inc.</td>
<td>$9,167.26</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$3,861.37</td>
</tr>
<tr>
<td>Social security</td>
<td>55.12</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>211.52</td>
</tr>
<tr>
<td>Stationery and office supplies</td>
<td>244.76</td>
</tr>
<tr>
<td>Printing</td>
<td>688.89</td>
</tr>
<tr>
<td>Letter shop service</td>
<td>977.99</td>
</tr>
<tr>
<td>Postage and express</td>
<td>1,154.60</td>
</tr>
<tr>
<td>Rent</td>
<td>369.21</td>
</tr>
<tr>
<td>Special publicity</td>
<td>353.75</td>
</tr>
<tr>
<td>Library</td>
<td>14.51</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>110.78</td>
</tr>
<tr>
<td>Administrative overhead</td>
<td>434.80</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1951, per Exhibit A</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$709.98</td>
</tr>
</tbody>
</table>
### Exhibit A—Schedule 2

**National Nursing Accrediting Service**

**Statement of Receipts and Expenditures**

**General**

*For the Year Ended December 31, 1951*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance, December 31, 1950</strong></td>
<td>$1,372.97</td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Contributions:</td>
<td></td>
</tr>
<tr>
<td>National League of Nursing Education</td>
<td>$3,666.47</td>
</tr>
<tr>
<td>American Nurses’ Association</td>
<td>4,728.62</td>
</tr>
<tr>
<td>National Organization for Public Health Nursing</td>
<td>1,817.91</td>
</tr>
<tr>
<td>Minnesota State Board</td>
<td>1,200.00</td>
</tr>
<tr>
<td>Application fees</td>
<td>2,725.00</td>
</tr>
<tr>
<td>Accreditation fees</td>
<td>29,000.00</td>
</tr>
<tr>
<td>Annual fees</td>
<td>9,150.00</td>
</tr>
<tr>
<td>Sale of: Manual</td>
<td>2,530.00</td>
</tr>
<tr>
<td>Application forms, etc.</td>
<td>34.74</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>54,852.74</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td>$56,225.71</td>
</tr>
<tr>
<td>Salaries</td>
<td>$23,775.66</td>
</tr>
<tr>
<td>Social security</td>
<td>537.19</td>
</tr>
<tr>
<td>Rent</td>
<td>2,139.89</td>
</tr>
<tr>
<td>Equipment and supplies</td>
<td>2,352.18</td>
</tr>
<tr>
<td>Maintenance</td>
<td>306.16</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>348.28</td>
</tr>
<tr>
<td>Postage and shipping</td>
<td>1,086.41</td>
</tr>
<tr>
<td>Mimeographing and printing</td>
<td>1,317.97</td>
</tr>
<tr>
<td>Books and pamphlets</td>
<td>20.67</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>18.25</td>
</tr>
<tr>
<td><strong>Meetings:</strong></td>
<td></td>
</tr>
<tr>
<td>Boards of Review</td>
<td>4,546.65</td>
</tr>
<tr>
<td>Joint Committee on Unification of Accrediting Activities</td>
<td>1,745.87</td>
</tr>
<tr>
<td>Special meetings and conventions</td>
<td>372.75</td>
</tr>
<tr>
<td>Travel and maintenance, accrediting representatives</td>
<td>6,458.91</td>
</tr>
<tr>
<td>Honoraria</td>
<td>2,347.50</td>
</tr>
<tr>
<td>Administrative overhead</td>
<td>2,468.37</td>
</tr>
<tr>
<td><strong>Total Expenditures</strong></td>
<td>49,842.71</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1951, per Exhibit A</strong></td>
<td>$6,383.00</td>
</tr>
</tbody>
</table>
Rockefeller Foundation Grant  
*For the Period from July 1, 1951 to December 31, 1951*

**Receipts:**
- Grant from Rockefeller Foundation $32,500.00

**Expenditures:**
- Salaries $5,018.42
- Rent and maintenance 1,147.33
- Equipment and supplies 1,520.96
- Telephone and telegraph 209.74
- Postage and shipping 569.23
- Mimeographing and printing 967.49
- Books and pamphlets 2.78
- Miscellaneous 36.89

**Meetings:**
- Joint Committee on Unification of Accrediting Activities 222.02
- Boards of Review 2,029.55
- Special meetings and conventions 189.71
- Conference—Temporary accrediting representatives 3,628.32
- Travel and maintenance for accreditation visits 9,225.94
- Honoraria 5,869.00
- Administrative overhead 1,300.00

**Balance, December 31, 1951, per Exhibit A**
$31,937.36

---

National Foundation for Infantile Paralysis Grant  
*For the Period from July 1, 1951 to December 31, 1951*

**Receipts:**
- Grant from National Foundation for Infantile Paralysis $30,000.00

**Expenditures:**
- Salaries $12,724.45
- Temporary accreditation visits:
  - Travel and maintenance 1,421.60
  - Honoraria 12,565.00
- Administrative overhead 1,350.00

**Balance, December 31, 1951, per Exhibit A**
$28,061.05

---

Commonwealth Fund Grant  
*For the Period from July 1, 1951 to December 31, 1951*

**Receipts:**
- Grant from The Commonwealth Fund $12,500.00

**Expenditures:**
- Salaries $3,000.00
- Travel and maintenance:
  - Accreditation visits 1,648.50
  - Honoraria 6,059.00
- Administrative overhead 562.50

**Balance, December 31, 1951, per Exhibit A**
$11,250.00

---

$1,250.00
## Exhibit A—Schedule 3

National Committee for the Improvement of Nursing Services

Statements of Receipts and Expenditures

General Committee

For the Year Ended December 31, 1951

<table>
<thead>
<tr>
<th>Balance, December 31, 1950</th>
<th>$ 996.05</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
</tr>
<tr>
<td>Sale of &quot;Nursing Schools at the Mid-Century&quot;</td>
<td>$ 2,446.00</td>
</tr>
<tr>
<td>Honoraria</td>
<td>890.97</td>
</tr>
<tr>
<td>Contributions</td>
<td>20.00</td>
</tr>
<tr>
<td><strong>Total Receipts:</strong></td>
<td>$3,356.97</td>
</tr>
<tr>
<td><strong>Expenditures:</strong></td>
<td></td>
</tr>
<tr>
<td>Printing and mimeographing</td>
<td>$1,211.90</td>
</tr>
<tr>
<td>Reprinting &quot;Nursing Schools at the Mid-Century&quot;</td>
<td>1,115.08</td>
</tr>
<tr>
<td>Postage and express</td>
<td>277.95</td>
</tr>
<tr>
<td>Shipping</td>
<td>235.27</td>
</tr>
<tr>
<td>Supplies</td>
<td>4.40</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>7.63</td>
</tr>
<tr>
<td><strong>Total Expenditures:</strong></td>
<td>$2,852.23</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1951, per Exhibit A</strong></td>
<td>$ 1,500.79</td>
</tr>
</tbody>
</table>

W. K. Kellogg Foundation Grant

For the Period from September 1, 1950 to August 31, 1951

<table>
<thead>
<tr>
<th>Receipts:</th>
<th>$ 70,000.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant from W. K. Kellogg Foundation</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$23,923.84</td>
</tr>
<tr>
<td>Social security</td>
<td>195.96</td>
</tr>
<tr>
<td>Rent</td>
<td>3,882.68</td>
</tr>
<tr>
<td>Maintenance and operation:</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>2,187.68</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>74.85</td>
</tr>
<tr>
<td>Office supplies</td>
<td>408.87</td>
</tr>
<tr>
<td>Postage and express</td>
<td>176.87</td>
</tr>
<tr>
<td>Printing and mimeographing</td>
<td>1,437.41</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>497.50</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>366.29</td>
</tr>
<tr>
<td>Travel:</td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>2,041.45</td>
</tr>
<tr>
<td>National Committee for the Improvement of Nursing Services meeting</td>
<td>1,918.79</td>
</tr>
<tr>
<td>Subcommittee meetings</td>
<td>4,191.78</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>80.05</td>
</tr>
<tr>
<td><strong>Administrative overhead</strong></td>
<td>2,800.00</td>
</tr>
<tr>
<td><strong>Unexpended balance forwarded to Grant for period from September 1, 1951 to August 31, 1952</strong></td>
<td>$25,815.98</td>
</tr>
</tbody>
</table>
W. K. Kellogg Foundation Grant
For the Period from September 1, 1951 to December 31, 1951

Receipts:
Grant from W. K. Kellogg Foundation $ 65,501.22
Balance forwarded from Grant for period from September 1, 1950 to August 31, 1951 25,815.98 $ 91,317.20

Expenditures:
Salaries ................................................................. $ 13,247.91
Social security ......................................................... 194.62
Rent ........................................................................ 700.94
Maintenance and operation:
   Equipment ................................................................ 93.64
   Miscellaneous ........................................................... 8.75
Office supplies ........................................................... 412.77
Postage, shipping, and express ........................................ 1,053.80
Printing and mimeographing ........................................... 1,472.51
Telephone and telegraph ................................................ 306.35
Miscellaneous ............................................................ 94.17
Travel:
   Staff .................................................................... 1,218.25
   National Committee for the Improvement of Nursing
      Services meetings .................................................... 1,698.51
      Subcommittee meetings ........................................... 54.30
      Special projects, committees, and consultants ............ 376.55
      Administrative overhead .......................................... 3,512.20 24,425.25

Balance, December 31, 1951, per Exhibit A $ 66,891.95

EXHIBIT A—SCHEDULE 4
Psychiatric Nursing Training
United States Public Health Service Training Grants
Statement of Receipts and Expenditures
Grant 2M-5164-C3
For the Period from July 1, 1950 to June 30, 1951

Receipts:
Received from U. S. Public Health Service $ 13,185.62
Add: Balance forwarded from Grant MHT C358-4 1,814.38 $ 15,000.00

Expenditures:
Salaries—Professional .................................................. 6,069.16
   Nonprofessional ..................................................... 2,110.69
Social security ........................................................... 66.72
Consumable supplies:
   Mimeographing ...................................................... 47.23
   Office supplies ....................................................... 461.03
   Printing report on advanced programs ......................... 342.99
Postage .................................................................. 250.00
Cincinnati conference .................................................. 63.10
Travel ................................................................... 4,094.31
Administrative overhead ............................................. 1,111.00 14,616.19

Balance forwarded to Grant 2M-5164-C4 $ 383.81
**EXHIBIT A—Schedule 4**

*Continued*

Grant 2M-5164-C4

*For the Period from July 1, 1951 to December 31, 1951*

**Receipts:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received from U. S. Public Health Service</td>
<td>$22,286.19</td>
</tr>
<tr>
<td>Add: Unexpended balance forwarded from Grant 2M-5164-C3</td>
<td>$383.81</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$22,670.00</strong></td>
</tr>
</tbody>
</table>

**Expenditures:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries—Professional</td>
<td>$5,163.45</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>$1,464.52</td>
</tr>
<tr>
<td>Social security</td>
<td>$65.28</td>
</tr>
<tr>
<td>Consumable supplies:</td>
<td></td>
</tr>
<tr>
<td>Office supplies</td>
<td>$98.84</td>
</tr>
<tr>
<td>Mimeographing</td>
<td>$203.33</td>
</tr>
<tr>
<td>Travel</td>
<td>$1,844.06</td>
</tr>
<tr>
<td>Administrative overhead</td>
<td>$1,679.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10,518.28</strong></td>
</tr>
</tbody>
</table>

**Balance, December 31, 1951, per Exhibit A**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>$12,151.72</strong></td>
</tr>
</tbody>
</table>

---

**EXHIBIT A—Schedule 5**

Committee on Postgraduate Clinical Nursing Courses

*Statement of Receipts and Expenditures for the Year Ended December 31, 1951*

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, December 31, 1950</td>
<td>$1,493.39</td>
</tr>
<tr>
<td>No change in 1951</td>
<td></td>
</tr>
<tr>
<td><strong>Balance, December 31, 1951, per Exhibit A</strong></td>
<td><strong>$1,493.39</strong></td>
</tr>
</tbody>
</table>
### 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, 1951**

#### Income:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General:</td>
<td></td>
</tr>
<tr>
<td>Membership dues</td>
<td>$60,681.00</td>
</tr>
<tr>
<td>Publications:</td>
<td></td>
</tr>
<tr>
<td>Records</td>
<td>31,543.38</td>
</tr>
<tr>
<td>Others</td>
<td>22,400.16</td>
</tr>
<tr>
<td>Slides</td>
<td>210.75</td>
</tr>
<tr>
<td>Films</td>
<td>35.00</td>
</tr>
<tr>
<td>Interest</td>
<td>1,402.15</td>
</tr>
<tr>
<td>Convention exhibits and registration fees</td>
<td>8,381.00</td>
</tr>
<tr>
<td>Contributions</td>
<td>67.50</td>
</tr>
<tr>
<td>Royalties</td>
<td>141.51</td>
</tr>
<tr>
<td>Survey fee</td>
<td>150.00</td>
</tr>
<tr>
<td>Regional work conferences</td>
<td>1,195.21</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>$126,207.66</strong></td>
</tr>
</tbody>
</table>

#### Department of Measurement and Guidance:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Nursing and Guidance Test Service</td>
<td>94,589.50</td>
</tr>
<tr>
<td>Achievement Test Service</td>
<td>107,291.00</td>
</tr>
<tr>
<td>State Board Test Pool Service</td>
<td>94,804.66</td>
</tr>
<tr>
<td>Graduate Nurse Test Service</td>
<td>17,261.50</td>
</tr>
<tr>
<td><strong>Practical Nurse Test Service:</strong></td>
<td></td>
</tr>
<tr>
<td>State Board</td>
<td>13,026.38</td>
</tr>
<tr>
<td>Achievement</td>
<td>1,242.50</td>
</tr>
<tr>
<td>Pre-Admission and Classification</td>
<td>3,772.00</td>
</tr>
<tr>
<td><strong>Total Income Department</strong></td>
<td><strong>331,987.54</strong></td>
</tr>
</tbody>
</table>

#### Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>$137,492.31</td>
</tr>
<tr>
<td>Department of Business Administration</td>
<td>38,361.66</td>
</tr>
<tr>
<td>Department of Measurement and Guidance</td>
<td>210,095.09</td>
</tr>
<tr>
<td>Department of Advisory Service to State Leagues</td>
<td>6,572.97</td>
</tr>
<tr>
<td>Department of Services to Schools of Nursing</td>
<td>9,089.36</td>
</tr>
<tr>
<td><strong>Total Expenses, per Schedule 1</strong></td>
<td><strong>401,609.39</strong></td>
</tr>
</tbody>
</table>

#### Excess of Income over Expenses:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund:</td>
<td></td>
</tr>
<tr>
<td>Balance, December 31, 1950</td>
<td>$76,318.10</td>
</tr>
<tr>
<td>Deduct: Transfers to Reserve Fund</td>
<td>20,000.00</td>
</tr>
<tr>
<td><strong>Balance, December 31, 1951, per Exhibit A</strong></td>
<td><strong>$112,903.91</strong></td>
</tr>
</tbody>
</table>
# EXHIBIT B—SCHEDULE 1

Statement of Expenses of the General Fund for the Year Ended December 31, 1951

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General:</strong></td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$45,723.42</td>
</tr>
<tr>
<td>Social security</td>
<td>579.98</td>
</tr>
<tr>
<td>Extra stenographic service</td>
<td>54.24</td>
</tr>
<tr>
<td>Rent—premises</td>
<td>7,421.20</td>
</tr>
<tr>
<td>Travel and expenses of:</td>
<td></td>
</tr>
<tr>
<td>Board of Directors</td>
<td>4,353.95</td>
</tr>
<tr>
<td>President</td>
<td>412.29</td>
</tr>
<tr>
<td>Executive director</td>
<td>962.59</td>
</tr>
<tr>
<td>Directors and staff members</td>
<td>459.87</td>
</tr>
<tr>
<td>Appointed representatives</td>
<td>422.46</td>
</tr>
<tr>
<td>Contingent expenses for committees</td>
<td>1,646.60</td>
</tr>
<tr>
<td>Legal fees</td>
<td>500.20</td>
</tr>
<tr>
<td><strong>Conventions and meetings:</strong></td>
<td></td>
</tr>
<tr>
<td>Meeting rooms</td>
<td>707.50</td>
</tr>
<tr>
<td>Preprints, printing, and mimeographing</td>
<td>800.23</td>
</tr>
<tr>
<td>Supplies</td>
<td>91.58</td>
</tr>
<tr>
<td>Reporting</td>
<td>239.31</td>
</tr>
<tr>
<td>Exhibit space</td>
<td>46.00</td>
</tr>
<tr>
<td>Honoraria and expenses</td>
<td>456.25</td>
</tr>
<tr>
<td>Joint Board</td>
<td>43.45</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>344.73</td>
</tr>
<tr>
<td><strong>Office supplies and equipment:</strong></td>
<td></td>
</tr>
<tr>
<td>Supplies, stationery, etc.</td>
<td>3,918.92</td>
</tr>
<tr>
<td>Mimeograph supplies</td>
<td>777.10</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,929.80</td>
</tr>
<tr>
<td><strong>Service:</strong></td>
<td></td>
</tr>
<tr>
<td>Addressing</td>
<td>649.46</td>
</tr>
<tr>
<td>Postage and express</td>
<td>2,923.98</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>1,146.27</td>
</tr>
<tr>
<td>Machine service</td>
<td>347.33</td>
</tr>
<tr>
<td>Shipping</td>
<td>559.52</td>
</tr>
<tr>
<td>Mimeographing and multigraphing</td>
<td>221.03</td>
</tr>
<tr>
<td><strong>Publications:</strong></td>
<td></td>
</tr>
<tr>
<td><em>Annual Report</em></td>
<td>16,251.62</td>
</tr>
<tr>
<td>General</td>
<td>8,115.56</td>
</tr>
<tr>
<td>Records</td>
<td>9,710.40</td>
</tr>
<tr>
<td><em>League Letters</em></td>
<td>1,896.89</td>
</tr>
<tr>
<td>Photographs, slides, films</td>
<td>94.66</td>
</tr>
<tr>
<td>Auditing</td>
<td>800.00</td>
</tr>
<tr>
<td>Balloting expenses</td>
<td>353.21</td>
</tr>
<tr>
<td>Bonding</td>
<td>170.23</td>
</tr>
<tr>
<td>Dues—membership in allied organizations</td>
<td>193.25</td>
</tr>
<tr>
<td>Insurance</td>
<td>241.92</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>298.89</td>
</tr>
<tr>
<td>Receptionist and common service expense</td>
<td>1,034.06</td>
</tr>
<tr>
<td>Repairs and maintenance (including electricity)</td>
<td>537.20</td>
</tr>
<tr>
<td>Restroom</td>
<td>404.01</td>
</tr>
<tr>
<td>State leagues’ supplies</td>
<td>202.09</td>
</tr>
<tr>
<td>Subscriptions, reference books, etc.</td>
<td>93.84</td>
</tr>
</tbody>
</table>
Standing Committees:
- Nominations: 42.89

Special Committees:
- Nursing Curricula and Subcommittee: 1,318.23
- Early Nursing Source Materials: 175.00
- Structure: 609.12
- To work with ACE and NEA: 82.61

Joint Committees:
- Careers in Nursing: 4,033.54
- National Nursing Accrediting Service: 3,666.47
- Practical Nurses and Auxiliary Workers: 1,436.00
- Structure: 5,026.00

Moving expenses:
- Partitioning: 11,608.48
- Moving: 2,561.59
- Contingent fund for related expenses: 7,243.48

_**Deduct:** Administrative overhead charged to other projects_ 18,448.19

**Department of Business Administration:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$34,403.67</td>
</tr>
<tr>
<td>Social security</td>
<td>471.19</td>
</tr>
<tr>
<td>Extra stenographic service</td>
<td>617.77</td>
</tr>
<tr>
<td>Rent—premises</td>
<td>2,292.96</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>407.87</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>42.20</td>
</tr>
<tr>
<td>Repairs and maintenance (including electricity)</td>
<td>126.00</td>
</tr>
</tbody>
</table>

**Department of Measurement and Guidance:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>122,342.13</td>
</tr>
<tr>
<td>Social security</td>
<td>1,422.65</td>
</tr>
<tr>
<td>Rent—premises</td>
<td>13,951.51</td>
</tr>
<tr>
<td>Examination rooms and services</td>
<td>535.63</td>
</tr>
<tr>
<td>Travel and expenses; Director and staff members</td>
<td>485.98</td>
</tr>
<tr>
<td>Item writers</td>
<td>2,049.91</td>
</tr>
</tbody>
</table>

**Fees:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory groups</td>
<td>200.00</td>
</tr>
<tr>
<td>Examiners</td>
<td>10,864.47</td>
</tr>
<tr>
<td>Proctors</td>
<td>1,744.00</td>
</tr>
</tbody>
</table>

**Office supplies and equipment:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies, stationery, mimeograph, etc.</td>
<td>5,868.07</td>
</tr>
<tr>
<td>Testing materials</td>
<td>28,632.43</td>
</tr>
<tr>
<td>Equipment</td>
<td>2,083.72</td>
</tr>
</tbody>
</table>

**Service:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postage and express</td>
<td>10,282.55</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>1,608.85</td>
</tr>
<tr>
<td>Machine rental</td>
<td>5,559.70</td>
</tr>
<tr>
<td>Machine service</td>
<td>409.37</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>617.90</td>
</tr>
<tr>
<td>Repairs and maintenance (including electricity)</td>
<td>849.62</td>
</tr>
<tr>
<td>Subscriptions, reference books, etc.</td>
<td>65.74</td>
</tr>
<tr>
<td>Proposed expansion of departmental services:</td>
<td></td>
</tr>
<tr>
<td>Test development</td>
<td>368.86</td>
</tr>
<tr>
<td>Special grant</td>
<td>150.00</td>
</tr>
</tbody>
</table>

Total: 210,093.09
## Exhibit B—Schedule 1

(Continued)

<table>
<thead>
<tr>
<th>Department of Advisory Service to State Leagues:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>4,941.71</td>
</tr>
<tr>
<td>Social security</td>
<td>65.08</td>
</tr>
<tr>
<td>Rent—premises</td>
<td>330.60</td>
</tr>
<tr>
<td>Travel and expenses</td>
<td>1,056.79</td>
</tr>
<tr>
<td>Office supplies, stationery, etc.</td>
<td>11.46</td>
</tr>
<tr>
<td>Service:</td>
<td></td>
</tr>
<tr>
<td>Postage and express</td>
<td>8.59</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>108.67</td>
</tr>
<tr>
<td>Mimeographing and multigraphing</td>
<td>27.94</td>
</tr>
<tr>
<td>Entertainment</td>
<td>3.90</td>
</tr>
<tr>
<td>Repairs and maintenance (including electricity)</td>
<td>18.23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Department of Services to Schools of Nursing:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>7,332.33</td>
</tr>
<tr>
<td>Social security</td>
<td>76.20</td>
</tr>
<tr>
<td>Rent—premises</td>
<td>363.48</td>
</tr>
<tr>
<td>Travel and expenses—director and staff members</td>
<td>350.74</td>
</tr>
<tr>
<td>Conferences:</td>
<td></td>
</tr>
<tr>
<td>Joint conferences on curriculum, special committees, and other conferences</td>
<td>26.88</td>
</tr>
<tr>
<td>Junior college programs</td>
<td>166.21</td>
</tr>
<tr>
<td>Special committee (League records)</td>
<td>431.48</td>
</tr>
<tr>
<td>Office supplies, stationery, etc.</td>
<td>83.14</td>
</tr>
<tr>
<td>Service:</td>
<td></td>
</tr>
<tr>
<td>Postage and express</td>
<td>94.29</td>
</tr>
<tr>
<td>Telephone and telegraph</td>
<td>114.80</td>
</tr>
<tr>
<td>Mimeographing and multigraphing</td>
<td>10.66</td>
</tr>
<tr>
<td>Entertainment</td>
<td>1.70</td>
</tr>
<tr>
<td>Repairs and maintenance (including electricity)</td>
<td>20.02</td>
</tr>
<tr>
<td>Subscriptions, reference books, etc.</td>
<td>17.43</td>
</tr>
</tbody>
</table>

Total Expenses, per Exhibit B $401,609.39

## Exhibit C

M. Adelaide Nutting Award Fund

Statement of Receipts and Expenditures for the Year Ended December 31, 1951

<table>
<thead>
<tr>
<th>Balance, December 31, 1950</th>
<th>$ 398.15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts:</td>
<td></td>
</tr>
<tr>
<td>Contributions received</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>Interest on savings bank deposit</td>
<td>$ 10.57</td>
</tr>
<tr>
<td></td>
<td>$ 310.57</td>
</tr>
</tbody>
</table>

Expenditures $708.72

Balance, December 31, 1951, per Exhibit A $708.72

Respectfully submitted,

HENRIETTA DOLTZ, Treasurer
REPORT OF THE EXECUTIVE DIRECTOR

Like so many League members, we of your Headquarters staff are constantly discussing our program, the League program, in terms of two words "Needs" and "Resources." It goes without saying that the League's program must be designed in the light of needs—the needs of nursing education, in general, and, more specifically, the needs of League members, of our schools, and of the students in these schools. But a knowledge of these needs is not enough; we are constantly confronted with the questions: "Which needs are the most pressing?" "What resources must we have in order to meet these needs?" "How can we best use our present resources to meet them?"

In any analysis of our resources for meeting the needs of our program, we always put the League members at the top of our list. For it is the enthusiasm and support of our membership which is our greatest asset as an organization, our most productive form of "working capital." It therefore seems appropriate for us to lay before you, the League members in whose interests we work and upon whose efforts we so greatly rely, the needs of nursing education as they present themselves to us at Headquarters and the resources which we all, membership and staff alike, must bring to bear upon these needs.

Needs

Financing nursing education. The lack of finances seems to be the root of many of the problems of nursing education. In order to attack this root problem, three fundamental needs are evident: (1) a national estimate of what the total cost of nursing education should be; (2) the development of sources from which funds may be obtained to meet these costs; and (3) guidance to educational programs in the proper use of funds available to them. The fact that it would be practically impossible at present to satisfy the first of these needs—the estimate of what the total cost of nursing education should be—need not deter us from proceeding with our attack upon the others.

Our efforts to develop further sources for the support of nursing education are based upon the assumption that the public, with its large stake in the provision of good nursing care, will accept responsibility in the preparation of nurses to give this care. Evidence of the willingness of citizens to assume their proper obligations is increasing; in particular, a broad scholarship program for nursing is being developed under the Federal Civil Defense Administration, and various business concerns have likewise shown an interest in this type of financial aid to nursing education. In terms of resources, then, the League must make available some means of providing guidance to those who are willing to sponsor national programs of financial assistance to educational programs and students in nursing. Accordingly, the Board has
established a new committee, the Committee on Financing Nursing Education, with the following functions: (1) to formulate and recommend to the Board policies with regard to the role of the League concerning national programs of assistance to educational programs and students in nursing; (2) to evaluate proposals for assistance in the light of these policies; and (3) to draw up plans for stimulating the development of financial assistance to schools and students.

Our third need in this category—that of helping schools of nursing in the expenditure of funds available to them—is one which our Headquarters staff hopes to be able to assist in meeting through our broadened program of assistance to schools of nursing.

Organization, control, and administration of nursing education. The statement of principles relating to organization, control, and administration of nursing education, adopted by the League membership in 1950, has stimulated considerable interest on the part of institutions of higher education. League Headquarters has been receiving a constant flow of inquiries from college and university administrators concerning the possibility of their establishing nursing programs within their institutions. Obviously, it is the responsibility of the League to furnish guidance to these persons, and especially to make them realize the responsibilities which any educational institution must assume for a program of nursing which it administers.

The methods we have developed for giving such guidance are various. First, there is the type of advice that can be sent through the mails. In addition to the many individual letters in answer to inquiries, we have assembled a collection of descriptions of sample collegiate programs in nursing which have been approved by the profession. These sample descriptions demonstrate, rather specifically, what the establishment of an educational program in nursing involves in finances, faculty, and facilities, and, at the same time, illustrate the fact that there is no one uniform type of program advocated by the profession. A second channel for guidance is through conferences with representative educators—conferences of the type now being planned under the auspices of the American Council on Education with the assistance of the League and the other nursing organizations. This conference, which may have taken place by the time this report is printed, has been stimulated by the Committee to Work with the American Council on Education and the National Education Association. A third type of guidance is the direct consultation service of the type which Margaret Bridgman has been providing, under the auspices of the Russell Sage Foundation, to administrators of colleges or universities which have established, or are contemplating establishing, programs in nursing. As you know, Miss Bridgman will continue this service under the auspices of the League or our successor organization this fall. In addition, guidance from a professional nurse will be available from our Headquarters staff.
Curriculum. Although it is recognized that the development of nursing curricula is the responsibility of the faculty of each program, the League, as an organization, still has an obligation to assist faculties in the process of sound curriculum development. Here again, we are utilizing many channels—publications such as the Instructor's Guide on Nursing during Disaster, conferences such as the regional work conferences in which the Headquarters staff and state leagues have been cooperating, and, again, direct personal consultation. I am glad to report that our staff is being augmented so that we can increase this last kind of help.

Faculty preparation. One of the greatest needs of nursing education is for more nurses qualified to administer and teach in our schools of nursing. It is a need, however, that cannot be met on the national level alone. Headquarters has prepared and is distributing the leaflet "Your Career as a Nurse Educator" designed to stimulate young nurses to prepare themselves for faculty positions, but it is the state and local groups and the schools of nursing that are in the best position to encourage the individual nurse and to help her select the program that will best meet her needs. It is suggested that more thought be given to local programs for faculty recruitment and that information be sent to Headquarters, for further circulation, as to the success of such projects as "future nurse educator clubs," "careers in nursing education days," and devices established by local groups for giving individual guidance to young nurses.

Selection and guidance of students. Of all the characteristics of the educational program, the student is naturally our main concern, and the development of tools for her selection and guidance is one of the primary projects in the League's program. It is therefore with considerable enthusiasm that we are entering into the operation of the Comprehensive Record System which will augment and sharpen our present measurement tools and be of great assistance to schools of nursing in the selection and guidance of their students.

Auxiliary workers. If we view the League's main purpose in terms of better nursing service, and our particular concern the preparation of those who render this service, we cannot overlook our responsibility in connection with a large group of workers who are not licensed or classified as nurses but who nonetheless contribute substantially, in an auxiliary capacity, to the operation of nursing services. One group of auxiliary workers—the psychiatric aides—is the subject of considerable attention these days by national groups whose main interest is centered in the prevention of mental disorders and the care of psychiatric patients. The League has been represented at meetings of these groups, and, in addition, is exploring its own responsibility in this area through an advisory committee which has been appointed to explore the nursing needs of psychiatric patients.
Resources

In the foregoing discussion of the specific needs of nursing education, as they present themselves to us at Headquarters, some indication has been made of the resources we have been utilizing to meet these needs. A summary of these resources, and an indication of how we are improving them and hope to improve them still further, is perhaps indicated here.

Membership and committees. As has been pointed out, the League’s main resource for carrying out its large and varied program is the large body of League members. All the efforts devoted to work at the national level would be of small account without the League members at state and local levels and within their own individual situations who utilize our materials and apply the principles we develop together. In addition, League members contribute considerably to the national program through their service on committees. Although mention of only a few committees has been made in this report—the Committee to Work with the ACE and NEA and the new Committee on Financing Nursing Education—tribute should be paid to all our national committees for the splendid work they have been doing.

Other organizations. Another resource we have for promoting our cause and working toward our objectives is through the medium of other organizations whose interests intersect with ours. Each year our Annual Report contains a list of organizations with which we have been associated—a list which lengthens annually.

Headquarters staff. Mention has been made in this report of the added assistance which our Headquarters staff hopes to be able to give to educational programs in nursing. This added assistance has been made possible by the increase in our professional nurse staff provided for by the Board of Directors. Mrs. Mary Ryan Shields, R.N., joined us this year in the capacity of associate executive director, and the Board has authorized the appointment of two more professional nurses who can assist in giving service to schools of nursing.

At this time, I should also like to express appreciation to Miss Katharine G. Amberson who resigned as the League consultant in tuberculosis nursing this year after over five years of service, and to Miss Ella A. Taylor whose contribution to nursing education has extended over twenty-five years, beginning with her work in connection with the Committee on the Grading of Nursing Schools from 1927 to 1934 and continuing with her service as a staff member of the League from 1934 until her resignation early this year.

Our structure. To insure that all these resources—our members, other organizations, our staff—are utilized with maximum effectiveness, we have been examining, during these past ten years, our organizational structure and the structures of other national nursing organizations. In a vote taken during the summer of 1950, the League membership indicated its belief that a two-
organization structure for nursing would be more effective than the six-
organization structure. Accordingly, each organization has had a committee
on structure and the organizations have had a Joint Coordinating Committee
on Structure working to develop patterns for two organizations—a new
American Nurses' Association with revised bylaws, and a National League
for Nursing into which the American Association of Industrial Nurses,
the Association of Collegiate Schools of Nursing, the National League of
Nursing Education, and the National Organization for Public Health Nurs-
ing will merge if their members so decide. The plan for the National
League for Nursing will come before you at this convention in the form
of the proposed bylaws for this organization. These bylaws represent
arduous work—meetings, discussions, correspondence, articles. They have
been drafted and re-drafted, revised and re-revised, until the groups which
have been working on them, including the Joint Board of Directors of the
Six National Nursing Organizations which has approved them, believes that
they reflect the thinking of the members of all the organizations concerned
insofar as this is possible.

The committees have worked hard. We of the Headquarters staff who have
worked with the committees have done our best. The decision as to the future
structures of organized nursing now rests with our memberships. May wisdom
guide you in this decision!

REPORT OF THE STATISTICAL UNIT

The statistical unit has been engaged in the following activities during the
year 1951:

Supplement to 1950 State-Approved Schools of Nursing. Data were gathered from
state boards of nurse examiners concerning all changes in schools of nursing during
the year 1950, and a mimeographed 7-page supplement to the 1950 list was prepared.

Withdrawal study. The three-year study of withdrawals from schools of nursing was
completed and the final 50-page report compiled and prepared for distribution.

Programs Leading to a Degree for Graduate Nurses. Work which was begun in
1950 was completed and the list of universities and colleges offering these programs
was published. The number of professional graduate nurses enrolled in 1950 on full-
time and part-time bases and the number of G.I. students enrolled were compiled.
Queries were sent to all state boards and state leagues to bring up to date the list
of colleges and universities offering graduate nurse programs in 1951, and question-
naires were then drafted and sent to 169 universities and colleges in order to get much
more detailed information concerning graduate nurses enrolled in various types of
programs.

Clinical Nursing Courses Offered to Graduate Professional Nurses. These lists which
include data concerning courses offered in 22 different fields of nursing were completed
during 1951 and published.
List of Schools Admitting Men was compiled as of January 1, 1951 and prepared for distribution.

List of Schools Admitting Negroes was compiled as of January 1, 1951 and prepared for distribution.

1951 Facts about Nursing. All data concerning professional nurse education which appear in 1951 Facts about Nursing were brought up to date, and data were also submitted concerning schools of practical nursing.

Admission of students. Reports including data concerning admissions, applications accepted, and applications pending, which were based upon questionnaires sent at six different times during the year to all 1,170 schools, were prepared for the Committee on Careers in Nursing. The regular report of admissions to 1,170 schools during the first six months of 1951 was prepared in June. The annual report of 1951 admissions, including the number of men and Negro students admitted and the number of students admitted to diploma and to degree programs, was prepared at the end of the year.

Enrollment of students. A report was prepared on the enrollment of students as of January 1, 1951 based upon questionnaires sent to 1,170 schools. This included a detailed analysis of state of residence of all students. Breakdowns were also made of students enrolled in diploma programs and in degree programs, students enrolled in college-controlled schools, and the number of men and Negro students enrolled.

College- and university-controlled schools and students. A list was compiled of all college- and university-controlled schools and total number of students admitted, enrolled, and graduated from degree programs and diploma programs offered in these schools.

Practical nurse schools and students. Questionnaires were sent in March to schools of practical nursing to obtain data concerning enrollment, admissions, and graduations.

Miscellaneous reports and studies. A study, based upon data in the 1950 State-Approved List, was made of the experience offered to students in the following services: psychiatric nursing, tuberculosis nursing, communicable disease nursing, outpatient department nursing, community health nursing, and nursery school experience.

A study, also based upon data in the 1950 State-Approved List, was made of tuition, maintenance, and other expenses charged to students in schools of nursing, and also of stipends paid to students.

A study of opinions of directors of state-approved schools of nursing concerning the Cadet Nurse Corps Program of World War II was prepared. Studies were also made of schools receiving public or private support classified according to whether they were college- or university- or hospital-controlled; professional graduate nurses employed on full-time and part-time bases in hospitals connected with schools of nursing; educational qualifications of first-year students in diploma and degree programs in 1950; and the number of classes admitted per year, and the months in which classes were admitted during 1950.

Articles. Articles appearing in 1951 issues of the American Journal of Nursing were:

January — Student Admissions in 1950
March — Graduations and Withdrawals (class of 1950)
May — Withdrawal of Students
July — Student Enrollment 1951
August — Graduate Nurses Enrolled in Colleges and Universities
September — Clinical Experience for Students
October — Tuition and Other Fees and Stipends.
REPORT ON PUBLICATIONS

League publications are produced cooperatively by many groups within the League—committees, various departments and units of the Headquarters staff, and individual League members. Among the publications issued since May 1951, in addition to those prepared by the statistical unit, are:

1951 Annual Report of the National League of Nursing Education
Cumulative Index to the Annual Reports of the National League of Nursing Education, 1940-1950. Prepared by Loraine Sneath, a League member.
Nursing during Disaster: A Guide for Instructors in Basic Professional Programs and Practical Nurse Programs. Prepared by a production committee of the Department of Services to Schools of Nursing.
Bibliographies on Nursing. A series of bibliographies, a few of which are still in preparation. Prepared by production committees of the Department of Services to Schools of Nursing.
Source Materials in Nursing Education. Compiled by the Committee on Early Nursing Source Materials.
Your Career as a Nurse Educator. A leaflet.

Also, a new series of publications, the League Exchange, has been instituted to provide League members with a further channel for the interchange of information. These publications do not necessarily express the official views of the organization; the League is merely their distributor.

In addition, articles have been prepared by members of the Headquarters staff for publication in the American Journal of Nursing and Nursing Research, and six League Letters interpreting the League’s program are sent annually to all League members.

Respectfully submitted,

JULIA M. MILLER, Executive Director

REPORT OF THE DEPARTMENT OF MEASUREMENT AND GUIDANCE

BIRD’S-EYE VIEW OF THE FIRST TEN YEARS OF THE LEAGUE’S TESTING SERVICES

The values that can be derived from the use of standardized tests in the selection of students and evaluation of their progress have been widely recognized by general educators for some thirty years. For almost as long, the leaders in nursing education have recognized the potential values of such instruments in their programs and have looked toward the development of
them. The first formal step was taken in 1938 by Isabel M. Stewart who approached a joint committee appointed by the boards of directors of the National League of Nursing Education, National Organization for Public Health Nursing and Association of Collegiate Schools of Nursing about sponsoring a joint national testing service for the profession in cooperation with the Cooperative Test Service. Although the joint committee recognized that such a service would be of extremely great value, sufficient funds were not forthcoming and hence it was necessary to reject the plan as it was first developed.

The following year, the League established a Committee on Nursing Tests. Miss Stewart was chairman and R. Louise McManus was secretary. The other members of the committee were Sallie Mennin, Blanche Pfefferkorn, Anne L. Austin, Jean Barrett, Sister M. Domitilla, Maude B. Muse, and Clara Quereau. In 1940, this committee and the Cooperative Test Service developed a new plan of operation. The Cooperative Test Service permitted the profession to use some of its psychological and achievement tests; the committee assumed responsibility for developing certain aptitude tests, for example, a paper-folding test designed to measure mechanical dexterity, and for construction of achievement tests in the basic professional nursing curriculum. The committee also developed and included a personal data record form in its program and thereby established itself as a pioneer in the use of such information for diagnostic and descriptive purposes. Another interesting and somewhat unique aspect of the program was the decision to establish a test service, as opposed to a test sales, program, that is, to supply the test users with test booklets and most, if not all, of the other materials needed for administering the tests and to score the test and report the results to the user for a given fee. This arrangement permits a centralization of test results which is so important in the development of an effective program. It also provides much closer control of the test questions. In addition, it provides a very useful service to staffs already overloaded with work and not too familiar with the mechanics of test scoring and reporting of results. There seems little question now that this judgment was sound, since it has resulted in a program that is effective in meeting an important need of the profession. In 1941 Mrs. McManus secured the necessary funds for an experimental project and the testing service was formally launched. The committee recognized the importance of continued interpretation of measurement and guidance to the entire membership and hence placed much emphasis on research and interpretation in this experimental program.

The program initiated and nurtured by this committee is one to which the entire profession is indebted. Although the members of the original and succeeding committees carried heavy loads in their regular positions, they all saw the possibilities of the program and were untiring in their efforts in developing a test service that would make a real contribution to nurse
educators. The first test service sponsored by the committee was a battery of tests that could be used by faculties of state-approved schools as an aid in the selection and placement of students in the basic program. The introduction of this battery was very timely since it provided a tool useful to schools in identifying the applicants who were least likely to succeed. World War II had just begun and the schools were very anxious to select competent students who would complete the program, become licensed, and assume their responsibilities in a world in which effective nursing care was so critically needed. They called this battery the Pre-Nursing and Guidance Test Battery. The development of this service was a stimulus some nine or ten years later (1949) for the development of the Pre-Admission and Classification Examination, the test offered to approved schools of practical nursing for assistance in selection and placement of their students.

At about the same time, the demands for procuring licensed nurses for the armed services became critical. This placed a tremendous burden on licensing authorities to prepare, administer, and score licensing tests quickly and to report the results in a minimum amount of time. The members of the committee indicated their willingness to assist licensing authorities to accelerate the licensing process. In 1942 the authorities in two states accepted the invitation and jointly with the committee planned and developed the tests. The tests were scored by committee personnel, who also provided information needed to evaluate the scores. Out of this effort has developed the State Board Test Pool Service and indirectly the League testing service for the licensing of practical nurses. The committee also assumed responsibility for the development of a series of tests which covered the major content areas in the basic professional program. These tests provided the base from which our present achievement tests for the basic professional program, the nursing content tests in the Graduate Nurse Qualifying Examination, and the Practical Nurse Achievement Examination have developed.

The response to the testing service was immediate. The volume of the service the second year was too large to be handled entirely on a volunteer basis. Ida Sommer Streiter was appointed as the first professional employee. She worked the first year on a part-time basis and later on a full-time basis. The volume of work continued to increase, and within a short time H. Phyllis Sammul and Mary Roagan were added to the professional staff; later two non-nurses, Goldie Kaback and Emma Spaney, were employed by the committee.

In 1946, the volume of the service had become so great that the committee requested the League Board to create a regular department in the League to handle this program. Accordingly, the Board created the Department of Measurement and Guidance. Elizabeth L. Kemble was the first director and served in this capacity until August 1950, when she resigned to accept a
position in a school of nursing. During this four-year period the number of test services increased from five to seven, and the volume of each of them increased markedly. The department early assumed responsibility for establishing a national test schedule for the Pre-Nursing and Guidance Test Battery and for arranging for qualified examiners to administer the test. Prior to that time, this responsibility had been assumed by the state committees on measurement and guidance. Eligibility to use the achievement tests was redefined to include public and private organizations interested in tools that would be of assistance to them in the selection of first-level professional nurses. But this change is not primarily responsible for the marked increase in the number of test users during this period; rather, it is a result of the growing recognition by nurse educators of the values of the national testing service. In addition, the department undertook extensive research studies to obtain systematic information about the efficiency of the tests in order that more effective ones might be developed.

The first major research study of the department was a study to determine the relationship between scores on the Pre-Nursing and Guidance Test Battery and success in the basic professional program and on the licensing examination. A summary of this study appeared in the March 1951 issue of the *American Journal of Nursing*. In view of all of these rapid developments, it is easy to understand why the Board of Directors and the membership of the League at the time of Miss Kemble's resignation adopted a resolution which gives recognition to her "great contribution to the advancement of nursing and nursing education in this country."

All of this in just ten years! The testing service has grown from one which served only a handful of schools of professional nursing to one which now serves a very high proportion of these schools throughout the country; from one which cooperated with only a few jurisdictions in the preparation, administration, and evaluation of licensing tests to one in which all state jurisdictions in this country, plus the District of Columbia, Territory of Hawaii, and Province of British Columbia in Canada, use the same tests and report performance in terms of national as well as state norms—an important milestone on the road leading to the establishment of truly professional standards; from one which embraced only selection and licensing tests for the basic professional program to one which now includes achievement tests in the major instructional areas and a selection battery for the use of schools with programs for graduate nurses. It has grown from one which supported only professional nursing interests to one which now has a corresponding program for practical nursing. It has grown from a program in which less than 1,000 individuals were tested during the first year to one in which more than 541,000 tests were administered in 1951. The extent to which each test service was used in 1951 is shown on the following table.
<table>
<thead>
<tr>
<th>User</th>
<th>Service</th>
<th>Number of schools using services 1951</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools and other educational programs of professional nursing</td>
<td>Pre-Nursing and Guidance</td>
<td>440</td>
<td>16,901</td>
</tr>
<tr>
<td>&quot;</td>
<td>Achievement</td>
<td>1,059</td>
<td>157,202*</td>
</tr>
<tr>
<td>&quot;</td>
<td>Graduate Nurse Qualifying</td>
<td>59</td>
<td>2,629</td>
</tr>
<tr>
<td>Schools of practical nursing</td>
<td>Pre-Admission and Classification</td>
<td>27</td>
<td>315</td>
</tr>
<tr>
<td>&quot;</td>
<td>Achievement</td>
<td>73</td>
<td>1,436</td>
</tr>
<tr>
<td>Licensing boards</td>
<td>State Board Test Pool Examination for Professional Nurses</td>
<td>27,498</td>
<td>35,057</td>
</tr>
<tr>
<td>&quot;</td>
<td>Practical Nurse Licensure</td>
<td>4,493</td>
<td>5,795</td>
</tr>
</tbody>
</table>

*This is the number of tests used; the records for this test service do not show the number of individuals tested.

In reviewing the development of this program, it is essential to remember that the individual members of the League and other nursing organizations have made very important contributions to the success of this program. The state league committees on measurement and guidance have been helpful in many ways, but, without doubt, the most important contribution has been in helping test users to understand how to utilize the test results more effectively. Individual nurses from all over the country have performed an inestimable service by their assistance in the development of achievement tests in the basic professional nursing curriculum.

Nursing is truly indebted to its leaders who had the vision to grasp the values of such a program and to the individuals who have given so freely of their time and effort to initiating and developing it. At the midcentury, nursing has formally established itself as a leader in this kind of program. Its scope far exceeds that of the testing services established by any other profession.
ACTIVITIES DURING 1951

As indicated in the table which shows volume of services during 1951, the test services of the League may be classified into the three following groups: those for schools and other educational programs of professional nursing; those for schools of practical nursing; and those for licensing authorities. The principal activities of the department in each of these test service groups during 1951 are summarized below:

Test services for schools and other educational programs of professional nursing

The standardization has been completed for each of the three following achievement tests which were described in our 1950 report: Fundamentals of Nursing, Social Foundations of Nursing, and Tuberculosis Nursing.

Plans are now under way for the development of a new series of achievement tests. In June, a group of 28 nurse educators in the New York City area met with headquarters personnel to review the achievement test needs of the profession. They recommended the development of eight separate tests in the background areas: anatomy and physiology, microbiology, chemistry, nutrition and diet therapy, pharmacology and therapeutics, profession of nursing, social sciences, fundamentals of nursing; four tests in the clinical areas: medical-surgical nursing, obstetric nursing, nursing of children, psychiatric nursing, including mental hygiene; and a series of three integrated tests to be administered at specified intervals during the basic program (one to be given at the end of the first six months of clinical practice and to be concerned primarily with basic nursing problems, such as how to make a patient comfortable, how to gain the cooperation of the patient, and how to give medications; a second-level test to be given after 12-18 months of clinical practice and to be concerned primarily with the care of patients with common medical and surgical conditions; and a third-level test to be given shortly before graduation and to be concerned primarily with complex nursing problems, including problems related to the use of community resources, ways of obtaining pertinent information through interviews, the interpretation of records, helping a patient and his family adjust to a disability).

These recommendations were presented to the Committee on Nursing Curricula which gave formal approval to the development of the integrated series of tests. The other recommendations are to be reviewed at the next meeting of the committee. The recommendations also have been referred for review to some nine hundred nurse educators throughout the country who have volunteered or who have been recommended by one or more of the following groups to assist the department in the construction of these examinations: NLNE Committee on Measurement and Guidance, state leagues of nursing education, and state boards of nurse examiners. The
replies of this group indicate that they are in agreement with the recommendations of the initial planning group. With respect to the one area in which the initial planning group had a real question, namely the organization and emphasis in the area of communicable diseases, this group has voted overwhelmingly in favor of a single achievement test. This would include questions on such diseases as tuberculosis and poliomyelitis. The group is undecided as to whether subscores should be set up for this test.

In order that these tests will reflect current practices and needs, several special interest groups have been asked to submit synopses of nursing situations which have come to their attention during the last year or so and which they feel are important for a graduate of the basic program to be able to handle. For example, the private duty sections and general duty nurses' sections of the state nurses' associations have been asked to submit a list of the specific, legal, ethical, and other nursing problems which have come to their attention during this period.

It is expected that the actual construction of most of these tests will get under way early in 1952. All individuals throughout the country who have agreed to participate in the development of these tests will be given an opportunity to do so. It will be necessary, however, for most of this work to be done by mail rather than through actual visits to headquarters.

In September a group of 14 faculty members, in university and collegiate schools of nursing throughout the country with programs for graduate nurses, were invited to meet with members of the headquarters staff to consider the content and organization of the next series of the clinical part of the NLNE Graduate Nurse Qualifying Examination that would best meet their needs. They unanimously agreed that an integrated test, on the content of the entire basic program, would be the type of instrument of greatest value to them. They further suggested that, if a school desires to obtain an objective measure of the level of competence of an applicant or student in a given clinical area, the appropriate NLNE achievement test(s) be administered or the scores be obtained which (s)he earned on the test(s) while in the basic program.

It is expected that the actual construction of this test will begin early in 1952.

*Personal Data Record Forms which are to be utilized in the Comprehensive Record System for Professional Nursing.* During the past year, a group of nurse educators, students in nursing, sociologists, psychologists, and high school counselors cooperated with the department in the development of the Personal Data Record Form, a questionnaire designed to provide descriptive and diagnostic information about applicants to schools of nursing. Beginning early in 1952, this questionnaire is to be administered at the same time as the NLNE Pre-Nursing and Guidance Test Battery.
This questionnaire has been reviewed by the technical consultants to the department, members of the NLNE Committee on Measurement and Guidance, psychologists, nurse educators, and others, and consideration has been given to all comments in preparing the preliminary drafts. The final draft of this form was administered to some 900 students entering basic programs in nursing in the fall of 1951 in various parts of the country. The responses of this group have been utilized in preparing the final copy of the form which is to be introduced into the Pre-Nursing and Guidance Test Battery. Inasmuch as the effectiveness of this form to predict success in the basic program has not been determined, it is planned to hold the completed forms of applicants until a decision has been reached with respect to admission; they may, however, be released at a later date to schools desiring to use them for counseling purposes.

The same committee also has prepared two drafts of a personal data form designed to be given students shortly before graduation from the basic program and the first draft of one designed to be given to practicing nurses. These last two forms, however, probably will not be released for general use for another year or more.

Test Services for Schools of Practical Nursing

A study is now in progress to determine the relationship between scores on the following measures:

1. Replies to questions on a short personal data form designed to provide descriptive and diagnostic information on individuals entering schools of practical nursing.
2. Pre-Admission and Classification Examination, the League battery which has been developed to aid schools of practical nursing in the selection and placement of students; in addition, the "Adult Reading Test," Form 2, published by the Institute of Educational Research, Teachers College, Columbia University, was administered to most of the participants.
3. Practical Nurse Achievement Examination, Form 150
4. Practical Nurse Licensing Examination, Form 550

The 195 schools of practical nursing which are approved by the National Association for Practical Nurse Education and/or the official state-approving body were invited to participate in this study. Eighty-eight of them have agreed to do so; most of the nonparticipating schools do not as yet have a program in operation or did not admit a class during the experimental period. Since most of the schools have a 12-15 months' course, it is unlikely that the entire study can be completed until some time late in 1953.
Licensing Authorities for Professional Nurses

The State Board Test Pool Examination, Series 951, was completed and released in September 1951. Scores on the new series have been equated to standard scores on Series 949 of this examination which were earned by candidates who took the examination for the first time during the period September 15, 1949 through September 30, 1951 and who graduated from a school which was in operation as of October 1, 1951.

In addition to the activities already reported for 1951, the department has utilized various media for assisting schools of nursing to make effective use of the NLNE test services. Articles have been prepared for publication in professional journals; explanatory pamphlets have been prepared on each of the test services for distribution to members of the profession; and arrangements have been made to have most of the test services listed in the fourth edition of the Mental Measurements Yearbook, a publication which gives a comprehensive listing of all available tests, together with information which is pertinent to the test user. Members of the departmental staff have attended conventions, workshops, institutes, and other meetings to which they have been invited.

EXTENSION OF TEST SERVICE

Plans have been completed for the initiation of the Comprehensive Record System which was described briefly in the 1950 report. Detailed information will be released to schools early in 1952.

The department has been authorized to establish an internship for graduate nurses enrolled in programs in which they are preparing for nursing education. The primary purpose of this internship is to stimulate interest in the departmental program. It seems reasonable to believe that individuals with this kind of experience will be able to give greater assistance to nurse educators in their home communities regarding effective use of tests and other tools of evaluation. The internship is open to students in all schools with a program in nursing education for graduate nurses.

Detailed information about the procedure for application, classification of experience, basis of credit to be granted, and other pertinent aspects will be sent early in 1952 to all universities with such programs.

Respectfully submitted,

RUTH BISHOP, Director
REPORT OF THE DEPARTMENT OF SERVICES TO SCHOOLS OF NURSING

This report of the Department of Services to Schools of Nursing briefly reviews the activities engaged in by the director since May 1951.

The major amount of time has been spent in the office, but several visits to the field have also been made. These visits included the three regional work conferences, participated in jointly by the directors of the Department of Measurement and Guidance, the National Nursing Accrediting Service, and the Department of Services to Schools of Nursing in Atlanta, Georgia; Omaha, Nebraska; and Salt Lake City, Utah.

Conferences and personal interviews with individuals who wish to discuss either general or specific problems within the province of the department account for a large portion of office time. Since the previous report we have had 163 visitors. Of this number 16 were representatives of nursing and/or health services in foreign countries and 23 were students enrolled in schools of nursing in this country. When conferences involve discussion of activities or relationships with other groups at headquarters, the directors of these departments or projects, such as Measurement and Guidance, Accrediting, and Improvement of Nursing Services, are invited to participate.

Correspondence with individuals throughout the country has been moderately heavy. Most of the letters request information on curriculum and related areas that require answers of an individual nature. Whenever possible, letters sent to groups of persons, such as executive secretaries of state boards, state and local league presidents, and committee chairmen, have been prepared as form letters or directives and mimeographed. This procedure has saved time and cut down on the work load of staff personnel.

Membership on committees or attendance at meetings sponsored by national nursing groups and allied health groups has provided opportunity for the director to keep informed about present and future activities of interest to or related to the functions of this department. Among the meetings the director has been privileged to attend the past year were the National Convention of the Association for Supervision and Curriculum Development, the Conference of Psychiatric Nurses and Mental Hygiene Consultants working on the curriculum within this clinical area, the National Conference on Women in the Defense Decade, the Committee on Recruitment of Nurses for Poliomyelitis Nursing sponsored by the National Foundation for Infantile Paralysis, the Advisory Council on Participation of National Organizations in the National Midcentury Conference for Children and Youth, and the Conference with Dr. Adams of the American Council of Education for the purpose of exploring the possibility of having a conference on nursing education under the sponsorship of the Council.

As administrative secretary for the Committee on Nursing Curricula, the
director has worked with the chairman of the committee in preparing material for committee meetings. Minutes of the committee meeting have been reviewed and prepared for mimeographing and distribution. Correspondence pertaining to the business of the committee has been prepared for the chairman and sent in accordance with her instructions. Progress reports of the activity of the department's production committees, whose assignments are related to curriculum interests, have been sent to the chairman and/or to the members of the committee for their information.

The director has been a guest speaker at six state meetings. Two of these meetings were the annual conventions of state nurses' associations and the state leagues, one was the annual meeting of a state league, two were curriculum institutes sponsored by state leagues and the state board of nurse examiners, and one was an institute on faculty-student relationships. At some of these meetings the director also served as a resource person to the work groups.

During the past year four over-all production committees have been active under the direction of the department in preparing materials for publication, and, we hope, for the ultimate benefit of the membership. These are the Committee to Develop a Guide for Instructors on Nursing during Disaster, the Committee to Study and Revise League Record Forms, the committees to develop bibliographic and audio-visual lists in the various clinical areas, and the Committee to Study Junior College-Nursing Education Relationships. The committee responsible for the Instructors' Guide has completed its assignment with the publication in December 1951 of Nursing during Disaster. This guide is intended to suggest to instructors in both basic professional programs and practical nurse programs ways in which the various areas of instruction within these programs may be developed or emphasized so that students may function more effectively in a disaster situation. This publication is now available for purchase from the League.

The Committee to Study and Revise League Record Forms has been concerned with the study and revision of two record forms in the current League series. They are the Student Final Record and the Report of Nursing Ability and Personality Development. Approximately 150 schools of nursing in 26 states have assisted the committee through use of one or both records on a trial run, following which they submitted an evaluation. We were fortunate in obtaining financial assistance from the National Committee for the Improvement of Nursing Services to employ a temporary worker for a period of time to assist in compilation of data for the committee's information. Executive secretaries of state boards of nurse examiners have been most helpful. Through their assistance, approximately 90 schools of nursing in 32 states and territories submitted suggestions, criticisms, and samples of record forms currently in use by them. All of these suggestions were critically reviewed and used by the committee as a basis for suggested re-
visions of the Student Final Summary Record and the Progress Report of Nursing Ability and Personality Development. On the basis of the evaluations of these records by the various schools using them, it will be possible for the committee to formulate recommendations to be submitted to the Board of Directors for adoption of these revised record forms and continuation of the committee’s work.

The third over-all committee is assigned to the project of developing bibliographic and audio-visual lists in the various clinical areas. This activity was initiated because of the numerous requests coming to national headquarters from nurses who were seeking help in locating or selecting materials of educational value to assist them in the development of their teaching programs. Approximately 30 committees, comprising 200 persons, have worked on this project. Committee membership includes representatives of Puerto Rico, Hawaii, and the majority of the individual states of the union. Plans have been made to publish these bibliographies in ten volumes. As this report is being prepared two of these volumes are published, two are at the printers, and several are in process of preparation for publication. These materials may also be purchased from the League.

The fourth committee, that on Junior College-Nursing Education Relationships, is at present in the process of obtaining information from schools of nursing and junior colleges throughout the country that should be valuable in assisting the committee to achieve its objectives. Prior to the initial meeting of this committee, the Department of Services to Schools of Nursing wrote to approximately 300 junior colleges throughout the United States requesting information about programs or courses available to students in nursing. Copies of current school year catalogs were also requested. Since the information obtained was inadequate in some respects, the committee requested the presidents of state leagues of nursing education to appoint League members to visit junior colleges or other colleges in their locality offering nursing education courses, and to obtain specific information about courses being offered for nursing students through the use of a questionnaire. A follow-up questionnaire was also sent to the colleges visited by these nurses for additional information from the college faculty. As this report is being written sufficient information from all the states has not been received to elaborate on the possible next steps of this committee.

Judging from some of the letters of inquiry, greater interest in the functions and activities of the Department of Services to Schools of Nursing is being expressed by individuals throughout the country. Requests are frequently received for detailed explanations of the purpose of the department and a description of the ways in which it might help schools of nursing in solving their problems.

Comments by nurse educators throughout the country indicate their desire for representatives from headquarters to work closely with them on a state
and local level. This need is almost constantly expressed. The need for assistance in planning for and working out solutions to problems of faculty and staff groups in schools of nursing depends somewhat on the preparation and experience individual nurse educators have had for their responsibilities. However, the need for this type of help from headquarters is almost universally voiced by directors of small schools in semi-urban communities and by faculty members with limited experience who feel a need for gaining more security and self-confidence in performing the assignments they are expected to accomplish.

Next steps

As one means of meeting the requests of faculties for assistance in the field, plans are being made to increase the professional staff of the department. It is also planned that consideration shall be given to working out, together with other departments, better interdepartmental policies of communication for purposes of correlating and building on the activities of all workers who, as part of field assignment, actually provide important services to schools of nursing. Through an improved field service it would seem that many relationships pertaining to nursing education will be further developed and strengthened. As the National League of Nursing Education moves toward amalgamation with the related nursing organizations in the new structure, it would seem that the Department of Services to Schools of Nursing has a real contribution to make in working with personnel and groups in fostering real coordination of efforts towards strengthening the position of nursing education.

Respectfully submitted,

KATHRYN W. CAFFERTY, Director

REPORT OF THE DEPARTMENT OF BUSINESS ADMINISTRATION

Considerable progress has been made during 1951 to improve methods and procedure.

Our present office at Two Park Avenue is a big improvement over the space we formerly occupied at 1790 Broadway where part of our staff was housed on the second floor and part on the eleventh floor and the joint projects administered by the League in offices located on 56th and 57th Streets. With our entire staff now on one floor, including the joint projects administered by the League as well as the American Journal of Nursing Company, the American Nurses’ Association, and the National Organization for Public Health Nursing, we are able to carry on our functions much more efficiently and effectively.
Joint Services Committee

The Joint Services Committee was set up by NLNE, ANA, NOPHN, and AJN shortly after occupancy of the premises at Two Park Avenue for the purpose of discussing and handling business matters of common interest to the four organizations. Its original eight, and now nine, members consist of business personnel and accounting heads of the organizations.

Common service employees include a receptionist, two telephone operators, a lunchroom matron, and a bookkeeper who serves as relief receptionist and telephone operator.

The committee administers the telephone service, the lunchroom and restroom, washrooms, the joint conference room, the mail service, the basement storage area, and incidental common area.

It has taken the first steps toward common purchasing by the organizations in that a considerable portion of insurance has now been grouped under master policies protecting all the organizations. It has set up and is responsible for civil defense procedures on the floor. It has also served as a clearing house for discussion of personnel practices.

Shipping service

Prior to moving to Two Park Avenue, the League shipping service handled only the shipping and receiving of material for the Department of Measurement and Guidance. Our publications were handled by the National Health Council, and we could not make any change at that time, inasmuch as additional space could not be obtained. Since January 1951 our shipping service has been responsible for the shipment of all League material as well as that of the joint projects, and, in addition, it has provided service to ANA, AJN, and NOPHN on a cost basis. This service is well organized and is operating in an efficient manner.

Sale of publications and record forms

The sale of publications and record forms has been steadily increasing, and we are striving to fill orders as quickly as possible and to answer inquiries without delay.

Purchasing

Much care is given in the purchasing of office supplies and equipment as well as printed material. Competitive bids are obtained, and we constantly endeavor to purchase all items at the best prices, considering other important factors, of course, such as quality, workmanship, service, and reliability.

Storage of material

We have been able to have a considerable amount of our material stored with printers after it has been printed without any storage charge, and ship-
ments have been made when needed. We have checked certain items such as proper fire insurance coverage and security before making such arrangements.

Pitney-Bowes postage meter

Our past method of handling postage for such a large volume of mail has been very antiquated, and much valuable time was lost in affixing stamps in the mailing of material. A Pitney-Bowes postage meter has recently been installed in our shipping unit, and we are sure our mailing of material will now be more efficient and expeditious.

Respectfully submitted,

WALTER W. DIX, Director

REPORT OF THE
JOINT ORTHOPEDIC NURSING ADVISORY SERVICE

The past year has been a busy and most exciting one for the JONAS staff. Perhaps the most unusual activity came about through a request from the Research Department of the University of Pittsburgh. The Department has been conducting a series of experiments, inoculating laboratory animals with a serum. The serum has proved effective in retarding the extensive paralysis frequently associated with poliomyelitis. Since the results were so favorable in the series of laboratory experiments, the next step was to conduct a controlled study using the serum for humans. A community was chosen where physicians were fairly certain that a large number of the population would be exposed to the virus because of the increased incidence of the disease in the area. The research program and the study were made possible through grants given to the University of Pittsburgh by the National Foundation for Infantile Paralysis. Provo, Utah, was chosen for the first study and 5,000 children were inoculated during the five-day program. Our staff was responsible for recruiting 25 nurses to help in the clinics and for establishing clinic routines as well as for supervising the nurses and volunteer personnel concerned with the program. It is estimated that this same type of controlled study will be conducted this year and for some time to come until the serum has been proved effective and is released to physicians for general immunization programs. JONAS foresees need for planning for this service early in the year before vacation schedules are set. We were extremely fortunate to have, and are most appreciative of, the cooperation received from administrators of university schools of nursing and public health agencies who so graciously released their nurses for this project on a three-day notice this year.

We are eagerly awaiting reports of this study. It is the most encouraging
new development in the history of the disease. In spite of this hope for the future, we realize that we must still continue our efforts to provide better care for patients with poliomyelitis by being certain that all nurses are prepared to give them adequate care.

Because of the increased incidence of poliomyelitis in Utah at this time it was necessary for a consultant to remain in Provo for six additional days to assist the nursing staff of the Valley Hospital with the program of care for its poliomyelitis patients.

A two-day conference, co-sponsored by the American Nurses' Association, the Joint Orthopedic Nursing Advisory Service, the American Red Cross, and the National Foundation for Infantile Paralysis, was held November 26-27, 1951 to consider ways in which the National Foundation for Infantile Paralysis and the various nursing organizations may meet the needs of patients with poliomyelitis during epidemics or when outbreaks occur endemically. The conference was financed by the National Foundation for Infantile Paralysis, and nurse representatives from 27 states attended it. All areas of nursing were represented—service, education, public health nursing, administration, and private duty or recruited nurses, as well as representatives from our national and state nursing organizations. Representatives from the various national organizations reviewed their programs and then the participants were assigned to one of the following four major groups for discussion sessions: Educational Programs and State and Local Planning, Local Nursing Needs, Recruitment Program, and General Nursing Problems. The group came well prepared, and we had a most interesting and productive two days. Many recommendations were made, some of which will be of particular interest to nurse educators.

We were again called upon to send consultants to two epidemic areas—Louisiana and Mississippi—to help organize polio units, assist with in-service teaching programs, and work with local nursing and allied committees.

A JONAS staff member spent five weeks in New York City working with another NOPHN consultant studying the orthopedic programs of the Association for Aid to Crippled Children and the Brooklyn Visiting Nurses' Association. They were to evaluate these two programs, one a specialized agency and the other a generalized service, to determine which type of program could best meet the needs of the orthopedically handicapped children in this community.

In addition to the extensive traveling we do in the United States, this past year we have been asked to give nursing lectures and demonstrations in several other countries. Two consultants went to Canada at the request of the American Pediatric Society to participate in a seminar for physicians on the bulbar and respiratory problems of the poliomyelitis patient. Another consultant went to Denmark for the Second International Poliomyelitis Conference and then to Sweden as an American delegate at the Fifth Inter-
national Conference on Crippled Children and Adults. As the consultant was to be in Paris, the American Journal of Nursing asked her to visit the International Children's Center (UNICEF) and to prepare an article for publication, if it was felt it would be of interest to nurses.

The Joint Orthopedic Nursing Advisory Service has sponsored a special committee which met this year to review orthopedic nursing courses and to study the needs of nurses employed as specialists in this field in both the hospital and public health agency. The committee recommended that a work conference be held later this year for more extensive review of the problems.

Several meetings have been held this year with members of the National Organization for Public Health Nursing and the National League of Nursing Education Headquarters staffs to discuss the advisability of doing a demonstration project in the methods of integration in schools of nursing which would be a joint project of NOPHN and NLNE consultants in specialized fields. The purpose of this project would be to study educational programs in a few selected schools of nursing offering collegiate basic programs in order to determine how the abilities needed by the beginning professional nurse in the areas of orthopedic, tuberculosis, and psychiatric nursing (including mental health concepts) may be developed in basic nursing education. The tentative objectives of the project would be:

1. To establish a list of concepts of abilities needed by the professional nurse (the nurse prepared to undertake beginning positions in nursing).

2. To prepare guides in curriculum development. These might include desirable objectives; learning experiences— theoretical and practice— necessary to develop the desired abilities; organization of these experiences in a clearly defined sequence, that is, from simple to complex in various theoretical and clinical areas of the curriculum; suggested methods of teaching; tools and materials for evaluation of student's abilities.

3. To develop suggested guides and procedures for curriculum development through the resources that are available to the school, including its own faculty and outside resources.

4. To develop a method through which selected members of the NLNE and NOPHN staffs, working as a team, might provide effective consultant service to schools of nursing.

The project will be given high priority when all the foundation plans have been well made and a person has been employed to direct the study. There has been considerable interest in the proposed plan but as yet we have not worked out all the details. A member of the National Foundation for Infantile Paralysis staff has indicated that the Board of that organization might be willing to finance it in part, but other national groups are to be approached as to interest and as possible sources of financial assistance.
SUMMARY OF ACTIVITIES JANUARY 1951-DECEMBER 1951

Institutes on Orthopedic Nursing and Posture and Body Mechanics ........................................ 7
Connecticut Meriden ........................................ 7 days
Kansas Topeka ........................................ 3 days
Maine Bangor ........................................ 3½ days
Lewiston ........................................ 2 days
South Carolina Columbia ........................................ 4 days
Sumter ........................................ 1 day
Canada Toronto ........................................ 2½ days

Workshop on Nursing Care of Patients with Poliomyelitis ...................................................... 1
JONAS staff conducted a five-day state-wide workshop for Texas which was sponsored by the Texas State Department of Health. The participants were selected for previous experience in caring for poliomyelitis patients and interest in planning more effective teaching programs in their local communities. The workshop was held in Dallas and attended by nurses from 17 communities representing 14 hospitals and 13 public health agencies.

Assistance given during epidemics

Louisiana Shreveport In-service Polio ........................................ 28 days
Mississippi Vicksburg ........................................ 5 days

Institutes on Nursing Care of Patients with Poliomyelitis

Alabama Mobile ........................................ 5 days
Connecticut Montgomery ........................................ 3 days
Norwalk ........................................ 6 days
Iowa Council Bluffs ........................................ 5 days
Fort Dodge ........................................ 5 days
Kentucky Louisville ........................................ 5 days
Maryland Baltimore ........................................ 4 days
Winona ........................................ 3 days
Minnesota Hanover ........................................ 3 days
Laconia ........................................ 5 days
Manchester ........................................ 2 days
New Hampshire New Hampshire ........................................ 1 day
New Jersey Newark ........................................ 2 days
Charlotte ........................................ 2 days
North Carolina Raleigh ........................................ 5 days
North Dakota Fargo ........................................ 6 days
Ohio Akron ........................................ 2 days
Pennsylvania Lansdowne ........................................ 6 days
South Dakota Huron ........................................ 5 days
Texas Amarillo ........................................ 3 days

Programs in Other Countries

Canada Toronto, American Pediatric Academy Polio nursing, lectures and demonstrations ........................................ 2 days
Denmark Copenhagen, Second Inter. Polio Congress Polio nursing, lectures and demonstrations ........................................ 5 days
Consultation Service

Our advisory consultation service has been a very active part of our program this year and has been directed toward giving assistance to universities, colleges and hospital schools of nursing, as well as public health nursing agencies in the following areas:

1. Reviewing of courses and evaluation of clinical resources which are concerned with the preparation of nurses to meet the needs of the orthopedic or potentially orthopedic patient in the hospital or home.
2. Assisting public health nursing agencies in planning improved follow-up care programs for orthopedic and poliomyelitis patients.
3. Assisting with evaluation of hospital facilities and nursing service in preparation for setting up new poliomyelitis units and respiratory centers in hospitals where poliomyelitis patients have never been cared for before.
4. Reviewing programs and facilities for care of poliomyelitis patients already in existence to insure adequate and improved care for these patients.
5. Assisting national, state, and local committees to plan poliomyelitis nursing programs to meet the needs of professional and nonprofessional personnel in their communities.

Advisory Visits to Hospitals and Schools of Nursing

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>School/Institution</th>
<th>Comments</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>Lexington</td>
<td>Cardinal Hill Orthopedic Hospital</td>
<td>Review care program</td>
<td>1 day</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Boston</td>
<td>Boston College School of Nursing</td>
<td>Review advanced orthopedic nursing course</td>
<td>½ day</td>
</tr>
<tr>
<td></td>
<td>Boston</td>
<td>Boston University School of Nursing</td>
<td>Review advanced orthopedic nursing course</td>
<td>½ day</td>
</tr>
<tr>
<td>New York</td>
<td>New York</td>
<td>Cornell University - New York Hospital School of Nursing</td>
<td>Review orthopedic nursing course</td>
<td>½ day</td>
</tr>
<tr>
<td></td>
<td>Brooklyn</td>
<td>St. John's University School of Nursing</td>
<td>Review orthopedic nursing course</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Syracuse</td>
<td>Syracuse University School of Nursing</td>
<td>Follow-up on integration of posture and body mechanics</td>
<td>2 wks</td>
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<tr>
<td></td>
<td>Valhalla</td>
<td>Grasslands Hospital School of Nursing</td>
<td>Review orthopedic nursing course and posture and body mechanics integration</td>
<td>1 day</td>
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<tr>
<td>Texas</td>
<td>Dallas, Waco</td>
<td>Baylor University School of Nursing</td>
<td>Review advanced orthopedic nursing course</td>
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Advisory Visits to Visiting Nurse Associations and Public Health Agencies

<table>
<thead>
<tr>
<th>State</th>
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<th>Agency</th>
<th>Comments</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Louisiana</td>
<td>New Orleans, Shreveport</td>
<td>State Health Dept.</td>
<td>Follow-up care program for polio patients</td>
<td>4 days</td>
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<tr>
<td>New Jersey</td>
<td>Newark</td>
<td>Newark VNA</td>
<td>Advisory service on plans for continuation of P.T. services</td>
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Advisory Service to Hospitals in Planning for Establishment of New Poliomyelitis Units or Respirator Centers

<table>
<thead>
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<th>State</th>
<th>City</th>
<th>Institution</th>
<th>Note</th>
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</thead>
<tbody>
<tr>
<td>Michigan</td>
<td>Ann Arbor</td>
<td>University New respirator unit</td>
<td>2 days</td>
</tr>
<tr>
<td>New Jersey</td>
<td>New Brunswick</td>
<td>St. Peter's New polio unit</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Paterson</td>
<td>St. Joseph's New polio unit</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Perth Amboy</td>
<td>Perth Amboy Gen. New polio unit</td>
<td>2 days</td>
</tr>
<tr>
<td>New York</td>
<td>Buffalo</td>
<td>University New respirator center</td>
<td>1 day</td>
</tr>
<tr>
<td>Texas</td>
<td>Amarillo</td>
<td>St. Anthony's New polio unit</td>
<td>1 day</td>
</tr>
<tr>
<td>Virginia</td>
<td>Richmond</td>
<td>Medical College of Virginia New respirator unit</td>
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Review of Programs and Facilities for Care of Poliomyelitis Patients in Situations Already Established and Caring for Patients

<table>
<thead>
<tr>
<th>State</th>
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<th>Program/Institution</th>
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</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Tuskegee</td>
<td>John Andrew Memorial</td>
<td>3 days</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Greenwich</td>
<td>Rancho Los Amigos</td>
<td>1 day</td>
</tr>
<tr>
<td>California</td>
<td>Los Angeles</td>
<td>Kabat-Kaiser Institute</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kenny Polio Institute</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Los Angeles County Gen. Orth. Unit</td>
<td>13 days</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Boston</td>
<td>Mary MacArthur Memorial Unit</td>
<td>2 days</td>
</tr>
<tr>
<td>Mississippi</td>
<td>Vicksburg</td>
<td>Lutheran</td>
<td>3 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mercy</td>
<td>2 days</td>
</tr>
<tr>
<td>New Jersey</td>
<td>Morristown</td>
<td>Morristown General</td>
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</tr>
<tr>
<td>Ohio</td>
<td>Akron</td>
<td>Children's</td>
<td>2 days</td>
</tr>
<tr>
<td>Texas</td>
<td>Abilene</td>
<td>Hendricks Memorial</td>
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</tr>
<tr>
<td></td>
<td>Gonzales</td>
<td>Warm Springs Foundation</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>Austin</td>
<td>General</td>
<td>1/2 day</td>
</tr>
<tr>
<td></td>
<td>Houston</td>
<td>Jefferson Davis</td>
<td>4 days</td>
</tr>
<tr>
<td></td>
<td>Harlingen</td>
<td>Valley Baptist</td>
<td>5 days</td>
</tr>
<tr>
<td>Virginia</td>
<td>Richmond</td>
<td>Medical College of Virginia</td>
<td>2 days</td>
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Advisory Service to State and Local Communities in Preplanning for Poliomyelitis Nursing Programs

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Note</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>Mobile</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>Montgomery</td>
<td>1 day</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Norwalk</td>
<td>1 day</td>
</tr>
<tr>
<td>Florida</td>
<td>Orlando</td>
<td>2 days</td>
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<tr>
<td>Kentucky</td>
<td>Louisville</td>
<td>1 day</td>
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<tr>
<td>New Jersey</td>
<td>Trenton</td>
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<tr>
<td>Pennsylvania</td>
<td>Philadelphia</td>
<td>1 day</td>
</tr>
<tr>
<td>Texas</td>
<td>Waco</td>
<td>3 days</td>
</tr>
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</table>

Interviews

Considerable time is spent in the office and in the field counseling nurses who are interested in learning of positions available, desirable courses of study in orthopedic nursing, sources of teaching materials. We also discuss our program with many visitors from other countries. This year we have talked with doctors and nurses from 11 countries: England, France, Denmark, Sweden, Holland, Finland, Japan, Puerto Rico, Israel, Philippines, Brazil.
Office Service

There have been approximately 9,848 letters received from hospital nurses, instructors, and students in universities requesting educational material. Correspondence was concerned with counseling of nurses interested in orthopedic nursing, staff education, and teaching programs in schools of nursing. A great deal of time has been spent in reviewing manuscripts and articles related to orthopedic nursing and allied subjects for our nursing magazines and for term papers or projects of graduate nurses enrolled in university courses.

Preparation and Distribution of Educational Material

Upon request 48,921 copies of reprints and handbooks, 1,649 sets of slides, and 509 copies of films have been distributed.

In spite of an extremely heavy field schedule, the staff has been able to complete revision of the following:

Orthopedic Nursing, Content and Method of Teaching—JONAS staff assisted the author, Carmelita Calderwood, who had been ill and has recently died.
The Suggested Outline of Program for a Five-Day Course in the Nursing Care of the Poliomyelitis Patient
The JONAS bibliography on Reprints and Handbooks
Loan folders

Members of the staff are currently working on revision of the following and anticipate completion of these projects early in 1952:

Final draft and revision of The Suggested Outline of Nursing Care of Poliomyelitis Patients as an Integral Part of the Basic Nursing Curriculum
Revision of the P.E.V. Training Program Guide for Instructors
Development of draft script for a poliomyelitis nursing film with members of the Division of Professional Education of the National Foundation for Infantile Paralysis. We have been asked to participate in the nursing demonstrations in the reproduction of the film this spring.
Preparation of exhibit material for the Biennial Convention for JONAS and also helping NFIP with preparation of its exhibit on isolation techniques for poliomyelitis patients in the hospital
Revision of 14 sets of slides covering various phases of orthopedic nursing

The following is a list of 13 new reprints which were published in our nursing journals and have been distributed by JONAS since January 1951:

Laminectomy—Nursing the Laminectomy Patient—Chandler, Bruck
Nurses are Alerted for Polio—Busse
Nursing Care of the Patient with Spina Bifida—Ryan
Patient in a Chest Respirator—McCluskey
Postclinic Conferences—An Example of Teamwork—Arey
Polio and the School—Sally Lucas Jean
Posture and the Nurse—Weber
Patient in a Spica—Wilde
The Joint Orthopedic Nursing Advisory Service—Evans
Integration of Physical Therapy in a Generalized Public Health Nursing Program—Pratt
Community Planning and the Handicapped—Norwick, Thomas
Public Health Nurse's Role in Feeding the Handicapped Child—Patterson
Talipes Equinovarus: Diagnosis and Treatment, Nursing Care in the Hospital, and Nursing Care in the Community—Grice, MacDonald, Williams

Respectfully submitted,

TERESA FALLON
NLNE Consultant in Orthopedic Nursing

REPORT OF THE
JOINT TUBERCULOSIS NURSING ADVISORY SERVICE

In September 1951 the Joint Tuberculosis Nursing Advisory Service completed five years of operation under the aegis of the National League of Nursing Education, National Organization for Public Health Nursing, and National Tuberculosis Association. It therefore seems fitting to summarize briefly some of the tangible outcomes of the project. It should be recalled that the primary aid has been to promote more adequate tuberculosis nursing service in communities through stimulation of local interest and action to this end. The National Tuberculosis Association has continued to provide funds for the work. This year the grant was $24,400, about twice the amount of the first annual grant.

Over these five years the Joint Tuberculosis Nursing Advisory Service has been privileged to play one of the positive roles in the changing trends of events in tuberculosis nursing. Many aspects of its influence are still intangible and cannot be summarized at this time. With due modesty we believe we can mention others which have been helpful.

*Educational Materials and Service Tools*

During this five-year period the Joint Tuberculosis Nursing Advisory staff prepared three new publications, rewrote one, revised another, and compiled one which was cosponsored by the National League of Nursing Education and the Joint Tuberculosis Nursing Advisory Service. The newest item is *Cues to Staffing Tuberculosis Units in Hospitals* which is about ready to go to press. The wide distribution of these items is a good measure of local interest and is as follows:

<table>
<thead>
<tr>
<th>Title</th>
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</thead>
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<tr>
<td>Safer Ways in Nursing</td>
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<td>Tuberculosis Handbook for Public Health Nurses</td>
<td>22,500</td>
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<tr>
<td>Guide for Work Conferences in Tuberculosis Nursing</td>
<td>2,500</td>
</tr>
<tr>
<td>Instructional Plan for Basic Tuberculosis Nursing</td>
<td>2,400</td>
</tr>
<tr>
<td>What Tuberculosis Nursing Offers You (pamphlet)</td>
<td>40,000</td>
</tr>
</tbody>
</table>

Requests from the United States and a number of other countries for reprints of pertinent articles have held to a high level. Except in rare instances these have been furnished free by JTNAS. Twice this year a group of important reprints was mailed to approximately 900 schools of nursing and
to directors of nursing in tuberculosis hospitals having 100 or more beds for tuberculous patients. No exact record of this service has been kept, but the number of items mailed during the five-year period would run into the thousands.

To provide some signposts along the way, the staff prepared articles for professional nursing journals which included tabulations of data concerning tuberculosis and related experience for students in schools of nursing, and data concerning tuberculosis nursing responsibilities and preparation of public health nurses in official and nonofficial public health nursing agencies. This year a study of the tuberculosis content in university programs to prepare graduate nurses for beginning positions in public health nursing is being made. All the above data verify the meager educational preparation of many nurses for their functions in programs to overcome tuberculosis and the need to begin this preparation in undergraduate schools of nursing.

Nursing Education and Service

Two communications to state nurses' associations have resulted in fine cooperation. A resolution on basic tuberculosis nursing education by the Council on Tuberculosis Nursing, approved in principle by the NLNE, has been publicized in the bulletin of many state associations. Efforts are being made by a number of the associations to follow a suggestion from JTNAS that a nurse, active in tuberculosis nursing, be asked to serve as a member of committees of the state associations concerned with counseling, placement, and personnel policies.

From the beginning JTNAS has encouraged tuberculosis associations and other groups having a primary interest in prevention and treatment of tuberculosis to consider providing financial support to universities and assistance to selected graduate nurses interested in advanced education in tuberculosis nursing. We are glad to report that two universities have received grants for the next few years for such programs, and that scholarships from several sources have been made available to nurses who are preparing themselves for positions of major responsibility in this field of work.

A fellowship was granted by the NTA to Helen Wago, R.N., Assistant Professor of Clinical Nursing, Chest Service, Bellevue Hospital, to complete a study on attitudes of graduate nurses toward tuberculosis nursing. Miss Wago is qualifying for a doctoral degree at New York University. The JTNAS nursing education consultant is a member of the jury for this research project.

During 1951 plans for work conferences on tuberculosis nursing for graduate nurses initiated last year by JTNAS gained a great deal of momentum. Twelve states have held their first conferences, six have had institutes, and ten more have set tentative dates in 1952 for conferences. Reports of
specific action on recommendations of conference groups convince us that lasting improvements in tuberculosis nursing services depends upon local interest and local action. JTNAS has sent three progress reports of these conferences to technical advisers and the agencies sponsoring work conferences, and also to other interested persons in the states and universities. This sharing of specific information about planning, programs, and outcomes has been warmly received and proven to be mutually helpful. The public health nursing consultant who has carried the major responsibility for this project has participated in ten of these work conferences and institutes.

Additional field service by the nursing education consultant has been provided for promotional purposes; in response to specific requests for help to local groups planning for tuberculosis nursing education in schools of nursing; for giving consultation concerning nursing service problems and architectural plans for hospitals; and to participate in institutes and similar activities.

The consultants spent about 22 per cent of their combined working time in the field during 1951. In addition, many office consultations have been held. These have included nurses and/or physicians from Liberia, Brazil, Canada, Chile, England, Israel, Japan, and the Philippines.

Committee Service

New committee service of the consultants included:

Membership on the American Public Health Association Committee on Hospitalization of Communicable Diseases, representing the American Hospital Association—Nursing Education Consultant
Membership on the National Committee for the Improvement of Nursing Services Subcommittee on Nursing Services—Nursing Education Consultant
Membership on the Program Committee of the New York City Public Health Association—Public Health Nursing Consultant
Membership on the American Public Health Association Subcommittee on Administrative Problems in Supervision of Tuberculous Patients and Their Contacts—Public Health Nursing Consultant

Future Program

The Council on Tuberculosis Nursing, the advisory body which annually reviews JTNAS activities and future program, recommended this year that all activities in the program for 1952 be moved forward in accordance with the judgment of the consultants and that no priorities be indicated. The program for the coming year is to continue along previous patterns.

In summarizing this report, we should like to point out that both consultants have provided field services to 20 of the states. The public health
nursing consultant has made visits to 8 others, and the nursing education consultant has visited 12 additional states. Only 10 states have had no field service to date. All 48 states and the three territories have had service through correspondence.

It also seems important to emphasize the improvement over the years in the nature of requests for help. In the early years these requests were very general and largely limited to requests for literature on tuberculosis. Now the majority of requests are for help with specific plans on problems concerning tuberculosis nursing education and the nursing services which are important to the prevention and treatment of tuberculosis.

Respectfully submitted,

KATHARINE G. AMBERSON
NLNE Consultant in Tuberculosis Nursing

REPORT ON NLNE-NOPHN PSYCHIATRIC AND MENTAL HEALTH NURSING PROJECT

The year 1951 is the fourth year that the National Institute of Mental Health has assigned grants for the National League of Nursing Education and the National Organization for Public Health Nursing project on Psychiatric and Mental Health Nursing. On July 1, 1951 a psychiatric nurse consultant was appointed by the NLNE to the joint project.

The major portion of the NLNE consultant’s time has been devoted to a study of the functions and qualifications of psychiatric nurses—what they are and what they should be. This exploration is being conducted by questionnaire and by consultation and interview in the field. As a result of an extensive review of existing job descriptions and literature relating to psychiatric nursing, questionnaires were prepared for distribution to a representative group of psychiatric nurses throughout the country. These questionnaires were distributed, with the assistance of nine university advanced program directors in psychiatric nursing, to groups of nurses in each positional area in eight of the nine geographical regions of the nation. The questionnaires were designed to be received and completed by the participants prior to the consultant’s visit to the area. The field trip included visits to the University of Pittsburgh, University of Cincinnati, University of Minnesota, University of Washington, University of Colorado, University of Texas, Duke University, Catholic University, and Boston University. At each university the program directors had scheduled conferences and interviews with staff nurses, head nurses, supervisors, administrators of nursing service, instructors, educational directors, consultants, and psychiatric nursing specialists. There was wholehearted support of the project and interest expressed by
all the nurses interviewed. The data are now being tabulated and will be analyzed by positional and regional areas. It is expected that a list of desirable functions and qualifications will be compiled as a result of the study. It is also expected that we shall find what the major problems are which confront psychiatric nurses in their work situations, how they are being handled, and how they might be better approached. It is anticipated that this study will be completed by June 1952.

In addition to this project, the psychiatric nurse consultant has acted as a resource person on psychiatric nursing education and service to groups and individuals in the national organizations and throughout the country. Correspondence, meetings, and interviews have given the consultant an opportunity to help others understand the meaning of psychiatric nursing, to stimulate interest in the development and improvement of the field, and to indicate the resources available for further learning.

There has been close coordination of this League-directed part of the program with that conducted under guidance of NOPHN. In May 1951 the advanced program directors of psychiatric and mental health nursing participated in a conference on psychiatric nursing. The results of this conference were published by the League under the joint project; 440 copies have been distributed and the League has had additional copies reprinted which may be purchased from NLNE headquarters.

Another grant is being sought for 1952-53. It is anticipated that a study will be undertaken to explore nursing team functions in the psychiatric area and determine how the nursing team can function more effectively. Since 50 per cent of all hospitalized patients are in mental hospitals and only 3-5 per cent of all professional nurses work in this area, it seems necessary to examine how nursing service might be improved through coordinated functioning of the nursing team.

Additional funds are being requested in order that a consultant in psychiatric nursing aide education can be appointed to headquarters staff. The appointee would work closely with consultants in education and in psychiatric nursing and directors of educational programs in various universities, as well as more directly with personnel engaged in on-the-job training of psychiatric personnel.

Respectfully submitted,

CLAIRe MINTZER FAGIN

NLNE Psychiatric Nurse Consultant
The Committee on Finance submits the following budget for the year 1952:

**Balance as of January 1, 1952**

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**Estimated expenses:**

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### COMMITTEE REPORTS

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**Deduct:** Administrative overhead charged to other projects

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Department of Business Administration

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<td>Telephone and telegraph</td>
<td>400.00</td>
</tr>
<tr>
<td>Entertainment</td>
<td>50.00</td>
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<tr>
<td>Miscellaneous</td>
<td>50.00</td>
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<tr>
<td>Repairs and maintenance (including electricity)</td>
<td>200.00</td>
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</tbody>
</table>

**Total estimated expenses** $45,458.96

Respectfully submitted,

**HENRIETTA DOLTZ, Chairman**

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**REPORT OF THE COMMITTEE ON NOMINATIONS**

The Committee on Nominations had a heavier task than usual this year since it was asked to nominate not only a slate of officers and directors for the National League of Nursing Education who would serve in case reorganization is not voted in 1952, but a slate of fourteen names for the Steering Committee of the Department of Diploma and Associate Degree Programs of the National League for Nursing which would serve in the event that the proposed reorganization becomes effective.

The work of the committee was carried on entirely by correspondence. Letters were sent to the state leagues asking them to name candidates for the ballot and for the steering committee. Suggestions for the ballot were received from 20 states and for the steering committee from 18 states. Two more replies arrived too late to be used.

Because the committee wished to wait for suggestions from as many states as possible, the actual selection of candidates did not begin until after December 20. A list of the candidates suggested by the states was sent to each committee member and she was asked to indicate her choices. From these replies a proposed ticket was drawn up both for the NLNE Board members and for the steering committee; consent of candidates was secured; and the ballot was sent to the members of the committee for final approval. The pressure of time made the last stages of this operation rather hectic, but a copy of the completed ballot was sent to the Board of Directors of the National League of Nursing Education on January 18, 1952. An attempt was made to have the ballot reflect wide regional distribution as well as a balanced representation of diploma and degree programs.

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*$27,204.78 to be taken from reserve if necessary.*
The ticket, as accepted by the Board of Directors at its January meeting, is as follows:

**President**

Agnes Gelinis, 303 E. 20th Street, New York 3, New York
Florence K. Wilson, Duke University School of Nursing, Durham, North Carolina

**Treasurer**

Henrietta Dollz, University of Oregon Medical School, School of Nursing, Portland 1, Oregon
Mildred A. Richardson, Bridgeport Hospital School of Nursing, Bridgeport, Connecticut

**Nurse Directors**

K. Virginia Betzold, Johns Hopkins Hospital School of Nursing, Baltimore, Maryland
Helen L. Bunge, Western Reserve University School of Nursing, Cleveland, Ohio
Mrs. R. Louise McManus, Teachers College, Columbia University, New York, New York
Gertrude E. Nathe, Mercy Central School of Nursing, Grand Rapids, Michigan
Sister M. Desideria, Sacred Heart School of Nursing, Yankton, South Dakota
Ruth Sleeper, Massachusetts General Hospital School of Nursing, Boston, Massachusetts

**Lay Director**

Mrs. Mae O. Spiegel, 2430 Lakeview Avenue, Chicago, Illinois
Esther I. West, Hartford Hospital, Hartford, Connecticut

**Committee on Nominations**

Josephine A. Dolan, University of Connecticut School of Nursing, Storrs, Connecticut
Margene O. Faddis, Western Reserve University School of Nursing, Cleveland, Ohio
Mrs. Elizabeth F. Harris, Colorado General Hospital, Denver 7, Colorado
Katherine J. Hoffman, University of Washington School of Nursing, Seattle, Washington
Doris I. Miller, Fairview Hospital, Minneapolis, Minnesota
Eleanor E. Palmquist, University of Oregon Medical School, School of Nursing, Portland, Oregon

**Steering Committee for the Department of Diploma and Associate Degree Programs of the NLN**

Margaret B. Allen, Orange Memorial Hospital School of Nursing, Orange, New Jersey
Maxine Atteberry, College of Medical Evangelists School of Nursing, Los Angeles, California
Ruth Bagley, Eliot Hospital School of Nursing, Manchester, New Hampshire
K. Virginia Betzold, Johns Hopkins Hospital School of Nursing, Baltimore, Maryland
Ethel Brooks, Hartford Hospital School of Nursing, Hartford, Connecticut
Helen L. Bunge, Western Reserve University School of Nursing, Cleveland, Ohio
Mrs. Mary E. Carnegie, School of Nursing, Florida A. & M. College, Tallahassee, Florida
E. Louise Grant, University of Georgia School of Nursing, Atlanta, Georgia
Ada Hawkins, University of Oklahoma School of Nursing, Oklahoma City, Oklahoma
Mrs. Henrietta A. Loughran, University of Colorado School of Nursing, Boulder, Colorado
Gertrude E. Nathe, Mercy Central School of Nursing, Grand Rapids, Michigan
Edith Payne, Presbyterian Hospital School of Nursing, Pittsburgh, Pennsylvania
Sister M. Desideria, Sacred Heart School of Nursing, Yankton, South Dakota
Grace Warman, Mt. Sinai Hospital School of Nursing, New York, New York

Respectfully submitted,

CAROLYN L. WIDMER, Chairman
ELIZABETH F. HARRIS
HELEN G. SCHWARZ
SISTER THOMAS FRANCIS
DOROTHY WILSON

REPORT OF THE
COMMITTEE ON EARLY NURSING SOURCE MATERIALS

The main project this year was the preparation of the first volume of reprints of selected articles on nursing education from Annual Reports of the American Society of Superintendents of Training Schools for Nurses and the American Journal of Nursing. This work has been done by two members of the committee—Helen Munson and Stella Goosray. They first selected 53 articles covering the period 1895 to 1923. These were annotated and listed, then sent to 89 schools offering advanced programs in nursing education for evaluation. The results of the 44 blanks returned indicated a definitely favorable reaction to many more articles than could be included in the first volume. The committee, therefore, decided to limit the period covered in Volume I to 1900-1910.

It is hoped that this will be sufficiently well received to continue the series. The first volume has been reproduced and is available for purchase from League headquarters.

Several other projects are under consideration or actually begun. One of these now going forward is a plan to seek the cooperation of state leagues in forming similar committees to locate, list, and describe valuable biographic and historical materials found in their own states and to share this information with the national committee. The purpose is not to reprint much if any of this material but to compile a list indicating the kind of items that would be of interest to teachers, writers, and students of nursing history. This list could be made available for general use for those who would like to know where and how to consult the sources mentioned. We believe that many individuals, schools of nursing, and medical and public libraries have in their files and archives original letters and important reports and documents that may throw much light on the development of nursing service, education, and organization in this and other countries. We also know that there are in all state leagues individual members who have a particular interest in
nursing history and who would be happy to work on a project of this kind which would be of value to local and state as well as national groups.

With the approval of the NLNE Board the committee is getting in touch with state leagues and is sending some suggestions and illustrations of the kind of materials considered especially suitable and the kind of information needed in the compilation of such a list. Even though work may not be begun before the reorganization, we hope that a place will be found in the new organization for a project of this type.

Respectfully submitted,

ISABEL M. STEWART, Chairman

REPORT OF THE COMMITTEE ON FACULTY-STUDENT GOVERNMENT ORGANIZATION

The local production committee has held two discussion meetings. A comprehensive bibliography has been compiled and is currently being evaluated. Members have been assigned sections of the manual, and these materials will be evaluated by student committees in three schools of nursing (one school which does not have a faculty-student government association, one which has recently organized such an association, and one which has a well-functioning association) for comments regarding the value of the materials for schools of nursing. The materials will then be circulated to members of the national committee for comments, suggestions, and final editing.

Respectfully submitted,

EMILY C. CARDEW, Chairman

REPORT OF THE COMMITTEE ON MEASUREMENT AND GUIDANCE

The newly organized national Committee on Measurement and Guidance held a long breakfast meeting in Boston on May 8, 1951, at the Copley-Plaza Hotel at the time of the National League of Nursing Education convention. At that time, the proposed purposes of the new national committee were considered, enlarged upon, and finally accepted by the committee to be as follows:

1. To serve as a public relations source and channel for the stimulation of interest and understanding of the place of measurement, evaluation, and guidance in educational and service programs of nursing
2. To serve as a channel for the exchange of information between the
National League’s headquarters and local groups, with respect to the League’s program of measurement and guidance, including:

a. Information which the local nursing groups or individuals wish the National League staff to have

b. Information which the National League staff wishes local groups to have

c. Information which the National League staff wishes this committee to secure from local groups or individuals as a basis for the further development of its services

3. To stimulate and coordinate special measurement and guidance projects in regional or local areas

4. To participate in selected activities for the Department of Measurement and Guidance, as requested

The committee gave careful consideration to the specific requests for assistance that had come to it from the director of the Department of Measurement and Guidance. A tentative draft of the requests had been forwarded to each committee member at least six weeks in advance of the meeting, in order to give time for careful thought to the problems. In direct relationship to the director’s request, a promising program of activities for the committee for the year 1951-52 was developed by the committee in line with its purposes. Although the program as actually carried out has fallen short of our ambition and hopes, the committee has accomplished the following in some degree since May:

It has assisted the department in implementing its program by:

1. Recommending individuals from given geographical areas to assist in the construction of achievement tests

2. Reviewing the comprehensive record system and personal data record forms 1 and 2, and arranging to have them reviewed by others in the area

3. Getting the cooperation of schools in the area to administer the personal data record form 1 to the class entering in the fall of 1951

4. Calling the department’s attention to studies made in local areas which are likely to be of general interest and which might be included in an exchange newsletter, if one could be prepared and distributed once or twice a year to all state and local committees on measurement and guidance by the headquarters staff.

The September 18, 1951 issue of the League Letter was devoted to “Progress through Evaluation.” It pointed up clearly many of the reasons why the individual League member should, and the ways in which she can, keep informed of the Department of Measurement’s test services.

It was agreed at the May meeting that, wherever practical, the committee’s
activities should be carried on with and through the members of the national committee, whose members include each geographical area. Consequently, communications from the national committee to chairmen of state committees on measurement and guidance were sent to the committee members to be forwarded over their own signatures to the state chairmen. Such decentralization and regionalization of activities, the committee believes, will facilitate the development of leadership within the region and state. In some instances, the national committee members have had an opportunity to meet with the state chairmen and committees in their regions.

The committee feels keenly the need for early and wide interpretation to all League members of the use and significance of the new comprehensive record system service that will be put into effect in 1952, and accordingly has agreed to assist particularly in this activity. In October a progress report prepared by the director of the Department of Measurement and Guidance, reviewing work on the comprehensive record plan and other major activities of the department, was included in a letter sent by the chairman to all national committee members.

In an attempt to secure the committee's thinking as to the most effective way further to expand our efforts toward achieving our objectives, a questionnaire was sent to each member. Although replies have not been received from three committee members, the reports received indicate that there has been considerable activity spearheaded by committee members. In seven instances, state or regional institutes or work conferences on evaluation have been conducted or are scheduled to be conducted by committee members. Several have participated in the regional conferences held by the National League of Nursing Education. In addition, others have had or created opportunities to discuss the League's test services and their proper use with other groups, including curriculum committees, graduate students in colleges, and state and local leagues at their meetings. Committee members have passed on to the director of the Department of Measurement and Guidance, at her request, their reaction to the questions, "What has been your general reaction to the interpretive materials released by the Department of Measurement and Guidance during the year?" and "What are the areas in which you feel there is the greatest need for assistance in the effective utilization of test results during the coming year?" The thoughtful answers from committee members have assisted the director, as well as encouraged her.

In addition to a regular meeting of the national committee, a two-day work conference has been planned for all chairmen or other representatives of state committees on measurement and guidance and curriculum. This will be held immediately following this 1952 Biennial Convention. Since the NLNE cannot make available funds beyond the amount needed for the administrative costs of the conference, it was felt that each state should be asked to meet the expenses of its representative, if possible.
The committee wishes to express its appreciation for the many services extended to it by the director and staff of the Department of Measurement and Guidance—services which have facilitated and expedited the work of the committee to a remarkable degree.

Respectfully submitted,

R. LOUISE McMANUS, Chairman

REPORT OF THE
COMMITTEE ON NURSING CURRICULA

The Committee on Nursing Curricula reported last year on the background for the formation of the present committee, the functions of the committee, and its plan of operation.*

As reported at that time, the committee conceived as its first job the development of criteria for all types of nursing education programs. A three-day meeting of the committee was held July 5, 6, 7, 1951 at which time the committee proposed a plan which would eventually lead to the development of criteria for basic nursing education. This has resulted in a check list on abilities needed by nurses with suggestions for continued curriculum study. Since the committee is desirous of making a wide geographic approach to its plan of work, along all fronts, the procedure for identifying these basic nursing abilities was developed with that in mind. The National Committee for the Improvement of Nursing Services, because of its recognition of the need for such a study as that on basic nursing abilities, provided the funds for the project. We were very fortunate in securing Mary R. Shields as the special worker to conduct the study. A symposium on some implications for the use of the nursing abilities study in curriculum planning will be held at this Biennial Convention on June 19, 1952, 8:00 to 10:00 p.m. It is hoped that many of you will be able to participate in the discussion at this symposium.

In addition to the main activity of the committee in connection with the abilities study, the following are among the major activities:

1. The chairman of the committee has participated in the work of the American Public Health Association Subcommittee on Home Accident Prevention of the Committee on Administration of that organization. Material being prepared by this committee is to be published. It will have implication especially for public health nursing education.

2. The chairman has also participated in a conference of representatives of the National League of Nursing Education, the Association of Collegiate Schools of Nursing, and the American Council on Educa-

tion to consider plans for a conference nation-wide in scope, composed of representatives of universities and colleges, nurses, and others concerned with nursing education programs in such institutions.

3. The committee has suggested types of articles relative to curriculum improvement to the editorial staff of the American Journal of Nursing. During the past year many articles relating to curriculum development have been included in the Journal.

4. Members of the committee have participated actively in the work of other groups, such as the Association of Collegiate Schools of Nursing, the National Organization for Public Health Nursing, Subcommittee on Coordination of Improvement of Education of the National Committee for the Improvement of Nursing Services, the National Nursing Accrediting Service, the NLNE Department of Measurement and Guidance, and the American Nurses’ Association Committee on Nursing Education and Nurse Registration, for purposes of identifying major issues and priority curriculum problems that need solving and proposing ways to solve some of the problems which have been identified.

5. Correspondence, with individuals and groups, on nursing education has been carried on. Such correspondence seems to be primarily concerned with problems in planning and conducting courses in affiliating institutions, the development or revision of current basic nursing programs in colleges and universities, and the improvement of the curricula in hospital schools of nursing.

Among the projected activities, at the time of writing this report, is a meeting of the full committee which has been scheduled for April 17, 18, 19, 1952. The purpose of this meeting is to consider the results of the study on nursing abilities which we hope will be available in published form by the time of this Biennial Convention. The committee also plans to consider its activities to date and to evaluate them in terms of accomplishment in light of the functions set for it, namely, (1) to stimulate curriculum development activities within the membership of the state and local leagues in the interest of improvement of curricula for all areas of nursing education and increased ability of League members in curriculum development; (2) to receive, devise, formulate, and propose to the League Board of Directors for action, criteria for curricula for all areas of nursing education; (3) to serve as an advisory committee to the Department of Services to Schools of Nursing and to assist in the solution of problems within the committee’s province; (4) to promote the unification of the efforts of groups and individuals under the League and coordinate these efforts with the curriculum activities of the related organizations. Such an evaluation is also to be related to recommenda-
tions for future action by succeeding committees in the National League for Nursing in the event that the new organization comes into existence.

Conclusion. The committee appreciates the keen interest of the nurses of the country in the nursing abilities study and hopes that it will be a basis for further help on curriculum improvement.

The committee would appreciate receiving suggestions on types of articles relative to curriculum problems for which the membership sees a need. In fact, this committee, or whatever groups or group might continue in the new structure with the functions as outlined for this committee, will welcome all suggestions from groups or individuals for the mutual improvement of curriculum development programs in schools of nursing and in nursing organizations.

Respectfully submitted,

EUGENIA K. SPALDING, Chairman

REPORT OF THE COMMITTEE TO
WORK WITH THE AMERICAN COUNCIL ON EDUCATION
AND NATIONAL EDUCATION ASSOCIATION
(of the ACSN, NLNE, and NOPHN)

At the beginning of the year 1951, when Dr. Arthur S. Adams took over the presidency of the American Council on Education, the request of this committee for a conference on education for nursing was renewed. On February 1, 1951, the chairman was invited to meet with a group of representatives of institutions of higher education for women and a special committee of the ACE to discuss plans for a conference on Education for Women in the Defense Decade. It was agreed that consideration for the needs of nursing and nursing education would be given attention in this conference.

Subsequently, the chairman of this committee was appointed by the ACE to the executive committee responsible for planning for the Conference on Women in the Defense Decade, to be held at the Hotel Commodore, New York, September 27 and 28, 1951. As the conference plans developed, it was hoped that the pertinent information regarding nursing and nursing education could be included in the materials given each conference member, in order to have some "take home" materials that might be shared with many others not attending the conference. Interest in the conference grew to the point where restrictions had to be set as to the number of representatives from each member agency that could attend, and a policy was established prohibiting the distribution of materials from special interest groups to conference participants. Responsibility for selecting the five representatives allowed each member organization was an administrative matter handled by the organizations themselves. In order to augment the total number of
nurses able to attend the conference, communications were sent to all colleges and universities offering programs for nursing suggesting that at least one nurse faculty member be included in the college’s quota. All the nurse participants were invited to meet together with members of this Committee, at national nurse headquarters on the evening of September 26, the evening before the conference, in order to plan for the distribution of nurses into each group, to see that, insofar as was possible, nurses would be in each of the sections.

The Conference on Women in the Defense Decade was most stimulating and most helpful. In advance of the conference, several of the group chairmen were approached to brief them about nursing needs and pertinent information about the nursing problem. They were very helpful in introducing or making it possible for others to introduce some of the nursing issues needing discussion, including recruitment, improved education, financing education, and military service needs. In the final summary of the conference, and in the printed report, nursing needs were given considerable emphasis.

At the close of the conference, Dr. Adams was approached once more by a group of nurses in attendance, with the renewed request for a conference on education for nursing, so that a similar focus of attention could be directed to nursing education specifically. He agreed to arrange for further discussion of our proposal. On November 21, 1951, the discussion was held in the ACE office. Julia M. Miller and Kathryn W. Cafferty of the League staff, Eugenia K. Spalding, chairman of the Committee on Nursing Curricula, Charlotte Seyffer, member of the League’s Committee on Junior College-Nursing Education Relationships, Dr. Ralph Fields, chairman of the Committee on Nursing of the American Association of Junior Colleges, Margaret Bridgman, educational consultant, Russell Sage Foundation, and the chairman of this committee presented the need for the ACE’s help in securing the assistance of the colleges and universities in the development of sound education for nursing. Dr. Adams expressed interest in having a conference which would bring together a group of people with different viewpoints, such as general educators, members of the consumer public, hospital and college administrators, and the like, to focus on the analysis of some of the urgent problems of education for nursing. One of the tasks to be undertaken at the conference was thought to be the development of some guiding principles useful to educators in the development of sound nursing education programs. Dr. Francis Brown of the ACE staff expressed the belief that it would be desirable for the ACE to sponsor the conference and to invite the participants, but that the ACE would need some help from the nursing group in locating the source of financial support for the conference.

It was agreed that the nursing group would proceed to develop a general plan for the proposed conference, worked out in as much detail as possible,
and submit it to the ACE; and that the nursing organizations would endeavor to locate a possible donor of the funds needed for the conference and to prepare the donor for a request directly from the ACE. It was agreed further that the staff of the national nursing organizations would give some assistance to the ACE in the further planning and in the conduct of the conference. The chairman subsequently has met with some of the headquarters staff to develop preliminary plans for the next steps. A tentative draft of a project request and a statement outlining the need for the conference, which will support the request, have been prepared.

It has been suggested that organized groups be asked to nominate several representatives, from which list the ACE would choose the individuals who will serve as representatives of that particular group. There appeared to be consensus among the group at the conference in Dr. Adams' office that the conference participants nominated by the various nursing and other organizations should include, among the nurse representatives, practitioners, hospital nursing service administrators, college and university nursing faculty in both pre-service and graduate programs, public health nurses, and representatives of various clinical nursing fields, such as psychiatric nursing, maternal and child health, tuberculosis nursing, and rehabilitation. Among the other groups, suggested nominees included representatives of the consumers of nursing service, the lay public, the American Medical Association, the American Hospital Association, practicing physicians, medical school faculty or deans, social scientists, educational administrators and faculty of community or junior colleges, senior colleges, and universities, and groups concerned with financing education.

At the time of writing this report, plans for the conference are still immature. The date and time cannot be set at the moment, but there are high hopes that the long-desired conference on education for nursing, to be held under the auspices of the American Council on Education, will become a reality in 1952.

The committee has had correspondence with the National Education Association regarding the program for its Conference on Higher Education, to be held in Chicago, April 16-18, 1952. Plans have been made for nursing organizations and this committee to be represented at this conference.

Respectfully submitted,

R. Louise McManus, Chairman
REPORT OF THE
COMMITTEE ON CAREERS IN NURSING

As the coordinating agency for the national student nurse recruitment program, the Committee on Careers in Nursing in 1951 began operation under its five-year plan and program, which has two broad phases:

1. The use of mass appeal technics and media for the promotion of careers in nursing, to create widespread interest in the profession
2. The stimulation of groups and individuals in the states and localities to work on behalf of student nurse recruitment, so that interest may be turned into actual admissions to schools of nursing

Although the activities of the committee focused on these objectives, it was necessary first to obtain the funds for the program. In 1951 the committee received $106,125.88 from the national nursing, hospital, and medical associations, United Community Defense Services, hospitals and schools of nursing, the National Foundation for Infantile Paralysis, business firms, and individuals. Many of these same sources are contributing to the 1952 program, with the major portion of the operating budget underwritten by UCDS.

National Promotion Campaign. Through the facilities of the Advertising Council, and with the cooperation of American business firms, national media, and advertising agencies, promotion for careers in nursing in 1951 resulted in the following coverage: messages on 408 leading network commercial and sustaining radio programs; 125 student nurse TV announcements; nearly 7,000 advertisements scheduled to appear in daily and weekly newspapers; more than 3,000 outdoor and 11,000 3-sheet posters across the country; 22,188 car cards in metropolitan areas; and full-page magazine advertising by such advertisers and magazines as General Mills, American Cyanamid, the New Yorker, and Prom. National advertising is continuing on an expanded scale this year.

Other Cooperative Efforts. In 1951 This Week donated 25,000 reprints of a cover for distribution as a poster. Metropolitan Life Insurance Company contributed a week of radio announcements on all of its sponsored local programs, and repeated this in 1952. Barco of California, uniform manufacturers, supplied 10,000 posters to the national program and also sent to stores a plan for window displays and materials purchased from the committee.

Magazine Coverage. In 1951 the staff worked with the following magazines on feature articles, and many were made available in reprints: Mademoiselle, Glamour, Vogue, Successful Farming, Charm, World Week, Coronet, Compact, Crane World, Weirton Steel Employees Bulletin, True Confessions,
Ladies' Home Journal (career booklet), BPOE Lodge Bulletin News Service, and hospital, nursing, and medical journals. Articles have appeared in 1952 issues of Seventeen, American Girl, Pittsburgh People, and other magazines.

Materials Distributed. During 1951, 150,000 copies of the committee's publications were purchased by recruitment groups, schools, and hospitals for their own use, and, in addition, many thousands of individual requests for free materials were filled. A total of 15,728 Basic I letters, with career booklets, were sent to prospective nursing students; 2,125 counselor envelopes to counselors, librarians, teachers, and recruitment workers; and 80,000 copies of recruitment letters and fund appeals to recruitment groups, schools of nursing, and hospitals.

Publications. A cartoon narrative folder for the junior high school age group was published early in 1952. Each year a campaign guide announces the national advertising campaign and suggests ways in which local groups can tie in with the national program. In 1951 a publicity supplement to this guide was published for distribution to regional institute participants. Some current publications were reprinted, and others are being revised. A handbook on the organization of state and local recruitment is planned for publication in 1952.

Field Services. A special grant for travel from the National Foundation for Infantile Paralysis enabled the committee to begin a field program in the fall of 1951, and three regional institutes were held in Denver, Chicago, and Philadelphia. Another is scheduled in New Orleans in October 1952. More than 600 people were registered at the institutes, representing 33 states. An intensified field program is now under way to assist state and local recruitment committees in strengthening their own organizations and activities.

Special Effort. The Public Health Service has contributed displays both years for exhibit at the annual convention of the Council of Guidance and Personnel Associations, and other national meetings.

Scholarships. The Woman's Auxiliary to the American Medical Association contributed a $500 scholarship to the committee.

Basic Assumptions and Principles. Following the meeting of the Joint Board in January 1951, the committee continued its work on the statement of basic assumptions and principles under which it operates. This was submitted to the Steering Committee of the Joint Board in June and, after some revisions, was approved by referendum vote.

Membership. Representatives from the following organizations were asked to serve on the committee: Woman's Auxiliary to the American Medical Association, the Advertising Council, General Federation of Women's Clubs, Public Health Service, Committee on Women's Hospital Auxiliaries of the American Hospital Association, the Health Information Foundation, Wo-
men's Auxiliary to the American Medical Association, and National Council of Negro Women.

Nursing is facing competition for personnel which is unparalleled in the history of recruitment, and it is evident that recruitment must be accelerated on all levels. The enlarged budget under which the committee is operating in 1952 provides for stronger national promotion and a widening field service.

Respectfully submitted,

THERESA I. LYNCH, Chairman

REPORT OF THE NATIONAL COMMITTEE FOR THE IMPROVEMENT OF NURSING SERVICES

The National Committee for the Improvement of Nursing Services was enlarged early in 1951 to include 40 members from all parts of the country. They include outstanding representatives from the nursing, medical, educational, and general citizen groups. Two regular meetings were held during the year, one in March and one in October. Minutes of these meetings were circulated to the boards of directors in May and November. Specific recommendations resulting from the October 4 and 5, 1951 meeting were presented to the Joint Board through the Steering Committee.

Nursing Schools at the Mid-Century

Sales of Nursing Schools at the Mid-Century have reached a total of around 4,200 with requests now averaging about 50 copies each month. The report is evidently being used for study purposes. At two recent meetings of hospital groups non-nurse speakers showed slides selected from the charts contained in the report. Many references are made to the data in written materials of various kinds and in talks which members of the staff have heard. It unquestionably awakened schools of nursing to a more critical attitude concerning the adequacy of schools in relation to the needs of modern nursing.

Classification of Schools

It was reported in 1950 that the National Nursing Accrediting Service would assume full responsibility for the classification of schools. This second survey is to lead to a status of temporary accreditation, with a five-year period of counseling, at the end of which time the schools will be given a chance to reach the status of full accreditation. The NCINS completed its responsibility about June 1951 when financial support was secured from three foundations—Commonwealth $75,000; Rockefeller $65,000; and the
National Foundation for Infantile Paralysis, $62,500. Until June much of
the time of the NCINS staff was given to planning for and the work incident
to the raising of these funds.

Local Organizations

The number of states which have committees for the improvement of
nursing services, under the same or similar name, has increased to 38 and
two territories. Visits from the national committee staff, correspondence, and
news exchanged through the News Letter have helped these committees feel
a part of the national picture as they most truly are—the main and integral
spokes that make it necessary and expedient to have a national committee.

Project for Curriculum Improvement

There are many approaches to improvement of nursing service. One way
is by long-range plans for improvement in nursing education. NCINS is
sponsoring a project for curriculum improvement which is being carried on
under the leadership of the National League of Nursing Education Committee
on Nursing Curricula. In this study a check list on abilities needed by nurses
has been distributed to groups concerned with nursing education and nursing
service. The interest with which the project has been received by the schools
is inspiring.

Over 3,500 check lists have been answered and returned. A large propor-
tion of these were checked by groups rather than individuals. Sixty-five
per cent of the basic professional schools have filled in and returned the
check lists. Eighty public health agencies have participated, giving the
opinions of non-hospital service groups. Other groups included are chairmen
of state league committees on curriculum and on measurement and guidance,
executive secretaries of state boards of nurse examiners, members of national
committees concerned with education or service, and a number of individual
nurse practitioners.

The project has been designed to give more nurses a chance to respond
to points of view expressed in curriculum conferences by checking for them-
selves a list of abilities needed by nurses. There is evidence that the study is
stimulating the discussion of issues in education by school faculties and by
state and local league committees. Instructors are finding the check list use-
ful as a tool for the orientation of student nurses to professional problems.
At least 12 universities have requested additional copies of the check list for
use with student or graduate groups.

Program to Improve Nursing Service

A cooperative program with the American Hospital Association to improve
nursing service is soundly launched. A consultant nurse assigned to the
American Hospital Association staff works closely with a member of the NCINS staff. The first step in the cooperative program was the holding of an institute on Nursing Service Administration in Chicago, December 3-7. Registration was limited to 115; over 400 applications were received. Those attending were from 30 states and included directors and assistant directors of nursing schools, administrators and assistant administrators of hospitals, faculty from universities and colleges, supervisors from hospitals and public health agencies, and staff members of the federal services. The object of the institute is to improve the administration of the nursing departments in hospitals. An evaluation by participants showed an enthusiastic response to the speakers and to the material presented. Plans are under way for the presentation of similar institutes in Boston, the week of March 17, and in Berkeley, California, the week of October 27.

Self-evaluation guide. A self-evaluation guide based on the Hospital Nursing Service Manual is in preparation. The section on “Personnel Practices” has been presented to about 300 reviewers, including the professional and business staff of the nursing agencies. Other sections on budget, communications, and safe practices are about ready for review.

Better management of the ward unit. The United States Public Health Service has completed a manual on the Surgical Recovery Room. This has been reviewed by the members of the Subcommittee on Service of the NCINS, the National League of Nursing Education Board of Directors, and the Council on Professional Practices of the American Hospital Association as well as other interested groups.

Other materials to be prepared include: Operating Unit Guide, Specialty Unit Guides, and Central Supply Room Guide.

Regional Planning

In response to a countrywide interest in regional planning, the NCINS at its March meeting came to the decision that further exploration of this subject, as a method for improvement of nursing service, is a logical, appropriate and important extension of its program. Consequently, at its October, 1951 meeting the committee itself did some initial exploring into principles underlying all regional planning and their relevancy to nursing, as well as existing structures into which such planning for some phases of nursing might fit. Since then the committee staff has given further thought and study to the applicability to nursing of principles and methods of cooperative planning in various geographical units. One issue of the NCINS News Letter devoted much space to this subject. The American Journal of Nursing plans an article based on NCINS materials early in 1952.

Pursuit of the subject of cooperative planning at various regional levels
has led the committee staff to the belief that this process holds much promise for the improvement of nursing in four areas through which improved service will take place: more nurses; better prepared nurses; better utilization; and better distribution.

Some ways for testing the applicability of the regional planning concept to nursing and of arriving at the structures, organization, and methods best suited to planning for nursing in all its aspects which have been thought of as exploration processes are:

1. Selection of a region for more intensive experimentation and study in an actual planning situation. (This is in process.)
2. Preparation of guide lines for local, state, or interstate planning groups.
3. Series of conferences on planning to prepare nurses for active, intelligent, informed participation in all kinds of planning groups in which nursing is or should be included.

The News Letter

The News Letter circulation is about 4,000. It is sent to directors of schools of nursing, hospital administrators of hospitals with schools of nursing, presidents of state leagues of nursing education, executive secretaries of state boards of nurse examiners, presidents and executive secretaries of state nurses’ associations, presidents of state organizations for public health nursing, members of NCINS and its subcommittees, Federal Security Agency, state chairmen of state committees for the improvement of nursing services and in many states the individual members of the state committees for the improvement of nursing services, boards of directors of the nursing organizations, state and regional officers of the American Hospital Association, representatives of the various foundations, members of the Committee on Careers in Nursing, and many individuals interested in nursing who have requested they be put on the mailing list.

Many requests come in for extra copies to be used for special purposes, such as to distribute to classes and boards of directors and to be used to further the passing of good nursing legislation. This is true of every issue of the News Letter but has been especially true of the November 1951 issue devoted to the Practical Nurse. The Mississippi Board of Nurse Examiners asked for 50 copies, and the director of nurses of Johns Hopkins School of Nursing requested that copies be sent to various hospitals.

Respectfully submitted,

MARY ELLEN MANLEY, Chairman
REPORT OF THE JOINT COMMITTEE ON UNIFICATION OF ACCREDITING ACTIVITIES AND OF THE NATIONAL NURSING ACCREDITING SERVICE

THE PROGRAM OF FULL ACCREDITATION DURING 1951

<table>
<thead>
<tr>
<th>Applications</th>
<th>Noncol-</th>
<th>Collegiate</th>
<th>Public</th>
<th>Post-</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number received during 1951</td>
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<td>15</td>
<td>7</td>
<td>1</td>
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<td>2</td>
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<tr>
<td>Number pending approval</td>
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<td></td>
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<tr>
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<td>8</td>
<td>4</td>
<td></td>
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<tr>
<td><strong>Surveys pending</strong></td>
<td>4</td>
<td>4</td>
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<table>
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<tr>
<th>Surveys made</th>
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<th>New Surveys</th>
<th>Resurveys</th>
<th>One-day Resurveys</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
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<td>31</td>
<td>9</td>
<td>3</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Basic Collegiate</td>
<td>12*</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Public Health</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
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<tr>
<td>Postgraduate</td>
<td>1</td>
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<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>11</td>
<td>3</td>
<td></td>
<td>59</td>
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</table>

Summary of total programs approved for 1952

Basic Noncollegiate                       | 157     |
Basic Collegiate                         | 45      |
Public Health                             | 37      |
Postgraduate                               | 28      |
**Total**                                  | 267     |

Activities of subcommittees. Two new subcommittees were appointed by the chairman of the Joint Committee on Unification of Accrediting Activities during 1951 and a third was activated. Names of the subcommittees and members of each are as follows:

1. Subcommittee on Projects and Studies
   - Lucile Petry, R.N. — Chairman
   - Emily Holmquist, R.N. — University of Pittsburgh
   - Norman Burns, Ph.D. — North Central Association
   - Everett Hughes, Ph.D. — University of Chicago
   - Emma Spanye, Ph.D. — Queens College
   - Hilda Peplau, R.N. — Teachers College, Columbia University

*Includes two for public health preparation only.
2. Subcommittee on Accreditation of Practical Nurse Programs

Ethel Brooks, R.N. — Hartford Hospital School of Nursing—Chairman
Elisabeth Phillips, R.N. — Visiting Nurse Association, Rochester, N. Y.
Cecile Covell, R.N. — National Association for Practical Nurse Education
Lillian Kuster, Practical Nurse—National Federation of Licensed Practical Nurses
Amy Viglione, R.N. — Kellogg Foundation

3. Subcommittee on Reorganization of Boards of Review

Marie Farrell, R.N. — Boston University—Chairman
Mary Tschudin, R.N. — Chairman, Collegiate Board of Review
Hazel Higbee Gibb, R.N. — Chairman, Public Health Board of Review
Sister Olivia, R.N. — Chairman, Postgraduate Board of Review
Sister Mary Ruth, R.N. — Chairman, Noncollegiate Board of Review
Sister Geraldine, R.N. — Chairman, Executive Board of Review
A. J. Brumbaugh, Ph.D. — Member of JCUAA

The Subcommittee on Projects and Studies met on November 16, 1951, and a second meeting will be held early in 1952.

The Subcommittee on Accreditation of Practical Nurse Programs met November 16-17, 1951, and the Subcommittee on Reorganization of the Boards of Review on December 1-3, 1951. The latter subcommittee is also responsible for recommending names of nurses qualified to serve on the Boards of Review to the chairman of JCUAA.

**Decisions of JCUAA**

Important decisions made by the Joint Committee on Unification of Accrediting Activities at its meeting on December 6-7, 1951 (based on recommendations of the Executive Board of Review) were as follows:

1. That a conference on graduate nurse programs, including public health nursing, be held in 1952 with representation from college and university programs now approved by NNAS, from those contemplating accreditation, and from those interested in improving and further developing programs not yet ready for accreditation; that the Joint Board ask the National League of Nursing Education to plan for this conference if it appears possible to hold it before the reorganization of present nursing organizations.

2. That, where programs have been surveyed for the first time and not acted upon favorably, all essential materials be submitted to the temporary accreditation section of NNAS.

3. That, annually from member educational units of NNAS, a brief presentation of significant changes in relation to descriptive criteria be required, as well as progress made in relation to recommendations received and any other facts which the unit wishes to present; that each year an intensive study be undertaken of one aspect of the educational unit, the aspect to be determined by the Executive Board. (The recommendation for 1952 was that a study be made of faculty qualifications,
including all who contribute to the teaching of nursing and nursing education courses, and also those other courses which contribute to nursing or nursing education majors."

4. That the Collegiate Board of Review continue to evaluate basic diploma programs in nursing which are clearly under the direction of a college or university.

5. That the 10 accredited affiliating programs be listed for 1952 but notified that, at the close of the year, they will be dropped from the accredited list. (These programs are to pay no fee for 1952. For those recently surveyed or resurveyed, the director of NNAS is authorized to make whatever arrangements seem just in relation to the survey fee.) The list for 1953 is to indicate that affiliating programs are no longer being carried and that is why names of the 10 have been dropped from the listing of the previous year.

**Plans for Meetings of Boards of Review**

The Subcommittee on Reorganization of the Boards of Review recommended that all four Boards of Review meet for a two-day period for joint planning during the fall of 1952, the joint meeting to be held prior to individual meetings of the boards. It also recommended that, for programs offered by colleges and universities, joint meetings of Postgraduate, Public Health and Collegiate Boards of Review be held (any combination of two boards or, if necessary, of all three) in order that total offerings of a college or university may be studied and relationships among the various programs more clearly defined. When only one program is offered, a single board would continue to evaluate that program.

The above recommendation was accepted by the Joint Committee on Unification of Accrediting Activities until such time as further planning may be done under the reorganized structure of the nursing organizations.

**Accreditation of Practical Nurse Programs**

The report of the Subcommittee on Accreditation of Practical Nurse Programs was considered by the Joint Committee on the Unification of Accrediting Activities. It was decided that no step would be taken in further development of a plan to accredit practical nurse programs until after the reorganization of the structure of the nursing organizations.

**THE PROGRAM OF TEMPORARY ACCREDITATION**

**First steps**

In May 1951 a letter was sent out by Marion W. Sheahan, director of programs of NCINS, stating that responsibility for a second study of basic programs offered by schools of nursing would be assumed by NNAS. Criteria
for temporary accreditation, formulated by a special subcommittee in December 1950, were also sent to each school.

In June 1951 temporary accreditation questionnaires based on these criteria were sent to each school which offers one or more basic programs not now on the accredited list, with an accompanying letter describing the program and asking the schools to cooperate.

**Questionnaire returns—January 1, 1952**

<table>
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<th>Category</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Number returned</td>
<td>884</td>
</tr>
<tr>
<td>Not participating</td>
<td>35</td>
</tr>
<tr>
<td>Not heard from</td>
<td>28</td>
</tr>
<tr>
<td>Closed or closing</td>
<td>25</td>
</tr>
<tr>
<td>Combining with other schools</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>981</strong></td>
</tr>
</tbody>
</table>

The questionnaire was also used as the annual report for 1950-51 of all programs now fully accredited. Schools being visited in the fall of 1951 were also asked to fill in the temporary forms. Comparable data are available, therefore, on almost all basic nursing programs in the United States.

Visits to schools were begun October 15, 1951. By February 1, 1952 almost all the visits had been made.

**Advisory Committee on Temporary Accreditation**

In May 1951 the chairman of JCUAA appointed an Advisory Committee on Temporary Accreditation. Members of the committee are:

Sister Eleanor McNabb, R.N.—Catholic University School of Nursing Education, Washington, D. C.

Edna Fritz, R.N. —Cornell University-New York Hospital School of Nursing, New York, N. Y.

Helen McClelland, R.N. —Pennsylvania Hospital School of Nursing, Philadelphia, Pa.

Mrs. Ella Younger, R.N. —Freedmen's Hospital School of Nursing, Washington, D. C.

Mary M. Richardson, R.N. —Lenox Hill Hospital School of Nursing, New York, N. Y.

Mary Connor, R.N. —Teachers College, Columbia University, New York, N. Y.

Dean Clark, M.D. —Administrator, Massachusetts General Hospital, Boston, Mass.

Fred McCuistion, Ph.D. —Associate Director, General Education Board, Rockefeller Foundation, New York, N. Y.


Emma Spaney, Ph.D. —Queens College, Flushing, N. Y.

This committee has had two meetings and has been very helpful in making suggestions about coding of questionnaires and planning the conference for accreditation visitors.

**Participation by State Boards of Nurse Examiners**

At the Conference of State Boards of Nurse Examiners held in Boston in May 1951 it was agreed that representatives of state boards should be asked to assist in the evaluation of schools in their own states. Accordingly, simple forms on which to give information about each school were sent in September 1951 to educational consultants employed by each state board. These forms are now being returned and should prove very helpful to Boards of Review of NNAS.

It was also voted at the Boston Conference that, when schools in each state are discussed by a Board of Review, a state board representative from that state should be invited to be present. With few exceptions state board personnel have attended the meetings at which schools in their respective states are discussed.

**Meetings of Boards of Review**

Information about each school obtained from the questionnaire, the one-day visit, and the state board will be presented to either the Noncollegiate or the Collegiate Board of Review. Meetings to consider programs for temporary accreditation were held by Boards of Review March 24-April 5, 1952.

**Publishing of List**

The list of schools offering programs which have been granted temporary accreditation has been published in the June 1952 *American Journal of Nursing*.

**Program for Subsequent Four-Year Period**

Through a series of group and individual conferences, conducted in regional areas at periodic intervals over a period of years, it is hoped that schools can be helped to improve their programs to the end that they will finally merit full accreditation. As soon as a school appears ready for full accreditation, it will be urged to apply. Tentative plans have been made to hold the first series of conferences during the summer of 1952.

**Plans of Subcommittee on Projects and Studies**

The Subcommittee on Projects and Studies has had two meetings to date. It has been suggested by this subcommittee that the program of temporary accreditation be regarded as a process of "engaging schools of nursing in improving schools of nursing." It is hoped that the entire project may be
so planned that it will merit interest of foundations in providing additional financial support.

Respectfully submitted,

VERONICA LYONS, Chairman

REPORT OF THE JOINT COMMITTEE ON PRACTICAL NURSES AND AUXILIARY WORKERS IN NURSING SERVICES

Current Developments

The past year has seen a continued and steady growth in the establishment of schools of practical nursing, the enactment in many states of laws affecting practical nurses, and the organization of practical nurses into their own organizations.

According to the National Association for Practical Nurse Education there are 177 approved schools of practical nursing in the country which had in 1951 a student enrollment of about 8,000.

As of January 1, 1952, 38 states and territories had laws providing for the training and licensing of practical nurses or other nursing groups with similar preparation. Six of these 38 states have mandatory licensure. A number of the states are actively working toward some type of licensure law.

The length of programs for practical nurse preparation as provided by the laws of the 38 states varies from 30 weeks to 18 months, the usual duration being one year. In 29 states the words "practical nurse" are used in the law.

Although the number of graduate practical nurses is growing rapidly, it is estimated that there are close to 200,000 persons working as practical nurses who have had little or no formal education for the job. Many of these persons hold a state license.

During 1951 there was a rapid development in the organizations of practical nurses at the local, state, and national levels. The National Federation of Licensed Practical Nurses reports that, as of January 1, 1952, there were state organizations in 42 states, 2 territories, and the District of Columbia. Twenty state groups in 18 states and 1 territory have group membership in the National Federation of Licensed Practical Nurses and, in addition, 557 practical nurses are individual members. The National Federation of Licensed Practical Nurses' bylaws are currently being revised to eliminate group membership and make individual membership in the national association contingent upon state membership, a pattern similar to the one followed by the American Nurses' Association.


Schools for the preparation of psychiatric aides are now making an appear-
ance, although their number in this country is still very small. Psychiatric aides are beginning to organize into their own associations in several states, and the question of licensure of these workers has been raised.

The last year has seen a wider and, for the most part, a more sympathetic interest among professional nurses in the roles played by practical nurses and auxiliary workers in patient care. It is in fostering good standards for the integration of these services with those of professional nurses that the Joint Committee on Practical Nurses and Auxiliary Workers in Nursing Services is largely concerned.

**Purpose of the Committee**

The objectives of this committee are to promote the wise use of practical nurses and auxiliary workers in nursing services by clarifying their roles and making suggestions as to their preparation, selection, placement, supervision, and in-service education. The committee formulates recommendations for policies and action to the Joint Board of Directors of the National Nursing Organizations and, with that board's approval, publishes material relating to practical nurses and auxiliary workers in nursing services. It also serves as a clearing house and referral agent for information in its field.

With the approval of the Joint Boards of Directors, the membership on this committee was changed during the past year. The committee is now made up of the chief administrative officer (or president if there is no staff) and one appointed member of the American Nurses' Association, National League of Nursing Education, National Organization for Public Health Nursing, National Association of Colored Graduate Nurses, Association of Collegiate Schools of Nursing, American Association of Industrial Nurses, National Association for Practical Nurse Education, and National Federation of Licensed Practical Nurses. In addition the American Nurses' Association has two appointed members who represent the General Duty Section and the Private Duty Section, respectively. There is one member-at-large who is the specialist in practical nursing training in the U. S. Office of Education. All reports and recommendations from the committee are acted upon by the Joint Board of Directors of the national professional nursing organizations. Reports are submitted at the same time to the boards of the National Association for Practical Nurse Education and the National Federation of Licensed Practical Nurses which usually take action upon them. The committee, however, is governed only by instructions coming to it from the Joint Board.

**Major Accomplishments**

The two pamphlets, *Nursing Aides and Other Auxiliary Workers in Nursing Services*, published in 1950, price 35 cents, and *Practical Nurses in*
Nursing Services, published in 1951, price 50 cents, have been made widely available. To January 1, 1951, 2,500 copies of each pamphlet had been sold.

A "Practical Nursing Fact Sheet" was prepared. This will be distributed widely free of charge.

The "Loan Folder on Practical Nurses and Auxiliary Workers" was brought up to date and new material prepared for it. Its circulation has increased.

Publicity for the pamphlets and loan folder was secured in a wide variety of publications. Reviews have been, on the whole, very favorable.

Numerous invitations to speak on practical nursing have been accepted by members of the committee, and an active correspondence has been carried on with many persons located throughout this country and abroad. These correspondents have included professional nurses—both graduate and student—practical nurses, educators, physicians, and hospital administrators.

Future Plans

The place of the work of this committee in the new structure is already under discussion. The importance of continuing activity in this field is very evident. Leadership by professional nurses working with practical nurse representatives must continue. Much has been done, but much work lies ahead. Field activity, including regional institutes to clarify the role of practical nurses, is needed, and requests for this type of help are already coming in. Problems arising out of the increased use of specialized nursing aides—particularly in the care of psychiatric and tuberculous patients—and the ways they are to be prepared, must be solved. Interpretation, clarification, and reflective thought concerning the wise use of these important contributors to patient care must go on within the framework of the new structure.

Respectfully submitted,

ELISABETH C. PHILLIPS, Chairman

REPORT OF THE JOINT COMMITTEE ON RESEARCH AND STUDIES

The Joint Committee on Research and Studies has been organized for a short time only and has had but two meetings, one on November 13, 1951 and another on December 19 and 20, 1951. Although the committee was aware that the temporary nature of the present committee and the costs of holding meetings put definite limitations on what could be accomplished, it recognized that research would be likely to be a major function that must be planned for in whatever new organizational plan is evolved for the national nursing organizations. It was early decided, therefore, to prepare a brief statement of philosophy and principles of research to serve as an initial guide to whatever continuing committee or group is delegated the responsibility to proceed with the development of the research program.
This statement, entitled "Suggested Guiding Principles for Research in Nursing," has been accepted by the Joint Board of Directors of the National Nursing Organizations and has been published in the May 1952 issue of the American Journal of Nursing.

Respectfully submitted,

R. LOUISE MCMANUS, Chairman

STRUCTURE REORGANIZATION

Report of the Joint Coordinating Committee on Structure

At the 1950 Biennial Nursing Convention, all of the organizations voted to endorse the development of a two-organization plan for the reorganization of the national nursing associations, with the proviso that the American Nurses' Association retain its corporation, and that any changes in ANA functions be accomplished through the revisions of or amendments to its existing bylaws.

Immediately after the convention, the boards of directors of the six national nursing organizations appointed committees on structure and agreed that the chairman of each committee on structure, together with the president and executive secretary of each organization, function as a Joint Coordinating Committee on Structure. This proved to be a very wise procedure. Each of the six organizations had its own committee on structure to study the functions and objectives of the individual organization, to review the proposals on structure changes from the other organizations, and to make recommendations to its board of directors. The Joint Coordinating Committee on Structure then reviewed and harmonized the proposals from each organization and returned them to the several boards of directors for approval or disapproval. Through this procedure, each board of directors was kept fully informed and had an opportunity to act on each proposal before further action was taken by the Joint Coordinating Committee on Structure.

Upon advice of legal counsel, it was agreed that the new organization should be built upon the charter of one of the existing organizations. The boards of the organizations which were planning to dissolve met and agreed that the new organization should be established by amendment to the charter of the National League of Nursing Education.

By the summer of 1951 the plans for the new National League for Nursing (called Nursing League of America at that time), and the proposed changes in ANA bylaws were well enough defined to begin drafting bylaws. The changes in ANA bylaws would have to be prepared by the ANA Committee on Constitution and Bylaws, and since the NLNE structure was to be used as the basis for the new NLN, the new constitution and bylaws for the NLN would, of course, be submitted to the NLNE Committee on Revision of National Bylaws.
Before submitting the material to the regularly constituted committees on constitution and bylaws, the Joint Coordinating Committee on Structure believed that the proposed plans should be reviewed by a representative group of nurses from each state to be sure that the proposals were in line with the thinking of the various occupational groups in nursing. Consequently, the ANA, the NOPHN, and the NLNE agreed to call the Minneapolis Conference on Structure early in September.

This conference was attended by representatives from every state in the union. Most states had representatives present from private duty, general duty, industrial, men nurses, and public health. All nine of the census regions had representatives from nursing education. A few states had representatives from only two or three occupational fields. The plans were discussed in detail and met with the universal approval of the representatives of the states who were present. The state representatives were enthusiastic and pledged themselves to go back home and to interpret the proposals to their own state associations.

Following the Minneapolis meeting, the proposed plans were submitted to the respective committees on constitution and bylaws, to be incorporated into bylaws. These committees did a yeomanlike job. The new constitution and bylaws for the NLN and the proposed revisions in ANA bylaws were ready for the consideration of the several boards at their January 1952 meetings.

These bylaws were unanimously approved by the several boards and by the Joint Board of Directors of the Six National Nursing Organizations in January, and were published in the April issue of the American Journal of Nursing. The revisions to the ANA bylaws will be submitted for action to the ANA House of Delegates by the chairman of the ANA Committee on Constitution and Bylaws. The new constitution and bylaws for the NLN will be presented by the chairman of the NLNE Committee on Revision of National Bylaws to the NLNE for formal adoption.

The revisions and plans which you will consider and act upon at this meeting represent more than six years of study, discussion, and decision. The proposals are not to be written in tablets of stone. The bylaws of each organization can and no doubt will be revised at each Biennial Convention as experience points the way to new developments.

Your committee has attempted to assign those functions which should be the sole responsibility of the members of a profession to the American Nurses' Association. Those functions which the members of any profession should share with the consumers of their product, and with allied professional workers, have been assigned to the National League for Nursing.

Your committee believes that the proposals contained in the revisions of the ANA bylaws and in the new constitution and bylaws for the NLN represent workable plans which will promote the growth and further development of both nurses and nursing.
Recommendation

Therefore at this time, the Joint Coordinating Committee recommends that the National League of Nursing Education approve the general plans for the American Nurses' Association and for the new National League for Nursing as outlined in the April 1952 issue of the American Journal of Nursing, subject to the later consideration of the detailed revisions of the bylaws which will be presented to you by the chairman of the Committee on Revision of National Bylaws.

Respectfully submitted,

PEARL McIVER, Chairman

At the conclusion of the report of the Joint Coordinating Committee on Structure, which was read by Miss McIver, Miss McIver moved the adoption of the recommendation. This motion was duly seconded and carried by a majority vote of the membership present and voting.

Action of the American Association of Industrial Nurses

The secretary then read a letter from the president of the American Association of Industrial Nurses.

Miss Agnes Gelinas, President
National League of Nursing Education
2 Park Avenue
New York 16, New York

Dear Miss Gelinas:

This is to advise that a resolution to adopt the new structure plan (copy enclosed) was presented at the annual meeting of the American Association of Industrial Nurses, Inc. held in Cincinnati, Ohio, on April 23, 1952. The proposal was defeated by a vote of 286 to 24.

While AAIN's decision was against reorganization, it is the sincere hope of our Executive Board that the relationship between the AAIN and the new NLN and the ANA will be one of cooperation as it was in the past with the five national nursing organizations.

Sincerely yours,

(Signed) THELMA J. DURHAM, President
American Association of Industrial Nurses

Appointment of Tellers

The chairman appointed the following tellers to count the votes in connection with the adoption of the proposed bylaws for the National League for Nursing as a substitute for the present bylaws of the National League of Nursing Education: Dorothy Vernstrom (Massachusetts), Beatrice Kinney
(New York), Sister Ancina (Minnesota), Evelyn Fisher (District of Columbia), and Lillian Patterson (Washington).

**Remarks by the President**

The chairman then spoke as follows:

As you know, the main business before the National League of Nursing Education this week will be voting on the proposed bylaws for the proposed National League for Nursing. Before we start this voting, several things should be made clear:

Whatever decisions the members arrive at, provision has been made for continuity of our objectives, continuity of our program, and, during the interim year, continuity of our very able Headquarters staff which helps us implement our program. I am sure that every League member, whatever her opinion about our future structure, would want to be sure that our activities are continued without interruption. For this reason, two sets of plans have been made—an NLNE set in case the proposed bylaws are not adopted, and an NLN set in the event that they are. Our NLN plans are tentative, of course—really pre-plans—pending your final decision, and the decision of a not-yet-elected Board of a not-yet-approved organization. But even though they are only pre-plans, every effort has been made to keep you abreast of them, for they are your pre-plans too.

As you know, it is not always easy to arrange for us to have much time at Biennial Conventions because we want to avoid overlapping our meetings with those of the ANA House of Delegates. However, we have pushed and squeezed our convention schedule so that you may have adequate time for consideration as you vote. In addition to the time allotted to the forums on structure, we have arranged for 12½ hours at three League business meetings: Monday from 1 to 6:00 p.m.; Tuesday from 8:30 to 11:00 p.m.; Wednesday from 8:00 a.m. to 1:00 p.m.

To repeat: The decision is yours. Whatever your decision, we are prepared to move forward. There is no need for undue hurry.

**Remarks by the Legal Counsel**

In response to the request of the president, Mr. Donald Smith, member of the firm of Satterlee, Warfield, & Stephens, legal counsellors of the National League of Nursing Education, discussed some of the points under consideration as follows:

Madam Chairman, Members of the League: There has not been a particularly large number of purely legal problems in the matter of reorganization which you are about to consider.

First of all, of course, there is the matter of the amendment of your Certificate of Incorporation to change the name and broaden the purposes. I understand that you will vote on that first.
As to the Bylaws themselves, to a large extent that is a matter of choosing what you want to do among the various courses which are legally permissible.

When, in 1950, the members of the various national nursing organizations voted in favor of a two-organization structure, legal counsel for both the National League of Nursing Education and the National Organization for Public Health Nursing were consulted. After preliminary discussions of the general aspects of the program, it was felt that, since there was such a large element of policy in what the nursing profession wanted to do, it would be best for the representatives of the four organizations concerned to sit down together and to work out acceptable solutions of all the questions as to what form the new organization should take. After that had been done, counsel for all parties would review it and see whether there was anything which could not be done, or which had to be done in some different way.

That is the method which was followed. First of all, the committees of the various organizations met and worked out the substantive problems involved and also put the solution into effective language. Then, following that, there were several meetings held with counsel of the NLNE, the NOPHN, and the American Association of Industrial Nurses which was still participating in the structure plans at that time. The various legal aspects and questions of wording and so on were canvassed and discussed.

One matter which you should bear in mind as you consider and act upon the proposed bylaws is that these bylaws which are to be submitted to you are the result of the conferences and discussions and agreements not only by the committees of the various organizations but also by the boards of directors. I think Miss McIver said that the proposed bylaws had been unanimously approved by the boards of directors of the three organizations which are considering combining to form the National League for Nursing—that is, the NLNE, NOPHN and the Association of Collegiate Schools of Nursing. If, during your discussion and action, you should make any changes in the bylaws as presented, they would, of course, have to go to the other two organizations, and, if they were very serious and substantial changes, it might be that in reconsidering their position the other organizations would reach a different result. In other words, the ACSN and NOPHN are proceeding on their plans for dissolution upon the expectation that the NLNE membership will approve the bylaws substantially as submitted today.

So you might bear that in mind. If there are any changes which you would like to make, but considering which you do not feel very strongly, the appropriate thing would be to defer those until the meeting next year, when the combined membership of the total organization can meet and vote on them, and when the action of the two organizations which are planning to dissolve and transfer their members and assets to the NLN will have been completed.

The coming year is going to be a trial or breaking-in period. You have worked for quite some time, and, during the past two years especially, the
emphasis has been on reaching an agreement as to the fundamentals of your proposed new organization. It would be impossible to accomplish that and at the same time to work out all of the details.

As experience shows, you will undoubtedly want to make amendments in the suggested NLN bylaws from time to time. Looking over the history of both the ANA and the NLNE, you will see that at practically every convention there have been amendments which have been proposed and acted upon, and there is no reason to think that these new bylaws will be any different.

On the other hand, if you waited until something had been drawn up which could be considered perfect, you might wait another 14 years, such as the period from 1938 to 1952. So that your directors and officers feel that this is the time to bring to you something concrete for your action, something which has met the approval of your Board and of the other boards, and which, so far as your directors and officers can tell, is appropriate and designed to carry out the instructions of the membership, and which they trust would be acceptable to the membership, just as the boards of the other organizations feel that the bylaws as finally submitted will be acceptable to their organizations.

Of course, it rests in the hands of you as members of the NLNE to decide whether or not the bylaws are acceptable and whether or not you approve the proposed changes.

Report of the Committee on Revision of National Bylaws

Deborah M. Jensen, chairman of the Committee on Revision of National Bylaws, then presented the report of that committee. The report consisted of the proposed bylaws of the National League for Nursing* which would be acted upon as a substitute for the existing bylaws of the National League of Nursing Education.

Upon motion of Mrs. Jensen, duly seconded, it was voted to adopt the proposed amendments to the Certificate of Incorporation. By this action, the purposes of the National League of Nursing Education were changed and its name was changed to the National League for Nursing.

It was then moved by Mrs. Jensen, and seconded that, in order to bring the proposed bylaws of the National League for Nursing to discussion and consideration, the proposed new bylaws be substituted for the existing bylaws. The final vote on this motion was delayed until after the proposed new bylaws had been considered article by article.

Upon motion of Mrs. Jensen, duly seconded, it was voted that, in view of the withdrawal of the American Association of Industrial Nurses from

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*The proposed NLN bylaws were printed in the April 1952 issue of the American Journal of Nursing and in the preprint of the 1952 NLNE Annual Report of which each member present had a copy. The NLN bylaws, as ultimately adopted, are printed on pages 255-279 of this Annual Report. Since there was little difference between the bylaws as proposed and adopted, the proposed bylaws are not reproduced here.
the reorganization plans, the proposed new bylaws be amended in the manner indicated on a mimeographed sheet which had been distributed to each member. In general, these changes concerned the deletion of the portions of the proposed bylaws which referred to the American Association of Industrial Nurses and the Department of Industrial Nursing in the National League for Nursing.

Each article of the proposed bylaws was then considered separately.

Article I. No discussion.

Article II. In response to a question concerning what would happen if the students decided that they did not wish membership in the National League for Nursing, the chair stated that Article II could then be amended appropriately at the next convention.

In answer to a question about the possibility of including provisions for practical nurse membership, the chairman stated that this question would be discussed at the first meeting of the new NLN on June 20.

With regard to non-nurse membership, Marie Wooders (Michigan), Martha Cunningham (Pennsylvania), Lillian Harvey (Alabama), and Kathleen Sands (Michigan) questioned the desirability of having no further eligibility requirements than "Who is otherwise interested in promoting good standards of nursing service or education." Mrs. Sands and Miss Wooders spoke of the danger of pressure groups getting control of the organization. Mrs. Jensen pointed out that under Article IX, Section 12, of the proposed NLN bylaws, the Membership Committee "shall formulate rules and procedures for passing upon individual membership applications." Miss Gelinas and Julia M. Miller, executive director, pointed out that the current League bylaws had, in effect, an open-door policy with regard to lay members who could be admitted after "being approved for lay membership by a state or local league or being approved for lay individual membership by the executive director." Nonetheless, the NLNE had very few lay members. Mr. Smith stated that the Board of Directors would decide whether a non-nurse applying for membership meets the qualifications in Article I, and, if a person were refused membership because he did not meet these qualifications, according to law he would have no vested right to become a member of an organization of this type. He pointed out that if a person with enough power to endanger the interests of the NLN were to apply for membership, he would undoubtedly be so notorious as to be easily identified and refused membership.

Alma Gault (Tennessee) stated that she personally felt no concern about non-nurse members. Nonetheless, in view of the very real fears among certain League members, she suggested that the new bylaws might retain the provision in the current NLNE bylaws requiring that non-nurse members be approved by a state or local league. After some discussion, during which Mr. Smith gave advice as to the form and wording:

It was moved by Miss Gault, duly seconded, and voted to add to Article
II, Section 2. b) a new paragraph (4) to read: "Who, in addition to the foregoing, is approved for non-nurse membership by a state or local league or by the national Board of Directors." Mr. Smith explained that this provision would apply to all persons applying for non-nurse membership; that is, they would have to meet the requirements of paragraphs (1) and (4), or (2) and (4), or (3) and (4).

Article III. No discussion.
Article IV. No discussion.

Article V. Lillian Harvey (Alabama) raised the point as to whether the first vice-president should be a nurse inasmuch as she might succeed to the presidency. Katherine Baker (Washington) expressed the opinion that it would be inconsistent to require the elected president to be a nurse but to permit a non-nurse to become president by way of the vice-presidency. Claire Favreau (New York) stated that if the members of the National League for Nursing elect a non-nurse as first vice-president, they should have confidence that she could take over the responsibility of the presidency during the interim period until the next election. Another member stated that many NLNE members had assumed that the majority of members of the new organization would be nurses, and that the president, elected or otherwise, should therefore be a nurse.

It was moved by Marjorie Bartholf (Texas), seconded, and voted that the first two sentences of Article V, Section 2, be amended to read: "Either a nurse or a non-nurse shall be eligible to hold any of the elected positions specified in Section 1 of this article except that of president and first vice-president. Only a professional registered nurse shall be eligible to hold office as elected president or elected first vice-president."

With regard to the provision that the appointed general director would serve as secretary, one member asked whether this person, in her capacity of secretary, would have voting power on the Board. The chair stated that the secretary would not have power to vote. Frances Cunningham, NLNE secretary, explained that the duties of the secretary are onerous and most of them cannot be carried on away from the Headquarters office. She expressed the opinion that everything she had done in her capacity of secretary might more conveniently have been done in the Headquarters office.

Article VI. With regard to the proposed provision that nine members of the Board should constitute a quorum of all meetings of the Board, Ruth Mowbray (Maryland) questioned whether there was any provision that a specific number of these should be nurses. The president replied that there was no such provision, but that experience had shown that there was usually 100 per cent attendance at Board meetings. There was no further discussion of this Article.

Article VII. No discussion.

Article VIII. Jean Murphy (Massachusetts) pointed out that according to Section 4 a member could be a voting member of only one division
(services or education) and only one department, and asked what members who hold dual service and educational positions should do. Mrs. Jensen stated that, for voting purposes, a member would have to choose in which division and department she wished to belong, but that Section 4 also states: "Members of one department and one division may participate in appropriate meetings of the other division and other departments of the organization."

Article IX. No discussion.

Article X. It was moved by L. Elizabeth Oster (Connecticut), seconded by E. Louise Grant (Georgia), and voted that in the first sentence in the second paragraph of Section 4 the words "chairman or vice-chairman" should be changed to read "chairman and/or vice-chairman."

Article XI. No discussion.

Article XII. It was moved by Katherine Baker (Washington), seconded by Oma D. Houser (Alabama), and voted to change Section 1. i) from "Organize district or local nursing leagues" to "Encourage and assist in the organization of district or local nursing leagues."

Article XIII. No discussion.

Article XIV. No discussion.

Article XV. No discussion.

Article XVI. No discussion.

Article XVII. No discussion.

Article XVIII. No discussion.

Article XIX. No discussion.

Article XX. No discussion.

Article XXI. No discussion.

Article XXII. No discussion.

Article XXIII. No discussion.

The chairman stated that voting on the motion to substitute the proposed new bylaws, as amended, for the existing bylaws would take place at the business meeting on Wednesday, beginning at 8:00 a.m. She announced that the Tuesday evening business meeting had been canceled.

The meeting recessed at 4:00 p.m.

**First Student Nurse Session**

**Monday, June 16—4:15 p.m.—6:15 p.m.**

*Presiding:* CAROLYN KEUCHER, Student, Presbyterian Hospital School of Nursing, Pittsburgh, Pennsylvania

*Speaker:* LOUISE KNAPP, R.N., Director, School of Nursing, Washington University, St. Louis, Missouri

The first student meeting of the 1952 Biennial Nursing Convention took place in the Ballroom of the Ritz-Carlton Hotel at 4:15 p.m., June 16, 1952,
with Carolyn Keucher, student of the Presbyterian Hospital School of Nursing, Pittsburgh, Pennsylvania, presiding.

Miss Louise Knapp, R.N., director of Washington University School of Nursing, St. Louis, Missouri, spoke on the "Student's Role in the New Structure." She suggested that there are three possibilities in regard to student government:

1. That two national councils be organized, one under the ANA and one under the NLN;
2. That one national council be organized under the direction of the coordinating council;
3. That no action be taken at the Thursday meeting with respect to organization, but that the above organizational patterns be first considered in the district and state organizations.

The chief function of the National Student Council is to establish a channel of communication between state organizations. Miss Knapp gave a few suggestions as to how a national organization might help the student on a local level, and the importance of student comments on nursing education. She stated that teamwork on a local level follows through to state and finally to national level.

Three secretaries were elected, and it was decided that each one was to record the minutes of one of the three student meetings. The secretaries elected were: Miss Linburg, of Ohio; Lois Lykins, of Ohio; and Mary Lehane, of Rhode Island.

The chairman, Carolyn Keucher, was elected to preside over the student organizational meeting on Thursday, June 19, 1952.

Three monitors were chosen to carry messages to the national nursing organizations: Terry Haas, Ohio; Joan Williams, Maryland; and Sue Dixon, Alabama.

It was decided that one member of each state investigate and state the pleasure of the students in her state regarding the formation of the national student organization. Each state group would have held a meeting to make its decision prior to the Thursday meeting.

The meeting was adjourned at 6:15 p.m.

Respectfully submitted,

MARY LEHANE,
Salve Regina College of Nursing,
Rhode Island
NLNE Luncheon Meeting
Tuesday, June 17—12:00 m.—2:00 p.m.

"Hail and Farewell"

Presiding: Margaret B. Allen, R.N., Chairman, Joint Committee on Program for 1952 Biennial Nursing Convention

Speakers:
Stella Goostray, R.N., President of NLNE 1940-1944 and member of the NLNE Board 1928-1948
Pearl McIver, R.N., Chairman, Joint Coordinating Committee on Structure of the National Nursing Organizations

A Time to Every Purpose

Stella Goostray, R.N.

Yesterday was the fifty-ninth anniversary of the founding of this association, and anniversaries are times of remembering, remembering people and events. But this is also a special anniversary for it is the last that we shall keep as the National League of Nursing Education. And so we do well to remember with affection its founders, and those women who throughout its early years so wisely set its educational aims and so courageously fought for their attainment. And we remember them also with gratitude for the solid foundation which they laid, for upon it others have been able to continue to build for the needs of new days. "But what is the present after all but a growth out of the past," said Walt Whitman. So here, today, on the eve of what promises to be another historic step, we bind the past and the present as a stimulus to greater achievement in the future.

That small group of women, about 18, so the record reads, who met together on June 16, 1893 in Chicago and agreed to the simple rules and regulations under which a new association would function, were pioneers in a new order. To them nursing was an essential social service, capable of becoming a great social force as it developed its professional responsibility. If nursing schools were to prepare young women to meet its challenges the time had come to refute the growing idea that the main purpose of a training school was to supply nursing service to the hospital as cheaply as possible. Within this adolescent profession of nursing, therefore, there must be an organized group whose chief concern was the sound education of the student nurse. Those 18 women became that group, and the American Society of Superintendents of Training Schools for Nurses came into being.

1Ecclesiastes III: 1.
2American Society of Superintendents of Training Schools, First and Second Annual Reports, p. 3.
Their organizational meeting fifty-nine years ago was historic to organized nursing, because it brought into being not only the first association of nurses in America, but, I believe, the first in the world whose chief expressed purpose was "to establish and maintain a universal standard of training." While the earlier association in Great Britain stood for the improved training of nurses, its chief effort appears to have been directed toward state registration. "To establish and maintain a universal standard of training" was a timely purpose for the last decade of the nineteenth century. As Miss Hampton said in her address at the International Congress of Charities, Correction, and Philanthropy, prior to the organizational meeting, "The teaching methods of no two schools will be found to be alike, all varying according to the demands of the various institutions and their several authorities. Each school is a law unto itself. Nothing in the way of unity of ideas or of general principles to govern all exists, and no effort toward establishing and maintaining a general standard for all has ever been attempted."

That meeting was also historic to world health. Of all the meetings held at that Congress perhaps none has led to more far-reaching improvement in the care of the sick and in the preservation of health. I do not need to spell out for you the influence this association has had on the approximately 2,000 schools of nursing that have existed at one time or another in this country, for that influence has infiltrated even into the poorest of them and made them better educationally than they otherwise would have been. And always the end to be achieved was to improve the quality of nursing service and to provide the kinds of nursing the community needed.

Nor can we forget that it was this association which was responsible for the establishment of the program at Teachers College in 1899, the forerunner of programs which now exist for graduate nurses in 112 colleges and universities in this country alone, whose students have come from the five continents and have gone back to their own or other communities to help provide good nursing and sound nursing education.

As one mulls over the annals of the first two decades of this association—those decades that so definitely influenced later developments in nursing education—one feels anew the soundness of the educational philosophy of its leaders, their forthright discussions, their early recognition of problems, the dispatch with which they set about to solve them, and the foresight with which they planned. Remember that there were few precedents to guide them. But they were women of ability, drive, and talent. It is always somewhat precarious to single out individuals who were important to any accomplishment, but most of us would agree that the creative, analytical minds of Isabel Hampton, Adelaide Nutting, and Lavinia Dock were largely responsible for shaping the destinies of that little association during its first decade.

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3Ibid, p. 5.
But even women such as these could not have accomplished what they did without the loyal support and help of many whose names stand out in the early records of this association.

By the end of the first decade the "three year course," with its planned distribution of services and classes, the preparatory course, affiliations including district nursing, the eight-hour day, and the nonpayment of students, had been introduced and principles and policies relating thereto had been enunciated for the guidance of schools. One could go on enumerating the constructive and progressive contributions of the next decade, notable among which were the central school idea, paid instruction, and affiliation of schools of nursing with colleges and universities, but there is a time to addresses as well as to purposes. However, I cannot forbear recalling to you, in their own words, three proposals made by two of our early leaders, Miss Snively, who was one of the Canadian Superintendents—and we must not forget that the membership in the first two decades was representative of Canada as well as the United States—and Miss Nutting.

Listen to the words of Miss Snively spoken in 1895:

"Any number of training schools, therefore, attached to general hospitals containing a sufficient number of beds necessary to give the requisite nursing experience, having arranged a satisfactory curriculum and agreeing to teach the subjects, and maintain the standard of percentages mentioned in the curriculum, can if thought advisable agree to form an organization which shall be known as 'The International Training School Association.' This association could grant certificates themselves, or endorse the certificate of such schools as belong to this association and recognize as trained nurses only such as have complied with the requirements laid down by this association."⁵

Is it too far-fetched to find in these words the germs of an accrediting program?

Here is a quotation from an address by Miss Nutting in 1908:

"The school for nurses has a large and rapidly widening function in preparing the nurse for adequate service to the community, and it seems to us that if this were fully understood, it would not rest upon the hospitals entirely to find means for the maintenance of our schools. We are not training nurses entirely for the benefit of hospitals, doctors, nor for private patients, but we are training them for useful service to the people in all matters which affect their health and well-being; for intelligent efforts toward the prevention of illness as well as intelligent and skillful care of the sick, and just as medical schools, for instance, may turn to the community and say, 'Give us money for buildings and teachers so that we may supply you with well-trained physicians,' so, we, in view of the public as well as private importance of our work, have a right to turn to the community and say,

⁵American Society of Superintendents of Training Schools, First and Second Annual Reports, p. 28.
help us also, so that we may train and send out to you women who can understand their responsibilities and meet them fully."

We are still asking in 1952, "Who shall pay for nursing education?"

And again Miss Nutting in her capacity as chairman of the Education Committee, the predecessor of our present Curriculum Committee. The report is dated 1911:

"A close, careful, and exhaustive study is now needed on the whole question of the education of the nurse, inclusive of the fields of professional work which she occupies. And the Committee believes further that such a study should be made by neither hospital authorities, physicians, nor nurses but by some scientific body able to bring an unprejudiced mind to the situation and to study it from the point of view of the public welfare. The Committee therefore recommends that this society request the Carnegie Foundation for the Advancement of Teaching to make such a study."

Thus early were planted the seeds of accreditation, public support of nursing education, and studies of nursing education.

There was early recognition also of another responsibility—to bring into being a national association concerned with the nurse as a practitioner of nursing. Following the reading of Miss Dock's classic paper on "A National Association for Nurses and Its Legal Organization," at the 1896 convention, a committee was appointed to prepare a constitution for such an association, and what is now the American Nurses' Association came into being.

It was evident by 1906 that the purpose of the Society, so timely in 1893, now needed revision. It was not sufficient, if it were to meet its social responsibility, for the association to be concerned chiefly with uniformity of training. As a matter of fact, the association's performance had outrun its declared purpose. In 1906, therefore, the purpose of the association was changed to include some of its new interests, and there was less emphasis on uniformity of training. The new purpose read: "To consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by cooperation with other educational bodies, philanthropic and social."

In 1912 the association got a new name, for it had long been recognized that its long and limiting name no longer was applicable to the membership, and so it became the National League of Nursing Education, and its organizational structure was changed to provide for state organizations so that the purpose of the association might be more adequately carried out by groups banded together in state and local areas. But the purpose as defined in 1906,

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6American Society of Superintendents of Training Schools. Fourteenth Annual Report, 1908, p. 35.
7Ibid. Seventeenth Annual Report, 1911, p. 75.
with minor changes in wording, was still timely and remained so for many years to come.

The years since those early days have brought an ebb and flow of success. It would be unrealistic to say that we have attained all of the goals which we have set before us in nursing education or in nursing. But it would be equally unrealistic to deny that the record of achievement is one in which we may take due pride. The organization today, so far as it can be measured with a few statistics, shows no mean stature; a membership of nearly 12,000, 48 state leagues, 75 local leagues, a headquarters staff of 88, a budget of over half a million dollars for 1952, numerous active, producing committees, and cooperative relationships with some 45 organizations. Scarcely the inventory of an organization that has burned out! Yet we are meeting for the last Convention of the National League of Nursing Education. Why? Because "there is a time to every purpose" and we, like our founders, believe that "New occasions teach new duties, Time makes ancient good uncouth." The timely purpose of 1893, or even 1943, and the organizational structure to carry it out do not meet these "new occasions."

The rapid developments in the field of health and the changes in our social structure have brought challenging demands to the League and to the other organizations concerned. The ever-growing needs for nursing service of varying kinds and the educational preparation necessary to meet them, have led to constantly expanding programs. Strangely enough, until 1946 the stated purpose of our organization said nothing about standards of nursing. But the League's program had left no occasion for misunderstanding its position in relation to the improvement of nursing services. We made our position somewhat clearer in that regard when the Certificate of Incorporation was amended in 1946. In place of that part of our purpose which set as our goal "to define and maintain in schools of nursing throughout the country minimum standards for admission and graduation," there was substituted "To advance educational aims and standards in nursing."

As the League's programs have expanded, there has been also a widening of the periphery of participation in educational matters both within and without the profession. You will recall how restricted the League membership was in its early days, far too restricted to suit some of the more progressive members who were outspoken in their criticism. Gradually the periphery was extended to include all members of a nursing school faculty and all who were concerned with the teaching of graduate nurses in service organizations. It took until 1942 to extend the periphery to include men and women concerned with nursing education though not themselves nurses, and at that time provision was made for non-nurse representation on the Board of Directors. Those who have served on the Board since that time know how noteworthy have been the contributions of the non-nurse members. A thrilling example

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9James Russell Lowell.
of widening the periphery of participation in educational projects was the curriculum study begun in 1933 under the leadership of Isabel M. Stewart. You will recall that representatives were added to the Curriculum Committee from the American Nurses' Association, the National Organization for Public Health Nursing, and the Association of Collegiate Schools of Nursing. There were committees in 35 states. Consultants were called in from the fields of general education, medical education, hospital administration, library science, social service, and nutrition, and they gave liberally of their time and talent to work for a common objective. The Curriculum Guide which was produced was evidence of the wisdom of the procedure. Since that time, there have been many other examples of that widening participation within the League.

The profession as a whole has also become increasingly aware that it can make its leadership more effective by planning together and coordinating some of its activities. As a professional group, we have steadily been growing together in spirit and working together to accomplish that which is in the interest of the common good in nursing education and nursing service. And working in the interest of the common good is a trait of a maturing profession. The creation of the Joint Board of Directors to include the boards of the then six organizations and the extension of membership on joint committees to other than those who are members of the organizations was still another step toward widening the periphery of non-nurse participation in matters relating to nursing education and organized nursing services.

But coordinated planning and action for selected projects by four organizations concerned with nursing education and organized nursing services is still a half-way measure. Each of our organizations has had an organizational structure through which its program could be achieved to bring about its own stated purpose. Each purpose has been based on a segment of our professional and community needs. We have finally faced the fact that no purpose based on a segment is timely for the last half of the twentieth century and that we have limitless untapped strength and resources in the profession and in the citizens and agencies in the community for the development and improvement of nursing education and organized nursing services, provided we approach the problem as a unit rather than as specialized segments. The purpose of each organization can be fused into a common purpose which shall bind us together in an organic unity, a unity of polity.

Neither the idea of merging nor the structural plan has been hastily conceived or considered. The Structure Committee after eight years of concentrated study has recommended an organizational structure which will provide for carrying on the functions of all four organizations which are now seen as essential, and one which will provide for assuming new functions as conditions indicate. Each division with its departments will have areas of special responsibility, but, what is most important, each will share in some measure in the activities through which the total purpose of the organization is carried out. Indeed this is the crux of the matter, for there must be the
deep-rooted feeling that we are one organization, not a federation represented by divisions or departments. As the old couplet by Isaac Watts says:

And 'tis a poor relief in pain,
To change the place, but keep the pain.

As I see the new organization its values are these:

1. Provision is made for democratic participation of all who have a stake in the nursing needs of the community and in the preparation of those who are to meet those needs.
2. Provision is made for the essential needs as we now see them.
3. Provision is made for expanding to meet other essential needs as they arise.
4. The organization will represent a common interest group and can speak as such.
5. The programs can be coordinated for maximum effectiveness. There will be no functional barriers or overlapping functions.
6. One organization can be more economically administered than four. "Two can live as cheaply as one" is a fallacy often quoted by young lovers. What they mean is they can live more cheaply together than each can live separately. The same is true of organizations. But don't let that give you false ideas about costs. Costs depend on the amount and kinds of service rendered.

It will be our responsibility and privilege as members of the NLNE to share in the definitive action which will bring into being the National League for Nursing. In a legal sense our association does not pass out of existence. Its name and its constitution and bylaws will be changed. In a spiritual sense, and in keeping with our covenants with the other organizations, we are all pioneers together, founding a new type of organization, the first of its kind in the world, an organization in which nurses, students, allied professional groups, citizens, community agencies, and schools of nursing will be united to work for a single end. The meeting that takes the final action, like that meeting fifty-nine years ago, will stand out in the years to come as an historic occasion.

We have many unsolved problems in nursing. It is our hope that what the individual organization has not been able to do alone may be done through the creative thinking, the collective wisdom, and the united action of all of us working together as the National League for Nursing.

"To foster the development and improvement of hospital, industrial, public health, and other organized nursing services and of nursing education ... to the end that the nursing needs of the people will be met." This, I hold, to be a timely purpose for the last half of the twentieth century.
Madam Chiang Kai-shek once said:

We live in the present—We dream of the future
But we learn eternal truths from the past.

Miss Goosray has proclaimed some of the "eternal truths" of the past. My assignment is to discuss the present and to "dream of the future." However, one cannot discuss the present, nor predict the future without relating probable trends to the events of the immediate past. Therefore, I would like to summarize a few of the events of the past ten years which have and will influence nursing progress.

The first event was the establishment of the National Nursing Council for War Service. For the first time in nursing history, all of the national nursing organizations agreed to coordinate their efforts to meet nursing needs during the war period. Through that experience we learned that strength and progress come from united action. The next accomplishment was the completion of the first nationwide inventory of all registered nurses in the United States. For the first time we had fairly complete information about active and inactive nurses. The data included information regarding their distribution by age, qualifications, type of employment, location, and availability for military service. An accurate inventory of available resources is basic to the development of a business or a profession. Three such inventories have been conducted during the past ten years and the procedure will be continued at regular intervals.

Next came the recognition of nurses by the military services and the issuance of full commissions to nurses for the first time in history. Prior to World War II, nurses had "relative rank" but they did not receive the same compensation nor did they enjoy all of the privileges of other commissioned officers. Sixty-five thousand nurses volunteered for military service during World War II and proved their ability to carry the responsibilities of a commissioned corps.

The fourth event which affected nursing progress was the passage by the Congress of the United States of the first bill which authorized financial aid for nursing education. The Cadet Nurse Corps Act followed two years later. Through those experiences, many of the strengths and weaknesses of nursing education programs were brought to light.

The next significant event was the publication in 1945 of "A Comprehensive Program for Nationwide Action in the Field of Nursing." This plan,
prepared by the post-war planning committee of the National Nursing Council for War Service, represented the thinking of the six national nursing organizations and outlined broad areas of study and action designed to provide adequate nursing service throughout the nation. It served as the springboard for many of the studies and plans which followed.\textsuperscript{5}

One of the most important studies which followed was the nationwide study of nursing education and nursing service by Dr. Esther Lucile Brown and the publication of her report \textit{Nursing for the Future}.\textsuperscript{6}

Following the publication of the Brown Report came the establishment of the Joint Committee for the Improvement of Nursing Services. This committee is made up of representatives from all six national nursing organizations, from allied professional groups, and the general public. Its chief accomplishments to date are the publication of \textit{Nursing Schools at the Mid-Century},\textsuperscript{7} and the promotion of the workshops and institutes on hospital nursing administration.

Another significant sign of progress during the past ten years was the acceptance by most nurses and employers of nurses of the principle that every group of workers has the right to negotiate employment contracts and to participate in determining the policies which pertain to their employment.\textsuperscript{8}

The next event which has and will have a profound effect upon nursing progress was the establishment of the Joint Accrediting Service by the national nursing organizations which brought all of the national accreditation services together for the first time into one unit.\textsuperscript{9}

An event which preceded the Joint Accrediting Services and one which has already proved its value was the development by the National League of Nursing Education of standard tests to be used by state boards of nurse examiners and acceptance by all states of these examinations, thus bringing more uniformity into the state licensing procedures.\textsuperscript{10}

Perhaps the increased interest in nursing research which has been evident during the past few years will influence nursing progress more than anything else. The endorsement by the ANA House of Delegates of a plan for financing studies of nursing functions through voluntary contributions from nurses is evidence of this interest.\textsuperscript{11, 12} The support by various foundations of nursing research in a number of universities is recognition of the ability of nurses to carry out scientific researches.

\textsuperscript{5}A comprehensive program for nationwide action in the field of nursing. \textit{Am. J. Nursing} v. 45, Sept., 1945, p. 707-713.


\textsuperscript{7}West, Margaret, and Hawkins, Christy. \textit{Nursing Schools at the Mid-Century}. New York, National League of Nursing Education, 1950.


\textsuperscript{10}National League of Nursing Education, Department of Measurement and Guidance. Four national nursing test services. \textit{Am. J. Nursing} v. 49, Apr. 1949, p. 246-247.

\textsuperscript{11}Research and the ANA program for studies of nursing functions. \textit{Am. J. Nursing} v. 50, Dec. 1950, p. 767-770.

The final achievement, which will contribute greatly to nursing progress, is the completion of the plans for the reorganization of the structure of professional nursing. The proposed plans which we will vote upon at this convention call for two national organizations. One strong organization of, by, and for professional nurses will have full responsibility for those functions which the members of any profession should perform for themselves. The second organization is unique. For the first time in nursing history, all nurses from every occupational field will have the opportunity (and the responsibility) to plan jointly with allied professional workers and the consumers of our product for the best utilization, distribution, and financial support of nursing services and nursing education facilities.

These events and many others have and will continue to have a profound effect upon future nursing developments. There are persons, both within and without the profession, who fear change and who wish to maintain the "status quo." And yet, nursing is a living and a dynamic force in today's society, and anything living must grow and change. Dr. Raymond Fosdick illustrated the inevitability of change in an article published in the *New York Times Magazine* several years ago.18 This article, entitled "We Must Not Be Afraid of Change" stated that the "strength of a democracy is its ability to grow, to use the new, and to reinterpret the old." The opening paragraphs of that article express the philosophy which should guide our considerations at this convention:

> When the last glacier retreated northward from what is now Connecticut, it left behind, as mementoes of its visit, great boulders of rock which are now strewn lavishly across the state. Several of them, as large as a corncrib and many tons in weight, were deposited on my farm, and for fifteen years I have watched one of them fight a losing battle with an ash tree. The tree evidently started in a seed lodged in a tiny pocket in the top of the rock. When I first saw it, it was a sturdy sapling that had made for itself a comfortable crevice for its roots. Today its irresistible growth has torn the massive rock into fragments.

> This is the law of life. The future belongs not to rigid absolutes, whether they are primal rocks or unyielding social arrangements, but to the thing that can grow, whether it is a tree or a democracy.

> It is strange that a principle as familiar as this should today need underscoring, but we are living in years of uncertainty and fear, and fear induces a kind of spiritual astigmatism. To be sure, in our generation, we have reason for our fears, and every justification to resist the threat that creates them. But I am thinking of fear as an evil in itself and what it does to human emotions and reactions.

> For one thing, fear breeds an instinctive hostility to growth, because growth means change, and in anxious hours men tend to cling to the shelter of the present or to put their faith in nostalgia for the past. But history's current is sweeping us into the future and we cannot stand still, nor is there now any place left to go back to. The illusion that security can be found in immobility, or that safety is dependent upon the absence of change, is perhaps the most dangerous form of imbalance which plagues the minds of men.

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To some of us, certain events of the past decade may be likened to a series of "shock treatments" not pleasant at the time, but the improvement following treatment justifies the temporary fears and discomfort.

What then, lies ahead for nursing? The World Health Organization has defined health as: "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." If the nursing profession accepts that definition, and I believe it does, then all nurses, regardless of their occupational fields, must be concerned not only with nursing the sick, but they must also be aware of the preventive and health promotional factors. Nursing must be recognized as an integral part of the total health program, and that program is one which is concerned with the rights of every human being to attain the highest standard of health possible, whether he is at home, at school, at work, as well as when he may be temporarily in a hospital. All nurses, just as all other practitioners within the health professions, must be prepared in both curative and preventive medicine and understand the emotional and social needs, as well as the physical needs of human beings.

With this concept in mind, what are some of the principles which will influence the nursing developments of the future? Five principles appear to require important consideration:

1. The supply of "woman power" is limited. Therefore, the first principle is that nursing personnel must be utilized for those functions which require nursing skill and judgment. Functions which do not require nursing skill or knowledge must be allocated to other types of workers who are competent to perform those functions. Competence on the part of some of these auxiliary workers can be attained through planned "on-the-job" training. Others will require preplacement training. All of those who are concerned with patient care must function as team members and, as such, must understand and appreciate the contributions of their team mates. The professional nurse will, no doubt, be the team leader. As a team leader, every general duty or staff nurse must be capable of evaluating the nursing needs of each patient; of assigning the required functions to the appropriate worker; of evaluating the service rendered by each team member; and of maintaining good morale among both workers and patients. Would an average nurse in the "good old days" be able to function efficiently in such a situation?

2. Because the supply of candidates for our schools of nursing is limited, our second principle pertains to eliminating what the British call the "wastage" of potential nurses in our schools of nursing. Students must be carefully selected and the educational program must be one that will not only attract but will retain desirable candidates. The criteria to be used in the selection of nursing students need to be evaluated so that those persons unsuited to nursing are not selected, and so that persons who would make

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successful nurses are not excluded. Is being in the "upper third of the high school graduating class" a valid criterion unless one considers the size of the class and the standards of the particular school? Aptitude tests have been relied upon by some schools with varied degrees of success. The "dropout" rate among student nurses is more than 30 per cent in many schools. Is this due to a poor selection of students, to educational methods which cause the students to develop mental indigestion, or to the authoritarian atmosphere of a considerable number of the present schools of nursing? All of these factors must be evaluated and improved if we are to have enough qualified nurses to meet nursing needs.

3. Our third principle concerns the organization, administration, and support of our schools of nursing. Unlike most other branches of professional education, nursing schools have been slow in modifying the ancient apprenticeship type of training. Learning through "doing" is one of the oldest and soundest principles of education. The Chinese have a proverb which says:

If you hear about a thing, you soon forget it
If you see it done, you remember half of it
If you do it yourself, you remember all.

One cannot learn nursing from reading about it nor from merely observing someone else doing it. However, the "doing" must be a part of a carefully planned curriculum, and the learning experience must have priority over the nursing service needs of the hospital or health agency. Hospitals and health agencies are the laboratories in which all students in the health professions, be they medical, dental, or nursing, secure experience under expert direction. This experience must be an integral part of the total educational plan, and the administration of nursing education should be vested in educational institutions, such as those presently concerned with other types of professional education.

4. The fourth principle we must keep in mind is that, regardless of an increase in the production of nurses, it is quite likely that the demands for nursing service will increase more rapidly than the supply. Some of us can remember when private duty and hospital nursing were the only fields in which a nurse could be employed. Later, public health authorities recognized the nurse as an essential member of the public health team. The demand for nursing service in industries, in schools, and in private physicians' offices has been increasing rapidly. Nurses are actively participating in epidemiological studies and are conducting researches of their own. Not only are the fields which require nursing participation increasing, the type of work and the responsibilities are changing also. Today, nurses are expected to be proficient in such clinical procedures as taking blood pressure readings, in administering intravenous and intramuscular injections, and in operating complicated treatment equipment which was nonexistent 25 years ago. A professional nurse has always been expected to observe and note any physical
changes in her patients. Today, we expect her to be cognizant of emotional changes which may be just as significant in retarding a patient’s recovery. Not only are the opportunities for nurses increasing within our own country, but at the present time, a considerable number of our most competent nurses are serving in foreign lands where they are helping to bring health and "t.l.c." (tender, loving care) to underprivileged peoples who have never known what it meant to be "free from disease or infirmity" and have not had the faintest conception of "a state of complete physical, mental, and social well being." American aid is bringing services to people on a village level in these countries. Can anyone deny that health services and facilities to these people will spread the understanding of a democratic way of life better than arms and bombs? The demands for the services of qualified nurses are increasing, not only in the United States, but throughout the world every year.

5. The fifth principle brings us back to a consideration of professional organization. Every qualified member of a profession regardless of race, creed, or color has the right and the responsibility to participate fully in professional activities such as:

a) defining the functions of her particular occupational group;

b) determining desirable qualifications for practice;

c) establishing employment standards;

d) conducting studies which will improve individual practice, and

e) promoting legislative action which will improve nursing standards and benefit nursing.

In addition to these functions, every individual member of a profession has the right and the responsibility to participate in determining how his services are to be made available to society and what kind of facilities are to be provided for the education of the on-coming members of the profession.

The American Nurses’ Association will serve as the medium through which nurses will carry out the first responsibilities; the new National League for Nursing will provide the opportunity for nurses, allied professions, and the public to work together in providing the amount and kind of nursing service needed by our own people and by people in other countries of the world where we are privileged to serve.

In summary then may I predict:

1. That throughout the world, there will be acceptance of the broad concept of health proclaimed by the WHO and a recognition of nursing as one of the essential professions in realizing that concept.

2. I predict a realization that the number of professional nurses will always be limited, and that their abilities must be utilized economically, and that better nursing services will result if various types of personnel (each competent to function in his or her own sphere) are prepared to work as a team.

3. I predict that our system of nursing education will be revamped so that administrative responsibility for nursing education will be placed in educa-
tional institutions and adequate financial support will be assured, exclusive of the contributions from student service.

4. And finally, I predict that in America we shall have a nursing profession which assumes full responsibility for those decisions which rightfully belong to a profession, but which recognizes that any professional service is a joint responsibility of the profession and the consumers of that service. Therefore, in providing the nursing service needed by the people, we shall plan jointly with allied professional workers and with representatives of the general public.

Our new plan of organization offers each and every nurse unlimited opportunities to reach her maximum professional potentialities as an individual practitioner and it will unite all nurses from every field of nursing. It will also offer every nurse an opportunity to participate fully as a member of the health team which will play such an important role in promoting the brotherhood of man throughout the whole world.

SECOND BUSINESS SESSION

Wednesday, June 18—8:00 a.m.—9:00 a.m.

The second business session, held in Convention Hall, Atlantic City, New Jersey, on Wednesday, June 18, 1952, was called to order by Agnes Gelinas, president, at 8:10 a.m. Members from 41 state leagues responded to the roll call, and a quorum was declared present.

VOTING ON THE BYLAWS OF THE NATIONAL LEAGUE FOR NURSING

The chairman stated that the first order of business would be a vote on the motion put before the meeting on June 16, namely, that the proposed new bylaws, as amended, be substituted for the existing bylaws. The secretary explained the procedure for counting the votes as recommended by the parliamentarian. The member sitting on the right-hand end seat of each row in the voting section was appointed as a teller responsible for counting the votes in her row. These tellers were to write on a card given them by the monitors the number of people in their rows voting affirmatively. The numbers on this card would be checked by the monitors as they collected the cards. The negative votes would be counted and recorded by a similar process. The tellers appointed at the preceding meeting would total the entire vote.

The chairman then asked for further discussion on the motion. There being none, the members voting for the motion were asked to rise. After their votes were counted, those voting against the motion were asked to rise.
After a brief recess during which the tellers totaled the votes, the vote was announced by the chairman. There were 406 votes in favor of the motion and 3 opposed. The chairman stated that since 406 was more than a two-thirds vote, the motion had carried and the new bylaws for the National League for Nursing had been adopted.

COMMUNICATIONS FROM THE OTHER NURSING ORGANIZATIONS

The secretary read communications from the National Organization for Public Health Nursing and the Association of Collegiate Schools of Nursing.

June 17, 1952

Miss Agnes Gelas, President
National League of Nursing Education
Atlantic City, New Jersey

Dear Miss Gelas:

Attached is the action taken by the membership of the National Organization for Public Health Nursing at its meeting on Monday, June 16, 1952.

I have been asked to report this to you before the meeting of your association to be held Wednesday, June 18, at 8:00 a.m.

Sincerely yours,

(Signed) ANNA FILLMORE, Secretary
National Organization for Public Health Nursing

The attached communication read:

It was moved by Miss Freeman, seconded by Mrs. Staupers, and unanimously

VOTED that the proposed bylaws for the National League for Nursing be approved with the proposed changes (necessary because of the vote against reorganization by the American Association of Industrial Nurses). Also that the suggestions discussed be referred to the Committee on Constitutions and Bylaws of the National League for Nursing after it is organized.

June 18, 1952

Miss Agnes Gelas, President
National League of Nursing Education
2 Park Avenue
New York, New York

My dear Miss Gelas:

I have been asked to transmit to the National League of Nursing Education the action taken by the Association of Collegiate Schools of Nursing at its annual meeting on June 16, 1952 relative to the new National League for Nursing.

It was moved by Sister Theofrada, seconded by Mrs. Morris and unanimously passed that the Association of Collegiate Schools of Nursing dissolve providing the new National League for Nursing is voted into existence.

Sincerely yours,

(Signed) IRENE CARN, Secretary
Association of Collegiate Schools of Nursing
OFFICIAL NAME

Mr. Donald Smith, legal counsel, informed the group that, in accordance with its action at the meeting on June 16, the amendment to the Certificate of Incorporation, changing the name to the National League for Nursing, had been duly filed. He stated that the organization now officially was the National League for Nursing.

FURTHER BUSINESS

The chairman acknowledged, and the group applauded, the efforts of Edith Wensley, the executive secretary of the Joint Coordinating Committee on Structure, and Julia M. Miller, the executive director of the National League of Nursing Education, for the efforts they had put into the reorganization. A rising vote of thanks was given the president for her service as chairman of the Committee on Agreements.

It was voted that the reading of the minutes of the convention be dispensed with and that the Executive Committee of the outgoing Board of Directors be empowered to approve them.

IN MEMORIAM

The president announced the death of two former League members, Helen J. Leader and Daisy Dean Urch, in addition to those listed in the secretary's report. The audience rose and stood a moment in silence in their honor.

The president then welcomed to the National League for Nursing members of the National Organization for Public Health Nursing and Association of Collegiate Schools of Nursing who were now entitled to join the meeting as voting members.

The meeting adjourned at 8:50 a.m.

STUDENT LUNCHEON

Wednesday, June 18—12:00 m.—2:00 p.m.

Presiding: ANN CARSTENSEN, Student, Orange Memorial Hospital School of Nursing, Orange, New Jersey

Moderator: ROBERT J. JAEGGER, Student, Alexian Brothers Hospital School of Nursing, Chicago, Illinois

Participants:

MARGUERITE PERRINI, Student, St. Mary's Hospital School of Nursing, Hoboken, New Jersey
THE LOCAL STUDENT ORGANIZATION
MARGUERITE PERRINI

The modern tendency is toward experiment in self-government. Youth insists upon its own standards and asserts its freedom in recreation as well as in weightier matters. The student nurse of today has realized the necessity for a student organization and is aware that its success should be measured in terms not wholly of organization achievement but of individual student growth. Participation in student government or a student council in a school of nursing offers the nurse an opportunity to learn some of the necessary technics of group activity, of parliamentary procedure, and of teamwork which she can apply to a larger group.

The structure of the organization is relatively unimportant in comparison with the definite need to overcome the antiquated, traditional barrier between faculty and student and the evident realization by both of the need of really working together.

The backbone of an extracurricular program is the student organization to which all the students in the school belong. At the head of the organization are a president, a vice-president, a treasurer, and a secretary. These officers direct the activities of the organization with the assistance of the student council, which is composed of two representatives from each class—senior, junior, freshman—and a faculty adviser. A recreation board should be instituted so that all social activities may be planned and directed with needed guidance. The student council is a small executive group in the larger organization. Its members are comparable to the directors, other than officers, of a board. The officers take charge of both student organization and student council meetings. All elections should take place before the next academic year, so that the electees are ready to take office when the new semester begins. The organization has a constitution and bylaws set up by the students, with the assistance and approbation of the faculty adviser, and may be revised by the association when necessary. The student council is chiefly concerned with policies regarding conduct in the residence, but the girls should be urged to bring to the council all problems, curricular and extracurricular,
which are troubling them. The various class representatives may present problems which have been discussed at class meetings.

Therefore, over-all functions of a progressive and functioning student organization would be:

1. Regulation and improvement of the conditions under which student nurses live.
2. Plans for social functions for the school of nursing and participation in such functions for the entire school.
3. Improvement in both the academic and social program of the nursing school.
4. Plans involving the students' share in orienting new students.
5. Projects for earning money for social activities and for sending representatives to state and national conventions.
6. Standards of true professional conduct and a professional attitude on the part of the nurses.

The administration of a school of nursing is made easier in that the majority of problems relating to student conduct are handled by the student council, and students will be much happier when they have a share in governing their own lives. Not least in importance is the training students receive in conducting meetings, speaking before groups, and sharing the responsibilities of their organization. And, finally, the crux of the whole matter is their intelligence and inspired guidance by a nurse instructor who can understand the problems of adjustment which the student nurse faces because she has met and remembered them herself. But above all, she must have a deep and abiding interest and faith in student nurses.

It has been demonstrated that a student association which functions successfully will play an important part in developing well-rounded individuals and will effectively aid nursing to attain even higher standards as a profession. It helps in giving its members experience which will help prepare them for cooperative work and professional leadership as graduates.

**District Student Nurses' Association**

**Barbara Wengrzyn**

The district student nurses' association is the outcome of much work done by student nurses, who are willing to give up their free time to become better acquainted with the ways of thought and activity of other schools in their own state. This process of unity begins in each separate school. It is decided by the majority of the members to attain this goal. A meeting, sponsored by the state nurses' association, which is the case in most instances, enables all representatives to meet and discuss the possibilities of this new organization. After much discussion, and if the outcome is in the affirmative, steps are taken to organize committees for the formation of a district organi-
zation. The districts are set up according to the following: either geographic location, standards of schools, size of schools, or the number of students belonging to the individual school.

Each district appoints its own officers and is independent of the other districts. The constitution and bylaws are similar, but not necessarily identical. Since one of the aims of this organization is the promotion of unity and fellowship among the different students, much work is to be encountered. We will discuss the aims a little later.

Here is an example of how a suggestion that is purposeful can become an active factor for all concerned. Suggestions from the individual schools are taken by the representatives to the district meeting where they are considered by those present, and if the suggestion is thought to be useful, a ballot containing the suggestion is sent to all schools in that particular district and voted on at their discretion. The ballot is returned with suggestions and considerations. If the majority have voted in the affirmative, a plan is formed by the committee for the good of each school concerned. This means that every school has had a part in formulating this idea for the benefit of the individual student.

Now let us consider the aims of such an organization, as they are most important. Without high aims, no organization is worth the effort behind it. You will remember that I previously mentioned the promotion of unity and fellowship among the different students. An organization of this type is very effective. It enables you to realize the challenge that is waiting for you when you become a graduate. You will be better prepared for membership and participation in the professional organizations, because an understanding of what is happening around you and what you are able to do about it causes self-satisfaction (relating to nursing). Also, by viewing the standards of others, higher standards for your own personal and professional conduct are encouraged, and an appreciation of the points of view and practices of others is increased.

There are many pitfalls that may be encountered when trying to further this organization. If cooperation is not to be had, one of the purposes of this organization is lost. Understanding the correct method of putting over one's ideas so that the others will find the correct meaning is imperative. Leadership in the officers is important, for wherever you find good leaders you usually find success. But again, if you, as a member, do not stand ready to do your part in the organization, it will begin to falter, and in a short time it will disintegrate. Sometimes competition is aroused among the districts, and though it should be on a stimulating basis, it sometimes creates ill feelings. Nothing but misunderstanding is gained. Another factor which plays an important part is interest. Many times, after the initial meeting or perhaps after the excitement of this new venture wears off, a lack of interest develops. Whenever this occurs, the feeling tends to grow, and, unless the cause is determined and the "weak spot" excised, this malignant fever will build up
to a climax that threatens the termination of the entire organization. This tumor could have many different origins. For example: one student is a representative for an individual school, and from her attitude her classmates may acquire the impression that the environment at the district meeting was such that it was natural for her lack of interest, and therefore they may decide it isn't worth their while to be interested. At the district meetings her morose attitude would cause concern, and that feeling would communicate itself to the other members who possibly would adopt the attitude, "She doesn't care what happens, so why should I?" But, if this attitude is discovered in the beginning, steps could be taken and an interested representative elected in her place. Another example is lack of interest on the adviser's part. Anxiety over other situations may cause her not to give adequate attention to the activities of the organization, and this attitude could do much to determine the outcome. However, where there is enthusiasm and understanding, such pitfalls will not be encountered. There is always the knowledge that, as a tumor can be dealt with and its harm removed, we can, by careful study and intelligent handling of the situation, by-pass any pitfall that may occur.

In conclusion I would like to say that a district student nurses' association is most beneficial, since it tends to draw the individual schools closer and makes for a stronger and more united state student nurses' organization.

STATE STUDENT ORGANIZATIONS
MARGARET A. MILLER

It made me very happy to have been invited here to speak to you about state student organizations. In order to give you a more concrete example of state student organizations, I have chosen the state organization with which I am associated—the Massachusetts State Council of Student Nurses. For any group to undertake the project of forming a state student organization, I think, is wonderful. To illustrate why I think it is wonderful, I will give you the purposes as laid down in the Massachusetts State Council of Student Nurses' constitution and bylaws. The purposes have been defined as follows:

1. Fostering the growth and development of student nurses in the Commonwealth of Massachusetts;
2. Providing for the strengthening of bonds between schools of nursing within the state;
3. Creating opportunity for the expansion of the student's social horizons through activity in a professional organization;
4. Affording practical experience in organizational activity;
5. Promoting membership in graduate organizational activity.

As we think about these objectives, don't they sound pretty basic and fundamental? "Fostering the growth and development of students within the state." What a wonderful opportunity to produce leaders in the field of
nursing who can take their places in this field with assurance, confidence, and poise. In Massachusetts we feel that we have obtained, are obtaining, and will continue to obtain this objective. Speaking for myself, I really believe that this objective has helped me feel a little more confident with myself, my fellow students, and my friends.

"To provide a stronger union between schools of nursing." At present there are forty-nine schools of nursing in Massachusetts which belong to the Massachusetts State Council of Student Nurses. In the past three years we all have come to know each other and have worked and played together.

"To expand the student's social horizons through activity in the organization." What better way to meet new friends than at these bimonthly meetings? We feel that this has been accomplished in many ways—through speakers, dramatics, dinners, dances, and acting as hostess to a national nursing meeting.

"To afford practical experience in organizational activity" and "to promote membership in graduate organizations upon graduation" speak for themselves.

Now that we know a little bit about why we have a student organization in Massachusetts and in some small way what we have been able to do, I'll go on to give you a brief background of the organization from its inception to the present time. A study of the origin and development of student participation in school control shows that the basic idea is centuries old. Definite descriptions can be traced from the time of Plato in 386 B.C. One of the first examples of student participation in higher education in America was found at William and Mary College in 1779. In the Massachusetts State Nurses' Association Directory of Schools of Nursing in Massachusetts in 1948, forty-three out of sixty-one schools in the state indicated that they had some form of student government.

Education for leadership has received impetus through increased recognition of the responsibilities of schools for preparing more directly for active citizenship. The objectives of general education for civic responsibility, for self-realization, and for human relationship are recognized as professional nursing objectives.

The idea of a state student nurse organization was one which had been discussed for some time by student and graduate nurses throughout the state of Massachusetts. Discussion first galvanized into action when a student group became interested and anxious to try the experiment of group cooperation.

On May 19, 1948, at Quincy City Hospital School of Nursing, a student-faculty panel discussion on "The Values of a State Organization to the Individual School and Student" was conducted by Miss Rita P. Kelleher, who at that time was the president of the Massachusetts League of Nursing Education. Student nurses from representative schools of nursing throughout the state took part. The main topics discussed included "The Purposes of a State Student Organization," "The Contribution of a State Student Organization to the Individual School," and "How to Get All Members in the School.
to Participate in the State and School Student Organization." Miss Janet Murphy, of the Quincy City Hospital School of Nursing and student leader of the State Student Organization Movement, led the discussion following the panel.

As a result of this meeting, a decision was made that Miss Murphy write to all the presidents of student organizations in schools of nursing in the state, asking them whether they favored the formation of a state council of student organizations. The results of the questionnaire were in favor of forming a student organization, with the request that it be sponsored by the Massachusetts League of Nursing Education.

At a second meeting which took place at the Faulkner Hospital School of Nursing, the Massachusetts State Council of Student Nurses sponsored by the Massachusetts League of Nursing Education was voted into being. A committee was appointed by the group to draw up a constitution and bylaws. This committee consisted of Miss Murphy as chairman and members from the following:

Newton-Wellesley Hospital School of Nursing—representing schools with an enrollment of over 100 students;
Truesdale Hospital School of Nursing—representing schools with an enrollment of under 100 students;
Metropolitan State Hospital—representing affiliating schools;
Carney Hospital School of Nursing—representing schools of a religious and denominational nature;
Boston College School of Nursing—representing collegiate schools.

Weeks of work followed for this committee, and on March 29, 1949, at a dinner meeting at the Hotel Vendome in Boston, the proposed constitution and bylaws were presented and discussed. Representatives from forty schools of nursing present at the meeting were given a copy of the proposed constitution and bylaws to take back to their school organization for discussion and ratification.

At the next meeting, at Beth Israel Hospital School of Nursing on May 16, 1949, the constitution was discussed, amended, and finally accepted by a unanimous vote. Invitations were extended from various schools of nursing for future meetings of the Massachusetts State Council of Student Nurses.

The successive meetings were held at the various schools of nursing throughout the state of Massachusetts. The programs conducted at these meetings were both educational and social in nature. They included student-faculty discussions of common problems of student organizations, participation in professional and community activities, and administrative problems of financing and promoting a statewide organization.

One of the many noteworthy accomplishments of the Massachusetts State Council of Student Nurses since its founding is an increase in the school
membership. On January 1, 1950, there were thirty-nine schools enrolled in
the Massachusetts State Council of Student Nurses. At present there are
forty-nine schools enrolled. Another advancement was planning and present-
ing to the students, leaders, and their advisers a series of classes in parlia-
mentary procedure. The adoption of an organization seal, and cooperative
work with state and national groups in the planning and participating in
meetings, the preparation of a handbook, and the decision to have a news
bulletin, were marks of further progress.

In review now, you have seen why we have a state organization, how it
came into being, and how it functions, and, in closing, I want you to know
that I sincerely believe that as a member of a student organization the student
nurse has the opportunity to develop potential qualities of leadership, integ-
rety, and loyalty. She learns the importance and value of group activities
and realizes wholesome relationships with her peers and superiors. A state
organization such as the Massachusetts State Council of Student Nurses gives
the student, in addition, a broad, well-defined view of the activities and ad-
vances of her fellow students. After all, is not the purpose of nursing edu-
cation to prepare the student of today to take her place in the ever-developing
field of nursing with confidence as the graduate of tomorrow?

GENERAL PATTERN OF STUDENT ORGANIZATION
MARY ANN BOLTON

We would like to present an over-all pattern of a subject that is dear to
all our hearts—state and local organizations for nursing students.

Although our state and local organizations are but infants, the history
involved is significant. Early in 1946, the American Nurses' Association's
Special Committee on the Participation of Students in the Professional Nurs-
ing Organizations went into action as a subcommittee of the ANA Commit-
tee on Bylaws. Its move was due to the development of the state nurses' asso-
ciations' keen interest in many areas to sponsor a junior membership
program. The subcommittee was established to study and report on the
situation.

This group thought it the opportune moment to suggest that students in
the same geographical area should become better acquainted, but it felt that
an independent organization was needed for us.

Armed with these and many more principles, the subcommittee urged that
the state nurses' associations use their findings to promote the organization
of student groups. Again in 1948 the subcommittee went on record to urge
the states to stimulate the growth of the student organizations. The emphasis,
at this time, was placed on student participation in the activities of the pro-
fessional organization. It urged discussion at graduate meetings and partici-
pation on special committees. In 1949 the subcommittee itself added two
students to its group and at this time also became a full-fledged special committee of the ANA.

At the 1950 Biennial Convention in San Francisco, the nursing students’ eagerness to become active led to the formation of many more ideas. They presented recommendations to the house of Delegates and requested the presence of students working as active members on some state and district association committees. They also suggested that student organizations be promoted throughout the country.

This month’s American Journal of Nursing lists one territorial and thirty-one state student organizations. Others are, I am sure, being formed or at least contemplated. With regard to sponsorship of these councils, we have two state councils—Rhode Island and Pennsylvania—co-sponsored by both the state nurses’ association and the state league for nursing. Massachusetts is sponsored by the state league for nursing alone. That student nurse organizations are needed is clearly evident when we see that in such a short time nearly every state has a functioning organization.

However, all of this was not accomplished alone. We are here today only because of the interest shown in us by everyone connected with the nursing profession. They have shown us the way, lighted the path, as it were, and removed some of the stumbling blocks. We, the American nursing students, shall be eternally grateful for the chances they have given to all of us without thought of anything but the good to be achieved.

The purposes of these student organizations are very basic; we’ll begin with the order, local to state or individual to state councils.

1. To aid in the development and growth of the individual student by providing opportunities for organizational activity, for participation, and for learning the technics involved. Through these activities the student will cultivate a better understanding of her colleagues and associates, and the opportunities for leadership are virtually unlimited.
2. To encourage active student governments in schools of nursing.
3. To provide group social and professional activities in order to stimulate a more unified spirit among student nurses.
4. To foster cooperation with and understanding of the professional organizations in an attempt to train students for graduate responsibility in this field.
5. To serve as a channel of communication between student nurses and the professional organizations, and
6. Lastly, and by far the most important, to contribute to the advancement of nursing as a profession.

Now the question uppermost in our minds is how can these purposes be achieved? On June 9, 1952 at Rhode Island Hospital, Dean Lewis, of Pembroke College, participated in a leadership conference. From her remarks we have endeavored to outline the essentials for the smoother order behind any organization, that is, leadership.
Student leaders must have an understanding of what good leadership is and must be guided in order to take an active, responsible part in nursing organizations. We must strive for unity and purpose among the leadership groups.

Let us, for a moment, consider what we are. Everyone of us is in the field of higher education, and one of its basic principles is the preservation, transmission, and enrichment of the important elements of our culture. The task of an educational institution beyond high school level is to vitalize its educational programs and activate other educational programs so as to assist students in developing to the limits of their potentialities, and thereby, in our case, to help us contribute to the betterment of society by a strict employment of our code of ethics, as set forth by the American Nurses’ Association. In brief, all of this is done to develop in us a well-rounded personality. The aim of student organizations is to help in this formation.

What are the qualities of good leaders? They must be good teachers, for they set an example to others, both in actions and in attitudes. Goals must be accomplished, and the leader must face this responsibility. Patience and high ideals, plus the realm of basic essentials, such as clear thinking, adequate expression, and orderliness, are of paramount importance.

Let us work for the things in which we believe—the ideals which will enable our profession to contribute to world progress. The success of this great cause will depend upon the individual. Each individual will have to enrich her beliefs, strengthen her understanding, and provide wise leadership.

Let us remind ourselves, however, that although one candle alone may shed a feeble light, thousands of candles all lighted at once can turn darkness into day. The efforts of many individuals, like the light of many candles, will make the achievement of these goals possible. Let us hold our candles high, and in all our striving, may we ever turn to God, the Great Physician.

**CONFERENCE OF HOSPITAL ADMINISTRATORS AND NURSING SERVICE ADMINISTRATORS**

**Wednesday, June 18—4:00 p.m.–6:00 p.m.**

**WHAT IS THIS NEW DEPARTMENT OF HOSPITAL NURSING?**

*Presiding: Ruth Sleeper, R.N., Director, School of Nursing and Nursing Service, Massachusetts General Hospital, Boston, Massachusetts*

**Speakers:**

- Anna Fillmore, R.N., General Director, National Organization for Public Health Nursing
- Marion W. Sheahan, R.N., Director of Programs, National Committee for the Improvement of Nursing Services
Panel Participants:

ANNA FILLMORE, R.N., General Director, National Organization for Public Health Nursing

RUTH FISHER, R.N., Associate Director, National Organization for Public Health Nursing

MILDRED I. LORENTZ, R.N., Director of Nursing Service, Michael Reese Hospital, and Director, Michael Reese Hospital School of Nursing, Chicago, Illinois

JULIA M. MILLER, R.N., Executive Director, National League of Nursing Education

HELEN NAHM, R.N., Director, National Nursing Accrediting Service

BESSIE A. R. PARKER, R.N., Formerly Associate Dean of School of Nursing and Associate Director, Nursing Service, Cornell University-New York Hospital School of Nursing, New York, New York

MARION W. SHEAHAN, R.N., Director, National Committee for the Improvement of Nursing Services

EDITH WENSLEY, Executive Secretary, Joint Coordinating Committee on Structure of the Six National Nursing Organizations

Anticipating acceptance of the proposal for a new structure in nursing at the Biennial Convention in June, invitations were sent to the directors of nursing service and their hospital administrators or board representatives in approximately 6,000 hospitals to attend an open meeting during the convention for the purpose of discussing the place and functions of a Department of Hospital Nursing within the National League for Nursing. About three hundred people gathered together for this conference.

For the benefit of hospital administrators and board members in the audience, a brief presentation of the story behind the new structure was given by Anna Fillmore, then director of the National Organization for Public Health Nursing and now director of the new National League for Nursing.

Marion Sheahan, director of the National Committee for the Improvement of Nursing Services and, since the convention, director of the Division of Nursing Services in the National League for Nursing, outlined the relationship of a Department of Hospital Nursing to other departments within the National League for Nursing, and to the Board of Directors. She forecast the general services available through such a department (see Article VIII of the proposed bylaws of the NLN); enlarged upon the values inherent in a representative council; predicted the possibility of regional breakdowns for more effective programs; stressed the desirability of having professional nurses assume leadership, within their own association, for improvement of all kinds of nursing services; explained the possibility of coordination of interrelated activities of the Division of Nursing Services and the Division
of Nursing Education; and reported on conferences with American Hospital Association representatives, explaining the proposed plans and inviting their advice and continued collaboration in working out common problems.

Pertinent, thoughtful questions submitted from the hospitals prior to the convention had been compiled and were presented for clarification to a panel. In substance, the questions and answers which follow throw considerable light on the practical and important issues involved in agency membership for hospital nursing services. Precedent for such agency activity has existed with unquestionable benefits in the National Organization for Public Health Nursing, now known as the Department of Public Health Nursing of the National League for Nursing. Should it not then prove equally advantageous for our hospitals?

**Question:** What are the qualifications for agency membership?

Although the steering committee of the department will recommend such qualifications to the Board of Directors, they stand tentatively as follows: An organized nursing service administered by a professional registered nurse.

**Question:** What are the opportunities for participation by agency members?

Through meetings at which each agency, regardless of size, has the privilege of two representatives, one of whom may be a non-nurse. Herein lies the possibility for open discussion of common problems and advance planning for improved nursing service.

**Question:** What fees would active agency membership entail?

This is still to be worked out for final approval by the Board of Directors. However, a subcommittee appointed to consider fees has submitted the following recommendations for consideration:

(a) That a dues structure be developed to provide an annual budget of $250,000, hoping that agency membership would reach 2,000 within 18 months and 4,000 within five years.

(b) That possibilities be studied for a rate of five or six cents per hospital admission with a minimum charge of $25 and a maximum of $300.

(c) That, if such a plan works a hardship on the many tax-supported hospitals, as for example, a city department of hospitals or the Army hospitals, another schedule should be considered, possibly charging the maximum fee to the central organization and the minimum fee to each of the member hospitals.

**Question:** May a nursing service and a school of nursing join as one agency?

No. The school should have separate membership under the Division of Nursing Education.
QUESTION: Does agency membership give individual membership to the nurse representative of that hospital?

No. Nurses join as individuals and are assigned to the division and department of their choice.

QUESTION: If a hospital does not secure agency membership for its nursing service or for its school, will the accreditation of its school of nursing be jeopardized?

No. Accreditation is a separate consideration.

QUESTION: Would a department of hospital nursing have any part in setting up accreditation standards for schools of nursing?

The National Nursing Accrediting Service is a national agency under the National League for Nursing, but close cooperation with all departments is visualized. Assistance from the Department of Hospital Nursing is important, since a good practice field is necessary for a good school.

QUESTION: Can a state department of welfare, for example, become an agency member?

Community health agencies which do not actively administer a nursing service may apply for allied agency membership. This carries no voting privileges.

QUESTION: Will the National Committee for the Improvement of Nursing Services be discontinued with the inception of the NLN?

The Kellogg Foundation gave a grant for the work of NCINS to cover a period of three years, until the end of 1953. The recommendation will be made to the new NLN Board that the NCINS become the nucleus of the Department of Hospital Nursing, and its remaining funds will, by former agreement with the Foundation, become a nest egg for starting the work of that department. The NCINS will continue more or less in the capacity of an advisory committee to the department until its three-year grant expires. Its program will be picked up and continued by the Department of Hospital Nursing without loss of benefits to date.

QUESTION: To what extent can hospitals continue to use their money for this and similar types of agency membership?

(Two hospital administrators in the audience spoke on this point.)

Financial pressures are increasing both in the privately owned and in the tax-supported hospitals. Boards of trustees are generally willing to spend the money if proportionate returns can be guaranteed in terms of better patient care.

Interest in the new department was evident. The need was expressed for a medium, on the national or regional level, for cooperation with hospital administrators on general questions relating to good care of patients. The
assistance of hospital administrators and hospital trustees in interpreting to
non-nurses the results of these conferences, discussions, or studies is not to be
underestimated. Nurses can sponsor a good program in a Department of
Hospital Nursing, but it would be of still greater benefit to nursing service
administrators and to the patients under their care, if the active participation
of our hospital administrators can be secured.

**JOINT PROGRAM MEETING**

*Wednesday, June 18—3:00 p.m.—10:00 p.m.*

*Presiding: Elizabeth K. Porter, R.N., President, American Nurses' Association*

*Speaker: Benjamin Cohen, Assistant Secretary General in charge of United Nations Department of Public Information*

Following the invocation by Rabbi Harry Jolt, Congregation Beth Judah, Ventnor, New Jersey, Elizabeth K. Porter, president of the American Nurses’ Association, Agnes Gelinus, president of the National League of Nursing Education, and Emilie G. Sargent, president of the National Organization for Public Health Nursing, each spoke a few words of welcome. Rose A. Coyle, president of the New Jersey State Nurses’ Association also welcomed the group on behalf of the New Jersey State Nurses’ Association, State League of Nursing Education, and State Organization for Public Health Nursing. Annie W. Goodrich, introduced as a crusader, educator, administrator, and leader in nursing, made a short speech.

The following messages were read:

*The White House
Washington*

To this meeting of representatives of all the professional nurses of the United States I send warmest greetings and sincere wishes for the success of your deliberations. I am told that this convention, sponsored by the three major national nursing organizations, is likely to be one of the most important to your profession during the current century. As you make decisions which will affect not only the progress of your profession but even more vitally the health of our citizens, I pray that divine wisdom will guide you. I know of the thoroughness with which you have studied your professional problems and of your capacity to make wise decisions. I have full confidence that the cause of unity and more effective organization will be promoted.

So many people are the better for your service. I know the demands upon you are heavy and that there should be more of you to share them, but you have not complained. You have, rather, found new ways to supplement your services and make them reach more people. You deserve and have our gratitude.
JOINT PROGRAM MEETING

Your influence has extended beyond the boundaries of our own Nation. I am proud of the American nurses who speak the message of health and democracy among the peoples of other nations to whom we extend our friendship.

My congratulations to your leaders, and again my best wishes to all your members and to your guests from this and other lands. I know that as you join together to solve your problems you will, in the words of Florence Nightingale, "bring a better chance of health to every human being."

HARRY TRUMAN

Trenton, New Jersey

As Governor of New Jersey, I am very happy to welcome to our state representatives of three outstanding national nurses organizations: the American Nurses' Association, the National Organization for Public Health Nursing, and the National League of Nursing Education.

We in New Jersey are honored that these three great national organizations have elected to meet in Atlantic City simultaneously.

The nurses of America can help to meet a great challenge. That challenge is that there are too few of you. A shortage of qualified nurses plagues the hospital administrators, public health officials, school officials, industrial managers, military authorities and patients. You who are in the profession of course know best the satisfactions of your calling. By making known to American youth the immense satisfaction to be found in dedicated service to others, you who are nurses can help to recruit to the ranks of nursing the additional devoted nurses who are needed in America today and who will be needed in the future. It is a cause in which nurses should rightly take the leadership. Many stand ready to aid you.

I am sure the deliberations of your groups will be productive and stimulating.

ALFRED E. DRISCOLL, Governor
State of New Jersey

Atlantic City, New Jersey

As Chief Executive of Atlantic City, and on behalf of all of our citizens, it is my great pleasure to extend greetings to the members of the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing, attending the 17th Biennial Nursing Convention.

Although many of the nation's outstanding conventions come to Atlantic City each year, none has greater public interest or importance than yours. You nurses, representing every state and territory and even several foreign lands, stand as symbols of unselfish service to humanity.

We are particularly honored that you have selected our fair city as the scene of this historic occasion when you will reorganize your national nursing organizations into a new structural pattern aimed at extending and improving your service to the public and your value to members of your own proud profession.

Atlantic City stands ready to make your stay a pleasant and memorable one. I hope each of you will enjoy the many attractions which nature has abundantly endowed on this Vacation Capital.

Welcome to Atlantic City, and sincere wishes for a most successful Convention!

Cordially yours,

JOSEPH ALTMAN, Mayor

Miss Virginia Paris sang a group of three songs.
THE NURSE'S ROLE IN THE INTERNATIONAL SCENE

BENJAMIN COHEN

I consider it really a privilege to be here tonight, not only because you represent one of the most important professions in the world today, but because there is something I would like to bring to you, speaking as an international civil servant who observes the development of events in the world at large and who can evaluate, to a certain extent, the impact of each activity upon the destinies of peoples.

We live now in an era of deep change. In some places that change is being carried out through a process of accelerated evolution. But in many others, the change is being conducted under the ominous signs of revolution. Why is this change, why is this process now developing everywhere in the world? Because there is a new awareness on the part of all peoples everywhere of the fact that all individuals can aim at a common standard of rights, and also at the attainment of certain minima in the matter of economic well-being and social organization, and also can move toward larger freedoms for themselves as individual human beings and as peoples.

These deep changes have been brought about as the result of a process of world integration which has taken place in the course of the last few years because the technological advances of the world and the scientific progress effected everywhere have diminished the distances and cut down even the obstacles of time. Whether we want it or not, we are no longer living in isolated individual national communities; we are living in a great world community. Today a jet plane can reach from a central spot to the periphery of the world in about twenty-four hours, and when people can join hands and conquer distances with that speed, they can also get together to fight for the common cause of their well-being, their progress, and their liberty. Technology has brought to us many material advances; science has added to the store of our wealth of knowledge. Put together with the progress made in the material field, enormous new developments have also taken place in the souls, in the spirit of the peoples of the world.

As the Charter of the United Nations, which has crystallized most of these changes, explains, no longer can we accept a world in which there is discrimination of one human being against another because of race, or sex, or religion, or economic background, or cultural difference. We can no longer accept in our world the existence of disabling conditions which can be remedied easily by the application of the accumulated knowledge of our scientists and of our technicians. We can no longer accept, as an inescapable phenomenon of the social existence of peoples, hunger, illiteracy, and sickness. They can be conquered, and they shall be conquered.

If we believe in the solidarity of the human race, if we believe in our common origin, in the common source from which we all spring, we are today responsible, each of us, for the welfare of all others. This is not
Socialism. This is the application of the highest principles of ethics to our conduct as individuals and as society. We are today indebted to other peoples for a large measure not only of our advantages but also for a great measure of our own national and personal disabilities, and we have to work together in order to conquer them. We have to carry on a great pacific offensive against those sinister enemies of mankind which have been responsible for the fact that almost two-thirds of the members of the human race are not taking as active a participation as they should in the business of the world, in the production of the world, in the culture of the world, in the science of the world.

They are the unwilling victims of circumstances which in the old days could not be met, challenged, and conquered by the efforts of their own social groups but which now can be and are being eradicated, in many parts of the world, by the joint will and action of the peoples who have associated themselves within what we call the system of the United Nations—a system which consists not only of a political organization dealing with the immediate problems of maintenance of peace and security throughout the world but also with the development, with the assistance of what we call the specialized agencies, of programs to establish the foundations for a new and more stable pacific relationship among peoples based on a great extension of economic and social justice to all.

You nurses already have been playing a very significant role in this work to improve social conditions throughout the world. We have, through the cooperation of the World Health Organization, established a broad system of scholarships and fellowships, training programs which are reaching gradually from the more advanced countries of the world toward the more underdeveloped areas with elements to train public health and medical personnel of all kinds. Among the most exciting stories that I have read, I remember the one of the nurses who were sent by the World Health Organization to train others in Ethiopia. They encountered there the most primitive conditions, but, with the support of the government and with the help of the international community, they have been building, almost overnight, a system which sometime will be able to compare favorably with that of many more advanced parts of the world. And these nurses are everywhere.

They have served in the ranks of our own UNICEF—the United Nations International Children's Emergency Fund—which has done what we consider the greatest job of human solidarity and of medical education ever attempted in the history of the world. Thirty-five million children have been examined and vaccinated with BCG against tuberculosis. That is one of the most magnificent programs ever carried out anywhere and at any time in history. And in this work nurses of many nationalities have been directly in charge of some of the most responsible activities and are today contributing to the more permanent programs which, under the United
Nations, are now being carried on to help improve the health and the well-being of children and mothers everywhere.

And you have been with us in our most difficult hours of struggle when the men who banded together under the flag of the United Nations to resist aggression went to the battlefields of Korea. You are represented not only by the nurses of your own United States Army, Air Force, and Navy but also by nurses of many other nations, by medical units from some countries which could not make a contribution of fighting soldiers but which have decided they could not remain absent from the task of helping those who might fall victims of military operations, and by the poor people of the Republic of Korea, who are the main victims of this terrible event.

You are working with us within the United Nations itself, helping us formulate plans for nursing education, for the creation of services in the public health field, as visiting nurses, and also in activities directed to taking care particularly of the health of our personnel at headquarters and in our services overseas. And this is a major operation because, at the present moment, out of the 8,000 international civil servants who are working in the specialized agencies, and in the United Nations, and who are scattered in practically every country of the world, either in technical assistance missions or in educational consulting groups, or representing medical educational programs of the World Health Organization, or labor and social improvement programs of the International Labor Organization, and all kinds of activities under the aegis of the United Nations, the care exercised in the matter of their health has brought about results which are a great credit to the particular awareness of this organization of the need for properly cared for personnel everywhere.

But you nurses have still very much to do. When we send from the headquarters of the United Nations, for instance, midwifery sets to the women who are being trained to take care of births in the fastness of the forests, in tropical countries, or in the mountains on the Andean Plateau, we have to resort to trained personnel, and in most cases that personnel is made up of nurses who are called upon to undertake, besides their normal activities, also this additional responsibility of midwifery. And this is happening today in almost forty countries of the world—this particular development, which calls upon the nurses to undertake responsibilities additional to those which are normally a part of their work. They are also being called upon, in many countries, to assume a large measure of responsibility in the administration of hospitals and of sanitary services.

We consider in the United Nations that one of the most important fields in which we are working is that of social progress, because when you look at the great masses of mankind, you realize that unless you give them a modicum of help, and at least the essential opportunity for development of their own systems of national organization, we shall never be able to fight efficiently against the basic problems which beset those countries. This
work is being carried on not only by experts recruited by the United Nations here and in every more advanced country of the world, but also is very effectively now being promoted through the granting of hundreds of fellowships and scholarships to people from the regions we call economically underdeveloped so that they may travel to those countries where social services, among them nursing and medical attention, can afford them the kind of training they require to cope with their own difficult national problems.

For you must remember one thing: you frequently complain in this country that your hospitals live from financial crisis to financial crisis. You complain that, notwithstanding the great wealth of this country, you are always operating under serious financial restrictions. Well, if you look at most of the countries of the world, you will see that where you would require a dollar to do a job they are using pennies. They cannot afford the cost of giving the people the kind of training, help, and material assistance which you consider in this country to be absolutely a minimum.

This is producing a phenomenon which brings me to deal with a problem which, I know, is a very acute one now in the United States and to which I will refer with no partipris. It is the creation of a consciousness of the social role of medicine for the peoples of the world, the social meaning and the social implications of public health.

I come from a small country where we were faced with this particular problem to such an extent that a large mass of our population could not afford proper medical care. Through the organization of large pension and social institutes we have created, in the course of a few years, a consolidated national medical and nursing public service which is now giving the best of attention, available under the circumstances, to everyone throughout the country. We are conscious in the United Nations of this trend in many countries where the economic capacity of the individual citizen does not allow him to aim at a type of medical care and of social services which are today deemed indispensable in the world and where this particular aspect of the social character of medical services has become an essential part of the legislation and the organization of those nations.

We are being called upon more and more by governments from all over the world to render our help and to secure advice so that, simultaneously with whatever efforts are being made to improve the production and the economic well-being of the countries, the necessary social services, and among those very particularly medical services, may be made available to meet the new needs of the population which will be subject to new dangers in the matter of health as they change from their ordinary activity into larger urban agglomeration and into the life of industrial communities.

We are sure of one thing, that now that the means of mass communication are operating through us with great speed and efficacy we can take to all the missions in the field and directly to the people complete reports on the
progress which you yourselves are achieving in the United States through
the joint efforts of all your organizations and thanks to the understanding
that you find on the part of all medical workers who are associated with
you. You have been, to a large extent, an example to all your fellow-profes-
sionals everywhere, and you have now to meet the challenge of helping
them through your example, through your direct assistance, through your
intelligence, and through the opening of your doors, to a much wider ex-
tent, to young people who wish to train for your noble profession. You
have to meet the challenge that the world now has addressed to the com-
munity of nations: the need for at least minimum health services every-
where which require professional people who have the requisite knowledge
to provide what sound technology has taught us in the last few years.

I want to congratulate you for what you have done during this meeting
here in Atlantic City. I heard that you have managed to consolidate around
common programs many of your organizations, and I wish to stress the hope,
the fervent hope, that now that you are going to operate through channels
which will be fewer in number, and thus less able to duplicate and compete
with each other, you will find it possible to establish closer contact with
similar organizations throughout the world, so that they, and their mem-
bers, may benefit by your experience and may be helped by you from the
bottom of this generous heart which is the United States of America.

I would like to say only one word more. Almost two-thirds of the peoples
of the world are suffering from disabilities which ceased to exist in the
most advanced parts of the world many years ago. If we want to create the
unanimous desire for peace; if we want to establish real barriers to the
ideological preachments of the extreme left or of the extreme right which
are advising violence as the only means of solving the problems which now
face the peoples; if we want to make every human being everywhere our
partner in this tremendous business of the welfare and the peace of man-
kind, we must, we must urgently, get all together in this common struggle
for peace. For if we fail to work dynamically to establish conditions for a
stable and lasting peace, we will be sloughed off, we will be destroyed by
the more dynamic movement which is war. If we are able, at times of
conflict, to lay down our own lives in the defense of the honorable interests
of our respective fatherlands, we should be so much more ready to make
sacrifices, no matter how considerable, in order to substitute for the arms
that kill, the tools that create.

In order to instill into the hearts of all the peoples and into our own
hearts the feelings that we have to be solidary of each other’s destiny, and
that there is a much greater harvest of glory and achievement in working
together for a better world of happier peoples living at peace with each
other, we must resolve that nothing is alien to us that is contained in the
hopes and prayers of our brethren anywhere on this planet of ours.
NLNE Luncheon Meeting
Thursday, June 19—12:00 m.—2:00 p.m.


Speaker: MARGARET BRIDGMAN, LITT.D., Consultant, Collegiate Nursing Education, Russell Sage Foundation, New York, New York

ACHIEVEMENT AND POTENTIALS IN NURSING EDUCATION
MARGARET BRIDGMAN, LITT.D.

In venturing to talk to you about nursing education I feel somewhat like the young man who submitted to a publishing house some supposedly original poems. In the letter of rejection, the editor remarked that they were pretty good. In fact, he thought so himself when he wrote them. I hastily disclaim any originality in the forthcoming ideas for I am sure many of you will recognize them. I fully realize that no layman can have as deep and complete understanding of nursing as those who have grown up in it. Though I have learned much in these three years, the knowledge is necessarily second hand.

The achievements in nursing education seem remarkable to me, in view of the obstacles that have beset the way. My study of the historical record has filled me with admiration for the women who have been the leaders and for the spirit of the whole group in the long struggle for better opportunities for students and better care for patients. There is no need to retrace that uphill journey for you, or to point out significant landmarks at successive stages of the climb. The fact that few have lent a helping hand and that you have carried the burden of apprenticeship long after other travelers dropped it by the wayside makes the degree of success the more admirable.

The reason for such persistence seems to lie in powerful motivation. Closeness to the patients' needs and intimate knowledge of how the quality of preparation affects a nurse's ability to meet those needs have impelled all those with a conscience to try to improve the education—and there have been and are many such in nursing. You have always kept in sight the goal of better nursing service for the public.

But even as you climbed, that goal rapidly receded before your eyes as demands expanded and heightened with changing conditions and your own broadening concepts of inclusive nursing care. Gradually with the accumulation of problems a very broad and fundamental question has confronted the profession. It was not posed all at once for a major decision in policy. There have been years rather than a moment of decision. Separate solutions have been sought for separate problems as they arose, with an extraordinary mobilization of forces in war crises and with a steady and continuing effort.
The first need to be clearly recognized was the need for higher education as a means to prepare personnel for teaching and administration. This demand has risen precipitously through the years and has been only very partially met by the collegiate schools because they have never had enough support either from higher education or, strangely enough, from the profession itself. Even in the depression years when thousands of private duty nurses were out of employment, there were too few qualified candidates for advanced positions. This gave the first impetus to supplementary education for graduate nurses. And then during and since the Second World War the cry has been for numbers, numbers, and more numbers. The danger to patients that was inherent in nursing practice by more and more untrained workers presented a challenge to the profession that could not be ignored. At the other end of the spectrum the requirement of higher degrees for college teaching and other specialized functions was forcing nurses to seek graduate work in fields outside of nursing.

The result of all this may be epitomized in one basic question. Can and will the nursing profession assume and fulfill inclusive responsibility for all nursing activities and suitable preparation for them on this broad scale—from aide to Ph.D., and for services not only in general hospitals but in mental and chronic disease institutions, homes, schools, and industries. This is a very difficult question. First of all it involves giving up a kind of unity that has been greatly cherished—the unity based on one type of preparation and a strong common tradition. The very isolation of nursing from the general system of education and the almost unaided struggle for advancement have made this feeling of oneness very deep.

But a whole new country has opened up. One main road to one destination will no longer serve to attract enough settlers or suit their needs and interests or those of the country. The question is whether the profession can develop the whole vast territory, build new roads and cities, provide resources both within and from without, and organize and establish effective government.

Such an undertaking requires great breadth of vision and a new kind of unity based on common responsibility and purpose but widened in scope to include diversity. Actually a positive answer has already been given in principle by the profession. It is implicit in two current movements—that of differentiating nursing functions and seeking means of preparation for each range and that of organizing nursing service and the nursing team for the best possible use of diversified personnel. The first accepts the responsibility and begins conscious planning for organized division, which is very different from the disorganized measures previously taken to meet emergencies and find some solution for separate problems. The second is the means of preserving and strengthening the essential unity.

The situation in nursing is not unique, though the circumstances are different from those in other fields. Every occupation that requires large
numbers includes diversified personnel with varying types and degrees of preparation. Both the needs of the occupations and the available human resources demand this distribution. Engineering in the large sense, for example, includes mechanics and artisans as well as professional engineers. Business and industry need laborers and clerks, typists and accountants, scientists and high-powered executives.

There are, however, two important differences between these situations and that of nursing. One is that educational means have gradually been provided in the educational system as needs developed in the other occupations. A multiplicity of varied opportunities for post-high-school preparation exists in many fields. They include short courses in vocational schools; terminal-occupational courses of two or three years in technical institutes, junior and community colleges and private schools such as business and art schools, and programs in senior colleges and universities and graduate schools leading to baccalaureate and higher degrees. The variety and distribution offer local or regional opportunities to thousands of young people with different abilities, interests, and financial resources to prepare for different types of work in their chosen fields. The exclusion of nursing from this system has greatly narrowed the sources of supply.

Now nursing has become comparable to these occupations in range of functions and numbers needed but adequate educational channels are not yet open. The reservoir of potential workers is common to all but the flow will continue to go in other directions unless new outlets divert some of it to the nursing field. For example, only 1.2 per cent of college women are in nursing programs.

The second variation is a very vital one; namely, that even the simplest tasks in nursing are not concerned with tools or typewriters, food or merchandise, but with human beings. This makes a profound difference in the kind of responsibility that is necessary if the profession continues to feel that its social function is to protect and serve the public by providing safe and adequate nursing care and health measures within its scope.

These two differences make the problem extremely difficult both in securing educational means for the best development of the field in its entirety and in implementing this inclusive responsibility. There are many indications, however, that the spirit of the profession is equal to the task. The new structure is a significant expression of the same principle of unity in diversity. Its dual nature strikingly illustrates the clear recognition by the profession of its responsibility, not only for the welfare of its own members, but for a public service the effectiveness of which is of vital concern to others. The nationwide participation of nurses in efforts toward improvement of nursing service and of education as an essential means to that end, the self-imposed tax to support studies of nursing functions, the response to the abilities checklist by which the whole profession has shared in defining objectives, the establishment of the new magazine concerned with nursing
research—all these are manifestations of unity of purpose, widespread and active cooperation, and a professional maturity in which you may well take great pride.

What is the present condition of your two patients—nursing service and nursing education? I think the prognosis is excellent but there are many complications, and a long-range plan for nursing care is definitely indicated. Since they are in the same family, the welfare of one will affect the other.

For the first—nursing service and its new baby, the nursing team—the main prescription sounds simple but the right ingredients are not always available and great skill is required in administration. It is—continuous application of genuine democracy mixed with concern for the patient’s welfare.

For the second the treatment will be long and complex—so much so in fact that the first procedure for me must be to drop this metaphor hastily before I become too involved.

Notable beginnings have of course already been made in broadening the scope of nursing education. The development of collegiate schools has been under way for a long time, but both the means and the goals have been confused with those of the hospital school which were the only ones most people knew. This has greatly retarded progress not only in undergraduate but in graduate education. In-service training has been started in many places, programs for practical nurses are improving, investigation of possibilities in junior college education is beginning, hospital schools are continuing to progress. Experimentation with concentrated educational emphasis is proving that good results can be accomplished in less time with more teaching, and increased emphasis on social and psychological aspects and health teaching are demanding the integration of more content from allied fields. According to Dr. Flexner, this utilization of learning from other disciplines with judgment and action based on principles is one of the main distinctions between a profession and a trade.

Future progress depends, I think, on success in a number of steps. Basic to all the others is clarification, within the profession itself, of the ranges of functions for which personnel are needed and different types of education are required. This involves clear understanding that the most important differences among these programs must be in the nursing courses themselves. A watered-down diploma course will not do for in-service training; nor can the mere addition of academic courses without integration and an advanced level of teaching in the major in nursing make a diploma course into an upper-division university curriculum.

Nursing is the core of each program and its adaptation to the needs of each group of students, their stage of advancement, and the functions for which they are being prepared is the essence of differentiation. This is true in every educational field. The level of the major determines the level of the program.

If this fundamental principle is understood and accepted, the utter con-
fusion now existing can be resolved. A baccalaureate degree can be made to represent a uniform type of preparation and comparable foundations for professional practice and for graduate specialization. Fairness to students, future employers, and the public, as well as the prestige of the profession, demand that credentials should really stand for the values they imply. The present lack of any such standard has been due to misunderstandings. Colleges and universities have been much to blame, though in general I am sure they intended to help nurses and hospitals by making "concessions to nursing." Their failure to apply to nursing the same policies and standards that are taken for granted in other major curricula has, however, seriously impeded progress and increased confusion.

As a member of the academic fraternity, I am ashamed to say that there has been a widespread failure on the part of institutions of higher learning to study the needs in nursing and assume real educational and financial responsibility for the programs leading to their own degrees. There has also been a natural lack of understanding of policies in higher education by members of the nursing profession, and a strange excess of mutual confidence without accurate knowledge. I am afraid, moreover, that "affiliations" between hospital schools and colleges have sometimes been sought from one side or the other to increase student enrollment rather than actually to contribute to the improvement of nursing education.

Mistakes have undoubtedly arisen from the isolation of nursing from educational institutions and the absence of intercommunication between students and faculty members in nursing and in other departments. Nursing has really been accepted as a college subject in few places, because it is thought to consist merely of technics. If nursing educators can organize a system of types of preparation required for the various ranges of nursing functions that corresponds to the general one supplying many occupations, administrators and faculties will understand what the needs are and what means are necessary to supply them.

Integration into the educational system of the country seems essential if adequate numbers are to be attracted into nursing and to be prepared for diverse functional areas. If this can be accomplished, nursing students will be given a fair share in public support of education through taxes and gifts. If this support, variety, and distribution of opportunity can be secured, supply can be increased both by broadening the resources of potential personnel and by shortening courses through elimination of repetitive practice and concentration upon educational purposes. I believe this integration would be beneficial not only to nursing but to general education. More widespread knowledge about health problems and services is badly needed, and departments of nursing have much to contribute both in sharing these interests with others and in acquainting them with some methods of nursing education that provide dynamic preparation for a social service.

Not that I am suggesting that nursing should "wag the academic dog,"
as one cynic has said was in danger of happening. On the contrary, we all know how difficult it is to secure any organic attachment to that animal, let alone an adequate blood supply to the appendage. At present, except in a few cases, the connection is more like that of the detachable tail pinned to the donkey in the familiar childhood game.

If real incorporation of nursing programs in various types of educational institutions can be accomplished and the whole system, including hospital schools like private schools in other fields, be made to correspond to the usual pattern, the public as well as educators will understand what nursing offers. Prospective students and their families can be informed by guidance counselors about varied educational opportunities and the kinds of positions for which they offer preparation. Choice will be possible on the basis of institutions, costs, and goals; and the natural desire of many students for association with others can be satisfied without diverting them from nursing.

The first necessity for such a program is united cooperation from the profession itself. If the proposal is clear, it should be possible to convince allied professions of its desirability as a guide to gradual developments because it offers practicable solutions to the problems of supply and of financing.

Concurrently it will be necessary to secure the informed support of higher education and of the general public, both moral and financial. This certainly cannot be won unless the profession itself believes in the objectives, makes clear its needs, and seeks help. As long ago as 1923 Josephine Goldmark said that such support would surely not be lacking if a concerted effort were made to obtain it. This does not mean subsidies for nursing students but equal educational opportunities with equal support, particularly in public institutions, and with funds for financial aid administered on the basis of need and potentialities as for other students.

This is a large and difficult undertaking in organization and public education, and it should not be embarked upon hastily or in a piecemeal, disorganized fashion. Thorough groundwork and sound progress is infinitely more important than speed in spite of the urgent demands. High standards of education in every type of program and of competence in every range of functions should be the watchword, not "getting degrees," or "getting students" for student service, or to swell college enrollments without cost.

This challenge to the profession is enormous. The goal, in a much broader context than ever before, is the same that you have always had—the improvement of care for patients and of all nursing services for the American people.
NLNE–NOPHN Program Meeting
Thursday, June 19—2:00 p.m.–4:00 p.m.

Who Does Teach the Patient?

Presiding:
Laura Robinson, R.N., President, New Jersey League of Nursing Education
Mildred E. Gonyeau, R.N., President, New Jersey State Organization for Public Health Nursing

Moderator for Sociodrama: Frances Frazier, R.N., Instructor in Nursing Education, Teachers College, Columbia University, New York, New York

Moderator for panel forum: Vera S. Fry, R.N., Chairman, Department of Nurse Education, New York University, New York, New York

Panel Members:
Ione Carey, R.N., Supervisor with the Visiting Nurse Service, New York, New York
Ruth Eagle, R.N., Head Nurse, Presbyterian Hospital, New York, New York
Kathleen French, R.N., Educational Director, Dade County Health Unit, Miami, Florida
Anna Marks, R.N., Head Nurse, Veterans Administration Hospital, Brooklyn, New York
Louise Schaffer, R.N., Director, Old York Road Public Health Nursing Center, Jenkintown, Pennsylvania
Marianne Van Aken, R.N., Head Nurse, Mt. Sinai Hospital, New York, New York

Sociodrama Participants:

<table>
<thead>
<tr>
<th>Role</th>
<th>Player</th>
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</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Helen Snow, R.N.</td>
</tr>
<tr>
<td>Husband</td>
<td>William Patterson, R.N.</td>
</tr>
<tr>
<td>Daughter</td>
<td>Ruth Christ, R.N.</td>
</tr>
<tr>
<td>Student Nurse</td>
<td>Ruth Klawunn, R.N.</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>Eleanor Lambertsen, R.N.</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>Mrs. Ruth Gangel, R.N.</td>
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A Sociodrama in Six Scenes

The situation concerns Mrs. William Patterson who has been admitted to the hospital with a diagnosis of acute congestive heart failure. She has
an old rheumatic heart lesion of which she was unaware. The family consists of the patient, her husband, and 15-year-old daughter. They are financially self-sufficient, and relationships are good. This is the first serious illness the family has experienced.

**Scene I:** The patient is shown in bed twenty-four hours after admission to the hospital. The student nurse comes in to give her a medication. The patient asks what the medication is. The student gives her the medication, tells her the name of it. The patient then asks about her diet, and the student sits down and explains about a salt-free diet.

**Scene II:** Three days later. The husband and daughter come in during visiting hours. It is evident the husband is overly solicitous, and the daughter is torn between concern for her mother and what the responsibility of more household work might mean to her own social life.

**Scene III:** The same day. The husband and daughter stop to talk with the head nurse. Both have many questions to ask about the immediate situation and future plans. The head nurse answers their questions and emphasizes that the patient will be able to resume normal activities on her discharge from the hospital.

**Scene IV:** Several weeks later. The head nurse is anticipating the discharge of the patient. She wants to refer the family to the local public health nursing agency, as she believes Mrs. Patterson still has some problems. She calls the student, who sits down with her and writes the summary for the interagency referral form.

**Scene V:** Several days later. The public health nurse makes a home visit to see the patient and her daughter. The patient is confused about the diet and activities that had been suggested on the referral form. There is further teaching during this visit.

**Scene VI:** The head nurse shows the student the report which the public health nurse had sent back to the hospital. The student expresses satisfaction in hearing how the patient is getting along at home.

**Summary and Implications for Nursing Education**

The panel discussion following the sociodrama which included six scenes depicting the role of the head nurse in her capacity as the liaison with community agencies, as a teacher of student nurses, and as a teacher of patients brought out the following points:

1. There is a real opportunity for the head nurse in teaching if she utilizes many teaching opportunities which are presented to her in the course of her daily work.
2. The head nurse should recognize boundaries of teaching and place emphasis upon the sensitization of students to problems of patients which are unique teaching opportunities. Students should also be helped by the
head nurse to appreciate those areas in teaching where hospital nurses function best in the interest of the patient, for example:

a. Recognizing the type of patient problem when something can be done immediately and teaching about that problem, since that problem generally has a direct impact on the patient's recovery.

b. Recognizing problems which are important for the patient's future health index and about which teaching can be started and practiced in the hospital situation, and, when teaching, helping to create a positive attitude among patients in preparation for the teaching which will later be done in the home by the public health nurse.

3. The fulfillment of her teaching functions does not and should not place additional burdens upon the head nurse. These teaching functions are carried on in the course of carrying on her normal work and would consequently not create additional "chores" for the head nurse.

4. The head nurse is a key person, both in education and in nursing services, and through her teaching educates. She makes a real contribution to the improvement of patient care.

The panel members felt that, on the whole, the examples of teaching which were demonstrated in the sociodrama were both realistic and applicable to the real situations, with the exception of the final scene which showed a report on an interagency form returned to the head nurse who then discussed this report on a former patient with a student. The members question the practicality of having the head nurse both refer to individual agencies and follow up on reports from agencies on all patients under her supervision. Both time and sheer numbers of contacts to be made would prohibit this type of interagency referral by the head nurse from being carried on in real situations.

**ANA–NLNE Program Meeting**

**Thursday, June 19—4:00 p.m.–6:00 p.m.**

**Presiding:** HILDEGARD E. PEPLAU, R.N., Professor, Nursing Education, Teachers College, Columbia University, New York, New York

**Panel Participants:**

- KATHLEEN BLACK, R.N., Assistant Professor, University of Minnesota School of Nursing, Minneapolis, Minnesota
- M. LOUISE MEYER, R.N., Director, Illinois School of Psychiatric Nursing, Jacksonville State Hospital, Jacksonville, Illinois
- ELSIE C. OGILVIE, R.N., Nursing Consultant, American Psychiatric Association, Washington, D. C.
Mary M. Redmond, R.N., Director, Program in Advanced Psychiatric Nursing, The Catholic University of America, Washington, D.C.

Edith Wensley, Executive Secretary, Joint Coordinating Committee on Structure of the National Nursing Organizations

The Responsibility of Professional Nursing in Psychiatry

Hildegard E. Peplau, R.N.

It is my pleasure to moderate this one hour and forty-five minute meeting during which psychiatric nurses have some matters to talk over. In planning this session we have invited leaders in nursing to function as resource persons in responding with you to the many pressing problems in psychiatry. Nursing has a role in the solution of these problems, and psychiatric nurses have a leadership function in pointing out problems and possible methods for their solution. After I have made a few brief remarks regarding that role, as a way of setting the stage for what I hope will be a productive discussion, I will introduce those on the panel and open discussion to those present in the audience.

The title of my brief remarks is "The Responsibility of Professional Nursing in Psychiatry." First, I would like to make clear what is meant by the profession of nursing. To put it simply, this phrase refers to us. Every graduate nurse involved in the practice of nursing and sharing in the day-to-day solution of its problems is an integral part of the profession of nursing. We are an organized group, and therefore we have designed instruments or vehicles for keeping ourselves and others informed on what psychiatric nurses are doing and what they want to do; what nurses think and feel concerning various issues that involve the judgments of nurses, and what nurses plan to offer in the process of solving problems that concern them. Those two instruments, currently, are the National League for Nursing and the American Nurses' Association. By paying dues we support, financially, a headquarters staff in these two organizations to carry on the official business that has a bearing on our work; we support various committees and activities through which nurses are brought together, and reports, useful to the rest of us not participating in those sessions, are prepared. By electing representatives on the various boards and committees and by keeping them informed on what concerns us, we have an opportunity to participate in the over-all work of the organized profession of nursing.

The profession of nursing, as an organized group and through practices of its individual members, has the task of providing needed nursing services, in the amount and quality required for the tasks at hand, for the solution of health problems that confront this nation. When we note lags and gaps in needed services, where the group has not been as responsible as the tasks that are evident require, individual nurses have the responsibility of asking
why. Individual nurses also need to inquire into their separate practices and notice not only how quantitative gaps affect them but also what qualitative gaps exist in the provision of needed and useful services.

There is a tendency to view national nursing organizations as vague, anonymous magical authorities that wield power to solve or obstruct solution to pressing problems. Frequently heard comments are "The League should do this," or "The American Nurses' Association has failed to do that," or, "I shall not make a move until National says what is best." Psychiatric nurses know a great deal that explains and ameliorates this difficulty—of nurses viewing their organization as an illusory and mighty figure—and they also know that these references apply to us. We are the profession of nursing. We are the life blood and guts of these organizations which are mere abstractions of the great variety of needs, thoughts, feelings, and problems of all the nurses who practice in America. These organizations are mere reflections of us—of what we think, feel, and do; they have no life nor any function except as individual nurses participate and make these organized groups come alive.

When we are talking about the responsibility of the profession of nursing in psychiatry, we are talking about the role of individual nurses and about reciprocal relations between nurses practicing in psychiatry and those practicing in other kinds of facilities. Currently we are talking about relations between 9,000 nurses practicing in psychiatry and all of the rest of the nurses registered in American states. We are talking about the dual responsibility of the leadership in psychiatric nursing and the role of listener—for the rest of nursing. We are talking about the task of psychiatric nurses: to inform the boards and committees in nursing organizations on the problems that confront us; to share what we know with all other nurses; and to refine and expand our technics and knowledge in the practice of psychiatric nursing. We are not talking about a simple little problem but a very complex one; a problem that involves communication difficulties, in that the language of psychiatry is somewhat different and the mode of diagnosis and treatment is changing swiftly, so that its parallelism with physical methods of diagnosis is almost lost; a problem that involves the immaturity of the nursing profession itself, in that so many practicing nurses still share in the preconceptions and misconceptions that this culture has about the mentally ill; a problem that involves psychiatric nurses themselves. The sad fact is that in psychiatry there have been so few nurses. These few have rarely been vocal on the pressing problems with regard to the services needed; and if vocal, so few of them have been heard, because there are many tasks that confront nursing which had not been anticipated en route in becoming a profession. There are more nurses in the more accepted areas of nursing practice, and this larger and more vocal majority have gained a wider and more appreciative audience, one more alert to their continuing problems which are equally pressing.
Those few psychiatric nurses who have become vocal and have called problems to the attention of elected representatives of organized nursing have found receptive ears. Our present leaders are willing to help. But, as has always been the case in psychiatric services, there is too little money, too few available personnel, and too little time to spend unraveling the complex problems that lie in front of our noses. It is my personal opinion, too, that there is considerable room for improvement in the statement of psychiatric nursing principles and in the exposition of psychiatric nursing technics that will aid in the development of psychotherapeutic nursing, and thus in the recovery and growth of all patients.

In the past year I have had many opportunities to meet with psychiatric nurses across the country. Everywhere they are eager for assistance. Everywhere they want to inquire more deeply into the local practical problems that confront them in their everyday work situations. Everywhere, psychiatric nurses want to learn to do a better job than they are now doing. However, these same nurses are often intimidated or coerced by other equally "real" factors in their present-day situation. They do not have the know-how to command and retain the respect and collaboration of other professional workers. They do not have the understanding, and the security coupled with self-awareness, called for by their jobs today. This understanding is needed to withstand and improve nurse-attendant relations; it is needed to work successfully for full collaboration with other professional workers; it is needed to experiment with and to support therapeutic efforts; it is needed to offer psychotherapeutic nursing to patients. In some of the more "reality shock" laden situations, it is needed for the nurse to survive in one piece while continuing to supply hands and feet in that tough situation.

Some of you may feel that I am belittling the efforts of nurses now practicing in psychiatry. There is nothing I can do if you interpret this comment in that way. Actually, I am asking you to empathize how it feels to be a psychiatric nurse, alone in a state hospital with thousands of patients and untrained attendants. I am merely pointing out the hard, cold facts of the reality situation in psychiatric nursing. I know that there are also favored situations where the nurse-patient ratio is higher. I know, too, that as yet there are no studies to show whether or not this makes an actual difference in what happens to patients in these different institutions. I know, too, that some psychiatric nurses close their eyes to the self-evident and are content only to make a living. Beyond mere earnings, there are steps the profession needs to take to help those psychiatric nurses now practicing, and I would like to point out some of those steps.

One thing that can be done is to discover every possible use of what is available within the structure of organized nursing to provide opportunities for psychiatric nurse participation, to point this out to psychiatric nurses everywhere, and to engage their interest in becoming actively involved. From my point of view two kinds of opportunities are needed: (1) to col-
laborate with all nurses and thus to foster reciprocal relations that ultimately will lead to improvements in all nursing; (2) to have forums for discussion of nursing problems in psychiatry and thus to foster clear statements on the facts, principles, technics, and unsolved issues pertinent to the nursing of psychiatric patients. This latter need, to strengthen the information and understanding of those nurses now practicing in psychiatry, is to me of paramount importance. Perhaps there are better ways of doing it, but it seems to me that the existing policies of the new structure permit many opportunities for psychiatric nurses to get together. Some of them are listed on a sheet of paper for you. I see no reason why we should not take advantage of what is open to us. A petition asking for an Interdivisional Council on Psychiatric Nursing within the National League for Nursing has been sent to the Committee on Agreements and will be decided upon at the first meeting of the new Board of NLN, June 21, 1952. A petition asking ANA for a psychiatric nurses section has also been submitted. You may wish to open discussion on these points today.

Psychiatric nurses need to get together for many reasons but most of all to get their own house in order. Those of us who have worked in this area and those who have had advanced clinical training need to get together and come to grips with some of the following questions: Is psychiatric nursing a specialty? What would be the functions of a psychiatric nursing specialist? By what criteria can nurse-patient ratios be determined? By what criteria can the quality of psychiatric nursing care be appraised? What differences occur in services in institutions where there are few nurses and in those where there are many?

Psychiatric nurses need to get together to exchange information on clinical nursing problems. A whole new era of psychiatric nursing is being born, and some of us are dreamy-eyed enough to think that maybe, some day, it will replace custodial care. It is the responsibility of the leadership in psychiatric nursing to communicate to other psychiatric nurses on experimentations in practice. Improvements in nursing at the practice level are crucial—the number one problem—and psychiatric nurses need a forum for discussion of what constitutes improvements. Now is the time for communicating facts and observed data, for reasoning together, and for getting on with the business of improving what we actually offer to patients. I am impatient with suggested ways that will offer care that is a "little better" than present custodial care. I know other psychiatric nurses who have conceptualized and tried out what might be done, and they would be eager to tell about it.

Many psychiatric nurses agree and some disagree that this is a pressing need. Yet, psychiatric nursing students in a university setting generally observe that when they mix with general nurses, or nurses who are focused on other-than-psychiatric problems, most, if not all, of their time is spent on helping the nonpsychiatric nurse to become informed. This
is an admirable and desirable practice, but it allows no time for nurses who need, desperately, to dig deeper shafts and strengthen knowledge in their own area too. There is no doubt but that psychiatric nurses can help to enrich nursing, but, if they spend all of their time on it, pretty soon everyone would know what little is now available, and nothing new would have been discovered in psychiatric nursing. Yet, there is the pressing need for a clear description of technics in psychiatric nursing. I don’t mean the managerial and technical ones. I am referring to the interpersonal, psychotherapeutic technics as well as the sociological methods that psychiatric nurses are beginning to use. Those who have already discovered worthwhile methods, including the few published reports, should share their experiences widely in forums for psychiatric nurses.

Another pressing need of psychiatric nurses is to design a statement—a platform—of standards for the psychiatric nursing to be offered to patients. Attendants have said that they are not doing nursing because nursing is brutal, cruel, sadistic. Shall we let this go unnoticed? Or shall we come out with a statement of standards of practice that nurses everywhere endorse and that identifies for others the intentions of the nursing group with regard to the care of psychiatric patients.

There are economic problems, legislative problems, recruitment problems, training methods, selection problems, relations between nursing and other professional groups—all of these need to be discussed widely and as soon as possible.

It is important that psychiatric nurses belong and participate in local organizations and that they see to it that psychiatric problems get a hearing by all nurses. It is important that psychiatric nurses join in with their local mental health societies and that within them they ask for consideration of problems connected with the care of psychiatric patients. Certainly, we need to collaborate at all points, while, at the same time, we need to strengthen our own psychiatric nurses—those who have held the fort all these years.

It is our responsibility to offer leadership to the profession of nursing and to strengthen those nurses now offering services to psychiatric patients. It is our responsibility to identify the problems that confront us—not to wait until nonpsychiatric nurses catch on by themselves. It is our task to identify the organizational vehicles that we need to tackle those problems intelligently—not to wait until nonpsychiatric nurses invite us to deal with our problems. It is the obligation of all nurses to conceptualize the whole problem of health services to people and to see the role of professional nursing in it; but, at the present time, with regard to the complex problems connected with psychiatric nursing, the leadership comes from psychiatric nurses, and that leadership group—9,000 psychiatric nurses—needs opportunities to gain internal strength. We know from dealing with sick patients that you cannot force social relations on patients who need a smaller family group first to enable them to venture participation in the larger group. We
have asked for a family group for however long it takes before psychiatric nurses can afford to spend all of their time in full collaboration in all of the meetings of all other nurses.

The meeting was then open for general discussion and questions.

**STUDENT ORGANIZATIONAL MEETING**

**Thursday, June 19—4:15 p.m.—5:00 p.m.; 8:30 p.m.—10:30 p.m.**

_Presiding:_ **Carolyn Keucher,** Student, Presbyterian Hospital School of Nursing, Pittsburgh, Pennsylvania

_Speaker:_ **Pearl McIver,** R.N., Chairman, Joint Coordinating Committee on Structure of the National Nursing Organizations

The third mass meeting for student nurses was called to order on June 19, 1952, at 4:15 p.m. in the Renaissance Room of the Hotel Ambassador by Carolyn Keucher, of Presbyterian Hospital, Pittsburgh, Pennsylvania.

The minutes of the June 16, 1952 meeting were read by the secretary. Carolyn Keucher appointed a resolutions committee, consisting of the following members: Carolyn Pyle, Pennsylvania; Robert Jaeger, Illinois; Kathryn Collier, Massachusetts; and Mary Backman, Utah.

There was a discussion of the choice of candidates. At this time, Mrs. Harry Harvey Thomas, presiding parliamentarian, was introduced. She pointed out that the geographic location of the members of this committee was not important at this time inasmuch as their conclusions would be printed for the approval of the group—all the states. A motion was made that the resolutions committee stand as read. The motion was seconded and passed.

A motion was made by Margaret Miller, Massachusetts, to retain the active chairman and secretary for the evening meeting. This motion was seconded and passed.

A motion was made by Robert Jaeger, Illinois, that the president of organized state student associations and chairmen of the unorganized states act as delegates for the purpose of voting. This motion was seconded and passed.

Dorothy Sakamoto, a recent graduate from the territory of Hawaii, spoke in behalf of the student nurses of Hawaii. At this time an amendment to the motion was made by Marinel Morrison, Florida, to include a representative from any territory present as a delegate. This was seconded and passed.

Pearl McIver spoke briefly, urging the students to take some action concerning a national organization.

A motion was made by Margaret Miller, Massachusetts, that we recess for
ten minutes to enable the delegates to meet. This motion was seconded and passed.

The meeting was reopened at 4:55 p.m.

It was recommended by Joan Billington, Illinois, that the Resolutions Committee meet before the meeting of the American Nurses' Association House of Delegates and the meeting of the National League for Nursing on June 20, 1952 in order to prepare the report and resolutions which follow these minutes.

A motion was made by Pat Culver, Utah, that a national council of student nurses with temporary officers be formed now. This was seconded and passed.

Following the recess, the meeting was called to order at 8:30 p.m. in Room C at Convention Hall by Carolyn Keucher.

A motion was made and seconded to limit discussion on any topic to fifteen minutes and each individual speaker to two minutes. This motion was passed.

A motion was made by Nancy Jaeger, New York, that a national council of nursing students be formed of state student nurse organizations to exist independently and under the sponsorship of a joint council of the American Nurses' Association and the National League for Nursing. This motion was seconded and passed.

Kathryn Collier, Massachusetts, made a motion that we function as a national organization on a regional basis. This can be accomplished through geographic locations and will amount to ten regions. An amendment was made to provide for a constitution committee to be made up of representatives from the temporary regions. This motion was seconded but not passed. The vote was fourteen affirmative and thirty-one negative.

It was decided to open nominations for temporary chairman of the constitution committee.

Nominations:

Joan Williams, Maryland
Bernice Robinson, Missouri
Nancy Jaeger, New York
Elaine Murray, Minnesota

Mary Ann Bolton, Rhode Island
Mary Backman, Utah
Jean Billington, Illinois
Kathleen Murray, New York

The motion was made and seconded that the nominations be closed.

A motion was made by Terry Haas, Ohio, that the temporary chairman of the organization be the president of the state organization in the state chosen for the next convention. The motion was seconded and passed. The vote was twenty-eight affirmative and seventeen negative.

A motion was made that the temporary chairman select the chairman of the constitution committee and the committee be made up of members from the six states surrounding the state that the temporary chairman represents.

An amendment was made that the chairman shall present a report on
the constitution and bylaws to the other states six months before the next convention. The motion and amendment were seconded and passed.

A motion was made that the temporary chairman select the temporary secretary. This motion was seconded and passed.

There was a discussion of the methods of financing the new organization. Carol Alles, California, expressed her belief, based on conversation with the leaders of the American Nurses' Association and the National League for Nursing, that support from both groups would be forthcoming.

A rising vote of thanks was given to the graduates for their help and guidance and also to Carolyn Keucher for the capable manner in which she conducted the meetings.

There was a reading of the resolutions by Carol Pyle, Pennsylvania. A motion was made to accept the resolutions as read. This was seconded and passed.

A motion to adjourn was made by Patricia Filtz, Kentucky. It was seconded and passed.

The meeting was adjourned at 10:30 p.m.

Respectfully submitted,

LOIS M. LYKIN, Ohio

REPORT OF THE RESOLUTIONS AND RESULTS OF THE NATIONAL
STUDENT ORGANIZATION MEETING

We, the students of the 1952 Biennial Nursing Convention, Atlantic City, New Jersey, at which forty-three states and two territories were represented with more than one thousand students in attendance, present the following report:

1. We wish to extend a vote of appreciation to the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing for the invitation and recognition we received at the 1952 Biennial Nursing Convention at Atlantic City, New Jersey.

2. We wish to thank Miss Ella V. Stonsby, Mrs. Sachs, Miss Fenlason, and Miss Allen, along with the New Jersey State Nurses' Association and the New Jersey League of Nursing Education, for their efforts and consideration in arranging for the student program at the 1952 Biennial Nursing Convention at Atlantic City, New Jersey.

3. We also want to express our appreciation to the New Jersey State Student Organization for being such cordial hostesses to the student body at the student activities of the 1952 Biennial Nursing Convention in Atlantic City, New Jersey.

4. We voted to have the voting body for the national student organizational meetings at the 1952 Biennial Nursing Convention consist of the
president of each state organization, and the temporary chairman of the states that do not yet have state student organizations, and one representative from each territory of the United States.

5. We, the student representatives of the 1952 Biennial Nursing Convention, voted to form a National Council of Student Nurses, to function independently under the sponsorship of the Coordinating Council of the American Nurses' Association and the National League for Nursing, and elected temporary officers.

6. We voted to elect a chairman of the National Council of Student Nurses and that this chairman be elected from the state in which the National League for Nursing will hold its convention in 1953. This chairman will be the president of that state student organization.

7. We voted that the temporary chairman shall select the chairman of the Committee on Constitution and Bylaws. Her committee is to be made up of members from six states surrounding the one in which she is located. This committee is to present the proposed constitution and bylaws to other states at least six months before the next convention.

8. We voted that the chairman select the temporary secretary.

9. It was suggested that each state send a copy of its constitution and bylaws to the constitution and bylaws committee for analysis.

10. States that do not have an organized student government were urged to organize in the very near future in order that all states may attend the next convention as organized associations.

**STUDENT REPRESENTATIVES**

1952 Biennial Convention

Temporary Chairman, Carolyn Keucher, Pennsylvania
Acting Secretary, Lois M. Lykins, Ohio

Resolutions Committee:
Chairman, Carolyn Pyle, Pennsylvania
Committee Members—Robert Jaeger, Illinois
Mary Backman, Utah
Kathryn Collier, Massachusetts

**NLNE PROGRAM MEETING**

Thursday, June 19—8:00 p.m.—10:00 p.m.

**SYMPOSIUM ON CURRICULUM: SOME IMPLICATIONS FOR USES OF THE NURSING ABILITIES STUDY IN CURRICULUM PLANNING**

**Presiding:** LULU K. WOLF, R.N., Dean, School of Nursing, University of California at Los Angeles, California
Participants:

EUGENIA K. SPALDING, R.N., Chairman, National League of Nursing Education Committee on Nursing Curricula
MARY RYAN SHIELDS, R.N., Associate Executive Director, National League of Nursing Education
MARY E. CARNEGIE, R.N., Director, Florida A. & M. College School of Nursing, Tallahassee, Florida
LILLIAN B. PATTERSON, R.N., Dean, University of Washington School of Nursing, Seattle, Washington
SISTER MERCEDES, R.N., Director, Nursing Education, St. Mary's Hospital School of Nursing, Milwaukee, Wisconsin
RUTH SLEEPER, R.N., Director, Massachusetts General Hospital, School of Nursing and Nursing Service, Boston, Massachusetts

EUGENIA K. SPALDING: In January, 1950, the Board of Directors of the National League of Nursing Education voted to dissolve all existing committees of the League which were concerned with any aspect of curriculum and to form one committee on curriculum.

The present committee composed of five people, representing wide geographic areas and each of the following nursing education programs, was formed in 1950, just two years ago: practical nurse education; basic nursing education—diploma programs; basic nursing education—degree programs; graduate nurse education.

This new Committee on Nursing Curricula was charged with the general function of the development of working leadership with local league committees on curricula, concentrating especially on a unified approach to problems and issues in curriculum development as a whole in relation to all types of nursing education programs. It was believed that such an approach to curriculum development would tend to eliminate duplications and gaps and would help us move from where we are to where we ought to be in relation to the development and improvement of nursing education programs, new and old.

The new committee had four functions. One of these functions was to receive, devise, formulate and propose to the League Board for action, criteria for curricula for all areas of nursing education. As a first step in the development of such criteria, it was decided to request an opinion from nurses concerned with nursing education as to what they considered the problems and issues in nursing education today. Accordingly, the League's Department of Services to Schools of Nursing communicated with the executive secretaries of the boards of nurse examiners in the states and territories of the United States, and the presidents of the state leagues, and chairmen of the state and local leagues' curriculum committees. Responses
received were summarized and used by the national Committee on Nursing Curricula for further action.

With these responses before the committee and the results of the two national curriculum conferences sponsored by the League, the Committee on Nursing Curricula developed a plan for getting at the common nursing abilities and learning experiences which could lead to the development of criteria for basic nursing education. The committee was desirous of making a grass roots approach to its plan of work along all nursing fronts. The entire procedure for getting at these basic nursing abilities and learning experiences was developed with that idea in mind.

The National Committee for the Improvement of Nursing Services, because of its recognition of the need for such a study as this one on nursing abilities, provided the funds as well as moral and other major support for the project. We were very fortunate in securing Mary Shields as the special worker to conduct the study.

We believe that most of you have more than a nodding acquaintance with the check list on abilities.

Tonight we are having our first national discussion of the nursing abilities study and it is the hope of the Committee on Nursing Curricula that this will be one means of stimulating continued interest in the next steps that seem to be the ones to take in carrying this important curriculum study forward.

MARY RYAN SHIELDS: Many of you took part in the nursing abilities study, and I think you'll want to hear some of the actual findings. So this report will be a brief factual account, leaving to the other speakers the opportunity for interpretation or suggestions.

All schools of nursing having basic professional programs were invited to participate in the study and well over two thirds of them did so. In all, more than 3,000 check lists were answered and returned by individual nurses or groups of nurses. About 60 per cent of the respondents were instructors or directors of basic schools. Respondents also included nurses working in hospitals and public health nursing services, private duty nurses, and others.

Some of you will remember that the check list contained 100 statements of personal qualities under nine general ability-areas. Two questions were asked for each of the hundred items: Should basic professional programs provide learning experiences tending to develop the quality? Is it reasonable to expect the quality in a nurse graduating from a program called basic professional?

Because the words "provide learning experiences tending to develop" allow for broad interpretation, it seems reasonable to think that if as many as one out of four respondents said "no" that that constitutes a considerable degree of rejection of the quality as an aim of the basic professional program, and that's the way I'm using the word "rejection."
Suppose we put the ability-areas into three groups: those which were overwhelmingly accepted as aims of the basic professional program, those where there was rejection of one or two items, and those where there was considerable doubt or rejection.

The following four ability-areas were overwhelmingly accepted:

The items dealing with knowledge of legal responsibilities and the skills of good interprofessional relationships.
The items dealing with traditional nursing knowledge of disease, patient needs, treatment, and prevention.
The items dealing with manual, manipulative skills in procedures in the various clinical areas.
The items dealing with personal integration, personal philosophy, and ethics.

The following areas were very well accepted as aims of the basic program except for one or two items:

The area of human relationships—general skills of interpersonal relationships. The only item rejected by 74 of the respondents was one on “feeling comfortable in various groups having a wide range of social and educational levels.”
The area of skills in teaching and promoting health. The item least accepted in this group was one on the interpretation of community resources to the patient with special needs.

The following three areas were least accepted as aims of the basic program:

The area of skills in directing the work of others, in nursing—“sharing tasks” with family or co-workers. Particularly, respondents doubted that the basic program should try to develop the skills of planning for the satisfaction of other workers when directing them, or planning for their continuous growth, or even the “sizing up” of the capacities of other workers.
The area of scientific knowledge or, rather, its application in making judgments. For some of the items in this area answers seemed to indicate that the nurse should know scientific facts but not use them. Rejected were the skills of evaluating nursing procedures, knowing when they are safe or not safe, knowing whether a change in procedure will make it more or less safe, more or less effective, knowing need for research, and willingly participating when needed. The least accepted item was one on comprehension of numerical data which have significance in nursing. In addition to being the least accepted item, the responses showed more variation (a 45 per cent range) according to the positions held by respondents than was true of other items.
The area of skills for contribution to community activities and welfare. Respondents doubted that the basic program should try to develop in the nurse such qualities as participation in community planning, including skills for interpretation of her convictions to community groups, seeing strengths and weaknesses in community resources, and coordination of the work of others in large-scale emergencies.

The size of the schools in which respondents worked did not seem to affect their answers. Responses for schools having 3-year and 4-5½-year programs were also remarkably similar for the most part.

In a general question on the purpose of the basic professional program, three fourths of the respondents thought that the nurse graduating from such
a program should have acquired the preparation in necessary intellectual, physical, and emotional skills which will enable her gradually to become an accomplished practitioner as she gets additional experience. She should not be considered a finished product.

The following summary is an attempt to described the "nurse" about whom the respondents were talking. It is a personal interpretation, developed from reading thousands of returned check lists.

The Check List Nurse

She knows her legal responsibilities, what the range of nursing is, and when her activities dovetail with those of other professions. She expects to have to get along with people in other professions and works at it. She knows that times change and so do nursing responsibilities and that she has to keep up with the changes.

She is a warm, friendly person with considerable skill in interpersonal relationships, especially in dealing with anxiety and tension. She is not generally arrogant; however, she sometimes indulges in a "mother-knows-best" attitude with patients. She says that she is capable of being a team leader and expects to be one and to assume over-all responsibilities for patients who may get part of their nursing care from others. She is not, however, very expert as yet in judging the abilities of others who work with her and doesn’t give much thought to the satisfaction and growth of the people whose work she is directing.

She knows she is supposed to understand "scientific principles" but really she doesn’t do much about it; it’s lip service. In an empirical way, she adopts procedures to patient needs, but she is very shaky about the scientific basis for her action. She tends to accept given procedures without questioning their safety or effectiveness unless they contradict some "rule" she has learned. She doesn’t understand statistical reports or studies and doesn’t see why she should.

She is firmly convinced that it is her obligation to understand something about the disease of her patients, including prevention and treatment. She thinks of herself as the physician’s eyes and ears. She prides herself on being physically gentle and deft, and expects herself to be able to carry out all common nursing procedures.

She thinks of herself as a health teacher with an obligation to help patients handle the problems produced by specific diseases. She knows it is important to consider patients and families as individuals, and that you can’t teach everybody the same way. She doesn’t know much about community resources and not quite sure how far her responsibility extends here. She doesn’t participate much in community planning and community activities, saying that she doesn’t have time, but feels a little bit guilty about this. She has started to be active in her professional organizations. She has
not developed ability to communicate readily to groups outside the nurse-patient relationship.

She has a firm code of ethics and feels herself to be well integrated personally.

The "nurse" just described is, of course, neither the average product of the average school nor the to-be-desired ideal. She is a composite of what nurses, especially nursing educators, seem to think might reasonably be expected in the graduate of a program deserving the title "basic professional."

The check list also contained some suggested steps for curriculum study. Three fourths of the participants from schools of nursing indicated interest in these next steps, which were:

- The determining of levels of skill and degrees of proficiency expected of the nurse, relative to her specific functions, with the idea of clarifying the aims of different educational programs.
- The selection of learning experiences likely to develop the needed skills to the desired levels of proficiency.

The study will be reported in the October issue of the new journal Nursing Research. We hope to have a brief article in the September issue of the American Journal of Nursing.

If you or the other speakers have questions about specific check list items, or about variation in responses from different groups, I will try to answer them.

Mary Elizabeth Carnegie: The nursing abilities study should have very wide implications for evaluating the present basic curriculum in hospital and collegiate schools of nursing and for planning curriculum changes to keep abreast of the changing demands that society is making on the nurse. If the nurse is expected to possess the abilities and attitudes that have been suggested by the check list, then it seems logical that the faculty of a school of nursing could use these items to guide them in the evaluation process.

The nursing abilities study should serve as a means of determining not only the philosophy of the entire faculty but the philosophy of individual faculty members as they respond to the items on the check list. Frequent study and review of the check list should have many possibilities for such things as mutual understanding among the faculty, consistency of philosophy, a clarification of goals, and stimulation of critical thinking.

The column on the check list that asks "Is it reasonable to expect these qualities in a nurse at the end of the basic professional program?" should help the faculty to determine if the curriculum is designed to prepare the nurse to be a finished product in any particular field of nursing upon graduation or if the curriculum is designed to introduce her to all of the basic fields in order that she may tend to develop qualities that are essential for successful performance in any field. An agreement on this one objective
would affect the planning of the curriculum in terms of sequence of courses, content, kinds of experiences, evaluation of experiences, and methods of teaching. To illustrate this point, let us look at public health nursing experience in the basic curriculum. If when reviewing the check list, the members of the faculty agree that the student should have the qualities of a finished product in the field of public health nursing, then the whole program in public health nursing in the basic curriculum should be geared to achieve competence in that area. If the objectives are not to develop a finished product but to use the public health experience to help the student see the necessity for continued, unbroken planning for the care of the patient in the home and hospital, how it is achieved, and the need for it, then time must be spent in showing the student how to apply her knowledge of public health nursing to the patient on the various clinical services of the hospital. The same illustration could be made with psychiatric nursing or operating room experience. In other words, the decision that is made in regard to the type of educational product that we wish to produce will influence our curriculum planning. The level of competence is of most importance!

The nursing abilities study may be used very effectively as an evaluation tool in determining the types of behavior necessary to indicate desirable abilities. The behaviors listed on the check list are broadly enough conceived to avoid their becoming a crippling tool. Enough leeway is left to stimulate the faculty to go beyond the descriptive qualities and arrive at an expression of more specific types of behaviors in individual schools.

The nursing abilities study implies that the curriculum should be broad enough in scope to include more than the mere acquisition of subject matter and technical skills. It implies that effective interpersonal relations are a vital part of good nursing care and that human relations can be improved by an understanding of individual behavior. It further implies that the curriculum should be so constructed as to help develop the nurse who understands her patient, who can work cooperatively with professional and nonprofessional workers in her own field and in allied fields, who understands her relationship with the patient's family, and who understands her relationship with the community.

The nursing abilities study implies that the emphasis in nursing is leaning toward the development of the total individual in terms of self-realization, human relationship, economic efficiency, and civic responsibility, with subject matter being used as a vehicle to bring about changes in attitudes, appreciations, understandings, abilities, interests, and other desirable outcomes of learning that help develop a well-rounded individual—emotionally, intellectually, spiritually, physically, mentally, and socially. The nursing abilities study will help nurses to re-evaluate the curriculum, so that the end product will be better prepared to function effectively as an efficient nurse and as a citizen in a democratic society.
Through cooperative efforts on the part of the faculty, students, consumers of nursing, and others who may be affected by the educational program of the school, the study of nursing abilities can be used to evaluate the effectiveness of the curriculum in terms of comprehensiveness, uniformity and consistency with the objectives and concepts, and consistency with the stated philosophy.

The usefulness of the study will depend largely upon the degree to which the results are interpreted and applied by the nursing staff. It certainly affords material for a good in-service program for the faculty and should serve as a challenge to the faculty in determining just what is wanted.

**Lillian B. Patterson:** I should like to comment this evening on three of the nine ability-areas listed in the "Check List of Abilities Needed by Nurses" constructed under the leadership of the Committee on Nursing Curricula of the NLNE because I believe these areas offer a tremendous challenge to those of us concerned with the business of nursing education.

The first of the ability-areas on which I wish to comment is headed:

Demonstrates skill in human relationships, which is based upon a desire to be helpful, and is made useful by an understanding of human needs and the ways in which people try to fill them.

Some of the items listed under this heading represent the heart and soul of good nursing, although the learning experiences designed to produce these skills in the field of human relations are yet to be developed. Two such items for instance are:

- Has a real belief in the essential worth of every human being and knows the importance of communicating this belief by attitudes and actions.
- Conveys deliberately, by the way she chooses to look and talk and act, a feeling of warmth and "caring" in her relationships with individuals and groups of various ages and cultural backgrounds.

Other skills not easily taught or developed in student behavior patterns which fall in this ability-area are concerned with leadership; planning *with* rather than *for* people; and ability to use listening, deliberately and skillfully, as a tool for communication. What kind of learning experiences can be provided to help develop these mature characteristics in young students? And when such learning experiences are projected, what kind of tools can be developed to test the effectiveness of learning and performance? Other disciplines within the university structure will be needed to help provide some of the answers. Speech, psychology, sociology, business administration, and education are among the disciplines which are attempting to conquer some of these hurdles in developing skills in human relations.

The next ability-area is concerned with a feeling of community responsibility:

- Carries responsibility for contributing to the welfare of her community, including contributions in off-the-job situations.
This area has been receiving a good deal of emphasis in the listing of objectives in courses in schools of nursing curricula. In all institutions of higher learning these days, there is very real concern about how feelings of individual responsibility for community life in a democracy can be developed in students. Leadership comes through the medium of articulate individuals, and, in helping students to be articulate, institutions of higher learning are feeling increasingly responsible for the values accepted as goals by this leadership which is being developed. Again, what learning experiences will motivate students to action involving the welfare of others and in assuming responsibility for some of the many aspects of group living? Nurses have a good record for volunteering in special emergencies and disasters. This aspect of responsibility for the welfare of others has apparently been developed in the past during the education period. Nurses have also been able to coordinate the services of others in such disasters to a fairly satisfactory degree. Since the emphasis of nursing throughout its history has been the care of human beings without respect to race, color, or creed, the rights of minority groups have not been too difficult to accept during the education process.

Other areas, however, under this ability to carry responsibility in community life, have not yet been so successfully implemented. For instance, the statement,

Works for the improvement of nursing service and education through active membership in her professional organizations,

represents less than a fair achievement on the part of education in schools of nursing when one considers the country as a whole. Perhaps the biggest impetus to achieving this objective has come in the last couple of years, with the development of student organizations paralleling the professional program so that they are actively participating in professional organization programs prior to graduation. Learning through doing may have real meaning for nursing education in this field of community participation. Learning through doing may also have some implications for education in the more difficult fields of giving a portion of student time and energy for planning with community groups, participating in activities contributing to community health and welfare, and in contributing to the belief that "in the long run civic and professional problems are best solved by group decisions, following clarifying discussions, compromise, and cooperation."

The last ability-area has been included in the objectives of nursing education since the beginning of the Nightingale period and, indeed, through all the history of nursing:

Behaves in accordance with a satisfying philosophy which includes goals of personal maturity and professional growth.

Under this heading are included such values as a code of personal ethics to guide behavior and recognition that religion, within a wide range of be-
lies and practices, may be a sustaining force in distress, a positive influence in the attainment of health, and a guide to a useful and satisfying life. It might be pointed out that this is rather a large order for nursing education, since it is usually accepted as the function of the family during the early years of life to give shape and pattern to this aspect of human personality. Perhaps the most that nursing education can hope to accomplish is to provide stimuli which will increase the capacity of the student to use whatever abilities she has developed through childhood and adolescence. Of course, when the time comes when students may be taken on a strictly selective basis, it will then be possible to admit those with basic personality structures favorable to the cultivation of these values. Because of the constantly increasing demand for nurses which is quite out of line with the numbers now being educated, this selective process will probably not be very effective in the immediate years ahead. Thus we will have to look to education to develop learning experiences which will increase student understanding and insight.

The last item I wish to mention is probably one of the most difficult in the entire check list. It is worded:

Faces her own deficiencies and mistakes without excessive guilt or anxiety; analyzes them and takes constructive steps to remedy them by seeking learning experiences which are likely to prove useful.

This is one of the enigmas of our time—how to produce well-rounded personalities who can accept themselves and their limitations without emotional frustration. It is doubtful if formal courses in mental health and psychiatry are very effective in producing this maturity, since the average student is not able to transpose intellectual knowledge so that she can effect changes in her emotional personality structure without professional help. How much professional help is available and what methods can be used to develop these healthy personalities are important questions for curriculum study.

In conclusion, I would like to say that I am looking forward with keen anticipation to the final tabulation of opinions regarding these areas of abilities needed by nurses, particularly the items checked under the "yes" column of the heading, "Should basic professional programs provide learning experiences tending to develop these qualities?" When these trends emerge from the tabulation I am sure we shall all have a real task in curriculum research to determine what learning experiences are most effective in meeting the objectives set up to develop the desired abilities so ably outlined in the present study.

Sister Mercedes: The "Check List on Abilities Needed by Nurses" describes nine major abilities which call for more judgment on the part of the nurse and a wider range of knowledge, and which place more stress on her personal adjustment to patient needs than any previous nursing yardstick. These abilities are based on a careful study of the needs of today's patient
in order to educate the nurse to fulfill the increasing demands being made upon her.

Nursing for the Future, the 1950 Nursing Organization Curriculum Conference Bulletin, and the 1951 Joint Nursing Curriculum Conference Bulletin have placed at our disposal the thinking of the nursing educators whose efforts have produced the check list. These sources provide a point of reference for the present paper.

I feel that a realistic opinion of what a professional nurse should be able to do may be formed on the basis of what graduates of diploma schools are actually doing at the present time. Our sources stressed the fact that professional nurses should be prepared to function in all first-level positions in all areas of nursing and in head nursing. Apparently, then, the ability to hold such first-level positions is a practical criterion of the professional nurse. And graduates of diploma schools are, in fact, filling them. The abilities these positions call for can be well identified in the check list. Therefore, I conclude, that graduates of basic professional schools of nursing should, to a degree, possess each of the abilities described.

In these remarks, I am considering the nurse as she completes a three-year program, unsupported by any advanced education. I am in complete agreement with the conclusion of the 1951 bulletin that "graduates in nursing are not experts upon completion of their programs, but should be aware of the knowledge, skills, and attitudes ... (to) be further developed by daily experience." To say this much is only to assert that growth does not stop with graduation. But the topic of this paper demands a more precise determination of what positive abilities we do expect the nurse to have at graduation.

The abilities listed may be broadly grouped as: those requiring technical skill and those which may be loosely described as "social." The measure of competence to be achieved upon graduation depends upon the category into which the ability falls. Some of them call for wide experience and for maturity of judgment and will be gained only after years of professional practice. But others, I strongly insist, are the major responsibility of the nurse and must be developed in any nursing program worthy of the name. Just as one expects a graduate of engineering to be able to survey a given area, so a nurse must be able to care for a patient. This means that the graduate nurse must have acquired a certain mastery over the first kind of abilities: those technical skills which distinguish the nurse, as nurse, from social worker, supervisor, administrator—which are, in fact, the mark of her profession. A real danger exists that if such skill is not achieved during the nursing course it will not be attained by the nurse as a practitioner. In the diploma program, because the student comes into contact with the patient

early in her course and does learn by doing for the patient, this absolutely necessary professional skill is developed under laboratory conditions.

The second category of abilities we have called "social." Now it is a conviction of modern authorities on nursing education that these "social" abilities can be developed only if the professional studies of the nurse be combined with larger doses of "general" education. That the diploma school recognizes the importance of nonprofessional elements in developing the nurse is seen from the fact that to meet her needs we have already included much formal instruction from the social science field and have encouraged wider social contacts that will allow the individual personality to unfold. But, while promoting the general, we wish to safeguard the professional. We value the intrinsic worth of our clinical setup and the richness of the type of experience offered. There are two reasons for this. First, perfection of social abilities calls for a knowledge of life and human nature. We admit to educating a high school student, young and immature. She needs time to develop. She needs experiences—well planned, of course, to help her mental and emotional growth. Clinical experience during the latter half of her program, which carries with it some measure of responsibility, is better than constant and close supervision throughout the program. She grows faster with some personal responsibility than when the eyes of the clinical instructor are constantly upon her. Since our students are called upon to solve real problems, we have what modern educators believe is the ideal setting for teaching—the live situation. Let us prize our most valuable asset.

Secondly, we do not want to lose the nurse in nursing education. In a basic program, we are not immediately preparing supervisors or administrators, nor are we preparing the person who performs functional duties—the aide. But we are preparing the professional patient-side nurse—one who has a sympathetic understanding of human nature, and who can, therefore, deal helpfully with the patient, his family, and with co-workers in her own and related agencies. Well-guided opportunities in giving total patient care will equip her to be effective in human relationship, "to be a health teacher," and "to use sound judgment in sharing tasks with others." In a word, we believe that the specific "social abilities" required of the nurse may be most naturally developed if they emerge from her education as a nurse.

The general qualities which form her technical and social abilities deal with the personality of the nurse, her attitudes, and feelings. These are developed by the philosophy of the school acting on the innate endowment of the student. First of all, the nurse student is a woman. She has qualities which differentiate her as a human being: physically she is gentle; intellectually she is intuitive rather than analytic; emotionally, she has great capacity for self-sacrificing devotion once her love has been aroused. The personality traits she needs as a nurse spring out of her own psychology as a woman.

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My own experience in teaching hundreds of girls confirms the scientific conclusions of psychology that the feminine personality is characterized by generosity, sympathy, warmth, and understanding. These qualities are summed up in the one word, "love." Love is a distinctly human feeling embracing the spiritual as well as the physical. Love is a habit, gradually acquired.

In the schools of nursing in which I have gained experience, our philosophy has been based on a structure of faith and love—faith in God and love of Him through service to His children. We teach that nursing is love of God in action, for attitudes have to be taught. The student has to learn through her love for God to learn a love for her work, a love for her patient.

The technical competence of the nurse often draws the patient to seek her assistance in his personal problems—problems that may be causing his illness or retarding his recovery. Thus, direct contact with the patient develops in the student nurse those womanly qualities of sympathy and understanding which are the necessary attitudes of her profession. This kind of development of personality cannot be measured in terms of time or length of academic course. No girl of 19 or 20 will possess these delicate qualities completely nor the judgment that must guide her in using them. But if the growth of these attitudes and feelings is fostered during her nursing course, the student is certainly developing her total personality. Thus, whether she is trying to instruct a diabetic mailman, confer with a nurse from a health agency, deal with mothers in a well-baby clinic, give penicillin to a pneumonia patient, participate in a panel discussion, or attend the June "prom" of the engineers, these qualities, as a part of her very being, both enable her to give abundantly and, through her giving, reward her. Thus she finds in her work two factors without which her profession must be barren: a happiness that comes from generous giving and a satisfaction removed from all self-complacency because it looks to the good of the patient. The program offered to her must certainly provide her with a satisfying philosophy "which includes goals of maturity and professional personal growth."

In presenting these suggestions of how the abilities needed by the professional nurse are developed through a program offered by a hospital school of nursing, I would like to make very clear that I feel this program as it now exists is not ideal. I would be the first to admit that many changes are definitely needed. The combination of study, class work, and actual clinical care of the patient imposes a very real burden on a girl who is, after all, not an adult and who may not be completely prepared to live under such pressure. I believe there are definite possibilities in such a plan as that proposed in the 1951 Curriculum Bulletin. According to this plan, there would be three levels of instruction for the modern preparation of nurses. It is obvious, however, that in view of the present dispute over the entire

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nursing education program, this plan and others like it will require much
discussion, much alteration, and much compromise. Meanwhile the sick
are always with us. There is a desperate need for qualified nurses with
clinical skill, and we maintain that we are producing this person in a reason-
ably short time and with reasonable economy.

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RUTH SLEEPER: That the "Check List on Abilities Needed by Nurses" constitutes a sound source of objectives for the curriculum of the three-year
school is a statement which needs no thesis for its support. That many of
the abilities included in the list cannot be developed in three year schools
with the present teaching staff, or with the present opportunities or plans
for student experience, or with the time currently allowed the student for
study is obvious. No arguments could prove them to be otherwise as three-
year schools in general now are conducted.

Yet the fact remains that, even though all nurses do not have all of these
abilities, some nurses graduated from three-year schools are giving the
kind of nursing care needed today by many patients. Many discriminating and
informed directors of nursing service would agree with this statement.
Many directors of nursing service for this reason also believe that the three-
year school can meet the objective of good nursing care for hospital patients.
The problem, of course, is the question: what kind of nursing care are
individuals, sick and well, who come to the hospital going to need in the
near or distant future? Some of the graduates coming out of the three-year
school today will practice for the next thirty to forty years. What will be
their needs fifteen or thirty-five years from now? It is not uncommon to
hear the criticism that the hospital school prepares its graduates to give
only the care needed by its patients, or by patients in a hospital. There have
been, and there are today, institutions where such a criticism is justifiable, for the curriculum provided is narrow, and the graduate inadequately prepared. In some instances, however, one might well question whether this statement is a criticism.

It is interesting to speculate on the hospital of today which offers a broad program and the plans, in general, for hospitals of tomorrow. It is interesting to consider, too, the type of nurse which might be produced if the hospital program were broad, and if the curriculum were honestly planned to meet the hospital's needs. Sooner or later all of us must see what we so often fail to see today: that the hospital is an integral part of the community, supported by the people, and a part of the total community health program. As a result, the individual who goes to the hospital, as surely as the baby who goes to the well-baby clinic, is entitled to all the care, directly or indirectly, which will enable him to answer his immediate need. That is, he should have the care necessary to his recovery, his rehabilitation, his return to his family and to the work appropriate to his condition. He should also be armed with any pertinent information which will enable him and his family to live more healthily than they did prior to his entrance into the hospital. True, all of this may not be accomplished in the hospital, any more than the care needed by the well baby can always be given in the clinic. But this audience does not need to be told that the treatment of disease for patients who are to recover sufficiently to be discharged is incomplete without direct instruction or indirect guidance in the methods of care needed in the home or the hygienic practices which are basic to continuing good health.

The evolution of the hospital as a public health agency has been accelerated today by the improving medical care, which broadens the therapeutic program; the establishment of rehabilitation clinics, which contribute to the total patient care; the development of home care programs, which extend hospital services into the home; and the organization of group practice plans, which bring the well to the hospital for guidance in the prevention of sickness and the promotion of health. A three-year school of nursing which prepares its graduates to work successfully in any part of such a hospital's program would indeed find much in the "Check List on Abilities Needed by Nurses" which would pertain to its particular situation.

The answer for any curriculum planning is, of course, to be found in the philosophy chosen to guide the school's program. For a faculty writing its philosophy anew there are many implications in the results of the nursing abilities study to guide them. The problem for the school will be one of delimiting the philosophy to fit the possibilities which the school possesses. The faculty must decide, of course, what its attitude is toward nursing, what kind of care should be given to a patient in a hospital which is to conduct a school, and what is the breadth of the hospital's present and future program. If the hospital's present program is narrow, should the graduates
of the school be expected to function only in that institution, or should they be expected to function in a hospital which has a broad and rapidly developing program? What should be the central focus of the teaching and practice plan? Is the clinical area of instruction to be patient-centered or student-centered? Is the nursing care to be provided by the graduates of the quality necessary to assure the patient opportunity for recovery, rehabilitation, and continued health so far as nursing in the hospital is concerned?

The implications for the three-year school from such a study are of course almost unlimited. The study offers tremendous possibilities for guiding the faculty which is ready and interested in reviewing its objectives to see how these may be improved. The danger will be in drawing the line between what can be done and what cannot be done by the school; what may be accomplished through classroom teaching, or what may be accomplished through the maturing which comes with experience; where the line should be drawn between the three-year curriculum and the degree curriculum. Has perhaps the time not come for us to make some decision as to what a degree student should be able to do in contrast to the student of the three-year school? This statement is not made with the idea that we should not continue to improve our three-year schools or with the idea that the degree program is not a necessary and an important part of our whole plan for nursing education. But with such a list there is often the tendency for both groups to assume that each should accomplish everything. Obviously, the same results cannot be expected from the two programs, yet we seem constantly to be measuring the three-year student against the degree student. Have we from such a study as this, and from others which we hope may follow, some guides which will help us to delimit the curriculum of the three-year program and give us a working definition of both the degree and diploma programs which will be helpful and practical for the faculty and attainable by the students?

**DISCUSSION** participated in by the entire audience as well as the panel participants has been summarized as follows:

**QUESTION:** *Can philosophy and objectives be spelled out for the two types of programs as suggested by Miss Sleeper?*

Agreement on this was not reached. One member of the symposium commented that some statement on this should be made by the profession. She pointed out that the analysis of the data on the abilities study showed very little difference in the kinds of abilities which faculties of diploma and degree basic programs thought students should possess. She said that she believed, because of this and other differences indicated by the respondents to the opinionnaire, that there should be further study to determine abilities that should be expected of students graduating from diploma and degree programs.
Question: Is not nursing, nursing? Should not all nurses have the same qualities?

It was pointed out in this connection that there is need to ask the question, “What abilities are needed by different types of nurse workers?” It was emphasized that there is need to determine proficiency expected at different stages of preparation and to compare the results of this study with other studies on nursing functions.

A member of the symposium commented that she had been associated with students of nursing in hospital schools for over thirty years, and had more recently been working with students in both collegiate and hospital schools. She pointed out that both types of students take the same state board examinations, but she asked if this is the way it should be, or should more be expected of the college students. She pointed out some differences in the way the two types of students are now prepared and made a plea that we stop making comparisons of these two groups of students and let each develop in the best way.

Question: What has been the value of the abilities study?

One person said she thought this study has given the faculties in schools of nursing the greatest opportunity and instrument ever presented to stimulate curriculum planning. She suggested that the abilities be studied by both faculty and lay people in terms of specific fields of interest. She expressed the hope that we stop talking about years in a program and get faculties to study these abilities and to make curriculum studies that are self-stimulated. She said we cannot measure everything by written tests and state board examinations. Rather, the kind of nurses we will have will be determined by the kind of schools we have.

Question: What implications does the abilities study have for the National Nursing Accrediting Service?

It was pointed out that the results of the study should help the NNAS boards of review to determine with schools of nursing the type of criteria needed for evaluation and curriculum development purposes. It was indicated that the policy of the NNAS is to evaluate schools in terms of their expressed philosophy and objectives, but that it is difficult. It was thought that the abilities check list can be helpful to schools in defining philosophy and purposes.
The first meeting of the National League for Nursing was held in the ballroom, Convention Hall, Atlantic City, New Jersey, on Friday, June 20, 1952. The meeting was called to order by Agnes Gelinias, chairman, at 9:00 a.m., and the roll call by the secretary, Frances H. Cunningham, indicated that a quorum was present.*

Following a few words of welcome by the chairman, congratulatory messages were read from Lavinia I. Dock, a founding member of the American Society of Superintendents of Training Schools for Nurses, and from the American Medical Association, American Hospital Association, American Public Health Association, American Psychiatric Association, American Physical Therapy Association, National Association for Mental Health, National Foundation for Infantile Paralysis, National Tuberculosis Association, American Cancer Society, National Society for the Prevention of Blindness, American National Red Cross, National Health Council, National Social Welfare Assembly, National Safety Council, Community Chests and Councils of America, and Association of State and Territorial Health Officers. The invocation was given by the Reverend Arthur McKay Ackerson of Atlantic City, and all joined in singing "America the Beautiful."

In accordance with Article XXIII of the bylaws which specifies the election of the initial Board of Directors from a fixed slate prepared by the Committee on Agreements for the National League for Nursing, R. Louise McManus, chairman of the Subcommittee on Nominations of the Committee on Agreements, presented the fixed slate of nominees. Mrs. McManus explained that the majority of the nominees had been members of the boards of directors of the three organizations which had combined to form the National League for Nursing or were in other ways representative of the interests of these organizations; in addition, several of the nominees had been selected to represent the new interests coming into the National League for Nursing. In making up the fixed slate the Subcommittee on Nominations had considered the need for wide geographic representation and representation from the many interest groups in the new organization.

Representing the Association of Collegiate Schools of Nursing

Elizabeth S. Bixler, R.N., Yale University School of Nursing, New Haven, Connecticut


*NLN Bylaws—Article IV, Section 1. Thirty voting members from at least fifteen different states shall constitute a quorum at all meetings of the members.
George B. Darling, Dr.P.H., Division of Medical Affairs, Yale University, New Haven, Connecticut
Julia Hereford, R.N., Vanderbilt University School of Nursing, Nashville, Tennessee
Sister Charles Marie, R.N., Incarnate Word College, Department of Nursing Education, San Antonio, Texas
Frances C. Thielbar, R.N., Division of Nursing Education, University of Chicago, Chicago, Illinois

Representing the National League of Nursing Education
Mrs. Genevieve K. Bixler, Ed.D., Des Moines, Iowa
Henrietta Doltz, R.N., University of Oregon Medical School, School of Nursing, Portland, Oregon
Agnes Gelinus, R.N., Skidmore College Department of Nursing, New York, New York
Mildred I. Lorentz, R.N., Michael Reese Hospital Nursing Service and School of Nursing, Chicago, Illinois
Ruth Sleeper, R.N., Massachusetts General Hospital Nursing Service and School of Nursing, Boston, Massachusetts
Mrs. Arthur H. Spiegel, Chicago, Illinois

Representing the National Organization for Public Health Nursing
Mrs. H. Stanley Johnson, Madison, Wisconsin
Willie Mae Johnson, R.N., Public Health Nursing Service, Montclair, New Jersey
Mrs. Olive W. Klump, R.N., County Health Department, Los Angeles, California
L. Meredith Maxson, First Boston Corporation, New York, New York
Emilie G. Sargent, R.N., Visiting Nurse Association, Detroit, Michigan
Dorothy Wilson, R.N., Visiting Nurse Association, New Haven, Connecticut

Other Nominees
Mrs. Carl C. Aven, Chairman of the Citizen’s Advisory Committee, Montgomery County Health Department, Georgia
E. Dwight Barnett, M.D., Institute of Administrative Medicine, Columbia University School of Public Health, New York, New York
Winifred V. Cushing, R.N., Supervisor-Instructor, Firland Tuberculosis Sanatorium, Seattle, Washington
Elaine Mashburn, R.N., private duty nurse, Asheville, North Carolina
George Mason, R.N., Director of Nursing, Maryland Department of Mental Hygiene, Baltimore, Maryland
Marie Peterson, R.N., Head Nurse, Swedish Hospital, Minneapolis, Minnesota

The election of the persons on this slate for the initial Board of Directors of the National League for Nursing was moved by Mrs. McManus, seconded, and voted. The chairman declared all persons on the slate elected members of the initial Board of Directors of the National League for Nursing to serve until the final business meeting of the 1953 Biennial Convention.
The members of the new Board then retired to elect the initial officers of the National League for Nursing. Upon their return the initial officers were announced as follows:

President—Ruth Sleeper, R.N.
First Vice-President—Frances C. Thielbar, R.N.
Second Vice-President—Mrs. Arthur H. Spiegel
Third Vice-President—Dorothy Wilson, R.N.
Secretary—(appointed by the Board) Anna Fillmore, R.N.
Treasurer—L. Meredith Maxson

Miss Gelinias declared these persons as the new NLN officers, and, upon her invitation, Miss Sleeper, the president, assumed the chair.

Miss Sleeper introduced the new officers, and spoke a few words of acceptance.

A discussion then took place on the question of practical nurse membership in the National League for Nursing. During this discussion, Pearl McIver, chairman of the Joint Coordinating Committee on Structure, explained that the practical nurse would not qualify either as a "professional nurse member" or as a "non-nurse member" as defined in the bylaws, and therefore could not become an individual member of the NLN unless the bylaws are amended. Miss Sleeper reminded the group that any amendment to the bylaws at the present meeting would require a unanimous vote in favor of it by the members present and voting.

Many members urged that immediate provision be made for the eligibility of practical nurses as individual members of the NLN on the grounds that practical nurses are making a vital contribution to nursing and should therefore participate in an organization concerned with nursing. Others urged that there be some preliminary exploration to determine exactly what the definition of a practical nurse might be (in view of the many groups, trained and untrained, licensed and unlicensed, who call themselves practical nurses) and to find out the receptivity of practical nurses to the proposal. It was moved by Katharine J. Densford (Minnesota), seconded, and, after considerable further discussion, voted that a committee be appointed to work with a committee of the appropriate practical nursing group and to bring in recommendations concerning this question at the next meeting of the NLN in June 1953. It was then moved by Myrtle Coe (Minnesota), seconded, and voted that it be spread upon the minutes that this assembly approves in principle the inclusion of the practical nurse in this new organization.

Carolyn Keucher, temporary chairman of the student nurses, then presented the report of the resolutions and results of the national student organization meeting.*

Professor Ashley Montagu, chairman of the Department of Anthropology at Rutgers University, consultant to UNESCO, and senior lecturer of the

*See page 225.
Veterans Administration Postgraduate Training Program in Psychiatry, then delivered an address on "The Meaning of Cooperation."

The meeting adjourned at 11:30 a.m.

CONFERENCE OF DEANS AND DIRECTORS
OF SCHOOLS OF NURSING

Friday, June 20—4:00 p.m.—6:00 p.m.

Presiding: CLAIRE H. FAVREAU, R.N., Director, Division of Nursing Education, Hunter College, New York, New York

Interviewing Panel: HENRIETTA DOLTZ, R.N., Director, School of Nursing, University of Oregon Medical School, Portland, Oregon
VERA S. FRY, R.N., Chairman, Department of Nurse Education, New York University, New York, New York
EMMA E. HELLER, R.N., Director, Jewish Hospital School of Nursing, Brooklyn, New York
RUTH K. MOSER, R.N., Director, St. Luke's Hospital School of Nursing, New York, New York
SISTER M. XAVIER, R.N., Director, Mercy Central School of Nursing, Grand Rapids, Michigan
B. RUTH SKINNER, R.N., Director, Prospect Heights Hospital School of Nursing, Brooklyn, New York

Respondent Panel: FRANCES H. CUNNINGHAM, R.N., Professor of Nursing, Frances Payne Bolton School of Nursing, Western Reserve University, Cleveland, Ohio
MARIE FARRELL, R.N., Professor of Education, Boston University School of Nursing, Boston, Massachusetts
RUTH FREEMAN, R.N., Associate Professor of Public Health, Johns Hopkins University, Baltimore, Maryland
DEBORAH M. JENSEN, R.N., Instructor, Sociology and Nurse Education, University of Missouri, St. Louis, Missouri
MILDRED I. LORENTZ, R.N., Director, School of Nursing, Michael Reese Hospital, Chicago, Illinois
HENRIETTA A. LOUGHRAN, R.N., Dean, School of Nursing, University of Colorado, Boulder, Colorado
RUTH SLEEPER, R.N., Director, School of Nursing, Massachusetts General Hospital, Boston, Massachusetts

EDITH WENSLEY, Executive Secretary, Joint Coordinating Committee on Structure of the National Nursing Organizations, New York, New York
Over 600 nurse educators attended the conference, including representatives from diploma and associate degree programs, from basic degree programs, and from graduate nurse programs.

The chairman stated that the purpose of the conference was to discuss agency membership in the new National League for Nursing open to "schools, divisions, and departments that provide educational programs in nursing" as indicated in Article II, Section 3, of the NLN bylaws, and departmental councils of agency members as indicated in Article X, Section 2. She referred to a mimeographed sheet, distributed to those present, which listed the services which the NLN was planning to provide to agency members in the departments of the Division of Nursing Education:

As funds become available, the NLN will provide the following services to agency members in the departments of the Division of Nursing Education:

1. Consultation service with staff members at national headquarters or by correspondence. This will include a counseling service to colleges, universities, and communities in regard to the establishment of collegiate schools and programs for nursing education.

2. Within budget possibilities and on request, a special advisory service to which schools and programs for nursing education may turn for help. This will be developed as rapidly as possible.

3. Reports of nationwide studies, guides, and statistical analyses to help schools of nursing in curriculum development.

4. Evaluation of educational programs in nursing, and maintenance on the descriptive list of programs approved by the boards of review of the NLN. There will be a special fee for the application and visit connected with the original survey and resurveys.

5. Provision of tools and devices in the measurement and guidance of students.

6. A periodic newsletter or bulletin and other timely communications concerning current problems. These communications will have direct bearing on education for nursing, and information in them may be applied to the school and program for nursing education.

7. Help in recruiting students for schools and programs for nursing education.

8. Help with the organized public relations program for nursing education, especially in regard to relationships with hospital and university administration and with medical groups.

9. Representation, through NLN members and staff in meetings and on committees of national organizations and federal agencies concerned with education, in national movements for the improvement of the health and welfare of the American people, and in such international organizations as are appropriate.

10. Participation through two representatives, one of whom may be a non-nurse, in appropriate NLN meetings and councils.

As specific examples of the types of projects which might be developed under departmental councils, she referred to the meeting of representatives of graduate nurse programs being sponsored in September 1952 by the National League of Nursing Education and the regional conferences for basic programs being sponsored during the summer by the National Nursing Accrediting Service.

Miss Favreau then introduced the members of the interviewing and re-
spondent panels who, she said, would discuss various questions, and invited all other members of the group to ask further questions and join in the discussion.

HENRIETTA DOLTZ: What do you mean by agency membership?

RUTH SLEEPER: According to Article II, Section 5 of the bylaws, "Membership on an agency basis shall be available to (a) organizations or other groups that are administratively engaged in providing nursing services and (b) schools, divisions, and departments that provide educational programs in nursing. These may include: nursing services in hospitals, convalescent homes, and other institutions; nursing services in industry; nursing services in public health agencies and in schools; and schools, divisions, and departments that provide educational programs in nursing."

RUTH K. MOSER: What have been some of the advantages of agency membership in the NOPHN?

RUTH FREEMAN: The NOPHN agency members have appreciated the opportunity to get together and talk over some of the problems they face and, as a group, to formulate some of the answers to these problems or to refer questions to professional groups. They have used the advisory services, including the consultation services, very freely. They appreciate having a channel of communication between the agencies and the professional nursing groups through which the agencies can be kept informed of developments in nursing and can gain support of principles or ideas that are important to them as service agencies.

SISTER M. XAVIER: What implications does agency membership have for state and local leagues for nursing?

EDITH WENSLEY: According to the NLN bylaws, an agency would join the national organization directly and would receive service directly from the national organization and would participate in national meetings. However, a state or local league for nursing could also, if it so wished, provide for agency membership. We would assume that the state or local league would charge nominal dues and would give the agency members the opportunity to participate in work on problems of statewide or local significance.

EMMA E. HELLER: Is it possible that the annual agency membership dues will include the annual accrediting fee for schools of nursing accredited by the National Nursing Accrediting Service?

In the discussion that followed this question, it was brought out that any decision on this point would have to be made by the Board of Directors of the National League for Nursing and that the Board would naturally have to consider the financial ability of the organization in making its decision. However, several persons suggested the desirability of asking the Board to give full consideration to the possibility of having the annual accrediting fee
(but not the fee for the original accreditation visit) included in the agency membership dues on the grounds that institutions operating educational programs in nursing might hesitate to increase their budgets with another annual fee. Henrietta A. Loughran pointed out that universities might question assuming an obligation for their nursing programs which would not be in line with those that they meet for other professional groups. Sister Olivia Gowan (D.C.) expressed the opinion that a university would probably not object to paying an annual fee of $300 if that were the only fee it had to pay, but if the membership and accreditation fees become too large some schools might not be able to take out agency membership. Frances H. Cunningham stated that even the cost of accreditation was being challenged by universities; at a recent meeting of college presidents the president of a state university questioned whether the $6,000 his university was spending annually for accrediting its various programs might not better be applied toward the improvement of the instructional staff. Frances George (Pennsylvania) pointed out that a National Commission on Accreditation was working toward the development of an inclusive accreditation service for the various educational groups which would eliminate the large number of individual visits to universities. She inquired whether the ultimate solution for the nursing profession might not be to have nurse representation on this broader accrediting body, and to work toward merging its accrediting program into the over-all program. Helen Nahm, director of the National Nursing Accrediting Service, stated that the NNAS had been working with the National Commission on Accreditation ever since it had been organized and had recently been informed that all professional accrediting agencies now in existence would be recognized by the National Commission. The National Commission has recommended that, for the present, the various professional accrediting bodies continue their present functions and, at the same time, begin to work with the regional accrediting agencies. The NNAS is working with the regional accrediting agencies and has had several meetings with the Middle States Division. Nevertheless, it will take several years for the unified accrediting program to be worked out, and, in the meantime, nursing must continue with its own accrediting services.

Mildred Lorentz pointed out that institutions of higher education would not be the only ones which would be concerned with the payment of membership fees. Hospitals will be confronted with the NLN membership fees for the NLN Department of Hospital Nursing, and, if they maintain schools, membership fees for the NLN Department of Diploma and Associate Degree Programs and accrediting fees. Mrs. Loughran mentioned the many annual charges which would be required of university schools that have hospitals associated with them. In this connection, Henrietta Doltz inquired about the membership dues of hospital units that are organizationally controlled by the same institution as the school. Mrs. Wensley replied that in the case of hospital units with the same central administration the recommendation has
been made that the central hospital in the administrative unit pay the maximum fee and each unit pay a minimum fee of $25.

With regard to the size of the agency membership dues, Katherine Baker (Washington) questioned whether the dues should be established in relation to the school enrollment or the school budget, pointing out that the present formula ($100 for schools with 50 or fewer students, $150 for schools with 51-100 students, and $200 for schools with over 100 students) penalizes the school which increases its enrollment. In response to a question by Carol Randall (Ohio) Mrs. Wensley stated that these dues had been formulated by a subcommittee as the very minimum which could finance the services that are being planned for the member agencies.

With regard to the size of the annual accrediting fees, Miss Nahm pointed out that some of the accrediting procedures, such as the annual review of the annual report of each accredited program, are expensive and suggested that the possibility of a less frequent review of these programs might be discussed. Consideration might be given to having biennial reports, or of dividing the accredited schools into three groups with each group reporting once every three years. She emphasized the importance of having careful reviews of the annual reports, pointing out that a superficial review of them is valueless. Against the disadvantage of the financial burden of careful annual reviews, she mentioned, as an advantage, the opportunity which annual reports give to interpret trends among accredited schools and to identify major problems. This advantage might be minimized as time goes on. Miss Sleeper cautioned against a hasty decision to eliminate the annual reports and substitute for them some even more expensive procedure such as a comprehensive survey every five years. She also stressed the value of the annual report in requiring that the director and faculty of a school view their accomplishments objectively once a year.

Following this discussion, it was moved by Marjorie Bartholf (Texas), seconded, and voted that the group recommend to the Board of Directors that the annual accrediting fee be absorbed into the annual agency membership dues if possible.

Vera Fry: How does an agency qualify for membership? Would full accreditation or temporary accreditation be required?

Marcia J. Aitkens (Indiana): In order to be accredited, does a school need to be a member of the organization?

Mrs. Jensen stated that, according to the bylaws, accreditation and agency membership are not associated. Miss Sleeper pointed out that, inasmuch as the departmental steering committees will define the qualifications for agency membership subject to the approval of the Board of Directors, it would not be possible, at the moment, to specify exactly what the qualifications for agency membership would be or to indicate definitely that accreditation would not be a requirement for agency membership.
Sister Mary Margaret (New York) then questioned how accreditation fees could be absorbed into membership fees since all member agencies might not benefit from the accreditation services. Mrs. Loughran explained that, in the early discussions of an accrediting program for nursing schools, it was recommended that accreditation be one of the services offered to agency members. If the Board of Directors should choose to include accreditation as one of the NLN services to agency members, a school which is an agency member of the NLN would not necessarily have to accept accreditation.

B. Ruth Skinner: What opportunities for participation are offered to agency members?

Frances H. Cunningham: Speaking from my background of participation in the Association of Collegiate Schools of Nursing, I might cite an example of the benefit which collegiate schools derived from the opportunity which the ACSN gave them to get together and discuss their common problems. For example, one of the main problems faced by collegiate schools at the time of the formation of the ACSN was how to strengthen the relationships between professional nursing education and colleges and universities. Corollary to the problem was that of formulating standards for professional nursing education, particularly collegiate nursing education, and the main subject for discussion at ACSN meetings for a number of years was "What is a collegiate school of nursing?" I am sure that these discussions resulted in higher standards for collegiate nursing education than we would have had otherwise. One of the biggest advantages of agency membership is the opportunity afforded to representatives of agencies with similar problems to get together and discuss these problems, to try to work out issues, and to find a common ground of understanding.

Ruth Freeman: The experience of the NOPHN has been that agency members participate not only in their own groups and councils but in all of the activities of the organization.

Edith Wensley: It might also be pointed out that it will be possible for a group of agency members within a department to form a council—a departmental council of member agencies—for the discussion of their problems.

Frances H. Cunningham: There are different kinds of problems that might bring about different combinations of member agencies in councils. For example, there might be a departmental council of member agencies for diploma programs, one for basic degree programs, and one for graduate nurse programs. Councils of agencies that conduct special kinds of programs, such as programs in psychiatric nursing, have also been suggested.

Henrietta Doltz: How many agency members are necessary in order to form a departmental council?

R. Louise McManus (New York): What procedure would schools follow to form such a council? Would extra dues be necessary to finance it?
Mildred Lorentz: According to Article X, Section 2, of the NLN by-laws, "A council of agency members within a department may be organized by the steering committee for the respective department upon petition of 25 agency members of the department, except for the year following the adoption of these bylaws during which the Board of Directors shall have authority to organize departmental councils. Members of such a council shall be the two designated representatives of each agency member within the department."

Edith Wensley: As for the procedure in forming such a council, the first step would be for the schools to join the NLN. Then 25 of them would get together and petition the Board of Directors for a council. Dues for that council would not be in addition to the dues for the NLN, but the dues they pay would cover all their activities in the NLN.

Emma Heller: What are the proposed functions of a departmental council of agency members?

Henrietta A. Loughran: According to Article X, Section 2, "A departmental council of agency members shall serve as an advisory group to the respective department's steering committee and as the medium by which representatives of agency members may (a) confer on matters of interest to them, (b) recommend services that agency members within the department may need from the National League for Nursing, and (c) discuss and assist with the development of the organization's program as it relates to agency members within the department."

Miss Favreau pointed out that other functions could be added from time to time.

Vera Fry: Through what means will agency members be able to confer on and plan for curriculum development in light of the changing philosophy of prespecialization and specialization programs for graduate nurses?

Marie Farrell: An immediate means is the forthcoming conference on graduate nurse education, arranged for under the sponsorship of the National League of Nursing Education, which will bring together representatives from schools offering clinical programs, public health nursing programs, programs in administration, and so on to discuss some of their fundamental problems and issues. I would assume that in the future the various departmental councils of member agencies would help the steering committees determine what projects of this kind are needed and should be sponsored first. The groups on local and regional levels might also be helped to get together for discussions so that we can act more rapidly at the national level. The participation of non-nurse members might well open up better avenues of communication to the universities and might also result in helpful suggestions as to sources of funds for our many activities.
B. Ruth Skinner: What agency members will be eligible for charter membership in the NLN?

Ruth Sleeper: The agencies now members in good standing of the combining organizations will continue as agency members of the NLN and will therefore be charter members. For example, the agency and associate agency members of the NOPHN that are administratively engaged in public health nursing and the active and associate members of the ACSN will be charter agency members.

Sister Margaret Mary (New York): Will the accredited schools which become members of the National League for Nursing become charter members automatically?

Ruth Sleeper: Not unless the school is an agency member of ACSN. Charter agency membership is only for agencies which were members of organizations in which there was an agency membership. Accreditation did not confer agency membership on a school.

Ruth K. Moser: Assuming that a person who holds a dual position as director of a nursing school and director of a nursing service finds it advisable to select individual membership in the Department of Hospital Nursing, will it be possible for her to have voting privileges as one of the two representatives of her school, if it is an agency member, in a department of the Division of Nursing Education?

Miss Lorentz stated that there is nothing in the present NLN bylaws that would prevent an individual from being an individual member with voting privileges in the Department of Hospital Nursing and also being a voting member as one of the two representatives of a school in the Division of Nursing Education and one of its departments. Mrs. Wensley emphasized the fact that a person can vote only once as an individual member and that she is acting and voting for her agency when she is an agency representative. As an individual member she could not vote in two departments. Marie Farrell suggested that, since many of the nurses who might be representatives from schools of nursing will have individual membership and voting privileges, it might be wise to consider appointing others connected with the school as agency representatives. Frances Cunningham expressed the hope that these other persons might be interested enough in nursing to become individual members also.

In response to a request by the chairman, a large number of representatives indicated that they would return to their institutions and recommend that they apply for agency membership in the National League for Nursing.

The meeting adjourned at 5:30 p.m.
NATIONAL LEAGUE FOR NURSING

THE AMERICAN SOCIETY OF SUPERINTENDENTS WAS INCORPORATED 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, INCLUDING CHANGE OF NAME TO NATIONAL LEAGUE FOR NURSING, RECORDED JUNE 17, 1952.

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; May 2, 1949; May 8, 1950; June 18, 1952.

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 for Nursing.*

2d. The term for which it is organized shall be perpetual.

3d. The object of this organization shall be to foster the development and improvement of hospital, industrial, public health, and other organized nursing services and of nursing education through the co-ordinated action of nurses, allied professional groups, citizens, agencies, and schools to the end that the nursing needs of the people will be met.*

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 ............................................ [Seal] 
Lillian Clayton, R.N. (Seal)

Robert E. P. Kreiter as to .................................................. 
Jane A. Delano (Seal)
Georgia Nevins (Seal)
Clara D. Noyes (Seal)

*As amended; amended June 16, 1952, by vote of the membership of the National League of Nursing Education in convention; amendment recorded June 17, 1952.
BYLAWS

ARTICLE I

Functions

Section 1. The functions of the National League for Nursing in furtherance of the object set forth in the Certificate of Incorporation shall be:

a) To define and promote standards for organized nursing services and to stimulate and give guidance to communities and service agencies in achieving these standards through effective organization, administration, and utilization of personnel.

b) To promote education for nursing in all fields by defining and developing sound standards of nursing education and by planning the development of adequate facilities for good organization, administration, and curricula.

c) To provide consultation and other services within the purview of the National League for Nursing to individuals, agencies, schools, and communities.

d) To promote the extension and proper distribution of facilities for organized nursing services and education throughout the country.

e) To co-operate with the American Nurses' Association in working for unified support of nursing education and service in all fields of nursing.

f) To represent organized nursing services and nursing education units and to serve as spokesman with allied professional, governmental, and international groups and with the public in regard to matters related to the purpose of the National League for Nursing.

g) To accredit educational programs in nursing.

ARTICLE II

Membership

Section 1. Classes of Membership. The membership of the National League for Nursing, hereinafter to be referred to as the organization, shall consist of two classes: individual and agency.

Section 2. Qualifications for Individual Membership. Individual members shall be of three types: professional nurse members, non-nurse members, and student nurse members.

a) Professional Nurse Members. Any person may become a professional nurse member who has been:

(1) Duly graduated from a school of professional nursing approved at the time of graduation by the legally authorized state licensing body, or duly graduated from a school of professional nursing in a foreign country approved at the time of graduation by a board or other authority constituted for that purpose in the country in which the school of nursing is located, and

(2) Registered in one or more states or by a board or other authority constituted for that purpose in a foreign country if the nurse is a resident therein.

b) Non-Nurse Members. Any non-nurse may become a non-nurse member:

(1) Who is making or has made surveys or studies important to nursing service or nursing education, or
(2) Who is or has been:

(a) A member of a board of trustees of a hospital, or

(b) A member of a school of nursing committee, or

(c) A board or committee member of a public health nursing service, or

(d) An administrator in a hospital, health agency, industrial plant, or school health service, or

(e) A member of the administrative or instructional staff of a school of nursing or public health agency engaged in public health nursing, or

(f) A board or committee member of an organization organized to promote and co-ordinate nursing services in the community, or

(g) A member of the medical staff of a hospital, public health agency engaged in public health nursing, industrial nursing service, or school health service, or

(h) A member of a board of trustees or of a faculty of an educational institution offering nursing education, or

(i) A volunteer working in an organized nursing service or educational agency, or

(3) Who is otherwise interested in promoting good standards of nursing service or education, and

(4) Who, in addition to the foregoing, is approved for non-nurse membership by a state or local league or by the national Board of Directors.

c) Student Nurse Members. Any regularly matriculated student in a basic school of professional nursing approved by the legally authorized state licensing body may become a student nurse member.

Individual membership as charter members in this organization is conferred without application and without further payment of dues for 1952 on individual members of the Association of Collegiate Schools of Nursing, National League of Nursing Education, and National Organization for Public Health Nursing who are in good standing on the date these bylaws are adopted. Individual members who join the National League for Nursing prior to midnight, September 30, 1952 shall also be deemed charter members.

Life membership in this organization is conferred without application and without further payment of dues on life members in good standing of the National Organization for Public Health Nursing and the National League of Nursing Education who are in good standing on the date these bylaws are adopted.

Honorary membership in this organization is conferred automatically on honorary members of the Association of Collegiate Schools of Nursing, National League of Nursing Education, and National Organization for Public Health Nursing.

Honorary membership may, upon recommendation of the Board of Directors, be conferred by unanimous vote at any convention of the members upon those who have rendered distinguished service or valuable assistance to organized nursing services or nursing education. Honorary membership shall not be conferred on more than two persons at one convention. Honorary members shall not be required to pay dues.

Section 3. Agency Membership. Membership on an agency basis shall be available to (a) organizations or other groups that are administratively engaged in providing nursing services and (b) schools, divisions, and departments that provide educational programs in nursing.

These may include: nursing services in hospitals, convalescent homes, and other institutions; nursing services in industry; nursing services in public health agencies and in schools; and schools, divisions, and departments that provide educational programs in nursing.
Agency members shall be classified according to the particular division and department specified in ARTICLE VIII that they signify they want to join.

Agency membership as charter members in this organization is conferred without application on agency members of the National Organization for Public Health Nursing that are in good standing on the date these bylaws are adopted; on active and associate members of the Association of Collegiate Schools of Nursing that are in good standing on the date these bylaws are adopted; and on associate agency members of the National Organization for Public Health Nursing that are administratively engaged in public health nursing and that are in good standing on the date these bylaws are adopted.

Section 4. Allied Agency Membership. Membership on an allied agency basis shall be available to other organizations concerned with health and welfare programs and interested in nursing but not administratively engaged in providing nursing services or educational programs in nursing. No agency eligible to become an agency member shall be admitted as an allied agency member. All applications for allied agency membership shall be approved by the Board of Directors or Executive Committee.

Allied agency membership as charter members in this organization is conferred without application on associate agency members of the National Organization for Public Health Nursing that are not administratively engaged in public health nursing and that are in good standing on the date these bylaws are adopted.

Section 5. Application for Individual Membership. An applicant for individual membership in the National League for Nursing shall be accepted in one of four ways:

a) As a member of a local league for nursing which gives automatic membership in the state league for nursing and the National League for Nursing; or

b) As a member of a state league for nursing where there is no local league for nursing which gives automatic membership in the National League for Nursing; or

c) As an individual member if residing in a state that has no state league for nursing, or in a foreign country, or upon special action of the Board of Directors; or

d) As an individual member in good standing if residing or working in a state where he is not eligible for membership in the state league for nursing.

An individual member, including a charter member but excluding an honorary or life member, who has become a member of the National League for Nursing directly shall be required to join the state or local league for nursing after 1952 when membership in a state or local league for nursing becomes available.

Applicants for professional nurse, non-nurse, and student nurse membership who are eligible to join the National League for Nursing directly shall submit applications to the secretary.

An individual member in good standing in any state league for nursing who changes his residence to another state may be admitted by transfer upon request to the secretary of the National League for Nursing who shall notify the treasurers of both state leagues involved. A member who has paid his dues for the current year before transferring to another state league for nursing shall receive a membership card from and be granted full membership privileges by the state league for nursing to which he has transferred without further payment of dues for the current calendar year. A member who transfers to another state league for nursing before he has paid his current dues shall pay such dues to the state (or local) league for nursing to which he is transferring. A member living in one state and working in another or temporarily located in a state may be permitted to continue his membership in the state of his choice.
An individual member on foreign assignment for at least one year may retain his membership on an individual basis by paying dues directly to the National League for Nursing.

An individual member who has withdrawn from the National League for Nursing or whose membership has lapsed because of nonpayment of dues may be reinstated by paying the regular annual dues for the current year to the state league for nursing. If no state league for nursing is organized in the state in which he is residing or practicing, or if he is not eligible for membership in such a state league, he may be reinstated by paying dues directly to the National League for Nursing.

Section 6. Application for Agency or Allied Agency Membership. An applicant for agency or allied agency membership in the National League for Nursing shall submit an application to the secretary for referral to the respective committee or to the Board of Directors in conformity with ARTICLE IX, Section 5, and ARTICLE VI, Section 4. After approval by the appropriate committee or Board of Directors, as provided in these bylaws, and upon payment of dues as hereinafter provided, the applicant shall become a member.

Section 7. Voting. Each individual member in good standing shall be eligible to cast one vote. Each agency member in good standing shall be eligible to cast two votes. Honorary individual members and allied agency members shall not be eligible to vote. Student nurse members shall be eligible to vote only on the affairs of the Students Council and for its officers.

ARTICLE III

Membership Dues

Section 1. Scale of Individual Membership Dues. Annual dues of a professional nurse and a non-nurse member shall be $5.

Annual dues of a professional nurse and a non-nurse sustaining member shall be $10 to $99, at the member’s option.

Annual dues of a professional nurse and a non-nurse contributing member shall be $100 or more, at the member’s option.

Annual dues of a student nurse member shall be $1.

Honorary individual members shall not be required to pay dues.

Section 2. Scale of Agency Membership Dues. Agency members shall pay dues according to the schedule adopted for the department of which the agency is a member.

a) Department of Hospital Nursing. Pending the fixation in the bylaws of a definite schedule of dues for agency members in the Department of Hospital Nursing, dues for agency members in this department shall be such an amount as shall be determined by the Board of Directors or Executive Committee upon recommendation of the Steering Committee for the Department of Hospital Nursing.

b) Department of Public Health Nursing. The annual dues of an agency member in the Department of Public Health Nursing shall be:

(1) An amount equal to one per cent of its total expenditures for public health nursing in the last fiscal year prior to the year in which dues are payable, or

(2) Such an amount as may from time to time be established as the quota payable by any agency to this organization under any quota plan now or hereafter approved by the Board of Directors or Executive Committee of the organization, or

(3) Such lesser amount for any particular agency as may from time to time be approved by the Board of Directors or Executive Committee of the organization.
In no event, however, shall the annual dues of any agency member be less than: $10 if the nursing staff of the agency is less than five; $25 if such nursing staff is five but less than ten; $50 if such nursing staff is ten or more.

c) **Department of Diploma and Associate Degree Programs and Department of Baccalaureate and Higher Degree Programs.** Annual dues of an agency member in the Department of Diploma and Associate Degree Programs or in the Department of Baccalaureate and Higher Degree Programs shall be:

1. $100 if there were no more than 50 students registered during the previous year in the school, division, or department that provides an educational program in nursing.

2. $150 if there were no fewer than 51 nor more than 100 students registered in the school, division, or department during the previous year.

3. $200 if there were no fewer than 101 students registered during the previous year in the school, division, or department.

All students, no matter for what kind of a diploma or degree they are studying, or whether they are part time or full time, shall be included in the total count of students. Affiliated students shall be included in the total number of students of their home school rather than of the affiliating agency.

Section 3. Allied Agency Membership Dues. Dues for all allied agency members shall be $25 or such amount as may hereafter be established by the organization or approved by the Board of Directors.

Section 4. Membership Year. Individual, agency, and allied agency members shall pay annual dues as of January 1 of each calendar year.

During the first year of membership, any individual or agency that joins the organization before October 1 shall pay dues for the entire calendar year in which the individual or agency is so admitted. Any individual or agency that joins after October 1 shall pay dues only for the year commencing on the next succeeding January 1.

Section 5. Default of Payment. Any individual or agency member, or any allied agency member that fails to pay the current dues, shall be sent a notice from the treasurer on or before the first day of April. If such dues are not paid by May 1, the individual member or agency or allied agency member shall be subject to the loss of all privileges of membership. The former member may be reinstated to membership for the year by paying dues in arrears for such year.

Section 6. Place of Payment. In a state where there is a state league for nursing, dues for all individual members residing or practicing in that state shall be paid through the state league for nursing. In a state where there is no state league for nursing, or in foreign countries, or in cases of eligible individuals who may not be able to join the state league for nursing in the state where they are residing or practicing, dues for individual members shall be paid directly to the National League for Nursing. Dues shall accompany application for individual membership.

All national dues for agency and allied agency members shall be paid directly to the National League for Nursing.

**ARTICLE IV**

Meetings of Members

Section 1. Biennial Convention. There shall be a biennial meeting of the members of the organization which shall be called the "biennial convention."
The biennial convention shall be held in each and every odd-numbered year at such place and time of year as the Board of Directors may determine, for the purpose of conducting such business as may be brought before the convention (except when government regulations or conditions incident to war may make this impossible).

Section 2. Special Meetings. Special meetings of the members shall be called by the secretary upon written request of the president or of a majority of the Board of Directors or of ten state leagues for nursing and ten agency members. No business other than that specified in the call thereof, or matter incident thereto, shall be transacted at any special meeting.

Section 3. Notices. At least one month prior to the day on which it is to be held, notices of the biennial convention and of any special meeting of members shall be mailed to each member at his or her last known post office address as this appears on the records of the organization.

Section 4. Quorum. Thirty voting members from at least fifteen different states shall constitute a quorum at all meetings of the members.

Section 5. Voting Power and Representation. All professional nurse and non-nurse members, except honorary members, and all agency members shall be entitled to vote in person or by proxy.

All professional nurse and non-nurse members shall be entitled to cast one vote at all meetings of the members. All agency members shall be entitled to cast two votes at all meetings of the members.

Each agency member shall designate annually two persons to serve as the agency representatives to this organization, to vote as proxy with power of substitution for or on behalf of such agency member from time to time, and in general to represent such agency member in its relation to this organization. One of these representatives from each agency shall be a professional registered nurse, and the other may be a non-nurse. Each designated agency representative or substitute shall be eligible to cast only one vote.

ARTICLE V

Officers

Section 1. Number and Names of Officers. The elected officers of the organization shall consist of a president, a first vice-president, a second vice-president, a third vice-president, and a treasurer. The general director of the organization, who shall be appointed by the Board of Directors, shall serve as the secretary of the organization.

Section 2. Qualifications for Officers. Either a nurse or a non-nurse shall be eligible to hold any of the elected positions specified in Section 1 of this article except that of president and first vice-president. Only a professional registered nurse shall be eligible to hold office as elected president or elected first vice-president. The treasurer shall be an individual who is especially skilled and experienced in handling financial matters. No person shall be eligible for position as an elected officer of the organization who is serving concurrently as an officer or as a member of the Board of Directors of the American Nurses’ Association.

Section 3. Term of Office. Officers shall be elected to serve for a two-year term and until their respective successors are elected and qualified. No person shall be elected by the membership to serve in the same office for more than two consecutive terms.
Section 4. Vacancies. If a vacancy occurs in the position of president, the first vice-president shall become president, the second vice-president shall become first vice-president, and the third vice-president shall become second vice-president. If a vacancy occurs in the position of first vice-president, the second vice-president shall become first vice-president, and the third vice-president shall become second vice-president. If a vacancy occurs in the position of treasurer, the Board of Directors, by majority vote, may elect a successor to hold office for the unexpired portion of the term of the officer whose place shall have been vacated, and until the election and qualification of a successor.

Section 5. President. The president shall preside at all meetings of the members and at all meetings of the Board of Directors and of the Executive Committee. The president shall be a member, ex officio, of all committees except the committees on nominations. The president may sign or countersign all certificates, contracts, and other instruments of the organization, and shall perform all such other duties as are incident to the office or that may be assigned to the president from time to time by the Board of Directors. The president shall serve for a one-year term as chairman of the Coordinating Council of the American Nurses' Association and the National League for Nursing, alternating every other year in this position with the president of the American Nurses' Association.

Section 6. Vice-Presidents. The ranking available vice-president shall perform the duties of the president during the president's absence or inability to act. The vice-presidents shall perform such other duties as may be assigned to them by the Board of Directors.

Section 7. Treasurer. The treasurer shall have the custody of all the funds and securities of the organization. He may endorse, on behalf of the organization for collection, checks, notes, and other orders or obligations for the payment of money. He shall have general responsibility for seeing that funds of the organization are deposited to its credit in such banks as the Board of Directors may from time to time designate. He shall see that only such bills as have been approved by the general director, associate directors, or Board of Directors are paid. He shall see that full and accurate accounts are kept, and shall make a financial report to the Executive Committee and Board of Directors at the regular meetings and to the membership at the biennial convention. He shall perform such other duties as may from time to time be assigned to him by the Board of Directors.

Section 8. Compensation. Elected officers, as such, shall not receive any compensation for their services. Since the secretary is also the general director of the organization, she shall be entitled to receive such compensation for her services as general director as shall be approved by the Board of Directors. Necessary expenses of the officers incurred in the service of the organization shall be fixed at an appropriate amount by the Board of Directors in its absolute discretion and shall be included in the budget of the finances of the National League for Nursing. The amount so fixed shall be refunded from the general treasury.

ARTICLE VI

Directors

Section 1. Number. The number of elected directors constituting the Board of Directors of the organization shall be twenty-one, composed of:
Class A. Six individual members elected from among twelve candidates nominated by the Division of Nursing Services referred to in ARTICLE VIII, Section 1, with at least two members from each department within the division.

Class B. Six individual members elected from among twelve candidates nominated by the Division of Nursing Education referred to in ARTICLE VIII, Section 1, with at least two members from each department within the division.

Class C. Nine additional individual members who shall be at large and shall not be nominated by either of the divisions of the National League for Nursing.

Section 2. Composition. The membership of the Board of Directors shall include:

a) The president, the three vice-presidents, the secretary, and the treasurer.

b) Nurses engaged in administration, supervision, teaching, and in giving direct care to patients.

c) No fewer than seven nor more than ten non-nurse members. Among them shall be some non-nurses who are serving on the boards and committees of agency members of the organization when the state is prepared.

d) Members who come from different geographic sections of the United States.

All members of the Board of Directors shall be either professional nurse or non-nurse members of the organization. Honorary and student nurse members shall not be eligible to serve as officers or as members of the Board of Directors.

Persons who are serving as members of the divisional and departmental steering committees shall automatically forfeit membership on these committees if and when they are elected to a position as an officer or as a member of the Board of Directors of the National League for Nursing.

No person shall be eligible for an elected position on the Board of Directors who is serving concurrently as an officer or as a member of the Board of Directors of the American Nurses' Association.

Section 3. Term of Office. One-half the directors of Classes A, B, and C (or as nearly as may be) shall be elected by ballot by the members at or preceding each biennial convention for a term of four years, in a manner prescribed in ARTICLE VII, except that at the 1953 Biennial Convention 11 shall be elected for four years and 10 for two years.

No director shall be elected by the membership for more than two consecutive terms, unless elected as an officer in accordance with ARTICLE V.

Section 4. Powers. All the powers of the organization are vested in and shall be exercised by the Board of Directors unless otherwise prescribed by statute or by the Certificate of Incorporation. The Board of Directors shall appoint the general director and shall determine the eligibility of applicants for allied agency membership. All members of the Board of Directors shall represent the organization on the Co-ordinating Council of the American Nurses' Association and the National League for Nursing.

Section 5. Vacancies. If any vacancy occurs in the Board of Directors by reason of death, resignation, disqualification, or otherwise, the remaining directors, by majority vote, may elect a successor to hold office for the unexpired portion of the term of the director whose place shall have been vacated, and until the election and qualification of a successor. Resignation from the Board of Directors shall be deemed to take effect upon its receipt by the secretary of the organization unless otherwise specified therein.
Section 6. Appointments by the Board. At the first meeting of the Board of Directors held after each biennial convention of the members, the Board of Directors:

a) Shall designate the members of the Executive, Membership, Finance, and Con-
    stitutions and Bylaws Committees;

b) Shall appoint the assistant treasurer who shall perform the duties of the treasurer
during the treasurer's absence or inability to serve and shall have such other
powers and perform such other duties as may be assigned from time to time
by the Board of Directors;

c) Shall designate the members of any interdivisional committees of the organiza-
    tion; and

d) May choose and appoint such other standing and special committees as the
    Board of Directors may deem advisable.

Section 7. Regular Meetings. The annual meeting of the Board of Directors shall
be held during January or February of each calendar year on the call of the president
or at such other time as the president shall determine. Other regular meetings of the
Board of Directors shall be held on call of the president. No notice other than by
announcement at the biennial convention shall be required for Board of Directors
meetings, if any, that are held following the date of the biennial convention at the
place where the convention is held.

Section 8. Special Meetings. Special meetings of the Board of Directors shall be
called by the secretary at the written request of the president or of a quorum of the
Board of Directors.

Section 9. Notice of Meetings. Except as provided in Section 7 of this article, the
secretary shall give notice of each meeting, whether regular or special, of the Board
of Directors to each member of the Board of Directors by telegraphing or mailing
notice in writing to his or her last known post office address. Notice shall include a
statement of the purpose of the meeting. Such notice shall be mailed not later than
two weeks before the meeting or shall be telegraphed at least one week before the
meeting. Such notice shall be deemed sufficiently given when mailed or when delivered
to a telegraph company with instructions to dispatch it, as the case may be.

Section 10. Quorum. Nine members of the Board of Directors shall constitute a
quorum at all meetings thereof.

Section 11. Place of Meeting. Except as provided in Section 7 of this article, the
Board of Directors may hold its meetings, regular or special, at such place or places
as the Board of Directors may from time to time determine.

Section 12. Compensation. Directors, as such, shall not receive any compensation
for their services, but no director shall be prevented from receiving compensation for
services in any other capacity.

ARTICLE VII

Elections

Section 1. Officers and Committee on Nominations. A president, a first vice-president,
a second vice-president, a third vice-president, a treasurer, and four members of the
Committee on Nominations shall be elected biennially to serve for two years or until
their successors are elected.
Section 2. Directors. All directors, as provided in ARTICLE VI, Section 1, shall be elected biennially to serve for four years except at the 1953 Biennial Convention as provided in ARTICLE VI, Section 3.

Section 3. Method. All elections of officers, directors, and members of the Committee on Nominations referred to in Sections 1 and 2 of this article shall be held by mail within three months preceding the biennial convention. All elections shall be by ballot of professional nurse members, non-nurse members, and designated representatives of agency members. A plurality vote shall constitute an election. In case of a tie, the choice shall be decided by lot.

Section 4. Tellers. The president shall appoint the necessary tellers of elections who shall act as inspectors of elections at biennial conventions.

Section 5. Date for Ballots. All professional nurse, non-nurse, and agency members whose dues have been received at national headquarters at least 45 days before the date of the biennial convention shall receive ballots. Ballots, enclosed in special envelopes, shall be returned to national headquarters by the date indicated biennially.

Section 6. Report. A certified public accountant shall count and record all votes. A certified and sealed report shall be given to the chairman of tellers. The chairman of tellers shall present this report at the final business meeting of the organization during the biennial convention.

Section 7. End of Term of Office. Each officer shall hold office until the adjournment of the business meeting of the members of the organization at which his or her successor has been elected.

ARTICLE VIII

Divisions and Departments

Section 1. Number and Names. The National League for Nursing shall have two divisions. These shall be a Division of Nursing Services and a Division of Nursing Education. In the Division of Nursing Services there shall be a Department of Hospital Nursing and a Department of Public Health Nursing. In the Division of Nursing Education there shall be a Department of Diploma and Associate Degree Programs and a Department of Baccalaureate and Higher Degree Programs.

Section 2. Division of Nursing Services and Its Departments. The Division of Nursing Services and its departments shall have the duty and authority to further the development and general betterment of nursing services and to perform those functions of the National League for Nursing that are related to nursing services. This shall be done by the Division of Nursing Services through its departments which shall:

a) Provide information and consultation on matters within the department’s scope.

b) Conduct and promote appropriate studies and research, and encourage experimentation.

c) Promote general and professional understanding, wise use, and active participation in the support of nursing services.

d) Conduct community surveys or studies, upon request, to determine how existing nursing services might best be organized for maximum effectiveness and whether additional facilities are needed.

e) Develop the criteria for the evaluation of organized nursing services.
f) Co-operate with national organizations and federal agencies in matters related to nursing services, in national movements for the improvement of the health and welfare of the American people, and in such international organizations as are appropriate; and represent nursing services in these groups.

g) Recommend to the Board of Directors, through the division, the adoption of appropriate policies that affect the department.

b) Conduct meetings of special interest to constituents.

i) Organize councils and committees for special interests within the division and department.

j) Issue statements in the name of the department provided they are in accord with the over-all policies of the division and the National League for Nursing.

k) Plan a program of work and prepare an appropriate budget annually for presentation to the committee responsible.

Section 3. Division of Nursing Education and Its Departments. The Division of Nursing Education and its departments shall have the duty and authority to foster the development and improvement of nursing education and to perform those functions of the National League for Nursing that are related to educational programs in nursing. This shall be done by the Division of Nursing Education through its departments which shall:

a) Provide information and consultation on matters within the department’s scope.

b) Conduct and promote appropriate studies and research, and encourage experimentation.

c) Promote general and professional understanding and active participation in the support of sound nursing education.

d) Conduct community and regional surveys or studies, upon request, to determine how existing educational programs in nursing might best be organized for maximum effectiveness and whether additional facilities are needed.

e) Develop the criteria for the evaluation of educational programs in nursing.

f) Co-operate with national organizations and federal agencies in matters related to nursing education, in national movements for the health and welfare of the American people, and in such international organizations as are appropriate; and represent nursing education in these groups.

g) Encourage student nurse participation in the activities of the Division of Nursing Education.

b) Recommend to the Board of Directors, through the division, the adoption of appropriate policies that affect the department.

i) Conduct meetings of special interest to constituents.

j) Organize councils and committees for special interests within the division and department.

k) Issue statements in the name of the department provided they are in accord with the over-all policies of the division and the National League for Nursing.

l) Plan a program of work and prepare an appropriate budget annually for presentation to the committee responsible.

Section 4. Membership in the Divisions and Departments. An individual or agency applying for membership in the National League for Nursing shall also apply for membership in one division and one department within that division. Members may transfer their membership from one division or one department to
the other division or another department, but may be members of only one division and one department at any one time during a calendar year.

Membership in a department shall entitle an individual or agency member to vote for members of the steering committee and the committee on nominations for the respective department and on any other matters in connection with that department concerning which the vote of its members may be needed. Members of one department and one division may participate in appropriate meetings of the other division and the other departments of the organization. No individual or agency member may vote in more than one division and one department.

Section 5. Establishment of New Departments. On recommendation of the Board of Directors, a new department may be authorized by a two-thirds vote of the individual and agency members in good standing of the National League for Nursing present in person or by proxy and voting at a meeting of the organization:

a) When, in the opinion of the Board of Directors, there are enough individual and agency members in a sufficient number of regions of the United States to carry on such a venture; and

b) When sufficient funds are guaranteed, either from membership dues or from other sources, for a minimum budget that will provide at least a minimum program and minimum service to the members of the department; and

c) When the proposed department represents a broad fundamental type of organized community nursing service or a major grouping of educational programs in nursing that have similar purposes and problems; and

d) When it has been demonstrated that the interests of individual and agency members cannot be adequately handled in one of the organization's departments that is already in existence.

Section 6. Dissolution of a Department. A department may be dissolved, upon recommendation of the Board of Directors, by a two-thirds vote of the individual and agency members in good standing of the organization present in person or by proxy and voting at a meeting of the organization:

a) If, in the opinion of the Board of Directors, the number of individual and agency members has become too few to carry on a departmental program; or

b) If the income available from membership dues or other sources falls so far below the minimum budget that it seems evident the department cannot be self-supporting; or

c) If two-thirds of the individual and agency members in that department recommend that it be discontinued; or

d) If changes in the people's needs for nursing make the existence of the department no longer necessary; or

e) If the department should fail to conform to the requirements or principles of the organization.

ARTICLE IX

Committees

Section 1. Classes of Committees. There shall be two classes of committees: elected committees and appointed committees. Appointed committees shall be either standing or special and shall be appointed by the Board of Directors or by a divisional or departmental steering committee.

All committees of the National League for Nursing shall be composed of individual
members and designated representatives of agency members of the National League for Nursing. Non-nurses, as well as nurses, may be members of all committees.

Committees shall assume such duties as are specified in these bylaws and such other duties as may be assigned by the Board of Directors or by the appropriate group to which they are directly responsible. The steering committees for the divisions and departments shall operate under rules which shall be consistent with the bylaws and policies of the National League for Nursing and which shall be approved by the Board of Directors.

Special committees appointed by the Board of Directors shall consist of such persons and have such duties as the Board of Directors shall deem advisable. All special committees appointed by the Board of Directors shall work under its direction, and all their reports shall be submitted to and shall be subject to the approval of the Board of Directors.

The president and general director of the National League for Nursing or their designates shall be ex-officio members of all committees and subcommittees, except the committees on nominations. Persons who are not individual members or designated representatives of agency members of the National League for Nursing may serve as consultants to committees, but without vote.

All special committees shall be considered dissolved without special action of the Board of Directors or of a divisional or departmental steering committee when they present their final report on the project assigned to them.

Elected Committees

Section 2. Names of Elected Committees. Elected committees shall be the

a) Committee on Nominations of the organization;

b) Committee on Nominations for each department;

c) Steering Committee for each department;

d) Steering Committee for the Division of Nursing Services;

e) Steering Committee for the Division of Nursing Education.

Section 3. Committee on Nominations. The Committee on Nominations of the organization shall consist of seven individual members and representatives of agency members of the organization, including four persons who shall be elected by the members as provided in ARTICLE VII, Section 1, and three persons who shall be appointed by the Board of Directors. The chairman shall be appointed by the Board of Directors from among the seven members of the committee. If any vacancy should occur in any position on the Committee on Nominations, the Board of Directors shall appoint a successor to complete the term.

On or before May 1 of the year in which the biennial convention of the National League for Nursing is not held, the Committee on Nominations shall send to each state league for nursing and to each agency member a list of officers and directors and members of the Committee on Nominations then serving whose terms of office expire at the next biennial convention. In this communication, the Committee on Nominations shall specify which officers and which directors will have served two consecutive terms by the time of the next biennial convention. The committee shall request from each state league for nursing and from each agency member a list of names of individual members and designated representatives of agency members who are qualified to fill vacancies in these offices.

On or before May 1 of the year in which the biennial convention of the organization is not held, the Committee on Nominations shall also request from each committee on nominations of each department a list of names of individual members and designated representatives of agency members to represent the respective department and division on the Board of Directors, as provided in ARTICLE VI, Section 1.
On or before September 1 of the same year, the state leagues for nursing, agency members, and departmental committees on nominations shall submit lists of names to the Committee on Nominations of the organization in accordance with the next two preceding paragraphs.

A meeting of the Committee on Nominations shall be called by the chairman to prepare a ticket consisting of at least two nominees for each of the offices of president, first vice-president, second vice-president, third vice-president, and treasurer; at least two nominees for each of the other positions on the Board of Directors that are to be filled by election; and for each of the four elective positions on the Committee on Nominations. The ticket shall be prepared from the lists submitted by the committee on nominations of each department, the state leagues for nursing, and agency members, and shall be representative of both divisions and of members at large as provided in ARTICLE VI, Sections 1 and 2.

No person ineligible for election to a position as officer or director by reason of the limitations provided in ARTICLE V, Sections 2 and 3 and in ARTICLE VI, Sections 2 and 3 of these bylaws, or otherwise, shall be included among the candidates for such positions.

The report of the Committee on Nominations of the organization shall be in the hands of the secretary at least one month preceding the annual meeting of the Board of Directors. The ticket shall be published in the official journal of the National League for Nursing when the Board of Directors has approved the procedure that the Committee on Nominations has followed in preparing the ticket. Approval of the procedure shall in no way be interpreted to mean that the Board of Directors is asked to approve the list of names.

Section 4. Departmental Committees on Nominations. There shall be a committee on nominations for each department of the organization. This committee shall consist of five members, three of whom shall be nurses and two of whom shall be non-nurses. All five members of each departmental committee on nominations, including the chairman, shall be elected by the voting individual and agency members of the respective department.

Each departmental committee on nominations shall submit to the organization’s Committee on Nominations a list of names of individual members who are qualified to fill those positions on the Board of Directors that are to be filled from the respective division and department as provided in ARTICLE VI, Section 1.

Each departmental committee on nominations shall also prepare a slate of names consisting of:

a) At least two nominees for each of the offices of chairman and vice-chairman and for each of the other positions on the steering committee for the respective department that are to be filled by election;

b) At least two nominees for each of the five positions, including that of chairman, on the committee on nominations for the respective department.

This slate shall be prepared and submitted to the voting individual and agency members of the department in accordance with rules adopted by the department and approved by the Board of Directors.

Section 5. Departmental Steering Committees. There shall be a steering committee for each department. The number of elected members constituting this committee shall be six, including a chairman and vice-chairman.

Each departmental steering committee shall include persons from different sections of the country, two non-nurses, and a nurse who gives direct care to patients or, in the case of each steering committee of each department in the Division of Nursing Education, a nurse who teaches nursing. At least three members of each steering
committee for each department shall be the designated representatives of agency members of the respective department.

The director of the respective department shall be an ex-officio member of the departmental steering committee and shall serve as its secretary. The director of the Division of Nursing Services or her designate shall be an ex-officio nonvoting member of all committees within the Division of Nursing Services, including each departmental steering committee. The director of the Division of Nursing Education or her designate shall be an ex-officio nonvoting member of all committees within the Division of Nursing Education, including each departmental steering committee.

Except for the secretary, the officers and other members of each steering committee for each department shall be elected by the individual and agency members of the respective department in accordance with rules established by the department and approved by the Board of Directors.

Members of each departmental steering committee shall be elected for a four-year term, except that immediately following the adoption of these bylaws members shall be elected for a one-year term and, at the 1953 Biennial Convention, three members shall be elected for a four-year term and three members shall be elected for a two-year term. If a vacancy occurs in the office of chairman or of vice-chairman or in any position on the steering committee of the respective department, the steering committee shall have the power to fill this vacancy.

Each steering committee for each department shall have the following duties and powers:

a) Adopt rules to govern the committee's own procedures in conformity with the bylaws and policies of the organization and with the approval of the Board of Directors;

b) Guide the work of the respective department within the purpose and functions provided in ARTICLE VIII, Sections 2 and 3;

c) Define the qualifications for agency membership in the department, subject to the approval of the Board of Directors;

d) Review applications for agency membership in the department, determine the eligibility of applicants for agency membership, and pass upon all agency membership applications; and

e) Appoint subcommittees and councils within the respective department as needed and delegate appropriate powers to such groups.

Section 6. Steering Committee for the Division of Nursing Services. There shall be a Steering Committee for the Division of Nursing Services. The number of members constituting this committee shall be 11 and shall include:

a) The chairman, vice-chairman, secretary, and two additional members of the Steering Committee for the Department of Hospital Nursing;

b) The chairman, vice-chairman, secretary, and two additional members of the Steering Committee for the Department of Public Health Nursing; and

c) The director of the Division of Nursing Services.

Each departmental steering committee shall designate the two members who are to represent it, along with the departmental officers, on the divisional steering committee. The members of the Steering Committee for the Division of Nursing Services shall elect a chairman and vice-chairman from its membership. The director of the Division of Nursing Services shall be the secretary of the Steering Committee for this division.

This committee shall have the following duties and powers:

d) Adopt rules to govern its own procedures in conformity with the bylaws and policies of the organization and with the approval of the Board of Directors;
e) Guide and co-ordinate the work of the Division of Nursing Services within the purpose and functions of this division provided in ARTICLE VIII, Section 2; and

f) Appoint subcommittees of the Steering Committee for this division and inter-departmental committees within the division as needed.

Section 7. Steering Committee for the Division of Nursing Education. There shall be a Steering Committee for the Division of Nursing Education. The number of members constituting this committee shall be 11 and shall include:

a) The chairman, vice-chairman, secretary, and two additional members of the Steering Committee for the Department of Diploma and Associate Degree Programs;

b) The chairman, vice-chairman, secretary, and two additional members of the Steering Committee for the Department of Baccalaureate and Higher Degree Programs; and

c) The director of the Division of Nursing Education.

Each departmental steering committee shall designate the two members who are to represent it, along with the departmental officers, on the divisional steering committee. The members of the Steering Committee for the Division of Nursing Education shall elect a chairman and vice-chairman from its membership. The director of the Division of Nursing Education shall be the secretary of the Steering Committee for this division.

This committee shall have the following duties and powers:

d) Adopt rules to govern its own procedures in conformity with the bylaws and policies of the organization and with the approval of the Board of Directors;

e) Guide and co-ordinate the work of the Division of Nursing Education within the purpose and functions of this division as provided in ARTICLE VIII, Section 3; and

f) Appoint subcommittees of the Steering Committee for this division and inter-departmental committees within the division as needed.

Appointed Committees

Section 8. Method of Appointment. The Board of Directors and the divisional and departmental steering committees shall have power to appoint standing and special committees.

At or immediately after each biennial convention, the Board of Directors shall appoint the following standing committees, and such others as it may deem advisable, to serve until the adjournment of the next biennial convention and until their respective successors are appointed:

a) Constitutions and Bylaws

b) Executive

c) Finance

d) Membership

Chairmen of these standing committees shall be members of the Board of Directors and shall be appointed by it. All standing committees appointed by the Board of Directors shall work under its direction, and all their reports shall be submitted to the Board of Directors.

Section 9. Committee on Constitutions and Bylaws. The Committee on Constitutions and Bylaws shall consist of at least five members of the organization. This committee shall have the following duties:
a) Provide for the review of the articles of incorporation (or constitution) and bylaws of state leagues for nursing and make recommendations to the Board of Directors or Executive Committee;

b) Provide for the review of proposed amendments to or revisions of the constitutions and bylaws of the state leagues for nursing for the purpose of keeping them in harmony with the bylaws of the National League for Nursing, and send them, with recommendations, to the Board of Directors or Executive Committee; and

c) Suggest and receive proposed amendments to the Certificate of Incorporation and bylaws of the National League for Nursing and submit them for review by the Board of Directors and for action by the members.

Section 10. Executive Committee. The Executive Committee of the Board of Directors shall be composed of the president, the three vice-presidents, the secretary, the treasurer, one member of the Board of Directors who is representing the Division of Nursing Education, and one member of the Board of Directors who is representing the Division of Nursing Services. The Board of Directors shall appoint the two persons who shall represent the divisions on the Executive Committee. At least two members of the Executive Committee shall be non-nurses.

The Executive Committee shall have all the powers of the Board of Directors that may lawfully be delegated between meetings of the Board of Directors. All action taken by the Executive Committee shall be reported to the Board of Directors. Five members of the Executive Committee shall constitute a quorum.

Section 11. Committee on Finance. The Committee on Finance shall consist of at least five members who shall be appointed by the Board of Directors. It shall be the duty of this committee to consider and recommend means for securing adequate income for the organization, to recommend an annual budget to the Board of Directors, and to advise concerning investments and other financial problems of the organization.

Section 12. Membership Committee. The Membership Committee shall consist of at least five members who shall be appointed by the Board of Directors. This committee shall devise ways and means of promoting membership in the organization and shall formulate rules and procedures for passing upon individual membership applications.

Section 13. Interdivisional Committees. Interdivisional committees may be appointed by the Board of Directors as needed. Interdivisional committees shall assist with the development of the organization’s program in special areas of interest that are directly related to both nursing services and nursing education. All interdivisional committees shall work under the direction of the Board of Directors.

Section 14. Interdepartmental Committees. Interdepartmental committees may be appointed by the Steering Committee for the Division of Nursing Services and by the Steering Committee for the Division of Nursing Education as needed. These interdepartmental committees shall consist of such persons and have such duties as the divisional steering committees shall consider advisable.

Section 15. Subcommittee on Public Health Nursing Education. There shall be a Subcommittee on Public Health Nursing Education which shall consist of at least five members appointed by the Steering Committee for the Department of Baccalaureate and Higher Degree Programs. This subcommittee shall have the following duties and powers:

a) Establish criteria for educational practices in public health nursing;
b) Promote the development of educational programs in general and special areas in public health nursing;

c) Interpret sound public health nursing educational undertakings; and

d) Initiate and encourage studies of public health nursing education.

ARTICLE X

Councils

Section 1. Types of Councils. There shall be three types of councils: (1) departmental councils of member agencies, (2) interdivisional councils of individual members who are interested in improving organized service and education in a special field of nursing, and (3) a council of student nurse members.

Section 2. Departmental Council of Agency Members. A council of agency members within a department may be organized by the steering committee for the respective department upon petition of 25 agency members of the department, except for the year following the adoption of these bylaws during which the Board of Directors shall have authority to organize departmental councils. Members of such a council shall be the two designated representatives of each agency member within the department.

Officers of the council shall be a chairman and a vice-chairman who shall be elected by members of the council, and a secretary who shall be a member of the staff.

A departmental council of agency members shall serve as an advisory group to the respective department's steering committee and as the medium by which representatives of agency members may (a) confer on matters of interest to them, (b) recommend services that agency members within the department may need from the National League for Nursing, and (c) discuss and assist with the development of the organization's program as it relates to agency members within the department.

A departmental council shall have authority to appoint only those committees necessary to carry out the work during a meeting of the council. All recommendations for action shall be referred to the steering committee of the respective department which shall appoint subcommittees as necessary to carry out the work.

Upon recommendation to the council by the respective departmental steering committee, a council of agency members may be dissolved by a two-thirds vote of members in good standing of the council who are present in person or by proxy and voting at a meeting of the council, provided at least 10 days advance notice of the vote to be taken on such a proposed dissolution is given to the members of the council.

Section 3. Interdivisional Council of Individual Members. A council of individual members may be organized by the Board of Directors upon petition of 50 individual members of the organization, except for the year following the adoption of these bylaws during which the Board of Directors shall have authority to organize interdivisional councils without petition of the members. Members of such a council shall be any individual members of the organization who are interested in the special field of nursing with which the council is to be concerned.

Officers of the council shall be a chairman and a vice-chairman who shall be elected by members of the council, and a secretary who shall be a member of the staff.

An interdivisional council of individual members shall have power to create only those committees necessary to carry on work during a meeting of the council. All recommendations for action that are made by the council shall be referred to the Board of Directors which shall create any committees necessary to carry out the council's work during the intervals between meetings.

An interdivisional council of individual members shall serve as a medium by which those individual members may (a) confer on matters concerned with a special field
of nursing in which they are interested, (b) present to the Board of Directors problems that require action by the organization, and (c) discuss and assist with the development of the organization’s program as it relates to that special field.

Upon recommendation to the council by the Board of Directors, an interdivisional council of individual members may be dissolved by a two-thirds vote of members in good standing of the council who are present in person or by proxy and voting at a meeting of the council, provided at least 10 days advance notice of the vote to be taken on such proposed dissolution is given to the members of the council.

Section 4. Students Council. There shall be a Students Council, which shall include all student nurse members of the organization. The chairman and vice-chairman of the Students Council shall be elected by members of the council, in accordance with a procedure approved by the Board of Directors. A staff member of the organization shall act as secretary of the council.

At the discretion of the Board of Directors, the chairman and/or vice-chairman of the Students Council may be invited to attend meetings of the Board of Directors of the organization but shall have no vote. Members of the Students Council shall be eligible to serve as voting members of special committees and as nonvoting members of standing committees, except the organization’s Committee on Nominations and the departmental committees on nominations.

ARTICLE XI
State Leagues for Nursing

Section 1. Definition. As used in these bylaws, the term "state league for nursing" or "state league" shall refer to any organization in any state accepted as a branch of the National League for Nursing in accordance with these bylaws. The term "district or local league for nursing" or "local or district league" shall refer to a duly constituted unit of such a state league for nursing.

The term "state" in these bylaws shall be understood to apply equally to any state in the United States of America, to the District of Columbia, or to any territory, possession, or dependency of the United States of America. The rights, privileges, responsibilities, and obligations of all members in the same classifications in the states, the District of Columbia, the territories, possessions, or dependencies shall be the same.

Section 2. Method of Authorization. The Board of Directors may authorize the formation of a branch organization in each state. Not more than one organization from any state may become a branch of the National League for Nursing.

Section 3. Approval of Constitutions and Bylaws. State leagues for nursing that hereafter may be organized may be recognized as branches of the National League for Nursing upon approval of their articles of incorporation (or constitution) and bylaws by a majority vote of members of the Board of Directors or Executive Committee of the National League for Nursing.

Section 4. Disqualification. A state league for nursing that fails to comply with these bylaws or for other cause deemed sufficient may be disqualified as a branch of the National League for Nursing by unanimous vote of the Board of Directors, provided due notice has been given to the state league for nursing at least three months before such a vote is taken and provided the state league for nursing has been given an opportunity to be heard in its own defense.
ARTICLE XII

Duties of State Leagues for Nursing

Section 1. Each state league for nursing shall have the following duties:

a) Promptly at the time of its organization, admit to membership upon payment of dues individuals who were members in good standing for 1952 of the Association of Collegiate Schools of Nursing, National League of Nursing Education, or National Organization for Public Health Nursing;

b) Require that all of its individual members have the qualifications specified in ARTICLE II, Section 2 of these bylaws, and extend automatic membership in the National League for Nursing to all such individual members;

c) Enroll individual members on the basis of membership for the calendar year;

d) Collect from all of its individual members and, promptly on receipt, remit to the National League for Nursing the national dues for individual members specified in ARTICLE III;

e) Make provision for transfer of membership in accordance with ARTICLE II, Section 5 of these bylaws;

f) Send to the secretary of the National League for Nursing in care of national headquarters (1) a list of the names and addresses of all members immediately when they join, as provided in ARTICLE II, Section 5 and ARTICLE III, Section 1 of these bylaws, (2) the names and addresses of all officers immediately after their election or appointment, and (3) the date and place of the next annual meeting of the state league for nursing;

g) Confer with the Committee on Constitutions and Bylaws of the National League for Nursing concerning all major changes in the constitution and bylaws of the state league for nursing; adopt and maintain bylaws consistent with the bylaws of the National League for Nursing; send to the Committee on Constitutions and Bylaws of the National League for Nursing within one month after final adoption complete and up-to-date copies of its articles of incorporation (or constitution) and bylaws and of any amendments thereto;

b) Comply with all the provisions of these bylaws;

i) Encourage and assist in the organization of district or local leagues;

j) Provide official representation on the Council of State Leagues for Nursing, as provided in ARTICLE XIII, Section 1; and

k) Report the activities of the state and local leagues for nursing at meetings of the Council of State Leagues for Nursing and at such other times as may be required.

ARTICLE XIII

Council of State Leagues for Nursing

Section 1. Membership. The officers of the National League for Nursing, the president of each state league for nursing or a duly appointed alternate, and the president of the American Nurses' Association shall constitute a Council of State Leagues for Nursing.

Section 2. Duties. The Council of State Leagues for Nursing shall have the following duties:

a) Present problems and recommendations for action to the Board of Directors of the National League for Nursing;
b) Keep the National League for Nursing informed of the progress within the state leagues for nursing; and

c) Plan and facilitate ways by which the program of the national organization may be implemented in the state leagues for nursing.

Section 3. Meetings. Meetings of the Council of State Leagues for Nursing shall be held annually at such place and time of year as the Board of Directors of the national organization shall determine. The members shall be prepared to report on the work in their respective state leagues for nursing.

ARTICLE XIV

Local or District Leagues for Nursing

Section 1. Establishment. A state league for nursing may create a local or district league for nursing when the area to be included is coterminous with one or more districts of the state nurses association.

ARTICLE XV

General Director and Secretary

Section 1. Duties as General Director. Except as herein specifically provided, the duties of the general director shall be those inherent in the position and those conferred by action of the Board of Directors.

Section 2. Duties as Secretary. The general director shall serve as the secretary of the organization. The secretary shall keep the minutes of all meetings of members, of the Board of Directors, and of the Executive Committee. The secretary shall issue all notices required by statute, by the Certificate of Incorporation, by these bylaws, or by resolution of the Board of Directors. The secretary shall sign all instruments requiring the signature or attention of the secretary, shall have custody of the seal of the organization, and in general shall perform all duties incident to the office of secretary, subject to the control of the Board of Directors.

Section 3. Disbursement of Funds. The general director shall be responsible for the disbursement of all headquarters funds as appropriated by the Board of Directors.

Section 4. Attendance at Meetings and Membership on Committees. The general director shall attend the meetings of the Board of Directors but without power to vote, and shall be a member ex officio of all committees and subcommittees of the National League for Nursing, except the committees on nominations.

ARTICLE XVI

Co-ordinating Council

Section 1. Membership. There shall be a Co-ordinating Council which shall be composed of all the officers and other members of the Board of Directors of the National League for Nursing and all the officers and other members of the Board of Directors of the American Nurses' Association.

Section 2. Officers. Starting with the president of the American Nurses' Association, the president of that association and the president of the National League for Nursing shall serve alternately for one year as chairman of the Co-ordinating Council.

Section 3. Purpose and Functions. The Co-ordinating Council shall promote the co-ordination of those programs that are of common concern to the National League for Nursing and the American Nurses' Association.
To promote such co-ordination, the Co-ordinating Council shall:

a) Serve as a forum for the discussion of different points of view for the purpose of reaching agreement when feasible;

b) Plan together, serve as a clearing house for activities of common concern to both the National League for Nursing and the American Nurses' Association, and agree on allocation of new major programs; and

c) Consider priorities for and timing of interrelated activities of the National League for Nursing and the American Nurses' Association.

Section 4. Steering Committee. There shall be a Steering Committee for the Co-ordinating Council which shall be authorized to make recommendations when, because of an emergency or other special situation, a recommendation must be made before the Co-ordinating Council can meet. The Steering Committee for the Co-ordinating Council shall be composed of the president and executive secretary of the American Nurses' Association and the president and general director of the National League for Nursing.

Section 5. Special Committees. The Co-ordinating Council of the American Nurses' Association and the National League for Nursing shall have authority to appoint special committees, if necessary.

ARTICLE XVII

Bonding and Signatures

Section 1. The treasurer, the assistant treasurer, the general director, and all personnel and agents responsible for the receipt, custody, or disbursement of funds or securities may be required to give bond for the faithful discharge of their duties in such sums and with such sureties as the Board of Directors shall determine.

Section 2. Signatures. All checks, drafts, and other orders for the payment of money shall be signed by such agent or agents of the organization and in such manner as shall be determined by resolution of the Board of Directors from time to time.

ARTICLE XVIII

Fiscal Year

Section 1. The fiscal year of this organization shall be the calendar year.

ARTICLE XIX

Parliamentary Authority

Section 1. The rules contained in Robert's Rules of Order Revised shall govern meetings of this organization in all cases to which they are applicable and in which they are not inconsistent with these bylaws.

ARTICLE XX

The Official Organ

Section 1. The organization shall establish and maintain or designate an official organ with an appropriate title.
ARTICLE XXI

Amendments

Section 1. Amendments to Bylaws With Previous Notice. These bylaws may be amended at any biennial convention or meeting of the members by a two-thirds vote of the individual members and the designated representatives of agency members in good standing who are present in person or by proxy and voting.

Proposals for amendments to these bylaws may be initiated by the Board of Directors, the Council of State Leagues for Nursing, the Committee on Constitutions and Bylaws, or by petition of 25 individual voting members and 15 agency members of the organization in good standing.

All proposed amendments shall be referred to the Committee on Constitutions and Bylaws for study and recommendation. This committee shall see that all proposed amendments, with the committee's recommendations, are in the possession of the secretary at least three months before the date of the biennial convention.

The secretary of the organization shall cause notice of each proposed amendment, with the recommendations thereon, if any, of the Committee on Constitutions and Bylaws, to be given to all members of the organization. Such notice shall be given by publication in the official journal of the organization, or by other appropriate method of notification, not less than 10 days nor more than 60 days prior to the biennial convention or meeting of the members at which the amendment is to be considered.

Section 2. Amendments to Bylaws Without Previous Notice. These bylaws may be amended without previous notice at any biennial convention by the unanimous vote of the individual members and designated representatives of agency members in good standing who are present in person or by proxy and voting.

ARTICLE XXII

Section 1. All former bylaws are hereby repealed.

ARTICLE XXIII

Initial Procedure

Section 1. Initial Board of Directors, 1952. The initial Board of Directors shall be composed of twenty-four voting members. These shall include four nurses and two non-nurses from each of the three organizations that are reorganizing to become the nucleus of the National League for Nursing: Association of Collegiate Schools of Nursing, National League of Nursing Education, and National Organization for Public Health Nursing. The general director of the organization, who shall be appointed by the Board of Directors and shall act as the secretary, shall serve as an ex-officio nonvoting member of the initial Board of Directors.

The initial Board of Directors shall be elected by the members at the meeting on Friday, June 20, 1952, from a fixed slate prepared by the Committee on Agreements for the National League for Nursing representing the Association of Collegiate Schools of Nursing, National League of Nursing Education, and National Organization for Public Health Nursing.

The term of office for members of the initial Board of Directors shall be until the final business meeting of the 1953 Biennial Convention when a new Board of Directors shall be elected by the members as provided in ARTICLES VI and VII.
Section 2. Election of Officers. The initial officers of the organization shall be elected by the members of the initial Board of Directors immediately following the election of the latter or as soon thereafter as convenient. The initial officers shall serve until the final business meeting of the 1953 Biennial Convention when new officers shall be elected by the members as provided in ARTICLES V and VII.

Section 3. Election of Initial Committee on Nominations, 1952. The seven members of the initial Committee on Nominations shall be elected by mail vote of the members from a ticket of names prepared by the Committee on Agreements for the National League for Nursing. This mail vote shall take place immediately following the date these bylaws are adopted or as soon thereafter as convenient.

Section 4. Procedure for Initial Committee on Nominations, 1952. On or before December 1, 1952, the initial Committee on Nominations of the organization shall request from each state league for nursing, from each agency member, and from each departmental steering committee a list of names of individual members and designated representatives of agency members who are qualified to fill positions as officers and as other members of the Board of Directors.

On or before the date of the 1953 annual meeting of the Board of Directors, the chairman of the initial Committee on Nominations shall call a meeting to prepare a ticket consisting of at least two nominees for each of the offices of president, first vice-president, second vice-president, third vice-president, and treasurer; at least two nominees for the other positions on the Board of Directors and for four elective positions on the Committee on Nominations. The report of the Committee on Nominations shall be in the hands of the secretary at least three months before the date of the 1953 Biennial Convention. The secretary shall see that the ticket of names prepared by the Committee on Nominations is published in the official journal of the National League for Nursing or that copies are mailed to each individual and agency member at least six weeks preceding the 1953 Biennial Convention.

Section 5. Election of Initial Steering Committee for the Department of Hospital Nursing. The slate for the initial Steering Committee for the Department of Hospital Nursing shall be prepared by the Committee on Agreements for the National League for Nursing. The initial Steering Committee for this department shall then be appointed by the Board of Directors. The initial Steering Committee for this department shall also act as the initial Committee on Nominations for the Department of Hospital Nursing, and shall prepare the 1953 departmental slate in accordance with the procedure specified in ARTICLE IX, Sections 4 and 5.

Section 6. Election of Initial Steering Committee for the Department of Public Health Nursing. The slate for the initial Steering Committee for the Department of Public Health Nursing shall be prepared by the Nominating Committee of the National Organization for Public Health Nursing. The Steering Committee for this department shall then be elected by a mail vote of the voting individual and agency members of the Department of Public Health Nursing of the National League for Nursing immediately following the date these bylaws are adopted or as soon thereafter as convenient. The initial Steering Committee for this department shall also act as the initial Committee on Nominations for the Department of Public Health Nursing, and shall prepare the 1953 departmental slate in accordance with the procedure specified in ARTICLE IX, Sections 4 and 5.

Section 7. Election of Initial Steering Committee for the Department of Diploma and Associate Degree Programs. The slate for the initial Steering Committee for the Department of Diploma and Associate Degree Programs shall be prepared by the Committee on Nominations of the National League of Nursing Education. The Steering
Committee for this department shall then be elected by a mail vote of the voting members of the Department of Diploma and Associate Degree Programs of the National League for Nursing immediately following the biennial convention in June 1952 or as soon thereafter as convenient. The initial Steering Committee for this department shall also act as the initial Committee on Nominations for the Department of Diploma and Associate Degree Programs, and shall prepare the 1953 departmental slate in accordance with the procedure specified in ARTICLE IX, Sections 4 and 5.

Section 8. Election of Initial Steering Committee for the Department of Baccalaureate and Higher Degree Programs. The slate for the initial Steering Committee for the Department of Baccalaureate and Higher Degree Programs shall be prepared by the Committee on Nominations of the Association of Collegiate Schools of Nursing. The Steering Committee for this department shall then be elected by a mail vote of the voting members of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing as soon as may be convenient after the members of the Association of Collegiate Schools of Nursing have voted to dissolve that organization. The initial Steering Committee for this department shall also act as the initial Committee on Nominations for the Department of Baccalaureate and Higher Degree Programs, and shall prepare the 1953 departmental slate in accordance with the procedure specified in ARTICLE IX, Sections 4 and 5.

Section 9. Initial Membership in the Divisions and Departments. For the purposes of voting after these bylaws are adopted, and unless they otherwise designate, members of the Association of Collegiate Schools of Nursing who are in good standing on the date these bylaws are adopted shall be considered members respectively of the Division of Nursing Education and the Department of Baccalaureate and Higher Degree Programs; members of the National League of Nursing Education who are in good standing on the date these bylaws are adopted shall be considered members respectively of the Division of Nursing Education and the Department of Diploma and Associate Degree Programs; and members of the National Organization for Public Health Nursing who are in good standing on the date these bylaws are adopted shall be considered members respectively of the Division of Nursing Services and the Department of Public Health Nursing. Life members of the National Organization for Public Health Nursing who are in good standing on the date these bylaws are adopted shall be considered life members respectively of the Division of Nursing Services and the Department of Public Health Nursing. Life members of the National League of Nursing Education who are in good standing on the date these bylaws are adopted shall be considered life members respectively of the Division of Nursing Education and the Department of Diploma and Associate Degree Programs.

Section 10. Dues for 1952. If any individual, agency, or allied agency member has paid the full amount of the 1952 annual dues required by the Association of Collegiate Schools of Nursing, National League of Nursing Education, or National Organization for Public Health Nursing, no further dues for 1952 shall be required. An agency or allied agency member that has paid only part of the 1952 annual dues to the Association of Collegiate Schools of Nursing, or National Organization for Public Health Nursing at the time these bylaws are adopted shall pay an amount equal to the balance thereof to the National League for Nursing for the year 1952. A life member who has paid only part of the life membership dues to the National League of Nursing Education or the National Organization for Public Health Nursing shall pay an amount equal to the balance thereof to the National League for Nursing.
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Key to Symbols

* Sustaining member
† Lay member
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1This list includes those members whose 1952 dues reached NLNE Headquarters by June 10, 1952.

2Bylaws, 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 VI, 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.”

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<td>Sister Mary Lourdes</td>
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Sister M. Consolata
Mercy Hospital, Des Moines 14

Sister M. de Lollis, Bela
Mercy Hospital, Des Moines 14

Sister Mary de Lollis Melch
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Sister Mary Dolores
St. Vincent's Hospital, Sioux City

Sister M. Eileen
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Sister Mary Evangelista
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Sister Mary Imelda
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Sister Mary Immaculata
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Sister Mary Jared
Mercy Hospital, Davenport

Sister Mary John
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Sister Mary Johnta
St. Joseph's Mercy Hospital, Mason City

Sister Mary Kieran
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Sister Mary Loyola
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Sister Mary Lucille
St. Joseph Mercy Hospital, Mason City

Sister Mary Marcella
St. Joseph's Mercy Hospital, Sioux City

Sister M. Martha
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Sister Mary Olivia
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Sister Mary Raymunda
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Sister Cornelia
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Sister Louis Marie
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Sister Mary Alma
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Sister M. Carmel
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Sister M. Eitheldreda
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Sister M. Eulalia Coomes
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Sister Mel Bride
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2837 Washington Ave., Baton Rouge
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1529 Amelia St., New Orleans
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Pinson, Mrs. Gladys B.
731 McCormick St., Shreveport 53
Pitney, Adrah F.
502 Travis St., Shreveport
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3800 Morris Place, New Orleans 21
Pohpan, Louisa
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Popham, Rosemary
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3518 Piedmont Drive, New Orleans 17
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Charity Hospital, New Orleans 13
Sister Carlos
De Paul Sanitarium, New Orleans 15
Sister Catherine
De Paul Sanitarium, New Orleans 15
Sister Celeste
De Paul Sanitarium, New Orleans 15
Sister Celestine
Hotel Dieu, New Orleans 13
Sister De Paul
Hotel Dieu, New Orleans 13
Sister Dorothy
Charity Hospital, New Orleans 12
Sister Edith
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Sister Eugenia
Hotel Dieu, New Orleans 13
Sister Florence Urbine
Charity Hospital, New Orleans 13
Sister Genevieve
USPHS Hospital, Carville
Sister Gerald
Hotel Dieu, New Orleans 13
Sister Gertrude
Charity Hospital, New Orleans 13
Sister Henrietta
Charity Hospital, New Orleans 13
Sister J. Gabriel
Hotel Dieu, New Orleans 13
MEMBERS

Sister Laurence
Charity Hospital, New Orleans 13
Sister Laurethia
Charity Hospital, New Orleans 13
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Hotel Dieu, New Orleans 13
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Charity Hospital, New Orleans 13
Sister Margaret M. Vidal
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Sister Mary Borja
Mercy Hospital, New Orleans 13
Sister Mary Cataldus
T. E. Schumpert Memorial Sanitarium, Shreveport
Sister M. Eliguis
Charity Hospital, New Orleans 13
Sister Mary Gertrude
St. Francis Sanitarium, Monroe
Sister Mary Hilda
Mercy Hospital-Sonist Memorial, New Orleans 13
Sister Mary Immaculate
Mercy Hospital, New Orleans 13
Sister Mary Irene
Mercy Hospital, New Orleans 13
Sister Mary Jacqueline
Mercy Hospital, New Orleans 13
Sister Mary James
Charity Hospital, New Orleans 13
Sister M. Jane
Mercy Hospital, New Orleans 13
Sister Mary Kostka
Mercy Hospital, New Orleans 13
Sister M. Michael
Our Lady of the Lake Sanitarium, Baton Rouge
Sister Mary Paul
Charity Hospital, New Orleans 13
Sister Mary of St. Francis
Our Lady of the Lake Sanitarium, Baton Rouge
Sister Patricia
Charity Hospital, New Orleans 13
Sister Pauline
Charity Hospital, New Orleans 13
Sister Petronilla
Charity Hospital, New Orleans 13
Sister Philemona
Our Lady of the Lake Sanitarium, Baton Rouge
Sister Rita
Our Lady of the Lake Sanitarium, Baton Rouge
Sister St. Michael
Our Lady of the Lake Sanitarium, Baton Rouge

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St. Francis Sanitarium, Monroe
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Charity Hospital, New Orleans 13
Sister Stanislaus
Charity Hospital, New Orleans 13
Sister Teresa
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Sister Teresa
Charity Hospital, New Orleans 13
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Southern Baptist Hospital, New Orleans 15
Wellman, Thora
Southern Baptist Hospital, New Orleans 15
Whisenhunt, Neillie F.
Veterans Administration Hospital, Shreveport

LOUISIANA

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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Austin, Stella</td>
<td>Littleton Hospital, Littleton, N. H.</td>
<td></td>
</tr>
<tr>
<td>Barron, Mrs. Evelyn A.</td>
<td>1151 Brighton Ave., Portland 5</td>
<td></td>
</tr>
<tr>
<td>Bean, Mrs. Ina G.</td>
<td>180 Longfellow St., Portland 4</td>
<td></td>
</tr>
<tr>
<td>Booth, Mabel F.</td>
<td>Eastern Maine General Hospital, Bangor</td>
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<tr>
<td>Brennan, Marie J.</td>
<td>161 Pine St., Portland 4</td>
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<tr>
<td>Burnham, Virginia M.</td>
<td>42 Orland St., Portland 4</td>
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<tr>
<td>Chapman, Duccilla</td>
<td>28 Chester St., Pittsfield</td>
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<tr>
<td>Clough, Mrs. Frances P.</td>
<td>224 State St., Bangor</td>
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<td>Grimmin, Frances L.</td>
<td>Central St., Hallowell</td>
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<tr>
<td>Davis, Mrs. Ruth A.</td>
<td>12 West St., Freeport</td>
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<tr>
<td>Doane, Edith H.</td>
<td>22 Arsenal St., Portland 4</td>
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<td>Dunn, Marion L.</td>
<td>22 Arsenal St., Portland 4</td>
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<td>Emerson, Grace B.</td>
<td>72 Arsenal St., Portland 4</td>
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<tr>
<td>Foyer, Elizabeth F.</td>
<td>52 Hammond St., Lewiston</td>
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<td>Freas, Mrs. Gertrude P.</td>
<td>RFD 1, Bucksport</td>
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<tr>
<td>Jills, Mabel H.</td>
<td>Central Maine General Hospital, Lewiston</td>
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<tr>
<td>Holdsworth, Mrs. Clara E.</td>
<td>Howard St., Springvale</td>
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<td>Jordan, Frances E.</td>
<td>79 Bramhall St., Portland</td>
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<td>Kohl, Ruth J.</td>
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<td>Lenz, Mildred</td>
<td>369 Main St., Lewiston</td>
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<td>Lorch, Amanda I.</td>
<td>Augusta General Hospital, Augusta</td>
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<td>Marshall, Elizabeth B.</td>
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<td>Martin, Gladys N.</td>
<td>68 Neal St., Portland 4</td>
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<tr>
<td>Martineau, Alphardio J.</td>
<td>Sisters' Hospital, Waterville</td>
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<td>Wicker, Mrs. Annie L.</td>
<td>3078 Dayton Drive, Baton Rouge</td>
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<td>Willis, Mrs. Emma G.</td>
<td>Tri-State Hospital, Shreveport 2</td>
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<td>Wood, Mrs. Marian M.</td>
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<td>Wynn, Eula M.</td>
<td>Veterans Administration Hospital, Alexandria</td>
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**MAINE—48**

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<tr>
<td>Mellody, Eleanor M.</td>
<td>363 Main St., Lewiston</td>
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<td>Millet, Arlene F.</td>
<td>284 Main St., Lewiston</td>
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<td>Minton, Anne</td>
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<td>Montmery, Claire M.</td>
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<td>Molt, Kathleen F.</td>
<td>Eastern Maine General Hospital, Bangor</td>
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<td>Nawfool, Mrs. Louise K.</td>
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<td>Palmer, Elizabeth J.</td>
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<td>Perkins, Mrs. Carolyn K.</td>
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<td>Reagan, Mary C.</td>
<td>57 Spruce St., Portland</td>
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<td>Richards, Mildred</td>
<td>489 State St., Bangor</td>
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<td>Robinson, Mrs. Catherine R.</td>
<td>27 Buchanan St., South Portland 7</td>
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<td>Shannon, Irene D.</td>
<td>669 Essex St., RFD 1, Bangor</td>
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<td>Sister Binette</td>
<td>St. Mary's General Hospital, Lewiston</td>
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<td>Sister Boufford</td>
<td>St. Mary's Hospital, Lewiston</td>
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<td>Sister M. Annunciate</td>
<td>Mercy Hospital, Portland 3</td>
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<td>Sister Mary Consuela</td>
<td>97 Military St., Houlton</td>
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<td>Sister Mary Edmund</td>
<td>Sisters' Hospital, Waterville</td>
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<td>Sister M. Elizabeth</td>
<td>Madison Memorial Hospital, Houlton</td>
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<tr>
<td>Sister Mary Marcia</td>
<td>144 State St., Portland 3</td>
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<td>Sister St. Jean Vienney</td>
<td>St. Mary's General Hospital, Lewiston</td>
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<tr>
<td>Smith, Mrs. Mary G.</td>
<td>489 State St., Bangor</td>
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<tr>
<td>Smythe, Bertha M.</td>
<td>Box 226, Bangor</td>
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<tr>
<td>Soucie, Lorraine U.</td>
<td>1 School St., Brunswick</td>
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</tbody>
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**MARYLAND—254**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City, State</th>
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<tbody>
<tr>
<td>Abernathy, Frances</td>
<td>2628 N. Calvert St., Baltimore 18</td>
<td></td>
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<tr>
<td>Abbott, Mrs. Jessie U.</td>
<td>Baltimore City Hospitals, Baltimore 24</td>
<td></td>
</tr>
</tbody>
</table>
Adams, Mary S.
Sinai Hospital, Baltimore 5

Adams, Jane C.
700 W. 40 St., Baltimore 11

Akguruk, Alice J.
2708 Mosher St., Baltimore 16

Antelomarco, Antoinette M.
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MEMBERS

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Sister Josephine
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Sister Margaret Regina
Allegheny Hospital, Cumberland

Sister Margaret Walsh
St. Agnes Hospital, Baltimore 29

Sister Mary Agnes Clare
St. Mary's Hospital, Philadelphia, Pa.

Sister Mary Agnesine
Mercy Hospital, Baltimore 2

Sister Mary Alice
St. Agnes Hospital, Baltimore 29

Sister Mary Anton
Mercy Hospital, Baltimore 2

May, Della
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McCoy, Eileen H.
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4265 Wickford Road, Baltimore 10

McKeen, Miriam
389 Evesham Ave., Baltimore 12

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Greenville, N. C.

Mitchell, Mrs. Harriet
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<tr>
<td>Lee, Thea H.</td>
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<th>Name</th>
<th>Address</th>
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<td>1521 Gull Road, Kalamazoo 17</td>
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<tr>
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<td>Jefferson City</td>
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</tbody>
</table>

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<th>Address</th>
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</thead>
<tbody>
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<td>Hunt, Marguerite</td>
<td>Staten Island Hospital, Staten Island</td>
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<td>Hunley, Mrs. Margaret F.</td>
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<td>Hurley, Nellie</td>
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<td>Hutchinson, Mary E.</td>
<td>Fordham Hospital, New York 55</td>
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<td>Hvas, Lucille M.</td>
<td>31 E. 38 St., New York 16</td>
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<td>Iervalino, Isabella C.</td>
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<td>Igoe, Margaret</td>
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<td>Ilings, Florence L.</td>
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<td>Jackson, Florence I.</td>
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<td>Jacobs, Marion L.</td>
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<td>Jacobson, Mrs. Mimi P.</td>
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<tr>
<td>Jacoby, Esther</td>
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<td>Jaffee, Mrs. Dorothy B.</td>
<td>19 E. 88 St., New York 29</td>
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<td>James, Mrs. Virginia P.</td>
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<td>Jansen, Marguerite P.</td>
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<tr>
<td>Jacuary, Bertha</td>
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<td>Jordan, Ethel M.</td>
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<td>Jordan, Minnie H.</td>
<td>344 W. 72 St., New York 23</td>
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<td>Jordan, Roberta M.</td>
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<tbody>
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<td>Leono, Gertrude M.</td>
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<td>LeVant, Katherine</td>
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<td>Lewis, Ann M.</td>
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<td>Liddie, Evelyn</td>
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<td>Lincoln, Helen M.*</td>
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<td>Linihan, Patricia</td>
<td>301 Prospect Ave., Syracuse 3</td>
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<td>Lippert, Eileen M.</td>
<td>5 West St., Albany 6</td>
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<td>Lofflor, Anna T.</td>
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<td>Lofthouse, Eleanor M.</td>
<td>14 Maria St., Rochester 5</td>
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<td>Logotheron, Cleante E.</td>
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<td>Longan, Mary E. †</td>
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<td>Longhurst, Grace</td>
<td>Mt. Morris Tuberculosis Hospital</td>
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<td>Loszewski, Theresa</td>
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<td>Love, Mrs. Anna E.</td>
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<td>Central Nurses' Residence, Welfare Island 17</td>
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<td>Lundgren, Grace M.</td>
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<td>Lynch, Sarah R.</td>
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<td>MacCambridge, Mrs. Alameda B.</td>
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<td>MacDonald, Mary M.</td>
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<td>Macintyre, Margaret E.</td>
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<td>MacLean, H. Rosalind</td>
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<td>Maguire, Rose A.</td>
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<td>Marks, Anna E</td>
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<td>Sisters of Charity Hospital, Buffalo 14</td>
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Sister Mary Agatha  
A. Barton Hepburn Hospital, Ogdensburg
Sister Mary Alice  
301 Prospect Ave., Syracuse 3
Sister M. Amata  
St. Joseph’s Hospital, Syracuse 3
Sister Mary Annette  
St. Peter’s Hospital, Albany 8
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St. Joseph’s Hospital, Syracuse 3
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Sister Mary Flora  
218 Stone St., Watertown
Sister M. Florence  
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Sister Mary Frederic  
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Niagara University, Niagara Falls

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Sister Mary Loretta  
Champlain Valley Hospital, Plattsburg
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218 Stone St., Watertown
Sister Mary Malachi  
218 Stone St., Watertown
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218 Stone St., Watertown
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Mercy Hospital, Watertown
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Sister Mary Silverine  
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Jamaica 3
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Sister St. Luke  
A. Barton Hepburn Hospital, Ogdensburg
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Smith, Florella P.
563 Riley St., Buffalo 8
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Smith, Jean C.
722 University Ave., Syracuse 10
Smith, Laura D.
2780 University Ave., New York 63
Smith, Lillian M.
43-22 49 St., Long Island City
Smith, Ruth W.
501 W. 121 St., New York 27
Smith, Mrs. Virginia B.
240 E. Palisades Ave., Englewood, N. J.
Smyer, Edwine A.
2205 Fifth Ave., Apt. 6H, New York 35
Snell, Mrs. Gladys B.
306 First St., Scotia 2
Snyder, Anna M.
St. Joseph's Hospital, Syracuse 3
Solska, Mrs. Frances
721 Schuyler St., Syracuse 4
Sorrentino, Gloria Y.
Veterans Administration Hospital
Summount
South, Jean
85-14 77 St., Jackson Heights
Sprayling, Mrs. Eugenia K.
8 Lockwood Ave., Bronxville
Spaney, Emma t.
120-09 133 Ave., South Ozone Park 20
Sparks, Mrs. Esther
3409 Broadway, New York 31
Spratling, Charlotte B.
109 Smalley Road, Syracuse 10
Spear, Marie S.
808 Albany Ave., Brooklyn 3
Spellman, Alice L.
540 Park Ave., Albany 8
Spencer, Edwe H.*
<o Sage, Gray, Todd & Sims. 37 Wall St.
New York 5
Spink, Ruth E.
5 E. 98 St., New York 29
Sprongell, Caroline A.
New York Hospital, Westchester Division
White Plains

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Stafford, Lt. Wilhelmina, NC, USNR
U. S. Naval Hospital Corps School
U. S. Naval Training Center
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Stahlbush, Kathryn
2165 14 St., Troy
Stambach, Harriet S.
165 W. 91 St., New York 24
Stanley, Beatrice P.
280 Griffenblvd., Rochester 20
Starck, Eileen P.
585 Van Duze St., Staten Island 4
Starr, Ellen
90-11 200 St., Hollis
Stau, Anne B.
44 Weeka Place, New Rochelle
Steifens, Gloria M.
U. S. Naval Hospital, St. Albans 25, L. I.
Stephen, Margaret
224 Alexander St., Rochester 7
Stern, Lillian
New York State Rehabilitation Hospital
West Havenstraw
Stetson, Mrs. Dorothy J.
209-B Faller Drive, New Milford, N. J.
Stevens, Marion
736 Irving Ave., Syracuse 10
Stewart, Isabel M.*
21 Clermont Ave., New York 27
Stich, Eda W.
130 W. Kingsbridge Road, New York 63
Stiltsong, Dorothy C.
40 Broadway, Rensselaer
Stinson, H. Louise
1249 Fifth Ave., New York 29
Stirling, Charlotte B.
330 E. 63 St., New York 21
Stobo, Elizabeth C.
16 King St., Ardsley
Stock, Marie T.
905 Bernard St., Rochester 21
Stokes, Florence M.
1320 York Ave., New York 21
Stokes, Gertrude A.
Strong Memorial Hospital, Rochester 20
Strachan Marion
3A Old Wood Road, Edgewater, N. J.
Strack, Mrs. Mary H.
12 Ellsworth St., Amsterdam
Strathie, Jeanie U.
424 Madison Ave., Hm. 701, New York 17
Strohmeyer, Lilian D.
601 W. 113 St., New York 25
Strong, Mrs. Helen L.
City Hospital, Syracuse
Strubbon, Ethel M.
353 W. 57 St., New York 19
Struthers, Minnie H.
5 E. 98 St., New York 29
Stutter, Mabel L.
Genesee Hospital, 224 Alexander St.
Rochester 7
Succop, Helen J.
1046 E. Ferry St., Buffalo 11
Suchomel, Louise M.
511 E. 20 St., Apt. 6D, New York 10
Sufrin, Mrs. Joyce K.
355 E. 82 St., New York 28
Sulesky, Felixa B.  
49 Middlesex St., Boston, Mass.

Sullivan, Elizabeth K.  
210 E. 64 St., New York 21

Sullivan, Margaret H.  
Crouse-Irving Hospital, Syracuse 10

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36 Remsen St., Brooklyn 2

Sutcliffe, Helen L.  
1404 Washington Ave., Rensselaer

Sutherland, Joan E.  
37-06 81 St., Jackson Heights

Swanwick, Mary H.  
716 Madison Ave., New York 21

Sweeney, Helen C.  
150 W. Kingsbridge Road, New York 63

Sweeney, Julia R.  
New Rochelle Hospital, New Rochelle

Sweeney, Mrs. Phyllis U.  
32 S. William St., Johnstown

Swiphas, Anna M.  
St. Joseph's Hospital, Syracuse 3

Syperski, Mrs. Florence B.  
1230 Amsterdam Ave., Room 860

   New York 27

Syron, Clara M.  
1056 Lexington Ave., New York 21

Szarowicz, Helen M.  
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Tate, Barbara L.  
7 Clinton Ave., Warwick

Taylor, Mrs. Melba S.  
2220 16 St., Troy

Tenney, Harriett L.  
365 Morris St., Albany 8

Tepper, Oliva A.  
900 Avenue "H", Brooklyn

Terry, Margaret H.  
1320 York Ave., New York 21

Thamasett, Maria E.  
400 Elmwood, Apt. 323, Buffalo 22

Thomas, Betty J.  
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Thompson, LaVerne B.  
106 Morningside Drive, New York 27

Thomson, Lillian R.  
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Tieran, Elizabeth J.  
220 Conoreas St., Brooklyn 26

Tierney, Irene B.  
245 Lark St., Albany 8

Tinkler, Mrs. Ivy N.  
357 Edgecombe Ave., New York 31

Tough, Ethel A.  
USPHS Hospital, Staten Island 4

Togasaki, Yayoi  
Veterans Administration Hospital

   Northport, L. I.

Tomplins, Ida M.  
Binghamton City Hospital, Binghamton

Toner, Mary T.  
77 Avon St., New Haven, Conn.

Topalis, Mary  
23 Beacon Ave., Albany 3

Torchia, Emma A.  
116-01 205 St., St. Albans 11

Torko, Florence M.  
107 Fenimore St., Brooklyn 25

Torrance, Elizabeth B.  
100 E. Gun Hill Road, New York 67

Torrey, Florence M.  
440 E. 75 St., New York 21

Torro, Hilda M.  
26 W. Ninth St., New York 11

Tourtilotti, Eleanor A.  
149 Pine Tree Drive, RFD 2

North Syracuse

Towne, Cluyvys L.  
355 Madison Ave., Albany 10

Trail, Mrs. Ira D.  
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New York 30

Travis, Mrs. Geraldine A.  
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Traska, Adele V.  
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Techida, Ethel M.  
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Tucker, Margaret P.  
904 E. 20 St., New York 3

Tuffley, Edna E.  
243 Avenue C., New York 9

Turner, Elsa  
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Turnquest, Maggie L.  
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Turula, Helena M.  
35-49 83 St., Jackson Heights

Twomney, Mary  
333 Southern Blvd., New York 54

Tyn dall, Grace  
Veterans Administration Hospital, Albany

Unger, Mrs. Grace D.  
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63 Perry St., New York 14

Van Arsdale, Martha L.  
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Walsh, Margaree E.
251 Bay Seventh St., Brooklyn 28

Walters, Jeannette
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Wang, Mamie H.
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Ward, Dorothy R.
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Warman, Grace A.
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Weddige, Dorothy
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Whitaker, Mrs. Mary G.
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Wilcox, Elizabeth
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Wilde, Delphine
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Wilke, Helen
212 Normandy Ave., Rochester 11

Willecke, Mrs. Eleanor J.
11 E. Raleigh Ave., West Brighton
Staten Island 10

Willett, Marion F.
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Williams, Martha L.
140 Bradhurst Ave., New York 30

Williams, Rosemary C.
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Willford, William A.
113 Holland Ave., Albany 8

Willson, Gordo
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Framingham, Mass.

Wilson, Jane A.
Veterans Administration Hospital
Castle Point

Wilson, Mrs. Ruth J.
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Rex Hospital, Raleigh, N. C.

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Wolf, Marquerite
150 E. 91 St., c/o Mrs. A. Obermader
New York 28

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Wood, Marion S.  
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427
Sister Amelia
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Sister Ann Elizabeth
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Sister Clara Marie
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Sister Cor Marie
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Sister Eileen Marie
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Sister F. Louise Burroughs
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Sister Margaret Alacoque
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Sister Marian Theresa
St. Agnes Hospital, Philadelphia 45
Sister Mariana
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Sister Marie Elise
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Sister M. Anastasia
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Sister Mary Andrew
Spencer Hospital, Meadville
Sister Mary Anicefa
St. Francis Hospital, Pittsburgh 1
Sister Mary Anselm
Mercy Hospital, Wilkes-Barre
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sister M. Antonette</td>
<td>Sacred Heart Hospital, Allentown</td>
</tr>
<tr>
<td>Sister Mary Arthur</td>
<td>Spencer Hospital, Meadville</td>
</tr>
<tr>
<td>Sister M. Baptista</td>
<td>San Rosario Health Resort, Cambridge Springs</td>
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<td>Sister Mary Bernardita</td>
<td>St. Joseph’s Hospital, Reading</td>
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<tr>
<td>Sister Mary Berlin</td>
<td>St. Francis Hospital, Pittsburgh 1</td>
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<tr>
<td>Sister Mary Blanchette</td>
<td>2601 Eighth Ave., Altoona</td>
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<td>Sister M. Boniface</td>
<td>Mercy Hospital, Pittsburgh 19</td>
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<td>Sister Mary Boyle</td>
<td>St. Vincent’s Hospital, Erie</td>
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<td>Sister Mary Carlotta</td>
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<td>St. Francis Hospital, Pittsburgh 1</td>
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<tr>
<td>Sister M. Catherine Ellen</td>
<td>St. Joseph’s Hospital, Philadelphia 30</td>
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<tr>
<td>Sister M. Catherine Lawrence</td>
<td>St. Francis Hospital, Wilmington, Del.</td>
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<tr>
<td>Sister M. Clare Theresa</td>
<td>St. Joseph’s Hospital, Reading</td>
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<tr>
<td>Sister M. Clementine</td>
<td>Mercy Hospital, Scranton 10</td>
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<tr>
<td>Sister M. Clementine Kuenziq</td>
<td>Braddock General Hospital, Braddock</td>
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<tr>
<td>Sister Mary Concetta</td>
<td>St. Joseph’s Hospital, Baltimore 13, Md.</td>
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<tr>
<td>Sister Mary Croscentina</td>
<td>Misericordia College, Dallas</td>
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<tr>
<td>Sister M. Dacia</td>
<td>Sacred Heart Hospital, Allentown</td>
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<td>Sister M. Daniel</td>
<td>Providence Hospital, Beaver Falls</td>
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<td>Sister Mary de Gant</td>
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<td>Sister M. de Lourdes</td>
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<td>Sister Mary Dominic</td>
<td>St. Joseph’s Hospital, Reading</td>
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<tr>
<td>Sister M. Dorothy</td>
<td>Mercy Hospital, Pittsburgh 19</td>
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<tr>
<td>Sister Mary Edith</td>
<td>Ohio Valley Hospital, McKees Rocks</td>
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<td>Sister Mary Ethelinda</td>
<td>St. Joseph’s Hospital, Philadelphia 30</td>
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<tr>
<td>Sister M. Felicita</td>
<td>3339 McClure Ave., Pittsburgh 12</td>
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<tr>
<td>Sister M. Fenton</td>
<td>Misericordia Hospital, Philadelphia 43</td>
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<td>Sister M. Francesco</td>
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<td>Sister Mary Francis</td>
<td>Mercy Hospital, Wilkes-Barre</td>
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<td>Sister M. Francis Dolores</td>
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<td>3333 Fifth Ave., Pittsburgh 13</td>
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<td>Sister M. Gilbert</td>
<td>St. Joseph’s Hospital, Carbondale</td>
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<td>St. Joseph’s Hospital, Lancaster</td>
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<tr>
<td>Sister M. Incarnata</td>
<td>St. Joseph’s Hospital, Carbondale</td>
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<tr>
<td>Sister Mary Inez Fitzpatrick</td>
<td>Fitzgerald-Mercy Hospital, Darby</td>
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<tr>
<td>Sister M. Inez Parker</td>
<td>Mercy Hospital, Pittsburgh 19</td>
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<td>Sister M. Joan</td>
<td>Mercy Hospital, Wilkes-Barre</td>
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<td>Sister Mary John Joseph</td>
<td>1020 Franklin St., Johnstown</td>
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<td>Sister Mary Katheri</td>
<td>Mercy Hospital, Wilkes-Barre</td>
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<td>Sister M. Kathleen</td>
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<td>Sister Mary Margarita</td>
<td>Villanova College, Villanova</td>
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<td>Sister Mary Margaret Agnes</td>
<td>St. Mary’s Hospital, Philadelphia 25</td>
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<tr>
<td>Sister Mary Martina</td>
<td>Mercy Hospital, Scranton 10</td>
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<tr>
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<td>Sister M. Michael</td>
<td>Misericordia Hospital, Philadelphia 43</td>
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<tr>
<td>Sister M. Monica</td>
<td>Misericordia Hospital, Philadelphia 43</td>
</tr>
<tr>
<td>Sister M. Narcise</td>
<td>Spencer Hospital, Meadville</td>
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<tr>
<td>Sister Mary Natalie</td>
<td>St. Mary’s Hospital, Scranton</td>
</tr>
<tr>
<td>Sister M. Paul†</td>
<td>Landedowne Ave., Darby</td>
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<tr>
<td>Sister Mary Philip</td>
<td>St. Francis Hospital, Pittsburgh 1</td>
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<td>Sister M. Placido</td>
<td>Mercy Hospital, Pittsburgh 19</td>
</tr>
<tr>
<td>Sister M. Rebecca</td>
<td>615 Church St., Wilkes-Barre</td>
</tr>
<tr>
<td>Sister M. Rebecca Fogelbach</td>
<td>St. Vincent’s Hospital, Erie</td>
</tr>
<tr>
<td>Sister M. Rita Carmel</td>
<td>St. Joseph’s Hospital, Lancaster</td>
</tr>
<tr>
<td>Sister M. Rita Dolores</td>
<td>Misericordia Hospital, Philadelphia 43</td>
</tr>
<tr>
<td>Sister M. Robert</td>
<td>Mercy Hospital, Wilkes-Barre</td>
</tr>
<tr>
<td>Sister M. Rosalita</td>
<td>Spencer Hospital, Meadville</td>
</tr>
<tr>
<td>Sister Mary Rose</td>
<td>Spencer Hospital, Meadville</td>
</tr>
</tbody>
</table>
Sister M. Rosemond
St. Francis Hospital, Pittsburgh 1
Sister Mary Thecla
Providence Hospital, Beaver Falls
Sister M. Wenzelburga
Sacred Heart Hospital, Allentown
Sister M. Willemena
Braddock General Hospital, Braddock
Sister Miriam Francis
Pittsburgh Hospital, Pittsburgh 6
Sister Miriam J. Okum
Lankenau Hospital, Philadelphia 30
Sister Paul Gabriel
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Santiago, Luz Maria Colon
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Sor Clotilde del Rio
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Sor Julia Andia
Hospital de Damas, Ponce
Sor Luisa Rivera Rivera
Hospital de Damas, Ponce
Sor Maria Teodora
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Sor Rosa del Carmen
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Zayas, Mrs. Juanita Sanabria
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883 Hope St., Providence
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50 Maud St., Providence
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433
Hughes, E. Nellie
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Emma Pendleton Bradley Home, Riverside
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26 Prairie Ave., Providence
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102 Woodbine St., Cranston
Kaltenbach, Winfred
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14 Lavaught St., Providence
Kelleher, Margaret C.
63 Wabun Ave., Providence
Kelleher, Rita V.
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1246 S. Farwell St., Eau Claire

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742 S. Webster, Green Bay

Holland, Mrs. Olinda  
5367 N. 34 St., Milwaukee 9

Herin, Bernice  
908 N. 12 St., Milwaukee

Herr, Mrs. Lucy A.  
7205 W. Becher St., West Allis

Hoffman, Clara  
3055 W. Wisconsin Ave., Milwaukee 8

Hogarth, Mary C.  
3421 W. Wells St., Milwaukee 8

Hopper, Ruth J.  
Winnebago State Hospital, Winnebago

Houhuiz, Vivian A.  
Nurses' Quarters  
Veterans Administration Hospital, Wood

Howe, Vidabelle D.  
1117 Racine Ave., Waukesha

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Jacques, Mrs. Evelyn M.  
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Jennings, Janet  
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Jenny, Martha R.  
2217 University Ave., Madison

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Jordheim, Olga M.  
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Jorgensen, Grace T.  
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Kachelski, M. Audrey  
204 N. Lake St., Madison

Kahn, Florence  
2310 W. Kilbourne Ave., Milwaukee 3

Kerwin, Doris  
1018 N. Jefferson St., Milwaukee 7

Klaasmeier, Ruth E.  
3123 N. 41 St., Milwaukee 16

Krueger, Leona  
949 N. 23 St., Milwaukee 3

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812 Butternut Road, Madison 4

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1810 W. Wisconsin Ave., Apt. 805

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3221 N. Maryland Ave., Milwaukee

WISCONSIN

Corrigan, Hazel  
3653-A W. Maple St., Milwaukee

Cottrell, Ruth K.  
4447 N. Cramer St., Milwaukee

Crawford, Joan V.  
71 Vincent St., Fond du Lac

Crump, Margaret C.  
434 N. Randall Ave., Madison

Cyrak, Charlotte M.  
3307 75 St., Kenosha

Dagnon, M. Lucille  
570 N. Washington St., Janesville

Dandoy, Lorraine B.  
Veterans Administration Hospital, Wood

Dolsman, Mrs. Mildred M.  
2922 W. Juneau Ave., Milwaukee

Dudlestone, Leone C.  
1218 Spring St., Madison

Dunn, Marion J.  
201 N. Randall Ave., Madison

Dzidaki, Dolores N.  
Nurses' Quarters  
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Echast, Marguerite  
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Emmanuel, Margaret  
217 N. Orchard, Madison 5

Evavai, Sigrid  
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Evans, Ellen M.  
925 Mound St., Madison 5

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Farrow, Julaine E.  
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Field, Bonnie J.  
3321 N. Maryland Ave., Milwaukee 11

Fink, Elizabeth  
3053 N. 51 St., Milwaukee

Finland, Capt. Florence F., AFNC  
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Fletcher, Lila B.  
Wisconsin General Hospital, Madison 6

Flynn, Mary  
416 McKinley, Eau Claire

Ford, Betty J.  
2855 N. 66 St., Milwaukee 10

Fucyla, Lillian N.  
1114 Jerome Ave., Janesville

Gallagher, Frances E.  
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Gessell, Margaret  
3151 N. Second St., Milwaukee 12

Geyer, Anne M.  
323 W. Washington Ave., Madison

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2912 S. Wentworth Ave., Milwaukee 7

Golden, Beulah W.  
Nurses' Quarters  
Veterans Administration Hospital, Wood

Gottschalk, Carolyn L.  
2362 N. 25 St., Milwaukee 5

Grant, Dorothy L.  
1024 Main St., Racine

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2150-A S. 19 St., Milwaukee 7

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1218 Spring St., Madison
Larson, Bernice E.
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7017 W. Fond du Lac Ave., Milwaukee

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909 N. Milwaukee St., Milwaukee 2

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3041 N. 40 St., Milwaukee 10

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3068 N. 27 St., Apt. 202, Milwaukee 10

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251 Langden St., Madison

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3220 W. Meinecke Ave., Milwaukee 10

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2435 W. Kilbourn, Milwaukee 3

McBride, Elizabeth
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5414 N. 52 St., Milwaukee 15

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8900 W. Wisconsin Ave., Milwaukee

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Meyer, Mrs. Mary
3703 W. Scott St., Milwaukee 15

Moll, Dorothy
509 St. Joseph St., Marshallfield

Mueller, Yvonne M.
615 17 St., Oskosh

Nagler, Ruby M.
615 N. 14 St., Milwaukee 3

Nussinof, Mrs. Janet R.
Mendota State Hospital, Madison 9

O'Keefe, Mary E.
2822 N. First St., Milwaukee 12

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3321 N. Maryland Ave., Milwaukee 11

Palmer, Mrs. Winifred N.
309 W. Washington Ave., Madison

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1218 Spring St., Madison

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2357 N. Booth St., Milwaukee 12

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Rau, Dr. Esther L.†
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2441 W. Kilbourn Ave., Milwaukee 3

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6014 35 Ave., Kenosha

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2063 N. 28 St., Milwaukee 8

Rolefsen, Mrs. Mercedes F.
302 Norris Court, Madison 3

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732 N. 17 St., Apt. 311, Milwaukee 3

Rowley, Jane M.
309 N. Franklin St., Madison 3

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1038 N. Cass St., Milwaukee 2

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2841 N. Palmer St., Milwaukee 12

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Saunderlich, Lucille
Veterans Administration Hospital, Wood

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1337 McCormick St., Green Bay

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430 N. Randall Ave., Madison 5

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Sister Magdalene Krebs
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Sister Mary Agreda
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Sister M. Angelina
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Sister Mary Annette
Mercy Hospital, Janesville

Sister M. Basilia,
St. Joseph's Hospital, Marshallfield
Sister Mary Berenice  
St. Joseph’s Hospital, Milwaukee 10

Sister Mary Bernita  
St. Francis Hospital, La Crosse

Sister M. Brunella  
Mercy Hospital, Oshkosh

Sister M. Capistrana  
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Sister M. Carola  
Mercy Hospital, Oshkosh

Sister M. Catherine Therese  
St. Francis Hospital, La Crosse

Sister M. Clarella Einodshofer  
St. Agnes Hospital, Fond du Lac

Sister M. Clarella Lavender  
St. Francis Hospital, La Crosse

Sister M. Concepta  
St. Francis Hospital, La Crosse

Sister M. Conradine  
St. Joseph’s Hospital, Milwaukee 10

Sister M. Corinne  
St. Agnes Hospital, Fond du Lac

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Sister M. Fabiana  
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Sister M. Fortuna  
Waupun Memorial Hospital, Waupun

Sister M. Francita  
St. Francis Hospital, La Crosse

Sister M. Ireneae  
Mercy Hospital, Oshkosh

Sister M. Irene  
St. Agnes Hospital, Fond du Lac

Sister M. Juliana  
St. Agnes Hospital, Fond du Lac

Sister Mary Lawrence  
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Sister Mary Leonard  
St. Mary’s Hospital, Madison 5

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St. Mary’s Hospital, Madison 5

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Sister M. Paulette  
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Sister Mary Petrina  
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Sister M. Philomene  
St. Agnes Hospital, Fond du Lac

Sister Mary Redempta  
Mercy Hospital, Janesville

Sister M. Regina  
St. Francis Hospital, La Crosse

Sister M. Silvana  
Holy Family Hospital, Manitowoc

Sister M. Thomas  
St. Joseph’s Hospital, Milwaukee 10

Sister Mary Victima  
Holy Family Hospital, Manitowoc

Sister M. Virginia  
St. Joseph’s Hospital, Milwaukee 10

Sister M. Willreda  
St. Agnes Hospital, Fond du Lac

Sister Mercedes  
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Sister Rose  
St. Mary’s Hospital, Milwaukee 11

Sister St. Heliodore  
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Sister St. Irma  
Misericordia Hospital, Milwaukee

Sister St. Mildred  
Misericordia Hospital, Milwaukee

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243 E. Burkitt, Sheridan
Knifer, Evelyn C.
122 W. First Ave., Cheyenne
Leino, Amelia
318 Ivinsen, Laramie
Smith, Barbara J.
1201 Lewis St., Sheridan
Weston, Mrs. Daphne
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Cheyenne

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Hanson, Hazel
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Reynolds, Elizabeth O.
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1101 Vancouver Block, Vancouver, B. C.

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Zellmer, Carol
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Ziegler, Erna E.
434 N. Randall Ave., Madison 5
Zimmer, Marie J.
2119 N. 59 St., Milwaukee 8
Zinzow, Mrs. Roselle
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Zolinski, Frieda
2172 S. 15 St., Milwaukee 15
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Caso, Peggy Ann
A. P. Mission & Sangli, B. P., India

Johnston, Ida M.
Memorial Hospital,
Fatehgarh, United Provinces

IRAN—2
Fulton, Janet
American Hospital, Teheran

Wheeler, Helen
American Christian Hospital, Hamadan

FRANCE—1
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The Rockefeller Foundation
20 rue de la Baume, Paris 8e

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Chuo Ku, Tokyo

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Bowman, Mrs. Helen D.
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Moser, Elizabeth
American University Hospital, Beirut

Pearson, Maud *
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Medical Dept.,
Aruba, Curacao

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Salzman, Esther I.
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‡ PERU—1

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Lima

‡ SAMOA—1

Butchart, Mrs. Ruth P.
Dept. of Public Health, Pago Pago, American
Samoa

‡ THAILAND—1

Gardiner, Lillian A.
MSA-STEM, c/o U. S. Embassy, Thailand

‡ VIRGIN ISLANDS—1

Blanchette, Flora L.
Queen St., Christiansted, St. Croix
<table>
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* No state league
### TOTAL MEMBERSHIP JUNE 30, 1952

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* No state league

### DECEASED MEMBERS

Names from 1893 to August 1, 1951, are given in previous annual reports. The names of members whose deaths have been reported since August 1, 1951, follow:

Averill, Margaret D. .......................................................... October 1, 1951
Baker, Mary A. ........................................................................... November 17, 1951
Bender, Edith D. ......................................................................... October 14, 1951
Boyd, Louie C. ........................................................................... June 15, 1951
Brady, Mrs. Ruby B. .................................................................... May 20, 1951
Calderwood, Carmelita .................................................................. October 9, 1951
Cousins, Adelaide M. .................................................................. March 22, 1952
Cunningham, Frances K. ................................................................ June, 1951
Goldmark, Josephine (Honorary) ................................................... June, 1951
Goodnow, Minnie ......................................................................... February 9, 1952
Haug, Gena M. ........................................................................... October 20, 1951
Johnson, Alpha L. ....................................................................... April 3, 1952
Leader, Helen J. ......................................................................... February 27, 1952
McPherson, Arthur L. ................................................................... 1950
Melville, May E. .......................................................................... February 11, 1952
Phelps, Grace ............................................................................. June 19, 1952
Questill, Naomi L. ....................................................................... September 18, 1951
Sherman, Elizabeth F. .................................................................. August 7, 1951
Sister John Gabriel ..................................................................... January 10, 1952
Sister M. Barbara Gerald Fritz ..................................................... March 18, 1952
Sister M. Concepta Hayes ............................................................ February 11, 1952
Sister M. Dymphna Deasy ............................................................. January 8, 1952
Skim, Anna R. ............................................................................. June 12, 1951
Stier, Gertrude M. ...................................................................... March 19, 1952
Strong, Williamina H. ................................................................ April 25, 1952
Thompson, Louise H. ................................................................... October 12, 1951
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