PROCEEDINGS

of the

Thirty-seventh Annual Convention

of the

National League of Nursing Education

Held at
ATLANTA BILTMORE HOTEL
Atlanta, Georgia
MAY 4-9, 1931

NATIONAL HEADQUARTERS
450 Seventh Avenue
New York, N. Y.
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   President, Laura R. Logan; Secretary, Ada Belle McCleery; Treasurer, Bena M. Henderson; Executive Secretary, Blanche Pfefferkorn.

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

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

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

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

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

1930 Milwaukee, Wis., June 9 to June 14.
   President, Elizabeth C. Burgess; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

1931 Atlanta, Ga., May 4 to May 9.
   President, Elizabeth C. Burgess; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

The Society has affiliations with
American Nurses' Association, 450 Seventh Ave., New York, N. Y.
The American Child Health Association, 450 Seventh Ave., New York, N. Y.
American Social Hygiene Association, 450 Seventh Ave., New York, N. Y.
National Tuberculosis Association, 450 Seventh Ave., New York, N. Y.
National Education Association of the United States, Washington, D. C.
National Organization for Public Health Nursing, 450 Seventh Ave., New York, N. Y.
American Conference on Hospital Service, 18 E. Division St., Chicago, Ill.
PRÓCEEDINGS
OF THE
THIRTY-SEVENTH ANNUAL CONVENTION
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
Atlanta, Georgia, May 4 to May 9, 1931

Opening Business Session
Monday, May 4, 9.30 a.m.

Presiding: Elizabeth C. Burgess, President.

The roll call showed that representatives from twenty-one states were present, and the Chair announced that since the By-laws* required representatives from only fifteen states for a quorum, the Thirty-seventh Annual Convention of the National League of Nursing Education was in session.

The following reports were read, accepted, and placed on file:

REPORT OF THE SECRETARY

The officers and Board of Directors which you elected at Milwaukee met immediately after the close of the convention for the appointment of standing and special committees. A new and important standing committee was created, the Committee on Accrediting of Schools of Nursing.

The Board again assembled on January 17th and 19th, and the Committee on Accrediting of Schools of Nursing reported that it believed its immediate function should be the creation of standards for a permanent accrediting of Schools of Nursing, the preparation of a list of such accredited schools and—a more distant function—the establishment of a national board of examination. In order to do any work of this sort it will be necessary to secure a qualified full-time worker.

The Committee on the Relation of Nursing to Maternal Care reported that a National Committee for the Promotion and Standardization of Midwifery was organized and was being incorporated, and recommended that the League request this National Committee on Midwifery to receive the Chairman of the League's Committee on the Relation of Nursing to Maternal Care as our representative on the National Committee,

* By-Laws, Article XI, Section 3: "Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."
and that she report the activities of that committee to the Board of Directors of the National League.

Dr. Clark of the American Social Hygiene Association, spoke briefly at the meeting and suggested that an effort be made to provide in the basic course fundamental facts on social hygiene, and stated that the Association was willing to work out in conjunction with the League a demonstration for this instruction, assigning for such time as necessary a member of their personnel to help develop such a demonstration. The Board voted to accept the opportunity to work out some such plan.

The Committee on Functions and Resources was changed to the Committee on Functions, and its members were asked to make a further study, defining the philosophy of the League and what they believed its functions to be.

The Board also voted that the League, through its Committee on the Use of Library Facilities, get in touch with the American Library Association to see what assistance might be secured in working out the standards and general policies of administration for School of Nursing libraries.

Owing to the resignation of Major Stimson from the Board of Directors, inasmuch as she had been elected to the Board of the American Nurses' Association, Ada Belle McCleery was elected to fill the vacancy for the remainder of the year.

The accredited list of schools which was formerly published by the American Nurses' Association, and is now to be published by the League, is well on its way, and should be issued shortly.

It was voted that the Board recommend to the Convention that Lucy L. Drown and Mary M. Riddle be made Honorary Members.

There was considerable discussion as to financial support for the ordinary budget of the League, as well as for such projects as might well be undertaken. A new committee was formed, to be known as the Committee on Ways and Means, to make a study of obtaining financial support for League expenditures and for special projects upon which the Committee on Functions may later report.

The Committee on the Grading of Nursing Schools, in which this organization is represented, has stimulated a widespread interest in the problems of nursing education. It would seem that the League is the logical organization to capitalize the interest which has been aroused, and set in motion the necessary machinery for a permanent grading agency. The field is white—ready to harvest. We lack the financial resources to harvest it. One important contribution which each member of the League can make is to secure a larger membership. We want these members not only for the financial return, but also to become pro-
moters of sound nursing education. We now have twenty-eight State Leagues, and our total membership is in the neighborhood of 2,300. The returns in the Grading Study showed that of those reporting, many of whom were eligible for membership in the League, only 13 per cent were members.

Our memorial roll for the year includes:

Sister M. Dolores  
Caroline Garnsey Wade  
Olive Grace de Niord  
Mrs. Emma L. Parmelee  
Mrs. Caroline T. Burnett

Stella Goostray, Secretary.

FINANCIAL REPORT OF THE TREASURER

Miss Marian Rottman, Treasurer,  
National League of Nursing Education,  
New York, N. Y.

Dear Madam:

Pursuant to engagement I have audited the cash receipts and disbursements as shown by the cash books of the Treasurer of the National League of Nursing Education for the year ended December 31, 1930, and present attached hereto the following:

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE YEAR ENDED DECEMBER 31, 1930

Very truly yours,

Frederick Fischer, Jr.,  
Member, American Institute of Accountants,  
New York, N. Y.

January 10, 1931.

Overdraft, December 31, 1929 ........................................... $949.37

Receipts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions—General</td>
<td>$311.90</td>
</tr>
<tr>
<td>Contribution—Sesquicentennial Exhibit Committee</td>
<td>100.45</td>
</tr>
<tr>
<td>Convention—1930 Biennial:</td>
<td></td>
</tr>
<tr>
<td>Share of net income from Exhibit</td>
<td>$2,640.30</td>
</tr>
<tr>
<td>Share of registration fees</td>
<td>592.47</td>
</tr>
<tr>
<td>Interest on bank balances</td>
<td>171.82</td>
</tr>
<tr>
<td>Income from investments</td>
<td>550.00</td>
</tr>
</tbody>
</table>

3,232.77
Membership dues:
  State ................................................. $7,406.70
  Individual ....................................... 927.00
  Individual with application .................. 158.00
  .................................................. $8,491.70
Royalty .............................................. 19.49
Sales:
  Calendars ........................................... $11,132.35
  Calendar plates .................................... 60.00
  Photographs ........................................ 399.00
  Publications—Sundry National League of Nursing Education publications 996.22
  Publications—Curriculum .......................... 1,462.80
  Slides .............................................. 980.00
  State League supplies ............................. 34.46
  .................................................. 15,064.83
Dispensary Development Committee .................. 1,000.00
Refunds:
  On advance for Headquarters budget expense $204.84
  On advance for dinner and registration fees 224.00
  Officers' expense .................................. 12.38
  .................................................. 441.22
From 1930 Biennial Convention registration fees for a specified expense item of the Convention 5.00
  .................................................. 446.22
Total Receipts ....................................... $29,389.18

Total ................................................................ $28,439.81

Disbursements

Annual Report—printing ................................ $1,529.46
Board of Directors' meetings .......................... 42.39
Convention expense .................................... 621.37
Dues—other organizations ............................. 5.00
Printing and other costs:
  Calendars .............................................. 2,416.01
  Photographs .......................................... 398.94
  Publications ......................................... 499.84
  State League supplies ............................... 33.00
  Slides—cost .......................................... 658.60
Travel expense:
  President ............................................. 51.31
  Officers .............................................. 534.43
  Directors ............................................. 334.97
  Premium—Treasurer's bond ........................... 12.50
  Stationery .......................................... 313.82
  Miscellaneous ...................................... 135.13
  Headquarters Budget ................................. 10,793.14
Committees:
Dispensary Development Committee .................. $2,245.95
Joint Nursing Committee on Educational Policies .... 2,000.00
Committee for the Study of Nursing Education in Colleges and Universities ................. 35.58
Committee on the Grading of Nursing Schools ........ 1,000.00
Committee on Education .................................. 51.48
Committee on Nominations ................................. 13.45
Committee on Revisions .................................. 1.14
Advanced for 1930 Biennial Convention dinner and registration fees (see refund contra) .......... 224.00
Refund on membership dues ................................. 5.00

Total Disbursements ........................................ $23,956.51

Balance, December 31, 1930 .................................. 4,483.30

Total .................................................................. $28,439.81

There are funds invested as of December 31, 1930, viz:
$10,000.00 Plainfield Title and Mortgage Guarantee Co.
First Mortgage Participating Certificates.

FINANCIAL REPORT
(January to April 1, 1931)

Balance, December 31, 1930 .................................. $4,483.30

Receipts
Curriculum .................................................. $309.90
Publications ................................................. 227.03
Calendars ..................................................... 6,252.15
Photographs .................................................. 128.25
Slides .......................................................... 253.50
State League supplies .................................. 8.50

Dues:
State ......................................................... 1,149.00
Individual .................................................... 230.00
Individual with application ......................... 5.00
Refund from Headquarters ......................... 186.06
Dispensary Committee .................. 450.00
Interest ....................................................... 22.81

Total Receipts .................................................... 9,222.20

Total ............................................................ $13,705.50

Disbursements
Headquarters Budget .................. $2,033.11
Temporary Fund ................................. 2,000.00
Investment .................................................. $5,000.00
Publications .................................................. 57.50
Convention expenses ........................................ 5.50
Slides ......................................................... 18.25
Photographs ................................................... 165.00
Education Committee ......................................... 29.73
Accredited List ............................................... 112.00
Treasurer's bond ............................................. 12.50
Dispensary Committee ....................................... 206.38

Total Disbursements ........................................ $9,639.97

Balance in bank, April 1, 1931 ................................ 4,065.53

Total ........................................................... $13,705.50

There are funds invested as of April 1, 1931, viz:

$15,000.00 Plainfield Title and Mortgage Guarantee Co.
First Mortgage Participating Certificates.

TEMPORARY FUND ACCOUNT
(January to April 9, 1931)
(Used to pay bills during Treasurer's absence)

Cash Received .................................................. $2,000.00

Disbursements

President's expenses ......................................... $24.79
Committee on Nominations ................................... 16.45
Committee on the Distribution of Nursing Service .......... 136.34
Officers' expenses ........................................... 160.63
Directors' expenses .......................................... 89.20
Auditing books ............................................... 50.00
Photographs ................................................... 34.50
Convention expenses ......................................... 10.00
Headquarters Budget ......................................... 968.17
Accredited List ............................................... 15.33
Cost of purchasing bond ..................................... 19.33
Publications .................................................. 23.75
Board meetings ............................................... 13.33
Slides ......................................................... 38.03
Education Committee ....................................... 22.67
Dispensary Committee ...................................... 200.00
Refund balance to General Account ........................ 177.49

Total Disbursements ........................................ $2,000.00
DISPENSARY DEVELOPMENT COMMITTEE FUND

Receipts

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<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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</thead>
<tbody>
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<tr>
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<td>1,500.00</td>
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<td>500.00</td>
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<tr>
<td>1930</td>
<td>1,000.00</td>
</tr>
<tr>
<td>1931 to April 1</td>
<td>450.00</td>
</tr>
</tbody>
</table>

Total Receipts: $6,450.00

Disbursements

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1927</td>
<td>$37.70</td>
</tr>
<tr>
<td>1928</td>
<td>1,300.00</td>
</tr>
<tr>
<td>1929</td>
<td>2,076.75</td>
</tr>
<tr>
<td>1930</td>
<td>2,245.95</td>
</tr>
<tr>
<td>1931 to April 1</td>
<td>406.38</td>
</tr>
</tbody>
</table>

Total Disbursements: 6,066.78

Balance, April 1, 1931: $383.22

REPORT OF THE EXECUTIVE SECRETARY

The great event of ten years came to pass on the 22d of April last, and the League Headquarters moved from 370 to 450 Seventh Avenue, New York. We think we have the best offices of any of the Health Council organizations. We are on the fifteenth floor, southwest corner, with sunlight, a view, light and air, and a cross draft to keep us cool in summer. We look out over the Pennsylvania Railway station and the General Postoffice, and get all the breezes from Jersey, and see the ships going up and down the North River. We can see to read and write without artificial light anywhere in the office, a great improvement on most offices in New York, and on any place at 370.

Several groups of student nurses have visited Headquarters during the year, and the League has either arranged for, or coöperated with other organizations of the Health Council in arranging their program. Each organization explains its work and shows its publications. One group of graduate nurses came from Canada, and at Thanksgiving the Peping Union Medical College asked for two days for some of its hospital supervisors now studying in the United States. Five talks to student nurses have been given in the home schools on the League, and nursing organizations.
North Dakota and New Hampshire* have formed State Leagues, and had their constitutions approved by the National League. But they have not yet completed the final steps of filling out the applications for affiliations with the National League, and of sending in the credentials of their members. Letters explaining these last steps have been sent several times, but so far no answer has been forthcoming. We hope soon to be able to welcome these two new State Leagues.

Arkansas has formed a State League and sent in its constitution for approval. As soon as this is passed upon by the Revisions Committee we hope that they will complete their affiliation, and be numbered among the State Leagues.

The most engrossing work of the winter has been the preparation of the List of Schools of Nursing Accredited by the State Boards of Nurse Examiners. But since by authorization of the Board of Directors of the National League at its January meeting, a special committee has advised on that work, the report will be given under that of that committee.

Work on the 1932 convention has begun, and the Convention Committee is making preliminary arrangements for the Exhibit. The date of the convention will be decided after we hear from the Texas nurses, who are meeting the middle of this month. They will then appoint their committees, and organization will soon be under way.

For more routine matters, the League Department in the Journal filled 192 pages in 1930, and has filled 61 pages since January.

We have had 5,936 incoming, and 17,456 outgoing letters during the year. Most of the outgoing ones have meant considerable study in preparation, since they ask for help on every subject from a place of training for nursemaids to bibliographies and information for the preparation of theses of graduate nurses for the degree of Master of Arts. We average about 20 letters a week asking for help in choosing a school of nursing. We shall try to place copies of the Accredited List with vocational guidance agencies, so that they may see what various schools have to offer.

We have had 501 interviews this year. These take from five minutes to an hour or more. Many of them are with nurses desiring positions, who do not realize that the Placement Bureau was given up, and feel that a national organization is the place to go for help in finding opportunities for work.

The Records Committee, authorized in January by the Board of Directors, has begun its work, and will have something more definite

* The New Hampshire League completed these routines during the convention in Atlanta, and was received into affiliation.—Ed. Note.
to report at the next meeting. Records seem a very helpful and promising way of producing income for the League, as well as an educational opportunity to help the schools which are eager for suggestions.

In October and November the Executive Secretary had a trip of fourteen days, speaking at State League and State Nurses’ Association conventions in Alabama, Georgia, and Florida, getting personally acquainted with many of the nurses in those states.

The League received a gift for its library from Miss Florence K. Wilson, of a copy of her book, *Ward Study Units*, with typewritten material bound with it, showing why the choice of certain cases and material had been made.

The American Nurses’ Association also gave the League the proceeds from the sale of Red Cross posters on recruiting student nurses, which had been stored at the Philadelphia General Hospital. In addition they gave us 50,000 copies of *The Challenge*, a leaflet prepared by the Red Cross for the recruiting campaign of 1919, with questions and answers as to a good school of nursing. These are very useful to send to inquirers about the best school to enter.

The League sent a representative in the early fall to meet with other representatives of national nursing organizations and Washington, D.C., nurses, and the Reclassification Board of the United States Government about the proposed change in the classification of nurses. As a result of this meeting the American Nurses’ Association had a brief prepared giving reasons why the nursing profession felt that the proposed change was undesirable.

On invitation from the American Hospital Association, through the enthusiastic and efficient cooperation of the Louisiana League of Nursing Education, the National League was able to have an exhibit at the Convention of the American Hospital Association in New Orleans in October last.

The League bookkeeper at Headquarters spends about fifty per cent of her time on the accounts for the Nurses Committee for Financing the Grading Plan. Reminder notices go to people who have pledged money. Many State Associations ask for detailed reports of contributors, as a preliminary to state campaigns for funds. Further detailed reports are prepared for each meeting of the committee, showing contributions and pledges from each State Nurses’ Association, District Association, alumnæ association, State League, Local League, State Public Health Nursing Organization, Visiting Nurse Association, and other contributors. This time spent by its bookkeeper, makes a constant contribution of the National League to the grading program, over and above its annual financial donation.
With the completion of the Accredited List, the proceedings of this convention, work on the 1932 convention as already begun, the 1932 Calendar, and its sale, Headquarters promises to be a very busy place for some months. Any other possible future activities are covered in the report of the Functions Committee, and will not be touched upon here. With new and inspiring offices in which to carry on activities, the future gives earnest of greater service by the League.

Respectfully submitted,

NINA D. GAGE, Executive Secretary.

REPORT OF THE COMMITTEE ON ACCREDITING SCHOOLS OF NURSING

The Committee on Accrediting Schools of Nursing is composed of eight members. Due to the fact that they are scattered from the Atlantic to the Pacific, it would be impossible to hold a meeting of the entire group. Three members of the committee met in New York in November, reviewed the report of the Committee on Research and Accrediting, which was presented by Miss Hawkins a year ago, and made some general recommendations as to the work ahead of us.

Last year's committee emphasized the fact that some method of procedure for the accrediting of schools would undoubtedly arise from the recommendations and studies of the Grading Committee, and suggested that a nurse qualified to do educational research under the direction of this committee be added to the League staff at Headquarters.

The members of the committee present at the November meeting felt that, for the time being, the matter of research was less imperative than the preparation of a list of accredited schools, and that we should look forward to the eventual establishment of national board examinations, available for graduates of the higher grade schools on the accredited list. We should undoubtedly be able to use the material which will be available through the Grading Committee, and should make every effort not to duplicate any work already done by that committee.

It is obvious that, until we have the final report this year of the Grading Committee, and can know definitely whether they are to continue to function for a longer period, it will be impossible to put forward a definite plan for an Accrediting System, or to appoint any one person to develop a special program.

Shortly after the Board meeting in January, four of the eight members of the committee went abroad; and the Chairman offers the League due apology for doing little herself in the way of organizing plans for the future. Since, therefore, there have been no committee conferences,
the recommendations offered in this report are personal recommendations of the Chairman rather than of the committee.

It is hoped that the matter of accrediting schools will have frequent and free discussion during our annual meeting, for, unless we can know what League members in general desire, any special schemes of the committee alone will not meet with much general satisfaction or support. Although we are undoubtedly not yet ready to launch a definite program, it is hoped that, with enlarged headquarters office and equipment, the League may also have an enlarged staff of workers. If so, although we are not yet ready to have a worker assigned to this committee alone, the office may be able to collect and have available much material that may very soon be used for accrediting studies.

We should draw up a list of certain criteria, which every school must meet in order to be accredited on a list of schools endorsed by the League as having high standards. This list should include hours of study, amount and kinds of practical experience, qualifications of instructors and directors of schools, entrance requirements for students, the kinds of school records to be kept, methods of examination, and requirements for graduation. These are only a few of the things that must be considered in order to establish high standards.

We should never accredit a school that cannot give a complete training; and we must, therefore, come to some definite agreement as to what constitutes a complete course of instruction and practice. This kind of work can be done without studying schools as they exist, and without undertaking the expense of making any survey. Our judgment will undoubtedly be based on the final report of the Grading Committee.

This special list of schools to be accredited by the League would not in any way interfere with the list the League is already publishing, which is a list of all schools accredited by the State Boards of Nurse Examiners. It would be, rather, a selected list of schools that meet only a very high standard. The requirements for placing a school on such a list must not be the personal opinion of your committee, but must come from a much wider range of experts in the field, whose findings and judgments in the matter shall be collected and made available by the Committee on Accrediting.

It is hoped that much serious discussion may develop in the next few months, so that, as soon as we have a final report of the Grading Committee, we may be ready to shoulder the responsibilities that will naturally fall upon the League. It is hoped that, before the Atlanta Convention is over, the members of the Accrediting Committee who may have been present will meet, in order that they may review and take note of whatever helpful suggestions or available material has been of-
ferred through the meetings of the convention, either by formal papers and discussion, or by informal conferences.

It is also hoped that our Executive Board will make very definite suggestions for the future work of this committee, in order that much more may be accomplished in another year than we have been able to do in the past year. Respectfully submitted,

Adda Eldredge (Wisconsin),
Ada Belle McCleery (Illinois),
Caroline McKee (Ohio),
Blanche Pfefferkorn (New York),
Marian Rottman (New York),
Shirley Titus (Tennessee),
Sarah White (California),
Helen Wood (New York), Chairman.

REPORT OF THE COMMITTEE ON CONVENTION ARRANGEMENTS

The preparation for the 1931 Convention of the National League of Nursing Education began in August, 1930. About that time correspondence was begun between the local committee and the District Associations of the Georgia State Nurses' Association and National Headquarters. Information was secured regarding the preliminary procedures. Much talking was done.

In October we received from National Headquarters a most comprehensive and helpful outline of convention procedure, and in the early part of November, Miss Gage visited us during our State Association Convention. Much valuable information and assistance was the result of her visit, after which time the committee chairmen were appointed and work begun, based upon her suggestions and the above-mentioned outline.

Early in 1931 all chairmen had accepted and a meeting had been held, at which time a copy of the outline pertaining to duties of each committee was given the chairman.

Since February the local committee, with the chairman of each committee, has held a meeting every two weeks, and has secured enthusiastic cooperation from all committees and local people. There were in all fifteen committees, several of them having a number of subcommittees.

The Alumnae, District, and State Nurses' Associations were sent information about the needs for the convention, and all have responded generously, both financially, and in spreading interest and publicity.
We think that extending to all an opportunity to assist in this kind of work is beneficial and quite worth while, and we commend it to those who may consider inviting a convention to meet in their city.

We have been most fortunate in having a hotel such as the Biltmore in which to hold all the meetings, because it saves much work for the committee, as well as the visitors, and we hope that after it is over our visitors will be able to agree with us.

We have also been fortunate in having a well organized Convention Bureau in the Association of the Chamber of Commerce, and the only "Cousin Fred," as he is known the country over, as its able director.

The Remington-Rand Business Service has loaned equipment, and is assisting the committee with registration.

The cooperation of the hospitals and lay people, together with the Woman’s Auxiliary of the Fulton County Medical Society, will all be evident to you as the week proceeds, and we trust that all our efforts will result in giving you a comfortable and happy time here. I am sure I express the opinion and feeling of the nurses of Georgia when I say we are deeply indebted to you for this opportunity, and we hope that the satisfaction and benefit will be mutual.

Eva S. Tupman, Chairman.

Report of the Education Committee

Two regular meetings have been held during the year, one January 18th, in New York, and one May 3d, in Atlanta. There were several meetings of subcommittee chairmen, in addition.

The main project on which the committee has been working is a program for the preparation of the educational personnel of schools of nursing. Since a discussion of this material is included in the report of the session conducted by the Education Committee (p. 154 ff.), it is unnecessary to go into detail here. It is hoped that the complete study will be published before the year is out, and that it will help to increase the numbers of well-prepared women going into positions in schools of nursing. The chairmen of the subcommittees working on this project are Effie Taylor, Stella Coosray, and Mary Marvin Wayland.

The Subcommittee on Teaching in Out-Patient Departments (Amelia Grant, chairman) has almost completed its report of the three-year demonstration connected with the Presbyterian Hospital and the Vanderbilt Clinic in New York. This will be published by the National League of Nursing Education, and will be available to anyone interested in this method of broadening the educational program of the nursing school, and giving it more of a social and health emphasis.
The Subcommittee on Extra-Curricular Activities (Shirley Titus, chairman) has been unable to carry out a very active program this year, but has several studies under way which will be reported later.

The Subcommittee on Illustrative Material (Gladys Sellew, chairman) has gathered together a list of models and charts for use in the basic sciences, with suggestions for their use in the special branches. This committee is planning to set up and to apply certain criteria for judging such materials, and to prepare a revised and somewhat extended list, which will be included in the new edition of the League Curriculum.

The Education Committee has several coöperative projects which it is carrying on with other organizations or groups. With the American Social Hygiene Association, it is planning a study of the teaching of social hygiene in schools of nursing. Amelia Grant and the Chairman are representing the Education Committee in these conferences and also in plans to coöperate with the Hospital Social Service Education Committee in working out some problems relating to the education of both undergraduate and graduate nurses.

Effie Taylor represents the Education Committee in conferring with the American Psychiatric Association on curricula and the teaching of psychiatric nursing.

Stella Goosbray represents the Education Committee in conferring with the National Organization for Public Health Nursing, in relation to the study of pediatric nursing experience in visiting nursing associations, and the newer developments in pediatric nursing, generally. Miss Goosbray has also been chairman of the Committee on Pediatric Nursing of the White House Conference.

The Electrical Research Products Company of New York, has asked the Education Committee to advise on the question of sound pictures to be developed for use in schools of nursing. Ella Best (chairman, Instructors' Section of the National League of Nursing Education) is to represent the Education Committee in connection with this piece of work, in which the Instructors' Section will join. Members of the Education Committee studied the Report of the Education Committee of the International Council of Nurses, and have sent in suggestions and criticisms which will be included with those from the Education Committees of other countries, and which will undoubtedly help in the final preparation of that curriculum report.

The work of the ensuing year includes a reprinting of the League Curriculum, with some minor changes. It is agreed that no extensive revisions will be undertaken at this time.
The committee is indebted to several members of the student body of Teachers' College, who worked on sections of the materials for the nursing personnel report, namely, the Misses Childs, Thompson, Potts, Bradley, Benham, Massey, and the Misses Stanton and Dunbar of the staff.

This is a very brief outline of the work of the committee for the year 1930-31. Most of the details will go into special publications, which will be issued through the Publications Committee of the League.

Respectfully submitted,

Isabel M. Stewart, Chairman.

REPORT OF THE COMMITTEE ON ELIGIBILITY

The following applications for active membership in the National League of Nursing Education have been received and duly endorsed for approval by the undersigned members of the Committee on Eligibility:

Dariel H. Adams, Principal of the School of Nursing, Methodist Deaconess Hospital, Rapid City, South Dakota.
Josephine Cutts Bingaman, Instructor, Cook Hospital School of Nursing, Spartanburg, South Carolina.
Gladys Dorothy Currie, Educational Supervisor, School of Nursing, Tennessee Coal and Iron Employees' Hospital, Fairfield, Alabama.
Fannie Elizabeth Dominick, Instructor, Spartanburg General Hospital School of Nursing, Spartanburg, South Carolina.
Oetta Browning Glasscock, Instructor, School of Nursing, Dr. Groves' Latter Day Saints Hospital, Salt Lake City, Utah.
Anne Marvin Goodrich (Clinic Assistant in Health Educational Program with Dr. W. W. Peters, China), Mt. Kisco, New York.
Nettie Bradley Lord, Directress of Nurses, Knox County General Hospital, Rockland, Maine.
Mary Elizabeth McKay, Instructor, School of Nursing, Latter Day Saints Hospital, Salt Lake City, Utah.
Disa Winifred Sitter, Assistant Director of Nurses, Mount Sinai Hospital, Cleveland, Ohio.
Grace Steele, Director, School of Nursing, Greenville City Hospital, Greenville, South Carolina.
Marguerite J. Welsh, Superintendent of Nurses, Columbia Hospital, Columbia, South Carolina.

Respectfully submitted,

Charlotte Burgess,
Ellen C. Daly,
Elizabeth Melby, Chairman.
THIRTY-SEVENTH ANNUAL CONVENTION

REPORT OF THE COMMITTEE ON FINANCE

The committee is glad to report the finances of the League in good, sound condition.

The year 1930 closed with a balance of $4,483.30 instead of an anticipated deficit. This enabled the League to invest $5,000.00 in a first mortgage of Chicago, Rock Island and Pacific Railroad Company, yielding 4.15%. This, with the $10,000.00 invested in the Plainfield Title and Mortgage Guaranty Company, yields an income of over $750.00 per year.

The budget submitted and approved by the Board of Directors for 1931, estimates an income of $27,263.30, and expenses of $24,351.10, and unless some unexpected expenses come our way, we shall again carry over a balance to 1932.

Through the generous purchase of publications, calendars and other educational material, the members can do much to increase the League's resources, so much needed in order to have it render the profession the fullest service possible.

NATIONAL LEAGUE OF NURSING EDUCATION

1931 BUDGET

Estimated Receipts

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tr>
<td>Balance as of January 1, 1931</td>
<td>$4,483.30</td>
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<tr>
<td>Calendars</td>
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<tr>
<td>Curriculum</td>
<td>1,200.00</td>
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<tr>
<td>Dues: Individuals</td>
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<td>States</td>
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<td>Publications</td>
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<td>Royalties</td>
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<td>Slides</td>
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<td>Convention, Registration</td>
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<tr>
<td>Interest on Mortgage Cert. ($10,000)</td>
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$27,263.30

Estimated Expenses

<table>
<thead>
<tr>
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<th>Amount</th>
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</thead>
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<tr>
<td>Accredited List of Schools of Nursing (Printing)</td>
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<tr>
<td>Annual Report (Printing)</td>
<td>1,600.00</td>
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<td>Auditor's Fees</td>
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<tr>
<td>Board of Directors' Meetings (Rent)</td>
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<tr>
<td>Board Meetings, Officers and Directors</td>
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<tr>
<td>Calendars</td>
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Committee Expenses:
(a) Common Activities .................................. $25.00
(b) Dispensary ............................................. 339.60
(c) Distribution of Nursing Services .................. 200.00
(d) Education .............................................. 500.00
(e) Eligibility .............................................. 2.00
(f) Functions and Resources of League ............... 200.00
(g) Indexing ................................................ 10.00
(h) Midwifery .............................................. 5.00
(i) Nominating ............................................. 15.00
(j) Revision .................................................. 5.00
(k) Committee to Study Nursing Education in Colleges and Universities ......................... 100.00

Conventions:
(a) Miscellaneous ........................................... 130.00
(b) Officers' Expenses ................................... 700.00
(c) Program and Speakers ................................ 400.00
(d) Reporting ............................................... 325.00

Dues:
(a) Am. Child Health Association ....................... 5.00
(b) Am. Conference on Social Service ................. 25.00

Grading Committee ........................................ 1,000.00
Headquarters Budget ....................................... 11,360.00
Portraits .................................................... 400.00
President's Traveling Expenses ......................... 250.00
Publications ............................................... 500.00
Refunds ..................................................... 100.00
Slides ....................................................... 700.00
Stationery and Supplies .................................. 350.00
Treasurer's Bond .......................................... 12.50

Estimated Balance—December 31, 1931 .................. 2,912.20

$27,263.30

Following is the budget of Headquarters, submitted by the Executive Secretary to the Finance Committee:

HEADQUARTERS BUDGET FOR 1931

Salaries ..................................................... $7,800.00
Rent ......................................................... 1,165.00
Telephone ................................................... 110.00
Special Office Care ....................................... 40.00
Supplies .................................................... 125.00
Shipping Service ......................................... 250.00
Postage and Express Charges (including Calendar) .... 700.00
Telegrams ................................................... 50.00
Multigraphing and Mimeographing (including Calendar) .... 250.00
Packing Service (Calendar) ................................ 50.00
Extra Stenographic Service ................................ 300.00
Emergency Fund ........................................... $200.00
Miscellaneous (including Auditing Books, Bonding Head-
quarters Disbursing Officer, Repairing, and other inci-
dental expenses not listed in above headings) ......... 200.00
National Health Library Service ......................... 120.00
$11,360.00

Respectfully submitted,
MINNIE JORDAN,
MARIAN ROTTMAN,
MARIE LOUIS, Chairman.

REPORT OF THE COMMITTEE ON PROGRAM

The activities of the Committee on Program have been conducted
entirely by correspondence except for one meeting held in New York
in January, at which time the Secretary of the Committee on Convention
Arrangements met with the Program Committee. According to the
By-laws, suggestions for the program were solicited in September from
the officers of the National League and the State Leagues, and the chair-
men of all committees. A report of progress was given to the Board
in January; the completed program is presented at this convention.

The members of the committee wish to acknowledge with great ap-
preciation the assistance of our Executive Secretary, the Secretary of
the Committee on Convention Arrangements, and all others who have
coöperated in our program plans.

Respectfully submitted,
ELLA G. BEST (New York),
JESSIE M. CANDLISH (Georgia),
NELLIE X. HAWKINSON (Ohio),
ANNA D. WOLF (Illinois), Chairman.

REPORT OF THE COMMITTEE ON PUBLICATIONS

The 1931 Calendar sold, as published in the Journal, 13,490 copies to
April 30th. The states have pushed the sales hard, and have done splen-
didly, in spite of the depression.

The Curriculum is selling steadily, and since January 1, 1931, 159
copies have been sold, leaving a balance of 673. The Education Com-
mittee has been notified of the necessity for a reprint within the next
year or so.

The 1932 Calendar, after many inquiries in various parts of the coun-
try, will be of two sorts, one, copies of old pictures of Nursing Saints;
the other, since considerable desire has been expressed for a new sort of calendar, a desk pad for engagements, each sheet provided with space for a week's notations. At the bottom of each of these sheets there will be quotations from League literature. This will give an opportunity for all executives and head nurses to have the engagement pads on their desks, helping nursing education at the same time that they have something convenient for their work. Every hospital could have a pad for each ward, and administrative officer, and anyone who needed to keep a record of coming appointments and duties.

The other calendar, the Nursing Saints, will provide for nurses having no use for engagement pads a more decorative calendar for Christmas gifts and other uses of their own. The committee hopes that with the two kinds of calendars everyone may find something attractive and useful and suited to her taste.

The next thing which will occupy the committee will be the "Accredited List," the manuscript of which will go to press very shortly. The new list will publish many more facts about the schools than the former lists. It should prove a necessity for every nursing executive, and for every vocational guidance agency.

The report of the Dispensary Development Committee will also be given to this committee in the early summer.

The list of the new publications appeared in the March Journal, and a classified list of publications useful for several types of workers in the April Journal. The binders for pamphlets have proved a great attraction for many people, and they are ordering them as a convenient means of keeping pamphlets and reprints in good condition while still easily available.

Respectfully submitted,

HELEN W. MUNSON,
ALMA H. SCOTT,
ISABEL M. STEWART,
NINA D. GAGE, Chairman.

REPORT OF THE ADVISORY COMMITTEE FOR THE ACCREDITED LIST

The Advisory Committee for the Accredited List met on March 3, 1931, and decided on the items to be included in the facts about schools of nursing in the lists of schools accredited by the state authorities. These items are:

Name of school, and hospital, infirmary, or sanitarium with which school is connected?

City?
Facts about the school:
Denomination?
Year school was established?
Total number of student nurses, January 1, 1931?
Number of students graduated in 1930?
Number of students affiliating from other schools on January 1, 1931?
Minimum educational requirement for entrance?
Minimum age of entrance?
Number of months in course, including vacations?
Number of months in preliminary course?
Number of weeks' vacation in entire course?
Number of hours on duty, day?
Number of hours on duty, night?
Number of hours on duty per week?
Number of hours on wards each week during preliminary term?
Total hours classroom work, preliminary term?
Total hours classroom work, entire course?

School and nursing staff:
Total number of graduate nurses, except specials, employed by hospital?
Number of general staff (general duty) nurses?
Number of full-time nurse instructors?
Number of part-time nurse instructors not employed elsewhere in the hospital?
Number of graduate nurses not listed elsewhere, teaching in the classroom?
Number of doctors who teach?
Number of other teachers and lecturers?

Clinical facilities:
Number of beds in hospital, including bassinets?
Daily average number of patients?

Services offered to students:
Medical?
Surgical (including gynecology)?
Operating room?
Obstetric?
Pediatric?
Nervous and mental?
Tuberculosis?
Other communicable diseases?
Public health nursing?
Out-patient department?
Diet kitchen?

Name of Director of School?

In view of indefiniteness of answers already returned to many of the questions, it was decided on March 3d to send a second letter to the schools asking for a few more definite facts. Many schools had to be written to individually for still further explanations.

Tabulation from the questionnaires began on March 5th, and was finished on April 15th, a total of six weeks. Checking the tabulations took from April 16th-27th, a total of ten days. With practice we aver-
aged four minutes to tabulate the facts from each school, because so much interpretation was necessary. With 1,844 schools this meant 7,378 minutes, or 123 hours. We had hoped to work six hours a day on the tabulation, and finish in three weeks, but we found this impossible, since the regular office correspondence, 1931 membership lists, selling of reprints, interviews, and committee meetings, had to go on simultaneously. As fast as the manuscript of tabulations for a state could be checked, it was sent to the State Board of Nurse Examiners for their approval before publication. As soon as these are all back, and our own corrections have been made, the manuscript can go to press. The printer promises proofs from three days after he receives the manuscript, and final publication two weeks after we return corrected proof to him. Thus the final date of publication will depend on how fast we can read proof in May and June.

The list of courses offered to graduate nurses was published in the May Journal, because so many inquiries about such courses had been received in the office. This table will be included as a supplement to the lists of undergraduate opportunities offered by the schools.

In the new Accredited List there will be so many facts about the schools that it should be very valuable for vocational guidance agencies, as well as all executive and administrative nurses in whatever field who wish many facts for quick reference on the schools from which new graduates come to them.

The difficulties of gathering facts began with trying to get lists from the State Boards. These were first written to in September, 1930, asking for lists of schools accredited by the Board. One reply has not yet been received. When the lists did not come in, we used the old Grading Committee list for names of schools, and the list made last spring by Miss Goosray of the Joint Committee on Educational Policies. One Board sent us the name of a school on their list which we happened to know had been discontinued two years ago. One list included a school which sent back the questionnaire, saying, "We are not accredited." Inquiry a second time from the State Board elicited the reply that that school is not accredited.

One thousand nine hundred and eight questionnaires went to the schools on December 29, 1930. On February 28, 1931, a duplicate was sent to almost 700 schools which had not replied up to that time. The second short questionnaire was sent to all the schools on March 7th. In it the schools which had not yet replied were asked to send in their first questionnaires at once. On March 26th lists of schools which had still not sent in replies, after three opportunities, were sent to the State Boards, asking them to ask the schools to respond, so that there might
be no empty spaces in the state record. Most of the State Boards sent emergency calls to the schools. Each school has had, therefore, if it did not send back its report promptly, three reminders. In spite of these opportunities, the number of empty spaces is too great. If there had been money enough, we should have made a last attempt with a tele-gram, but funds were too limited.

When final tabulation was started, the abbreviations used in the 1928 List were used, since people are accustomed to them. Where we could not decide what was meant by a statement, we used the 1928 sign of doubt or insufficient information, a row of dots. The following replies show some of our difficulties in interpreting answers:

What is the total number of graduate nurses who do no teaching of students?  
"3, and one doctor."

Total number of students in the school, including preliminaries?—"Students 79, probationers 23." Does the 79 include the 23 or not?

The number of beds and bassinets is often given in the same indefinite way.

Total number of hours of duty per week?—The time per day is given, or in a few cases, "Have none."

Towns change their name on different replies, and that makes the alphabet-
ization different. One name for the school, and address is given on the questionnaire, another on the envelope, and still a third on the letterhead. One school gave no name for its town, but said it was located in a "City fifteen miles from ______" (a large city).

Total number of students in the school?—"None" was the reply of two or three schools. One school answered: "Total—15 students." In itemizing them according to sex and color, 22 white women were given. The total daily average of patients is 41. How many students are there? We cannot tell.

In California the law requires a course of 28 months. Many schools offer an "elective advanced" course of eight months. This is considered by some schools as an affiliation, by others as a postgraduate course. The Grading Committee counted the pupils taking this course as affiliates. We listed the courses as postgraduate, or "offered to graduate nurses."

Minimum educational requirements?—None given, but "We are striving for full high school—nearly every student has it," is replied.

With which hospital is your school connected?—The name of a hospital with the school of which affiliation is made is given, often in another town. For one school we had to write to the affiliating school to find the location.

Total class hours?—Many schools give them as more than the League sug-
gests in its Curriculum. This sometimes means the hours of teaching given students making up work in which they had failed, but since it was impos-
sible to discriminate, the number of hours given was put in the tabulation.

Affiliations?—None offered, yet several affiliating students given.

Affiliations?—"None, all the services in our own school"—yet the second slip gives two or three services obtained by affiliation. Which shall we accept?

Affiliations?—Given by the State Board, but the school says "None," or the State Board doubles the time of affiliation. Which shall we accept?
Differences in time allotments for services, as given on the two questionnaires are sometimes as great as 100%.
Length of affiliated course offered?—One school says "Preference," for them all; one school says "q.s."
The distinction between "elective" and "affiliating" is apparently not always made.
Services planned for students?—"This is a general hospital."
Superintendent of Nurses signs herself from a nonexistent hospital.
Name of Director of School not typed, and cannot be read.
Length in months of preliminary course "4—entire preliminary course 6 months."

However, we have done the best we could, and used dots only where it seemed strictly necessary. We think that there are enough facts to make the book very useful, and shall do our best to have it off the press as soon as possible. Respectfully submitted,

H. LENORE BRADLEY,
MABEL F. HUNTLY,
HELEN W. MUNSON,
NINA D. GAGE, Chairman.

REPORT OF COMMITTEE FOR THE STUDY OF NURSING EDUCATION IN COLLEGES AND UNIVERSITIES

Report printed in the July number of the American Journal of Nursing. Reprints are available from League Headquarters.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

This committee begs to report that the usual business has been transacted during the year.
The annual meeting was held in New York in January, seven members attending. At this meeting the Executive Committee was re-elected and the officers appointed were:

Katharine DeWitt—Secretary.
Mary Riddle—Treasurer.
E. M. Lawler—Chairman.

It was decided to award six scholarships of $300 each. As this report is being presented before the consideration of the applications for this year, it is not possible to present names of the successful candidates.
The announcements have been sent out as usual and with the usual results. The last report from the secretary indicated that 31 applications were on file and as the applicants were all well prepared nurses, the task of selecting the six for the scholarships would be difficult.
It has come to the attention of the committee that at least one of the unsuccessful candidates felt she had been treated unfairly in that contributions had been made to the fund from that state, and no scholarship had ever been awarded in that district. It was felt that the fact that the scholarships were competitive was not clearly understood, and it was decided to send a summary of the method of judging to those who receive the announcements of scholarships, so that they may better understand how the choice is made.

The contributions received during the year to the fund amounted to $737.50.

McIsaac Loan Fund

This fund continues to grow slowly. Contributions during the year amounted to $869.50. The fund, on January 1st, amounted to $7,625.70, and almost the entire amount is out on loans.

During the year 13 loans were granted, 10 for $200 each, 2 for $100 each, and 1 for $150.

Respectfully submitted,

E. M. Lawler, Chairman.

Report of the Committee on Functions

(Although this was accepted as a report, the Board has neither accepted nor acted upon some of the recommendations.)

I. At the January, 1931, meeting of the Board of Directors it was voted that "the name of the committee (on Functions and Resources) be changed to Committee on Functions, and that the committee be asked to make a study defining the philosophy of the League and what it believes its functions to be."

This report, therefore, is based on study of

1. The Articles of Incorporation.
2. The program of the Grading Committee.
3. The work of existing League Committees.
4. The work of Joint Committees in which the League has representation.
5. Some study of the work of the American Nurses' Association and the National Organization for Public Health Nursing in so far as they have to do with the education of nurses.
6. Reports of the Executive Secretary.
7. Study of a variety of organizations dealing with problems of academic and professional education.

The terminology of the Articles of Incorporation provides for a very broad conception of function. The clause of definition, it will be recalled, reads as follows:

3d. The object of this association shall be to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout
the country minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperating with other bodies, educational, philanthropic and social; to promote by meetings, papers and discussions, cordial professional relations and fellowship, and in all ways to develop and maintain the highest ideals in the nursing profession.

It is important that the work of the Committee on the Grading of Nursing Schools, which is a temporary organization, and of the National League of Nursing Education, should first be differentiated. They may then, if desirable, be consolidated. The National League of Nursing Education may be described as the agency which, over a long period of years, has accepted responsibility for educational standards in nursing, and which has, in spite of serious financial limitations, exerted a steady and constructive influence on the schools. Its achievement is impressive, especially when viewed as the result, to a very large extent, of volunteer service. Conversely, it is very limited when viewed in relation to the total need of schools and nurse educators for guidance. The Grading Committee, as at present constituted, may be described as a comparatively short-lived fact finding agency, working in the field of nursing education. If we accept these statements, then the League should be utilizing to the utmost the facts secured by the Grading Committee in revising or strengthening its standards and programs. Modern nursing was instituted by a woman who knew the value and use of statistics. If the League is in need of data which have not yet been secured by the Grading Committee, but which it believes can so be secured, it should, through its direct representation in the Grading Committee, present its case. It should evaluate the work of the Grading Committee in relation to its own present and future programs, and thus be prepared to reach a decision which would have weight with the Grading Committee itself (since it is an independent committee, presumably with power to determine its own future) as to whether the Grading Committee as now set up should continue, or whether it should continue in some modified form and under what auspices.

In the light of its future tasks in the field of nursing education, the National League of Nursing Education should at this time determine whether the nursing profession and the public have permanent need of a research organization. If needed, plans should be made for that permanent program. As reported by this committee in 1929, a study of other educational organizations indicates that the work of accrediting and of research go hand in hand. The League's Committee on Accrediting has already proposed a program of accrediting by the League. It is recommended that the Board give consideration to the continuance of the existing Grading Committee until the "five-year program," which
includes a job analysis, is completed, and that plans be formulated for continuing a much smaller research organization under the auspices of the League.

The thinking of educators and representatives of allied groups in the Grading Committee has demonstrated such value, that it is recommended that an Advisory Committee comparable to the existing Grading Committee be set up in connection with a new research department of the League. The organization of such a committee would be a relatively simple matter if the League could make provision for lay membership. As a step toward this immediate goal as well as toward securing a much broader lay interest in the education of nurses, it is recommended that the matter of lay membership be considered at this meeting.

II. ANALYSIS OF COMMITTEE REPORTS

1. Committee on Accrediting of Schools of Nursing.

A. This committee believes its immediate function should be the preparation of a list of accredited schools (this does not refer to the list of schools accredited by the State Boards of Nurse Examiners published by the League), and a more distant function the establishment of a national board of nurse examiners. Part one of this statement involves analysis of functions and program of the Grading Committee. Obviously it would be unwise for two organizations to publish "accredited lists" in addition to the lists of schools already accredited by State Boards of Nurse Examiners. Inasmuch as the Committee on Grading Nursing Schools is a temporary organization, it is believed by the Committee on Functions that it should be an accepted function of the National League of Nursing Education to set up the machinery essential to an accrediting program. This would be in line with the general type of program followed by the American Medical Association in accrediting hospitals for internships, and the standardization program of the American College of Surgeons. The initial step in the procedure would be, obviously, to formulate standards. These might be grouped under standards for:

a. "Approved for university credit" with standards set up by Committee on Nursing Education in Colleges and Universities.

b. "Approved for general professional preparation."

c. Nonapproved. (One member of the Committee on Functions believes this would be a very unwise classification.)

or

a. Approved. This group would include those considered competent to train nurses who would be expected to go into teaching, administration, etc.

b. Provisionally approved.

c. Nonapproved.
The accrediting of schools would necessarily be based on field study as well as statistics.

It is recommended that the present list of schools accredited by State Boards of Nurse Examiners be used as a foundation list, and that the schools accredited by whatever accrediting agency may be set up be indicated by means of suitable symbols, etc. It is important that the lists be combined in order that there may be no confusion in the minds of prospective students or other interested persons as to the legal and professional status of a given school. The publication of separate lists might lead to serious confusion.

B. The Committee on Functions agrees with the Committee on Accrediting that the setting up of a National Board of Nurse Examiners is a desirable but more distant goal. The project when developed will involve careful consideration of programs with the American Nurses' Association, which has been responsible through the State Nurses' Associations for existing legislation and therefore indirectly for the existing boards of nurse examiners.

2. Committee on Education.

A. This committee is responsible for the Curriculum, and it has reported the need for slight revisions at an early date, and an extensive revision within three or four years, this to be based presumably on an analysis of function, obtainable through the job analysis of the Grading Committee, and on studies now under way under the direction of the committee. The job analysis will be available only if the Committee on the Grading of Nursing Schools secures an extension of time and completes its five-year program as originally planned.

It is recommended that, when the Curriculum is revised, more emphasis be placed on methods of ward teaching, and the correlation of theory with practice in the actual nursing situation.

It is recommended that the League's representatives on the Grading Committee make every effort to secure the type of job analysis which will have direct value in this project.

B. The Education Committee is also at work on outlines of educational programs for supervisors, instructors, and administrators in schools of nursing.

The third section of the report of the Committee on Grading Schools of Nursing to the schools contains disturbing but valuable data on the educational preparation of existing members of nursing school faculties. Standards of basic preparation for teachers and administrators, including supervisors and head nurses, as well as programs of postgraduate work, are urgently needed. It is recommended that the Education Com-
mittee be requested to formulate standards which can be widely disseminated.

The quality of preparation of faculty should be considered in accrediting schools.

C. Curriculum subjects now receiving special attention.
   a. The Committee on Maternal Care is working with a national committee. It is understood that the work of this committee is coordinated with that of the Education Committee.
   b. The Mental Hygiene Section of the American Nurses' Association is working toward the outline of a teaching program. It is recommended that a subcommittee of the Education Committee be appointed to work with the officers of the Mental Hygiene Section of the American Nurses' Association in order that such educational programs as are formulated may be made available to the Education Committee in its forthcoming revision of the Curriculum.
   c. The Board of Directors of the National League, at the January, 1931, meeting, approved the suggestion that a joint committee with representation from the American Social Hygiene Association and the National League of Nursing Education, be appointed to work out an undergraduate course in Social Hygiene. It is recommended that this committee be made a subcommittee of the Education Committee.

D. As the National Organization for Public Health Nursing is tending more and more to become a service organization, it is recommended that the National League of Nursing Education, through its Education Committee, prepare to work co-operatively with the Education Committee of the National Organization for Public Health Nursing, looking to the time when the National League of Nursing Education shall be expected to guide all educational programs, whether undergraduate or postgraduate. This implies membership on the committee for an adequate number of experts in public health nursing education.

E. Postgraduate Courses in Clinical Nursing. No national standards or curricula have been set up for postgraduate courses in clinical nursing. The study made by Carolyn E. Gray, and published in the American Journal of Nursing of June, 1929, clearly indicates the need for carefully formulated standards and conditions of teaching, and for outlines of content of courses. Postgraduate courses in clinical nursing do not, usually, come under the jurisdiction of state boards of nurse examiners. The League should accept responsibility for vigorous leadership in this field.

Over-emphasis on teaching method has sometimes been harshly criticized. There is some basis for this criticism, since nurses who have had weak clinical courses cannot easily strengthen this part of their prepara-
tion before taking courses in teaching methods. There is also imperative need for postgraduate courses in clinical nursing for those who wish to become specialists. The National League of Nursing Education cannot create the courses, but it can set standards, and the setting up of curricula would undoubtedly stimulate suitable hospitals to offer or to improve their courses.

3. *Committee on Publications.*

A. This is an income producing committee. It could be more productive, for the By-laws give it broader powers than it is now using.

Sec. 8. The Committee on Publications. The committee shall keep informed concerning the contents of professional nursing magazines, and pamphlets, and other journals publishing material of interest to nursing and nursing education, recommend and decide upon reprints of articles contained in such periodicals, cooperating with the Committee on Education in matters pertaining to its publications, and prepare such other publicity material as may be indicated and approved by the Board of Directors and as allowed by the budget.

It is recommended that, in addition to its present activities in relation to reprints, calendar, etc., this committee publish bibliographies and reading lists on at least the major subjects in nursing education and in clinical nursing.

B. Administration. There is grave need for a formulation of the elementary principles of administration of nursing schools. The preparation of such a text might be intrusted to an individual working under the guidance of a special committee on administration. The resulting manuscript could be referred to the Publications Committee for production. Such a text would be but the forerunner of a series of texts. When the Committee on Records has completed its work, and the resultant forms and instructions have been turned over to this committee, the sale should prove a legitimate source of revenue to the League.

4. *Committee on Library Service.*

It is recommended that the committee make a study of the cost of, and probable use of, a package library service. It is recommended that this committee prepare reading lists and bibliographies on the major subjects in nursing, turning them over to the Committee on Publications for production and sale.

**III. PlaceMENT Service**

Probably no agency is more effective in making and maintaining standards than a good placement service. This has been demonstrated by the Joint Vocational Service. The present policy of shunning com-
mercial placement services, while we fail to provide any center for professional placement, is ridiculous and undignified. The need for a good placement service is continuously apparent. The Committee on Functions is well aware of the difficulties, but is none the less insistent upon a recognition of the need for such service. If quality of faculty is accepted as one of the criteria for judging and accrediting a school, then a means of locating desirable personnel is an inescapable corollary.

IV. FIELD SERVICE

The Executive Secretaries have repeatedly reported needs of various sorts in the field. Field service falls roughly into two types: a. Promotional; b. Professional.

a. Promotional work has to do with strengthening the organization itself, and consists of attendance at conferences and meetings with emphasis on the League's organization and activities.

b. Professional field work has to do with problems of nursing education. It has been the experience of other educational organizations that the setting of standards is followed by requests for surveys, for expert advice on problems of organization, etc. The results of the work of the Grading Committee are already pointing toward a need for such service. This service would be a logical outgrowth of the work of visitors sent to schools to secure data for the accrediting program.

The Committee on Functions is not unaware of the place of state boards of nurse examiners in the educational scheme, but it recognizes the need of some of the boards themselves for guidance. At some place in the national organizations there should be available an advisory service for those boards desiring it. Despite the relationship to the boards of the American Nurses' Association, through legislative programs which should be primarily concerned with licenses to practice, the National League of Nursing Education is the body that should logically be looked to for specific assistance with educational programs.

We should look toward the time when the State Boards will be concerned with law enforcement, and the national accrediting body with educational programs.

V. PUBLIC INFORMATION

Public information falls under two heads: (1) information of the nurse public, and (2) information of the nonnurse public. The nurse public is being served by the Department of Nursing Education, and by news, in the American Journal of Nursing. The Journal also gives supplementary service by including articles on nursing education in the body of the magazine. It is being served by the direct method through
form and other letters. No recent study of the direct service has been made by this committee. A carefully planned series of informative form letters, released monthly except during the summer to state leagues and educational sections, could be a powerful factor in stimulating interest in the League. Occasional “service” releases to the schools could be the means of stimulating wider use of League resources.

(2) Providing information for the nonnurse public is dependent in part on a better informed nurse public. The plan outlined above should go far toward accomplishing this.

Probably a better informed nonnurse public could best be brought about by a carefully coördinated plan embracing all of the nursing organizations and the Grading Committee. A Joint Public Information Service would require the services of a thoroughly competent director of publicity. Such experts are costly.

SUMMARY OF RECOMMENDATIONS

1. That provision be made for lay membership in order to secure:
   a. Wider and more informed interest in nursing education.
   b. To improve the financial structure of the League.

2. That the League accept the responsibility for accrediting schools of nursing.
   a. This involves the setting up of a Research Department which shall make both statistical and field studies.
   b. This Department shall be prepared to carry forward without interruption the work so well begun by the Committee on Grading Schools of Nursing.
   c. That accredited lists shall be consolidated with the lists of schools accredited by State Boards of Examiners.

3. Field Service: That provision for more promotional field service be made; that field service for surveys of schools, and assistance in setting up or reorganizing educational projects be provided.

4. That a placement service be provided.

5. That studies leading toward the setting up of a national board of nurse examiners be set in motion.

6. The Education Committee
   a. That all curriculum studies be centered in the Committee on Education.
   b. That the Committee on Education set up standards of preparation for nursing school faculties including supervisors and head nurses.
   c. That the Committee on Education, at an early date, set up standards and curricula for postgraduate courses in various types of clinical nursing.

7. That the Committee on Library Service prepare bibliographies and reading lists on major professional subjects, these to be prepared for sale by the Committee on Publications.

8. That
   a. Plans for a program of direct information through circular letters, reprints, etc., be set up at an early date.
b. The League encourage the discussion of and formulation of plans for a central bureau of public information, which would concentrate its early activities in the nonnurse public, but which might ultimately take over the whole program of public information.

Respectfully submitted,

MARY M. ROBERTS, Chairman.

REPORT OF THE COMMITTEE ON REVISIONS

The committee has not met as a whole, as one member, Mrs. McDade, was obliged to leave the state at the time of meeting; another, Miss Castile, is now in Pasadena, with the consequence that the committee work was done by correspondence.

The Constitution and By-laws of the State League of North Dakota was forwarded to us by Miss Gage with the notation that it did not harmonize with the National League on the point of dues.

The committee recommends that the North Dakota League shall introduce in its By-laws the following amendment in order to conform with the By-laws of the National League:

Article V. Section 1. Dues. The annual dues for active members shall be five dollars; for associate members, three dollars.

Dues are payable to the Treasurer January first of each year. Dues of applicants favorably acted upon after July first will be charged in proportion to the number of months to the next January.

The Revision Committee recommends the following proposed amendments to the Constitution and By-laws of the California League of Nursing Education:

Article III. Officers. Changed to provide that: The officers of this organization shall consist of a President, a Vice President, a Secretary, a Treasurer, and five Directors. These nine officers, and chairmen of local Leagues, shall constitute the Executive Board of the California League of Nursing Education.

(Proposed amendment to By-Laws.)

Article II. Elections. Changed to provide that: Section 1. The President, Vice-President, Treasurer, and two Directors shall be elected in even numbered years; and the Secretary and three Directors shall be elected in the odd numbered years.

Respectfully submitted,

ANNA C. JAMMÉ, Chairman.
REPORT OF COMMITTEE ON THE USE OF LIBRARY FACILITIES

The committee as a whole has not met since the last report (May, 1930).

The chairman has however been functioning by answering inquiries by letter for lists of books of various sorts. The inquiries have come direct, and have also been referred, one from the American Journal of Nursing; one from the Trained Nurse and Hospital Review; two from the Executive Secretary of the National League of Nursing Education.

The attached summary of the requests and the action taken may be of interest and may be an indication as to the desirability of continuing the work of the committee.

1. Superintendent—The Hahnemann Hospital, Scranton, Pennsylvania.

2. Educational Director—Jewish Hospital, Cincinnati, Ohio.
   Letter referred by Executive Secretary, National League of Nursing Education: "Desirable library books," ready to spend $500. Three lists sent. Text, reference, and large list "will be of great value."

3. Superintendent of Nurses, Emanuel Hospital, Portland, Oregon.
   "List of text and reference books." Writer also Chairman of Educational Committee of Oregon State League of Nursing Education. One thousand dollars given by Oregon State Medical Society to City Library Committee for reference books for nurses. Three lists sent. "Lists of real value, duplicate copy made for each member of committee" (large list).

4. Superintendent—Medical and Surgical Hospital, Bar Harbor, Maine.
   Letter referred from National League of Nursing Education. "Board of Trustees voted to give $25 each year to buy books and magazines on nursing subjects. Nurses all graduates. Idea to encourage further study."
   Sent lists of text and reference books. No acknowledgment.

5. Superintendent—Laconia Hospital, Laconia, New Hampshire.
   Letter referred from American Journal of Nursing. Enclosed list of books available in Public Library "interesting to nurses." Requested names of 10 or 12 more which would be helpful to student nurses. Specially prepared list of 17 books sent. No acknowledgment.

It should be noted that inquirers are told that our committee is not in a position to recommend books, as the League has not taken action on our lists. They are also told that it is quite impossible to keep up with all the new books which are constantly appearing, and in consequence the lists submitted are merely suggestions. Further information is added that books may be ordered through the book department of the American Journal of Nursing.

Respectfully submitted,

Julia C. Stimson, Chairman.
REPORT OF THE COMMITTEE ON THE RELATION OF NURSING TO MATERNAL CARE

At the last meeting at which our committee reported, the committee recommended that it continue as a committee, but continue inactive unless there were some necessary activity.

The committee, therefore, has no report to present at this time.

Respectfully submitted,

HAZEL CORBIN, Chairman.

REPORT OF THE COMMITTEE ON A NURSING EDUCATION EXHIBIT, 1933

The committee appointed to secure information relative to an exhibit showing the Development of Nursing Education and Nursing Service at the Century of Progress Exhibition in Chicago, 1933, has held two conferences with Dr. Odum, Director of the Social Science Exhibits.

A tentative report was prepared for your meeting in January. The information requested by your committee at a second conference, April 27th, is contained in the following letter from Dr. Odum:

April 28, 1931.

MISS ADA BELLE MCCLEERY,
Evanston Hospital,
Evanston, Illinois.

My dear Miss McCleery:

Following your suggestion yesterday, I am enclosing an application for permit for exhibit space which I think will answer most of the questions which were raised.

In case it does not, I submit the following information. The Social Science group will include exhibits in sociology, social work, civics, education, child welfare, and other applied subjects, so that it would seem to me an exhibit in nursing and nursing education would fit properly into this building, and would, of course, be adjacent to exhibits of a similar import.

Space is divided into "bays" 20 x 20 feet, and is sold at a price of $10.00 a square foot. There is a deduction of 10% on this price for all applications received before December 31, 1931. Twenty-five per cent of this amount is due within 20 days after the allotment of space; 25% September 1, 1932; 25% February 1, 1933; and the remaining 25% on the opening day of the Exposition. The above payments are subject to a cash discount of three-quarters of 1% for each full month payment is made before the date on which such payment falls due.

One of the fundamentals of this Fair is that exhibits are to be coöperative rather than competitive, and with this in mind collective exhibits are being worked out for industries and for group organizations. It is, therefore, a very happy cir-
cumstance that your group includes three different nursing organizations and will so be able to depict the history and growth of the nursing profession, as well as the development of nursing education. Whatever coöperation you would arrange with your international groups would be very welcome and desirable.

We were very glad indeed that you and Miss Wood could have the conference with us yesterday, and are looking forward with great pleasure to working out these plans to a splendid conclusion.

Very sincerely yours,

"A Century of Progress,"
HELEN M. BENNETT,
Social Science Division.

Respectfully submitted,
LAURA R. LOGAN,
ADA BELLE McCLEERY,
EVELYN WOOD, Chairman.

REPORT OF THE COMMITTEE ON SOCIAL HYGIENE

On the request of the American Social Hygiene Association, the National League of Nursing Education appointed Miss Amelia Grant and Miss I. M. Stewart to serve with members of the American Social Hygiene Association on a joint committee dealing with the teaching of Social Hygiene in nursing schools.

A meeting of the joint committee was held in the end of April in the office of the American Social Hygiene Association, 370 Seventh Avenue, and Miss Stewart was appointed chairman. It was agreed that there was a definite need for better teaching of Social Hygiene in nursing schools, and that a plan should be made for a demonstration to be carried out in a selected group of schools in the vicinity of New York City during the coming year. The facilities for such a demonstration will be supplied by the American Social Hygiene Association, and the educational plan will be formed by the joint committee. It was agreed that this plan should include some form of instruction for the head nurses, teachers and supervisors of the schools, as well as for the student nurses. The committee will meet again within a short time to formulate such a program.

Since this piece of work is so definitely concerned with the curriculum of the nursing school, and staff education, it is suggested that it should be incorporated into the work of the Education Committee.

Respectfully submitted by
I. M. STEWART, Chairman.
Report of the Nurses’ Committee for Financing the Grading Plan

as of April 15, 1931

The Nurses’ Committee for Financing the Grading Plan reports total subscriptions amounting to $103,108.63. Of this sum $84,047.53 represents cash receipts; $19,061.10 outstanding pledges. Expenses to April 15th are $3,106.17; balance in bank, $5,941.36. Seventy-five thousand dollars have been transferred to the Grading Committee.

Thirty-three states have paid or pledged their quotas in full. These states are Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming. Sixteen states have exceeded their quotas: Alabama, California, District of Columbia, Georgia, Illinois, Indiana, Iowa, Massachusetts, Michigan, Minnesota, North Carolina, North Dakota, Rhode Island, Tennessee, Texas, and Wisconsin.

It is hoped that the sixteen states which have yet to pledge their quotas will do so before the end of 1931 so that the committee may report to the Boards of the three national associations when they meet in January, a 100 per cent quota participation of the states, and the completion of the fund.

To the officers and members of all State organizations, and to the individual nurses who have so splendidly contributed in raising this fund, the committee again wishes to express its sincere thanks and appreciation.

Carrie M. Hall, Chairman;
Blanche Pfefferkorn, Secretary.

Chairman: There are a certain number of committees to be appointed.

Committee on Resolutions: Miss Marian Rottman, New York, chairman; Miss Maude Sutton, Iowa; Miss Adelaide Mayo, Virginia.

 Tellers: Miss Ruth Mettinger, Florida, chairman; Miss Elizabeth Odell, Illinois; Miss Ruth Ingram, Missouri; Miss Maud Kelly, New York.

Inspectors of Election: Miss Nellie Brown, Indiana, chairman; Miss Mary E. Norcross, Massachusetts; Miss Kathryn Jensen, District of Columbia.

The Chair then declared the meeting adjourned until two o’clock.
Business Session
Monday, May 4, 2.00 p. m.

Presiding: Elizabeth C. Burgess, President.
The meeting opened as an additional business session, and the report of the Committee on Nominations was given.

REPORT OF THE COMMITTEE ON NOMINATIONS

The Nominating Committee, following the plan outlined in the last revision of our By-laws, last summer sent to each State League a blank ballot, which should be filled out and returned to the committee by the first of December. From these returns the committee has prepared the following ballot.

Because the returns from the states were not in as early as we had hoped, we regret to say that, in spite of rather excessive use of telegrams, the ballot was not completed until February.

The various members of the committee have been very coöperative and have made helpful suggestions, but many of the finer decisions have had to be made by the chairman alone, because of lack of time to communicate with members of the committee, who could be reached by mail only.

The following nominees have finally allowed their names to stand:

(Arranged alphabetically.)

President: Elizabeth C. Burgess, New York, N. Y.
    Anna D. Wolf, Chicago, Ill.
First Vice President: Effie J. Taylor, New Haven, Conn.
    Shirley C. Titus, Nashville, Tenn.
Second Vice President: Elizabeth Soule, Seattle, Wash.
    Julie C. Tebo, New Orleans, La.
Secretary: Loraine Dennhardt, New York, N. Y.
    Stella Goostray, Boston, Mass.
Treasurer: Marie Louis, Plainfield, N. J.
    Marian Rottman, New York, N. Y.

Respectfully submitted,

Nellie S. Parks,
Margaret Dieter,
Evelyn Wood,
E. A. Kelley,
Helen Wood, Chairman.
No nominations having been made from the floor, a motion was carried to close nominations.

The meeting then adjourned.

**Open Session Conducted by Advisory Council**

**Monday, May 4, 2.15 p. m.**

Presiding: Elizabeth C. Burgess, President.

The roll call showed that more than ten states were represented by their presidents or their representatives.* Since a quorum was present, the meeting was called to order.

Reports were given from State Leagues:

*California:* The California League of Nursing Education has a paid-up membership of one hundred and ninety-six, one hundred and twenty-five in the Northern Section, and seventy-one in the Southern Section. Regular monthly meetings have been held in both Sections from September until June.

The Annual Institute sponsored by the Northern Section was held in San Francisco in January. The C. S. N. A. and the C. S. O. P. H. N. were invited to join with the League, and responded generously. Mrs. Elizabeth Soule, Professor of Nursing Education, University of Washington, was our guest leader.

The Southern Section coöperated with the C. S. N. A. to further an Institute on "Human Behavior," at which Miss Elnora Thomson inspired all who heard her.

The Educational Committee of the State, in coöperation with the Home Economics Department of the University of California, is engaged in studying the teaching of sciences basic to nursing, as taught in the schools of nursing and the junior colleges of the state. Committees, consisting of teachers from both the schools of nursing and the junior colleges of the state, have been appointed. They are working on the gathering of data as to courses offered, preparation of teachers, methods of teaching, textbooks used, etc. The educational group have shown a great interest in the project, and we are hoping that something very much worth while will come of the study.

The basic science courses for prenursing students, placed in the Los Angeles Junior College by the efforts of the Southern League, are well attended, and have earned the hearty support of the faculties of both Junior College and schools of nursing.

The Annual Convention is being held at Yosemite Park, June 1st-5th, in conjunction with the C. S. N. A. and the C. S. O. P. H. N. The

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* By-laws, Article XI, Section 2. A quorum of the Advisory Council shall be ten members other than the officers.
outstanding speaker for the League will be Dr. E. C. Lee, of the faculty of the University of California, who will speak on Staff Conferences.

Colorado: The membership is forty-three, most of whom are in Denver. Within the past year, Colorado has been divided into districts, and we are hoping to organize other local leagues in some of these districts. To stimulate interest, we have three meetings a year of the State League in various parts of the state. We have sponsored a new Department of Nursing Education in Colorado State Teachers' College, under the direction of Phoebe Kandel, in which we are offering advanced work to teachers, supervisors and administrators in schools of nursing. The program of the summer also includes a course in hospital administration. The Department offered this last year extension courses in supervision and ward management to Denver nurses.

For many years the League has sponsored a modified form of central school for most of Denver's schools of nursing.

District of Columbia: In the League of Nursing Education of the District of Columbia, we have a membership of seventy-six. That is eighteen more than a year ago, but twenty-two new members in all, four having been lost by transfer, and five having left without asking for transfers.

Three hundred and fifteen calendars were sold this year (115 more than a year ago). Our members seem keenly interested in our meetings, which take place the last Thursday in each month at various hospitals, and once a year at the American Red Cross building. Our Program Committee works hard to give us a good program. After the meetings refreshments are always served. Once a year in December we have a dinner at the Grace Dodge Hotel, at which we have a speaker, and the student nurses sing Christmas carols for us.

The League is sponsoring a Maternity Institute which will be conducted in Washington, D. C., May 4th to 8th, by Miss Anita Jones from the Maternity Center in New York City. Forty-five graduate nurses have signed up for this meeting, which is to be held in the Red Cross Chapter House, and senior student nurses from all the training schools in Washington are to be sent to it. One hundred and ten are registered to attend.

The Program Committee this year has tried to bring before the League as a whole the particular interests and problems of the different sections of the organization, that there might be a little clearer thinking as to the separate activities of the groups, and their relation to the whole.

It was thought best to hand over to each group the interpretation of its own work, instead of the committee's formulating the several pro-
grams. In accordance with this plan the first meeting was given over to the Visiting Nurse Society, who presented a skit representing their instructive and health supervision work with the families in the district. This took the form of a prenatal and child welfare visit.

The Instructors' Section, through one of the instructors, presented the educational value of the case study, and this was followed by three case studies excellently well done by students in the hospitals.

The supervisors of the hospitals secured a moving picture of a modern hospital structurally planned to facilitate and economize operations of all departments in the hospital, and in addition to this gave a short humorous sketch of one disciplinary problem such as might be faced by any superintendent of nurses in any hospital today.

From the Special Hospital Group a demonstration of a practical procedure was given, and in addition a program of rhythmic dancing was presented. This demonstration was given by the nurses working in a course carefully planned as a training in mental and physical poise, and was presented as an extracurricular activity of very real value in development of the woman as well as the nurse.

The final meeting considered, with Dr. F. A. Moss, who has the chair in Psychology at George Washington University, the methods and relative value of the several tests recommended for the eligibility of entrants into our nursing schools. Dr. Moss also presented the superior value of the short answer examination questions in the schools.

The committee have still available the sum of $50.00 voted by the League for its use in procuring an out-of-town speaker. This will be transmitted to the incoming committee for its use in the next season.

The first meeting of the Instructors' Section of the District League of Nursing Education was held directly after the first meeting of the League. All subsequent meetings were held monthly at the Graduate Nurses' Association clubroom at 1746 K Street, N., W.

The Instructors' Section outlined their study for the year as follows: (1) value of short type examinations in schools of nursing, (2) study of the report of the Grading Committee as it affected the schools in the District of Columbia, (3) nursing procedures.

They asked the Board of Nurse Examiners to have the new and shorter type of examination substituted for the essay type in the next District examination for registration of nurses, and that anatomy and physiology be the first subject used for this experiment. This subject was chosen because it lends itself particularly well to a factual type of reaction examination.

They further recommended that the questions for the examination be compiled by the Instructors' Section, and submitted to the Board of
Examiners, the Board of Examiners to select from these questions those which they desire to have incorporated upon their lists of questions.

The recommendations were accepted by the Board, and over two hundred questions were compiled, selected, and forwarded to the Board.

The Central School, sponsored by the League, has had a successful year. Students are given credit in some of the universities for some of the courses taken in the school, and efforts are being made to increase the number of courses worthy of university credit.

*Florida:* The Florida League of Nursing Education was organized on July 2, 1927, at Gainesville, Florida. On November 5, 1927, a meeting was held in Miami. It was decided to make a study of the educational qualifications of instructors in the schools of nursing in the state; also, to draft a copy of a syllabus to be used in schools of nursing in the state.

No meeting was held in 1928 or 1929, but work was carried on. An effort was made to secure material regarding pioneer workers in the state, founding of nursing schools, etc. Some districts in the state responded well.

A meeting was held at Orange General Hospital, Orlando, Florida, February 13, 1930. Several interesting papers were read. The draft of a working curriculum was discussed and revised. The curriculum was later completed and adopted. It was decided that a meeting be held annually on the day preceding the meeting of the Florida State Nurses' Association.

On November 3, 1930, a meeting was held in West Palm Beach. Some interesting papers and demonstrations were given. Mrs. Benham, Secretary of the State Board of Nurse Examiners, gave a report on Progress of Schools of Nursing in Florida, in which she showed that Florida is raising educational requirements for both students and instructors. Twenty-eight per cent of the instructors are more than high school graduates, 39% high school graduates, and 33% less than high school graduates. Emphasis this year will be placed on admitting fewer, both physically and mentally better equipped students to our nursing schools, and on increasing the membership of the League.

There are now twenty members.

*Georgia:* Educational conditions throughout the state: The directors of the schools of nursing throughout Georgia have agreed that the work of the Grading Committee has been of untold value in assisting them in raising the educational standards of their schools. It has been the desire from all we have heard that the work of the Grading Committee
should be continued until all schools shall be graded similarly to the grading of hospitals by the College of Surgeons.

In the past eighteen months 16 small schools of nursing in Georgia have been discontinued and graduate staffs substituted. These schools were closed by hospital officials, who realized that they were unable adequately to prepare students to serve the public.

Statistics show us that in 1929 and 1930 there were 371 graduate nurses engaged in institutional work in Georgia, and in 1930 and 1931 there are 468 graduate nurses so engaged.

The Executive Boards of the Georgia League of Nursing Education and the Georgia State Nurses' Association, jointly, have requested the Board of Trustees of the Milledgeville State Hospital to provide a postgraduate and an elective affiliate course in Psychiatric Nursing. A Mental Hygiene Committee was formed in the Georgia State Nurses' Association to devise plans for the advancement of a mental hygiene program throughout the state.

A committee also approached the Pediatric Society and the Medical Association of Georgia in the interest of increasing the pediatric service in the hospitals of the state.

A committee also approached the State Board of Health which controls the State Tuberculosis Sanatorium of Georgia for further interest in affiliate courses in the nursing of tuberculosis. Because living conditions could not be provided, it has been impossible to offer the courses at present.

By reports received from various parts of the state, we are informed that some schools have adopted the American Journal of Nursing as a text. Sixty-two nurses were given instruction in the Red Cross course in First Aid, and received certificates from the American Red Cross for this work. The senior students in one district organized a book club and received nine books on different phases of nursing. In some of the schools the students have organized glee clubs. In different sections excursions have been made to abattoirs and dairies, and also to clinics for psychiatric patients, which were held at the U. S. Veterans' Hospital.

The Senior Students' Club, which is still active, put on a play at the Georgia State Nurses' Association meeting in Atlanta, last fall.

There have been 275 League Calendars sold in the state, which shows an increase of fifty per cent over last year.

We now have 34 paid-up members in the Georgia League.

Illinois: The Illinois League of Nursing Education has 250 members to date. During the year three members were transferred to other states.
and three members were received by transfer from other states. Nine regular meetings have been held this past year for which excellent programs have been provided, including: A demonstration of educational moving picture films, a joint meeting with the Central Council for Nursing Education at which Miss Isabel Stewart and Miss Adda Eldredge gave stimulating addresses, a report of the White House Conference by Miss Edna Foley, and a round table on staff conferences conducted by Miss Laura R. Logan.

The Calendar Committee was sufficiently successful in the sale of 1931 calendars to permit Illinois to retain its place as fourth in the list of states again this year.

The Education Committee is continuing its study of medical experience available to student nurses in hospitals, in order to secure information from which standards for content of medical clinical experience may be developed. It is also studying the experience of the graduate nurse on "special duty" in hospitals, to determine what types of medical cases she is nursing, so that nursing educators may anticipate her requirements. No report of this study is as yet available.

The committee for the study of affiliations for tuberculosis nursing recommended standards for a tuberculosis sanatorium which would be a satisfactory laboratory for instruction of student nurses in tuberculosis nursing. A copy of this report will be forwarded to Headquarters of the National League of Nursing Education.

The State Department of Public Welfare recently issued new rulings which interfered appreciably with the work of the Illinois School of Psychiatric Nursing in its excellent affiliated course offered to students from general hospital schools. The State Nurses' Association combined with the Illinois League of Nursing Education in sending protests to the state officials. These organizations interested a large group of public-spirited citizens who deluged the State Department with letters to such an extent that the rulings were promptly rescinded. As a result of the enthusiasm thus created, the Central Council for Nursing Education is presenting recommendations to the Director of Public Welfare which it is hoped will give protection to the school in the event of further political difficulties.

The State League has been cooperating with the State Nurses' Association in the presentation of a Public Health Nursing Bill to the State Legislature for the purpose of requiring all women employed as public health nurses to be graduate registered nurses, and after October 1, 1931, to have special preparation in public health nursing according to the requirements of the State Department of Registration and Education. This bill has successfully passed the Senate and Assembly.
Indiana: The Indiana League has held its meetings regularly during the last year and has concentrated its programs on those problems in the training schools that seem to be important now, that is, divisions of service and adequate record keeping, and they have also taken up the matter of pediatric affiliation. The meetings have been held in Indianapolis and in some of the near-by towns. The membership of the League is about thirty-five.

Iowa: The Iowa League of Nursing Education met at Burlington, Iowa, in October, 1930, in connection with the Iowa State Association of Registered Nurses. For the first time in the history of the organization an entire day was devoted to the League program. The attendance was large and everyone very well pleased with the new arrangement. We were fortunate in having on our program Miss Adda Eldredge, Director, Nursing Education, Wisconsin State Department of Health; Mrs. Ada Reitz Crocker, Director, School of Nursing, St. Luke’s Hospital, Chicago, Illinois; and Miss Gladys Sellew, Supervisor, Children’s Department, Cook County Hospital, Chicago, Illinois.

The Advisory Committee to the State Board of Nurse Examiners convened regularly throughout the year. This group recommended to the Iowa State Association of Registered Nurses that the Iowa State Medical Association, Iowa State Hospital Association, Iowa Division of the Iowa-Nebraska Catholic Hospital Association, and the Iowa State Department of Public Instruction, be invited to send one representative each, to the Advisory Committee conferences. In the judgment of the committee this contact will be of considerable value in the promotion of nursing education.

There are forty-four schools of nursing in Iowa. Forty-one are fully accredited and three conditionally accredited. Six schools of nursing were eliminated during the past year on account of failure to meet the increased standards.

Considerable stress has been placed upon the significance of having instructors and supervisors well qualified.

The results of the program of the Grading Committee are most gratifying and highly commendable. This extremely valuable comparative study has given a vivid picture of present-day nursing education which shows the need and importance of placing nursing education upon a sound educational and economic basis.

The present paid membership of our State League is fifty-six. The 1931 meeting will be held October 5th, at the Fort Des Moines Hotel, Des Moines, Iowa.
Kansas: Membership, December 31, 1930, 38; 1931 (to date), 26, with four applications pending. Decrease of eight. Reasons: Three were transferred out of state; nurses in Kansas isolated and scattered too much to form local groups and stimulate interest between annual meetings.

Meetings: 1. General meeting. 2. Board of Directors’ meeting. At general meeting approximately one-third of members attend; at Board of Directors’ meetings we had no quorum. Reason for latter is the inability of Catholic sisters to attend.

Accomplishments: 1. Nursing History slides used by seven different schools in 1931. They have nearly paid for themselves in fourteen months. 2. Two-day institute sponsored by the State League in connection with the State Nurses’ Association meeting in Manhattan in October. Miss May Kennedy of Chicago was the main speaker.

Aims: To raise the standards of nursing education by educating graduate nurses, doctors, and the public in the fundamentals and essentials necessary to conduct schools of nursing. Much has been done by our institute and the state’s quarterly bulletin, but Kansas still has too many small hospitals conducting schools of nursing.

Kentucky: The Kentucky League of Nursing Education has on this first day of May, 1931, seventy-two members, seventeen of which are new members. The past year fifteen moved out of the state or resigned.

The outstanding educational accomplishment of the past year was our annual three-day institute, held January 27th, 28th and 29th. At this session much time was spent in the study of the university school of nursing, and the possibility of credit being granted for courses in the school of nursing until direct connection can be made with the university.

We were very fortunate to have with us at this time Dr. Haven Emerson, Columbia University; Dr. R. A. Kent, President of University of Louisville; Dr. J. J. Oppenheimer, Dean of the College of Arts, University of Louisville; Dean Homberger, Medical University of Louisville; Rev. Father Pitt, Dean of Catholic Schools of Kentucky; and Miss Alice Weston, Vanderbilt University School of Nursing.

A course of lectures on Mental Hygiene by Dr. Frank J. O’Brien, and a course of lectures, moving pictures, and demonstration on tuberculosis nursing and prevention by Dr. Oscar Miller were very interesting and instructive.

We hold regular monthly meetings, well attended, from September to June, each year. An excellent program has been arranged for each meeting. For the May meeting we are expecting to have with us Miss
Dora M. Cornelison, Field Representative of the *American Journal of Nursing*.

The League completed their pledge to the Grading Committee of seventy-five cents per member; fifty-two calendars were sold.

Working with the State Board of Nurse Examiners, we are pleased to report only seven of the thirty-one schools of nursing in Kentucky today admit students who have not graduated from accredited high schools; and we think that within the next six months all will have so ruled, even though we have not as yet amended our law to make high school graduation entrance compulsory.

Our annual meeting is always held with that of the State Association of Registered Nurses, and will, this year, be conducted in Dayton, Kentucky, in October.

*Louisiana:* The Louisiana League of Nursing Education has at present fifty-two members. Though our League is small, we are quite active and carry on a constructive program.

As the State League and the State Nurses’ Association held their last annual convention jointly, an attempt was made on the part of the League to present a program that would be of interest to the nurses in general, so we chose as its keynote “The Advantages of General Floor Duty to the Graduate Nurse.” We were fortunate in having with us at that meeting, Miss Shirley Titus, of Vanderbilt University, who kindly consented to take part in our program.

During the past year, a number of studies have been made through the cooperation of the State Board of Examiners, upon which the program of our annual institute was based.

Upon data secured through a study of the educational background of the graduate staffs of schools of nursing in Louisiana, Mr. John Lombard, Director of Certification of Teachers in the State Department of Education, formulated and presented a splendid plan for standardization of educational qualifications for the teaching staffs of our nursing schools.

In order that the future interests of our student nurses be safeguarded, and the progress of nursing education in our state continue, we are giving much thought to what should be the content of the four-year high school course prescribed for entrance into Louisiana schools of nursing. While a study of one hundred educational papers presented by students admitted in our fall classes of 1930 showed that ninety-eight per cent were eligible to enter the State University, the League felt that the educational background of the prospective student could be more carefully developed through close cooperation with the State Depart-
ment of Education. To this end, a suggested curriculum for high school students interested in nursing is being worked out with the assistance of the State Department of Education.

The third study was in regard to the nomenclature used in the Louisiana schools of nursing. Through this study, the fact was brought out that a fair degree of uniformity already existed, therefore a uniform nomenclature to be used in all the schools was readily adopted.

In addition to the above-mentioned numbers of our program, we are revising the curriculum for the nursing schools in Louisiana.

The Calendar Committee sold sixty-five calendars, and we hope to increase our sales next year.

*Maryland:* The Maryland League has little to report. We are a small group of only 67 members, though we have added ten members this year. Six executive, and seven general meetings have been held during the year. The programs of these meetings have consisted of round table or informal discussions on administrative and teaching problems, and at one meeting the reports of the Grading Committee provided the subject for discussion.

Plans have been made to provide for conferences with the Superintendent of City Schools and members of his staff, which will be open to all League members, as we felt that in this way we might obtain assistance in some of our teaching problems, and also might be instrumental in obtaining a better preparation for our future students.

*Massachusetts:* The Massachusetts League of Nursing Education has at the present time 144 active members, 22 new members having been added this year, with nine applications pending.

The League is again underwriting the summer session course for nurses at Simmons College for 1931. An institute was held in Boston in November, 1930, with an attendance of 401. Arrangements are being made for the Annual Students' Night, which will be held in Boston the latter part of May.

At present the principal project before the League is the study of surgical diseases as related to student nurses' education. A special committee is studying the clinical experience offered in surgery to student nurses in Massachusetts schools. From this study it is hoped that a list of diseases may be compiled and grouped which will prove most satisfactory to the schools which are now using the forms issued by the Physicians' Record Company of Chicago.

Since the Illinois State League is making a study of the medical content, the Massachusetts League has chosen the surgical phase.
The regular meetings both of the Board and of the League have been held throughout the year.

A representative of the League has been invited to meet with the Berkshire College Conference which is being held in Pittsfield this month. At this time, an opportunity will be given for round tables and conferences with teachers, students, parents, and school officials. We are trusting that this conference may be of mutual benefit to all concerned.

**Michigan:** The Michigan League of Nursing Education has a membership of eighty-six. A joint meeting of the League and the Michigan State Nurses' Association is held annually, the last meeting being held April 29th-May 2d of this year. At the annual meeting of 1930 a committee representing the League and the State Nurses' Association, to study the relationship of these organizations, was approved. Serious attention has been given to the suggestion for a reorganization in which the League would function as a section of the State Nurses' Association. To many, this seems a step towards greater simplicity of organization and a better understanding of problems of common interest. Advice from the National League of Nursing Education has been given consideration, with the result that the League still continues its distinct organization while further study of the situation is made.

The History of Nursing in Michigan is progressing steadily, and should be ready for publication early this summer.

Michigan nurses declined again this year to be responsible for the sale of the League Calendar. In lieu of this support, $222.40 (five cents per capita for each member of the State Association) was presented to the League from the State Association treasury, to be forwarded to the National League. The annual pledge of twenty-five dollars to the Grading Committee Program was paid.

The Education Committee of the League, in conjunction with public school representatives, is working out a suggested curriculum for high school students who wish to prepare for entrance to a school of nursing. Requests for information from prospective students, vocational advisors, and high school principals, have stimulated this effort.

A recent survey of the forty-seven schools of nursing in Michigan yielded the following information: On March 1, 1931, there were 3,188 student nurses enrolled in these schools; 95.6% of the student group are high school graduates. In seventeen of the Michigan schools of nursing, all students are high school graduates. Of the remaining thirty schools in the state, fourteen have enrolled only high school graduates this past year, and will accept only high school graduates in the future.
Sixteen directors of schools of nursing definitely state that they are decreasing the size of the classes admitted to their schools. Fifteen schools are accepting only one class this year.

The facts so clearly presented by the Grading Committee Report are promoting objectives in the minds of Michigan nurses which we trust will lead to improved conditions in nursing.

Detroit is the center of an active local League of Nursing Education, which has held meetings on the Care of Premature Infants, on Staff Conferences, and on the preparation of the student for different fields of nursing service. It has furnished speakers to bring nursing education before the public. It is now studying the teaching content of courses in Nursing Practice.

Minneso{a: A| ka}: On May 1, 1930, our members numbered 39; on May 1, 1931, 64. We received one transfer from another state, and have not been called upon to make any transfer from our state.

We had in our treasury on May 1, 1930, $185.30; on May 1, 1931, $431.10, distributed between our Institute, Saving, and Checking Account. Our disbursements during the year have been $509.84. Our balance May 1st is: Institute Fund, $96.88; Saving Fund, $207.55; Checking Account, $136.67.

We have held four regular meetings and five Board meetings during the year. The average attendance at the regular meetings has been 55. At the Board meetings, with one exception, we have had enough members to form a quorum and transact business. We have alternated meeting places between St. Paul and Minneapolis, accepting invitations extended from the hospitals in either place.

The programs during the year have proven of real interest to members attending, and have consisted of demonstrations, papers and lectures, the two lectures on "Ductless Glands," by Dr. Ethel Gresheimer of University of Minnesota, proving of great interest. The necessity of increasing membership in the American Nurses' Association has been stressed at each meeting, and also the distribution of nursing service, with presentation and discussion on the General Duty Nurse.

At the State Convention held in October, 1930, marked interest was shown in the League meetings, especially the afternoon meeting, where we were so fortunate as to have with us Miss Janet Geister, from the National Headquarters of the American Nurses' Association, who addressed us on "Economics of Nursing," and Miss Barbara Bell, who sang old English ballads, wearing quaint native costume.

Particular interest was shown by the student nurses at the sectional meeting held at this time, and in the address given on the "Preschool
Child,” by Mrs. Marion Fagery, of the University of Minnesota, and in
the demonstrations given at the various assigned hospitals on technique
in contagious hospitals, basal metabolism, and instructions given the
mother on the care of her baby before she leaves the hospital. A demon-
stration was scheduled on “Diabetic Diet” but did not prove of sufficient
interest to warrant signers. We therefore will know what to omit from
our next schedule of demonstrations to be given. We are planning to
have similar demonstrations given at the next convention, or such others
as are requested.

We are especially stressing membership this year for all superintend-
ents of nurses and instructors, and trust they will succeed in recruiting
from their staff persons eligible for membership in the League. The
fact that we are securing additional members from sections outside of
the large cities is evidence that the interest is spreading, and also their
realization of support and stimulation received through membership,
and we trust this will be continued.

In response to a request from the National League that instructors
participate in making contributions to the educational exhibit planned
by the Instructors’ Section of the National League, two Minnesota
schools are participating at this convention.

The League has circulated a questionnaire throughout the accredited
nursing schools in Minnesota in an endeavor to learn more intimately
their problems. A rate of returns of seventy-five per cent was secured,
which in itself speaks for the interest and cooperation shown. The
future study of the questionnaire will depend on the interest expressed,
and the problems arising through its discussion.

The Minnesota League, jointly with Minnesota State Registered
Nurses’ Association, assisted in selling, in 1930, 530 calendars. At the
December meeting of the Board a protest was registered against further
sales. This was brought to the attention of the Minnesota League at
the April meeting, and although two-thirds present expressed a prefer-
ence for securing funds in some other way, it was voted that the Min-
nesota League will support the National League in its calendar sales
until the National League has found some other way of securing an
equivalent in income.

The History of the Minnesota League of Nursing Education, from
its beginning in September, 1907, to its present time, was written by
Miss Maude Guest, Secretary of the League during 1930, and published
in The Minnesota Registered Nurse.

The Minnesota League is now the possessor of a lamp of its own,
which we trust will serve as an inspiration and guide for the members,
and a beacon for those whose work and place in Minnesota entitles them to membership.

Missouri: The Missouri State League of Nursing Education has at present eighty-nine active members, and meets annually with the State Nurses' Association. There are two local Leagues in the state, one in Kansas City and one in St. Louis. These two organizations are very active. They hold monthly meetings which are devoted primarily to the discussion of problems in nursing education.

The activities of the State League are carried on largely through its Education Committee, which is composed of the two Education Committees from the local Leagues and several members at large. It also has a small group of lay advisors. The present plan has been found advantageous, as it makes it possible to carry out one consistent piece of work throughout the state.

The League considers that one of the most urgent needs in our state is to acquaint the public with some of the problems of nursing education as a basis for future constructive work in the way of raising standards. With this in mind, the Education Committee has issued three small leaflets. The first one published, called "When You Need a Nurse," defines a graduate registered nurse, gives the qualifications for licensing in Missouri, and lists the official directories in the state. The second leaflet, "Who Paid for What She Knows," deals with the education of the student and states the need for funds for the support of nursing education. The last one, "The Nurse and the Community," gives some important facts concerning public health nursing. It is the purpose of the committee to follow these leaflets by others, which will give some of the material released by the Committee on Grading.

The distribution of the literature mentioned constitutes one of the most difficult problems which we have had to face. The object is to reach those persons who will not only read it but who will most probably make some use of it. The groups which have been approached are the Federated Clubs, Parent-Teacher organizations, the Women's Auxiliary to the Medical Society, and others. An attempt is also being made to do some publicity work through the press.

In addition to this, the committee is publishing a small leaflet on suggested subjects for the high school course, as a guide to prospective applicants for schools of nursing. These will be distributed in the high schools and to student groups.

This spring the League is sponsoring a prize essay contest on "The Value of Nursing Organizations," to which senior students are eligible.
Only the best paper from each school will be sent in, as an elimination contest will take place in each school.

An attempt has been made to increase the membership of the League through letters sent out by the president to every nurse in the state who is eligible, inviting her to join. This letter emphasizes the importance of membership in all the nursing organizations and mentions especially the American Nurses' Association campaign. Application blanks were enclosed with the letter.

Funds have been raised by our State Finance Committee by giving card parties and entertainments of various kinds. At a recent recital given in St. Louis under the auspices of this committee $119.00 was cleared and sent in to the treasurer. The Kansas City League contributed $100.00.

There is a feeling on the part of some of the members of the Missouri League that they would like to work in closer contact with the National League. In this way certain projects could be worked out simultaneously in the various states, thus assuring a better organized effort of endeavor. It is true that each state has its own individual problems. If these were to be compared, however, I suspect they would be very similar. We feel that the Missouri League of Nursing Education has accomplished very little during the past year as our membership is small, the distances over the state are great, and we are hampered by lack of funds to carry on the work. At the same time we feel a grave responsibility, as do our sister states, in helping to furnish the incentive and stimulus which shall improve our state law, help to make the work of the Grading Committee effective, and raise the standards of nursing education in general.

Nebraska: The Nebraska League of Nursing Education is composed of two organizations, one in Omaha, the other in Lincoln. A small number of nurses with individual membership brings the total number to fifty.

Both local Leagues aim to hold monthly meetings. During the year about fifteen have been held.

The programs are planned for all nurses, and both Leagues have had visitors numbering two to three times their own membership.

Speakers of national fame have appeared at various times, also men and women of our own localities have generously given of their time and knowledge. Student nurses have added much with excellent demonstrations of nursing procedures.

Other contributors were: A representative from the Department of Vocational Education; from the State Board of Examiners; doctors;
an occupational therapist; our Educational Director; teachers of education; musicians. The subjects included were those vital to our work as nurses, educational, recreational, and social. The meetings are held at the various hospitals.

Our largest project was an institute, the first one held in Nebraska. A total of 263 registrations, made up of nurses from all phases of work, listened most attentively to the three-day program. The central theme was Supervision, and our guest speaker, Miss Mary Gladwin, gave to every nurse suggestions which will be a stimulus for many days to come. The University of Nebraska shared with us three teachers, from the Psychology, the Educational, and Sociology Departments. Miss Carol Martin, Educational Director, in demonstration and paper, outlined plans for adequate supervision in the schools. Miss Edith Countryman, R.N., Director of Public Health Nursing in Iowa, outlined a plan for all students to hear and know something of our joint problem—Public Health.

The Nebraska League is taking its purpose of organization seriously and aims only to further and improve nursing education.

**New Jersey:** There have been four meetings of the New Jersey League of Nursing Education, and five meetings of the Executive Committee during the year. As there are no local Leagues in New Jersey an effort is made to vary the place of meeting, and so give everyone an opportunity to attend.

At the May meeting, which was held at the State Hospital at Greystone Park, various phases of psychiatric nursing were discussed and practical demonstrations given. The September meeting was devoted to business, and to the reports from the Biennial. Miss Carrie M. Hall was the speaker at the dinner meeting held in Newark in December.

The annual institute sponsored by the League was held in Trenton in February, and was well attended, nearly forty schools being represented. The program was prepared by the Instructors' Section, and dealt with the newer developments in the teaching of the sciences. The annual meeting was held in Newark, with the teaching of pediatric and obstetrical nursing as the main topics on the program.

No change has been made in the state law, but the League has urged the advancement of standards of education at every opportunity, and a marked improvement has been noted. The majority of schools in the state have increased the preliminary educational requirement to four years of high school, a very small number being satisfied with the minimum requirement of one year. All but two schools have increased the course to three years, to comply with the requirement of other states,
and many helpful affiliations have been added. The Educational Advisor reports that steady progress is being made, that all schools that were on probation are now meeting the state requirements, and that the revised curriculum is ready for adoption.

On May 1st the New Jersey League had a paid-up membership of eighty-five.


The Educational Department of New York State is considering revising the State Curriculum, and has asked the advice and assistance of the State League. The League considers this an unusual opportunity, and is considering engaging a full-time worker to make this study.

We feel that nursing education has had a great deal of stimulation from the activities of the Grading Committee. It is very interesting to note to what extent the findings and language of the committee are influencing the decisions of those interested in nursing education.

The New York State League of Nursing Education approves continuing getting out a calendar, unless Headquarters finds it impracticable. We feel that the nurses are used to purchasing them, and it always takes a certain time to work up this "trade." Then we have no better way to suggest to get twenty-five per cent of the required income.

North Carolina: The North Carolina League of Nursing Education has a paid-up membership of thirty-eight for 1931.

The programs presented by the League this year have been along the line of Leadership, Staff Conferences, Mental Hygiene for Students, Distribution of Nursing Service, and Preliminary Education for Student Nurses.

Very little has been done relative to the unemployment of nurses except by the continuation of closing the small schools and supplementing student service with graduate nurses. A committee of League members has been appointed to make plans for organizing Hourly Nursing Service in different sections of the state. We hope this will help the unemployment condition in a small way at least.

An amendment to the nursing law of North Carolina, passed in February, 1931, gives the Standardization Board increased power in the matter of requirements and standards for the schools of nursing, and places the educational requirements for admission to the schools at four years of high school. Through the efforts of the League and the Standardization Board all the schools have improved their curricula and teach-
ing equipment. More of the schools are employing instructors and graduate supervisors.

One of the League members attended the Child Welfare Conference in Washington.

Oklahoma: The Oklahoma League of Nursing Education held its annual convention in McAlester in October, 1930, in conjunction with the Oklahoma State Nurses' Association, and the Oklahoma Public Health Nurses.

A greater percentage of League members was present than ever before at a state convention, and a well planned program was given.

The Executive Board has held three business meetings during the year, making its chief interests the sponsoring of the sale of calendars, arousing more interest in the work of the League, and sponsoring an institute. One hundred and one of the 1931 calendars were sold in Oklahoma.

The State Board of Nurse Examiners has faithfully and very ably coöperated with the League in preparing and carrying out an institute program, which was held in Oklahoma City, April 24th and 25th. Miss Gladys Sellew, R.N., of Cook County Hospital, Chicago, provided an important part in this program.

This year our League membership numbers twenty-two.

Oregon: The Oregon League of Nursing Education had a busy and profitable year. One of our plans in the beginning of the year was to study local conditions of supply and demand, so as to know our needs for the future. This was assigned to the Education Committee, which worked with a special committee of the Oregon State Graduate Nurses' Association on this problem. This study is not completed, and will be continued next year.

The Education Committee also assisted in selecting a gift of books for student nurses contributed to the Portland Public Library by the City and County Medical Society. Three hundred dollars were contributed for this purpose.

The Program Committee has arranged three education programs during the year for District No. 1 of the Oregon State Graduate Nurses' Association. The first of these programs, given in October, included a talk by Miss Carolyn Davis, Superintendent of Good Samaritan Hospital, Portland, on "High Lights of the American Hospital Association Convention," and a report on a Milk Symposium given at the American Public Health Association, by Dr. Helen Cary, Director of the School Division, Portland Health Bureau.
In January a report of the California League of Nursing Education annual convention was given by Miss Jane Gavin, Executive Secretary of the Oregon State Graduate Nurses' Association; and Dr. Ernest A. Sommer, President of the Oregon Public Health League, gave a talk on Medical Legislation.

In March, Mrs. S. M. Blumauer, Executive Secretary of the Portland Council of Social Agencies, gave an excellent talk on the White House Conference for Child Health and Protection from the standpoint of a delegate to this conference.

We had hoped to have at least two programs given by senior nursing students, but this has been postponed until fall. Action was taken on the motion picture "War Nurse," to prevent its general distribution, but of course without result.

Regular meetings have been held monthly, and a special meeting was held in January to consider the subject of unemployment. At this meeting committees were appointed to hold personal conferences with nurses, to find reasons for, and extent of, unemployment, and funds were voted for relief work, cases being given to nurses who had been unemployed for some time, and paid for from the fund.

The question of married nurses and nurses who had been out of the nursing field for some time was considered, and recommendations made that such nurses take a postgraduate course before being employed in private duty or hospital nursing.

A card party to raise funds for the American Red Cross drought relief program was given at St. Vincent's auditorium. Fifty-five dollars were contributed to this fund.

Five dollars were contributed for the Children's Charters of the White House Conference, which have been placed in hospitals, nurses' homes, and public buildings during National Child Health Week.

An Oregon products dinner is being given on the battleship Oregon on April 29th to raise funds for the League. Miss Elnora Thomson, President of the American Nurses' Association, is to be the speaker, and nurses from St. Vincent's and Good Samaritan Hospitals will contribute some musical numbers.

We have been fortunate in having Miss Thomson, President of the American Nurses' Association, at most of our meetings to bring us the latest reports and news of national importance.

Our membership has increased from 23 to 29 during the year.

Pennsylvania: The Pennsylvania League of Nursing Education for the year ending April 30, 1931, has a membership of two hundred and
thirty-eight. This number shows an increase of twenty members over last year.

Stimulating programs were provided by the two local units, the Pittsburgh League of Nursing Education and the Philadelphia League of Nursing Education. The Philadelphia League of Nursing Education had eight excellent programs. "Ward Teaching and Supervision," by Miss Margaret Tracy, and a "Report from the White House Conference" by Miss Susan B. Francis, were outstanding. The Pittsburgh League of Nursing Education had eight programs of interest. The presentation of Child Guidance Clinics by Dr. Herbert L. Spencer, Principal, Teachers' Training School, Pittsburgh, and "Community Responsibility in Nursing Education," by Mrs. Riley Alder, were particularly helpful.

The Twenty-eighth Convention of the Pennsylvania League of Nursing Education, held Thursday, October 31, 1930, was rich in content. The program included "Some Impressions of Nursing in the Orient," by Miss Isabel Stewart; "Staff Education," by Miss Nellie X. Hawkinson; "Mental Hygiene and Psychology for Nurses," by Dr. George J. Wright; and "Personality," by Dean Thyrsa Amos. These subjects were ably and instructively presented.

The Pennsylvania League of Nursing Education is sponsoring an Institute in Philadelphia from June 1st to 6th, inclusive. Miss Nina Boober, Instructor, Presbyterian Hospital School of Nursing, Philadelphia, is General Chairman. The central theme of the program is "Ward Teaching." Miss Martha Ruth Smith, of the Department of Nursing Education at Teachers College, Columbia University, New York, will act as consultant. "Child Teaching in Mental Diseases" and a series of talks on "Personality Adjustments," will be included in the program.

The curriculum which was recommended by the Educational Directors and the Pennsylvania State Board of Registration for Nurses, and which was unanimously adopted by the Pennsylvania League of Nursing Education in October, 1929, has been of inestimable value in the improvement of standards in the schools of nursing in the state. The results obtained thus far from the use of the curriculum point out very clearly that the women responsible for its construction had unusual vision, foresight, and understanding of the problems of nursing education.

Rhode Island: At present the Rhode Island League numbers only thirty-eight members. During the past winter a series of six weekly lectures were given covering "The Principles of Teaching." These were further supplemented by four demonstrations of classroom teaching. The attendance was most gratifying. A number of senior students from
the various schools came regularly. One of our programs included a talk by Miss Stella Goostray in which she outlined many of the important findings of the Grading Committee, with special emphasis on the ratings in our own state.

The sale of calendars did not go so well this year. We believed unemployment was largely responsible. Although we sold a total of 316, we have been obliged to make up a deficit of $31.00 for those which one group returned to the chairman too late to be used elsewhere.

This year our Board of Nurse Examiners has notified all schools of nursing that four years of high school or its equivalent will be required for all applicants in 1932. It was not until 1927 that four years of high school education were required in any of the nursing schools in the state.

Next year in conjunction with the two other nursing organizations, we expect to sponsor an institute, outline the desired curriculum for nursing school candidates for distribution in high schools, and encourage further study of the findings of the Grading Committee, in the hope that we may eventually help to build up and maintain the highest possible standards in our schools of nursing.

**Tennessee:** The Tennessee League of Nursing Education was organized eighteen months ago, with a membership of sixteen, and it was accepted by the National League of Nursing Education in July, 1930. So far, our efforts have been directed toward organization, increased membership, and aiding in the sale of calendars. There have been three executive and three general meetings.

Much benefit has been derived from our local meetings, which take the form of round-table discussions, inasmuch as we have had no formal organization of such sections.

The League expects to cooperate with the Tennessee State Nurses' Association in sponsoring the institute, which is held each year following the annual meeting.

**Texas:** The Texas League of Nursing Education has 96 active members. In 1929 there were 50, and in 1930 the membership was 79.

Texas has seventy accredited nursing schools. Considerable effort has been made to increase the membership of the League, particularly among executives in hospitals and instructors of schools of nursing, and although the result has not been as satisfactory as hoped for, twenty-three new members have been added this year. The League has lost a few members by transfer to other states.

The League is vitally interested in the program of the Grading Committee. It contributed seventy-five dollars to help in this work this year.
At one of the League meetings this year the reports from the Grading Program will be discussed with a view to a better appreciation of the responsibility of the League in relation to these reports.

Through the efforts of the Joint Committee on Education from the League and the State Nurses' Association, courses in Nursing Education were given by Elsie M. Maurer, R.N., M.A., at the University of Texas in the 1930 summer session. Thirty-six nurses were enrolled. Miss Maurer will conduct the Nursing Education Courses at the University of Texas again this summer. The course of study offered has been increased and Miss Maurer has been given an assistant.

The League has had the 1930 American Journal of Nursing bound for the library of the University of Texas, and is undertaking to collect and have bound the volumes of the past years. The League subscribes to the Journal for the University library and will have the volume bound each year for the library.

A fund of one hundred dollars ($100.00) has been set aside by the League for the purchase of reference books on Nursing Education and Administration for the University library, to be used by students in nursing education. In addition, all money made on the sale of League calendars will go into this fund.

This year the League has sold 294 of the 1931 calendars ordered from the National Headquarters.

The Executive Board has held two regular business meetings this year. All Board members were present.

The Annual Institute was held in Austin, at the Seton School of Nursing, during the week of November 11th. Seventy-eight nurses registered. An educational program was continued through the three days. Professors from the School of Education, University of Texas, in the Department of Teaching, and the Department of Supervision and Administration, gave a series of lectures on Teaching Methods and Problems, and on the Principles of Supervision. In addition there were well planned instructors' conferences, and organized supervisors' round tables.

The Legislative Committee, working with the State Legislative Committee, succeeded in having put back into an amendment of the registration bill the words "teaching experience" as a requirement for membership on the State Board of Nurse Examiners. The number of Board members was also increased from five to six by act of legislature.

The League will hold its Annual State Convention in Fort Worth on May 16th, immediately following the Silver Jubilee Convention of the Texas Graduate Nurses' Association. In addition to an educational
program, the League has planned an exhibit from the schools of nursing in the state.

The Texas League is anticipating with great pleasure the meeting of representatives from the many State Leagues at the 1932 National Convention in San Antonio.

Washington: The Washington League of Nursing Education has been very active during the year 1930-31. There are forty-six members distributed throughout the state. This necessitates having an Eastern and a Western Division.

The Western Division has one meeting each month except July and August. The average attendance is 35. The Eastern Division also has a monthly meeting with an average of six members attending.

In co-operation with the Washington State Graduate Nurses' Association and the State Public Health Association a joint convention was held in Bellingham last May. The field of the Grading Committee and Case Studies were the outstanding topics of the meeting.

At our June meeting, the last until fall, we had as our guest, D. Dean Urch, of Highland Hospital, Oakland, Calif. Miss Urch brought to us a report of the National Convention at Milwaukee.

The members were active during the summer, doing their share toward making the Annual Institute at the University of Washington a success.

In September at our regular meeting, Dr. Walsh, Hospital Consultant in charge at the Harborview Hospital, then under construction, gave an interesting talk explaining the proposed curriculum. This is to be a four-year course taken at the University and in the hospital, theory and practice to be correlated. At the end of the course, the student receives a degree of Bachelor of Science in Nursing, as well as a hospital diploma in Nursing. The Washington League of Nursing Education endorsed this proposed curriculum, and formulated resolutions to that effect.

The Legislative Committee has been active this year. Proposed amendments to our present laws concerning schools of nursing were presented. The outstanding amendment is that requiring four years of high school or its equivalent, as entrance to schools of nursing.

Other outside speakers included Dr. Brian T. King, President of the Washington State Public Health League, who gave a talk on "Vicious Laws Introduced into State Legislatures"; Dr. Swift, on "Harborview as the Medical Center of the Northwest"; Dr. Hart, Radiologist of Tacoma General Hospital, on "The Evaluation of the Ultra-violet"; and Dr. Mosiman, of Seattle, on "The Newer Things in Medicine."

Added interest in the meetings was evident through programs of music
and readings. Many of these contributions were given by the students in the various schools of nursing, as the meetings were held in the different hospitals in the division.

Articles in the American Journal of Nursing which are of special interest to the group are often read and discussed.

At our December meeting Mrs. Soule, head of the Department of Nursing at the University of Washington, gave us an interesting account of her visit to the leading nursing centers of Europe under the auspices of the Rockefeller Foundation.

The Eastern Division keeps in touch with the Western Division through the medium of the minutes of each meeting. The last report from the Eastern Division is that of an effort to increase membership in their division.

The members of the Washington League of Nursing Education feel that the year has been a profitable one, and that exceptional interest has been shown in the development of nursing education.

Section on Education, Ohio: The Section on Nursing Education of the Ohio State Nurses' Association has 422 members. This section sponsored the sale of League calendars this year; 644 were sold throughout the state.

The Ohio State Nurses' Association maintains a Florence Nightingale Scholarship Loan Fund. During this year three students have received loans; one completes her course at Columbia University this June, and two complete their courses at the Western Reserve University School of Nursing. One scholarship has been granted for study at Western Reserve University this fall. We believe we are the only state to maintain a scholarship for the exclusive use of preparation for the teaching of nurses.

The sixteen districts throughout the state were asked to consider the following topics in their programs this past year:

1. The possibility of placing the age requirement for admission to Schools of Nursing at 20 years.
2. The health of the student nurse, a study to be made from time of entrance and continued throughout the entire course.
3. The advisability of giving early in the student's program a course of Mental Hygiene which would assist the student to understand the relation of the patient's mental attitude to his physical condition and assist the patient to make proper adjustment to his environment.
4. The preparation of an outline which might aid the principal when submitting her annual report of the school.
5. The possibility of undertaking a study to ascertain the cost of maintaining a school for nurses in Ohio.
Many of these same topics were included in the program of the annual meeting of the Ohio State Nurses’ Association held in Cleveland April 29th-May 2d. Miss Pittman spoke briefly on the work carried on in the Middletown City Hospital on “The Cost of Maintaining a School for Nurses”; Miss Florence Wilson, of Cleveland, and Miss Leader, Superintendent of Nurses, Christ’s Hospital, Cincinnati, Ohio, discussed the “Problems of the Health of Student Nurses”; Dr. Toomey, Assistant Professor of Contagious Diseases, Western Reserve University, explained the Dick Test and immunization against scarlet fever of student nurses as he carries it out in Cleveland. At the joint assemblies of the Section on Education with the Sections on Public Health and Private Duty, Dr. Gurnee, Assistant Professor of Psychology, Adelbert College, Western Reserve University, gave an address on “Thinking for Ourselves.” Dr. Henry C. Schumacher, Director of Child Guidance Clinic, Cleveland, spoke on “Mental Health and the Nurse,” and Miss Irene Bower, R. N., the newly appointed Mental Hygiene Supervisor of the Cleveland Visiting Nurses’ Association, read a paper on “Mental Hygiene in a Public Health Agency.”

The section hopes to continue the study of several of these topics in the coming year.

Section on Education, Virginia: Virginia has not a State League at the present, but there is considerable interest on the part of many for its reorganization. The State Association has not encouraged it because all effort has been concentrated on the districting of the state. This has been undertaken and accomplished. It is hoped the districts will soon be sufficiently strong to make a State League possible.

Nevertheless, without a League, Virginia has been steadily advancing in nursing education. The State Board of Nurse Examiners, under the able leadership of Miss Ethel Smith, as secretary-treasurer, has made three definite contributions this year. High school education as an entrance requirement to Virginia nursing schools went into effect January, 1931. The State Board recommends that the age requirement for entrance be raised to nineteen years. This has not been made a law, however. The Virginia schools participating in the work of the Grading Committee, have been aware of the active concern of the State Board in the recent gradings. Miss Smith has gathered data from these reports for the Board, and included the outstanding good and bad points of Virginia schools in her report at the annual meeting of the State Association recently held in Roanoke. The Board, through Miss Smith, has called such criticisms to the attention of the individual schools.

The Department of Nursing Education at the University of Virginia,
is definitely broadening the educational advantages for nurses in Virginia and neighboring states. Since the Department opened in 1928 there have been nine students to matriculate for degrees. Their first degree will be awarded this year. There is a definite effort being made to give the Department publicity. The Department has given two extension courses, the first in 1930 to nurses in Richmond, the second in 1931 to nurses in Roanoke. The courses were in supervision.

The State Association through its Educational Section presented a program on Pediatric Nursing at its annual meeting this year. Virginia has a definite problem in pediatric nursing because twenty-eight of the forty-two accredited schools must get this experience through affiliations. All but seven of these twenty-eight can give this experience in Virginia. There are only three institutions in the state where pediatric affiliations can be secured, the University of Virginia, the Medical College of Virginia, and the Children's Clinic of the Norfolk City Union of the King's Daughters, Norfolk. Growing out of the discussion of the program, the outstanding problem at this time seems to be ways and means to provide pediatric theory in correlation with pediatric practice. The University of Virginia hopes to start such a program in the fall of 1931.

At the state meeting, the Educational Section sponsored an Educational Exhibit. Miss Lulu K. Wolf, Associate in Nursing at the Medical College of Virginia, acted as chairman for the exhibit. The material assembled was excellent, far surpassing expectations. It was felt that the exhibit was one of the outstanding features of the state meeting. At the request of Miss Ella Best, Chairman of the Instructors' Exhibit at Atlanta, a considerable amount of the Virginia exhibit was sent to Atlanta.

The Educational Section is pleased to report progress in negro nursing education in Virginia. The new dormitory and educational unit for the Saint Philip Hospital School of Nursing at the Medical College of Virginia, Richmond, will be opened in September. This building is complete and should make a definite contribution to negro nursing education. This has been provided by the contribution of $120,000, of which the General Education Board has given $80,000 and the Rosenwald Fund $40,000. The equipment and maintenance will be provided by the Medical College of Virginia. It is understood that Hampton Institute has taken over Dixie Hospital School of Nursing, with a definite program to improve the nursing curriculum. Their program has not been made public, but nurses in Virginia are looking for excellent results from this plan.

The meeting adjourned.
Evening Session
Monday, May 4, 8.00 p.m.

Presiding: Eva S. Tupman, President, Georgia League of Nursing Education.

Invocation by Dr. Harvey W. Cox, President, Emory University.

The Chairman reminded the audience of the fact that by meeting in Atlanta at this time, the National League of Nursing Education was helping the Georgia State Nurses' Association celebrate its twenty-fifth anniversary, and that the Yearbook commemorating this silver anniversary had been given to each registrant at the convention.

WELCOME

Harvey W. Cox, Ph.D., LL.D.
President, Emory University, Emory, Georgia

We do welcome you to Atlanta. We welcome you because Atlanta delights to have visitors, to have visitors who are worth while, and we think that you are worth-while people, representing one of the greatest professions on the face of the earth. So we welcome you just from that habit. Then we welcome you for what you bring us. We are glad you have come, for we know that you will bring us new methods, new knowledge, new inspiration, to carry us on to better things in the field of nursing education here in Atlanta and in the South. We welcome you.

The key to the City of Atlanta is yours. The key to our stores, our shops, our institutions, our hearts, is in your hands. Use it! If we can make your stay happier, call upon us, and we will respond. You have already unlocked the door. We hope that your stay will be so profitable and pleasant here that actually some of you will not be able to get away, and those of you who do get away will never be happy until you get back again. We welcome you to our midst!

Response and Address

THE EFFECT ON NURSING EDUCATION OF AMERICAN TRADITIONS AND IDEALS

Elizabeth C. Burgess, R.N.
President, National League of Nursing Education

It is probable that at no time during the history of nursing in this country has there been so much discussion as at present regarding the
preparation of young women for the profession of nursing. We are
glad that this is so, for it is undoubtedly one of the results which we
all looked forward to in promoting the activities of the Committee on
the Grading of Nursing Schools.

The studies which that committee has conducted over the past four
years have been closely followed by us all, and the majority of us gath-
ered here in Atlanta have quite vivid pictures in our minds of where
our own school stands in comparison with other schools on the various
points selected for comparison by that committee.

The fact that the information concerning each school is known only
to the school itself, and to those to whom its officers have requested that
the reports be sent, does not make us any the less conscious of the great
task which lies ahead. There is little doubt, I feel sure, in the minds
of any of us, of the place we should take in future plans. For just as
medical education has been the responsibility of the medical profession,
so nursing education must be the responsibility of the nursing profes-
sion. This does not mean that we must work single-handed, but that
the main burden falls upon nurses. We would not have it fall on other
shoulders. Our schools of nursing are for the most part owned and
run by the hospitals. We have always known it. Today we see it more
clearly. We are more conscious than ever before that the trustees of
our hospitals, who are the controlling power, must be made aware of
the schools.

It is quite probable that the Grading Committee has opened to many
men and women of the country an entirely new vision of their respon-
sibility toward groups of young women in the various hospitals whom
they have been accustomed to think of as a part of the nursing service.
To be made suddenly aware that one is responsible for an important
piece of educational work after years of taking the student group for
granted must be a considerable shock to many people.

That many of the facts now conclusively shown have been known to
many nurse educators before does not detract from the value of having
these facts placed vividly before those to whom we must turn in the task
of remaking the schools.

It may be well at this time for us to review briefly the growth of
nursing in this country, and the ideals and traditions which are largely
responsible for the way in which our schools have developed in contrast
to the development of nursing schools in other countries.

While American nursing did not originate with the bringing into this
country of the Nightingale plan, and while previous efforts had been
made to start some training of lay women as nurses, and while it is un-
doubtedly probable that nursing has to some extent been influenced by
these early efforts, including the work of the Catholic nuns both in
Canada and the United States, as well as the work of the Protestant
sisterhoods, nursing as a profession for women had its beginnings in
this country with the opening of the Bellevue School in 1873, when the
essentials of Miss Nightingale’s plan of training, transmitted directly
from her to those interested in the establishment of the Bellevue School,
were put into effect in that school by an English sister from the Univer-
sity College Hospital, London.

Nursing education in this country received great impetus from the
need for trained service experienced during the Civil War, and came
into being following this time during a period of reconstruction when
the country was embarking on years of united strength and financial
prosperity, at the beginning of a rapid growth in population which was
to be augmented greatly by immigration; when great expanse in in-
dustry was to take place, and large opportunities in education made
available to all.

In an address in 1928 to a group of German educators visiting Amer-
ica, Dr. I. L. Kandel, Professor of Education in Teachers College,
Columbia University, presented a very clear picture of certain ideals
which underlie American character, and which he asserts must be known
if the real meaning and purpose of public education is to be understood.*
No less important, it appears to me, is this background to an under-
standing of what we have set up as our objectives in nursing education.

Dr. Kandel names, as an uppermost characteristic, our emphasis on
liberty or self-determination. He shows that many of the ideals which
underlie American character arose out of the pioneering conditions of
the frontier which demanded resourcefulness and self-reliance, equality
of individuals, and at the same time liberty and coöperation for the
common good. He also attributes to the same conditions certain weak-
nesses in the American character, and mentions as outstanding: waste-
fulness of unlimited resources, contempt for experts and for organized
administration, a literal interpretation of democracy, which too often
he says “emphasizes the individual’s rights and ignores his duties.” The
great opportunities of the country developed the restless nervous energy
and the buoyancy of spirit and optimism which are characteristic. He
says:

The conception of democracy in terms of individual rights had its corollary
in the ideal of equality of opportunity, which was strengthened by the mingling
of races and people that immigration brought to this country. These factors
tended to break down conservatism and the worship of tradition.

Conservatism and worship of tradition, to be sure, are not wholly lacking, especially in certain sections of the eastern part of the continent, but it is probable that few nations are so free.

Dr. Kandel gives the following as American ideals: The ideal of democracy and pride in our institutions; the ideal of individualism, which is at once the result of the ideal of equality of opportunity and its guarantee; the ideal of social and community service, which calls for readiness to cooperate for the common good. He thinks of the Americans as imaginative but not visionary, concerned with practical affairs and ideals which are practicable.

America and its institutions are not static. We are deeply concerned if progress cannot be noted at every turn, and quite firmly believe that if we are not pushing forward, we are not static, but moving backward.

And now we come to point out, as well as we may, how these characteristics of American character and ideals have had their effect on nursing education. First of all they are shown in the rapid growth of schools of nursing within the hospital. America is not slow in the recognition of values, and the hospitals which were rapidly increasing in numbers and size in the latter part of the nineteenth century saw in this new profession for women an opportunity to secure for their patients, and to promote, a greatly needed service. Consequently one after the other set up opportunities for training, doing so far more rapidly than the young profession could develop leaders.

The early ideal of education for service in many instances turned into an effort to secure service through and during training, and hospital after hospital turned into the field large numbers of young nurses who were readily absorbed. A growing recognition on the part of the medical profession and the public that good nursing was necessary to make effective medical measures, made for an increasing use of the trained nurse, and an increasing desire for ease on the part of a luxury-loving public added to the demand that large numbers be turned into the ranks of private duty nursing. Hospitals gained in popularity, large private patient pavilions arose in connection with them, and in addition many smaller institutions were wholly organized for the paying patient.

The need for the special duty nurse on the part of doctors and patients thus grew. This had its definite effect on the number trained, and on the educational qualifications for entrance. It also led to an abuse which took many years to overcome, that of allowing private patients to employ student nurses for special duty for which the hospital was paid, the hospital, in some instances sending students into the homes of patients in the community.

In later years many avenues of occupation have opened for women,
many of which have definitely demanded women with broad general education, and these fields have tended to divert many fine women who otherwise might have chosen nursing. The very fact that nursing has been almost wholly an occupation for women, and that the number of men entering the field has been negligible, has been both a help, and in some ways a handicap.

With the development of health and preventive work of all kinds there has come an increasing demand on the nurse. The work of the early visiting nurse associations, conducted under private auspices, was the forerunner of a public health nursing program which again added to the demand not only for more nurses, but for nurses with certain knowledge and skills which the hospital trained nurse had not hitherto possessed. Probably no one development has brought about as great a change in the objectives of the schools of nursing and in the basic course.

As in other countries the Great War made demands on nursing both during its duration and in the following years, the significance of which has not been entirely appreciated. Numbers were perhaps the most pressing need at the time, with special training as a close second.

The manner in which this need was met had its effect on nursing education. It also brings forward some of the ideals of nursing education in this country. May I pause here to speak of some of them.

A liberty-loving nation, cut free from deep-seated traditions, with no aristocracy in name, has developed nursing activities which have sought always to "carry on" under nurse leaders. One of our outstanding national ideals is self-government, and in nursing this has shown prominently in the development of our nursing organizations as self-organized, independent of outside leadership or patronage, and in our continuous efforts for control in our profession.

Thirty years after the first school was organized we secured legal recognition and control of practice with certain standards of preparation and training. We have continually stood for the completely equipped nurse for the care of the acutely ill or seriously ill patient, as well as for preventive work. Perhaps the demand for the completely equipped nurse which came so swiftly upon us in the early years is responsible for our policy of the preparation of the nurse in a minimum amount of time and for including in a basic course services which in England have been either largely or wholly secured through special training.

An increasing attention to the problem of nutrition and diet in relation to disease on the part of nutritionists and physicians has brought into our education a much enlarged scientific knowledge of diet. The war brought to light vividly our previous lack of knowledge of the nursing care of communicable disease, and an increasing emphasis on the
need for mental hygiene and for intelligent and sympathetic care of the
mentally ill has tended to bring about a constantly enriched basic prepa-
ration.
In the matter of the registration of nurses we followed closely the
efforts which had been made earlier in England, and in which English
nurses had been successful in New Zealand, and in a measure at Cape
Colony, South Africa. We set up a “register” for nurses and designated
those who secured entrance to it, by examination or otherwise, “regis-
tered nurses.” In my opinion, this was an error, although an error
which it may have been impossible to avoid at the time. This country
was not accustomed to control the practice of the other professions, such
as medicine, dentistry, pharmacy, et cetera, in this manner. The custom
was to license an individual to practice and to prohibit those not licensed
from practicing. No title was given. Had we followed the custom of
other professions in America, instead of following England, I believe
we would be in a better position today.
To return to the war situation. Our emphasis on full preparation is
demonstrated by the difference in the demand made of nurses by the
American Red Cross and by the Red Cross of certain other countries.
The A. R. C. Nursing Service has had the moral support of our na-
tional nursing organizations, and in its turn has enrolled only registered
nurses. As a matter of fact, Red Cross standards have been set suffi-
ciently high to make the Red Cross of importance in raising the gen-
eral level of nursing education. Its enrollment has served as the reserve
of the Army Nurse Corps, and while certain requirements were modi-
fied during the past war, by virtue of the program entered upon by the
army and the coöperation of the American Red Cross, no untrained
nurses crossed the water to care for the sick and wounded of the Amer-
ican army.
It is probable that in no other country could an educational work of
high grade have been organized and carried on when the country was
at war. Perhaps, had we not had the picture before us of the difficulties
and unsatisfactory situation from the use of the volunteer aid, the effort
to secure fully trained service might not have been as great. The Army
School of Nursing was organized because of the belief of the nursing
profession in this country in complete preparation for nursing service.
It also served to save the country from an influx of untrained women
with nursing experience.
America believes fully in “equality of opportunity.” It seeks to se-
cure this for all of its citizens through free education, and an educa-
tional system which carries on through elementary, secondary, and higher
education. It includes in its offerings preparation for the professions.
Our state universities are committed to the preparation of those whose service is needed for the good of the state. What more reasonable than that leaders in nursing education, themselves nurses, should see in these universities a logical place for the development of nursing education? In consequence, we find the state-supported universities of the country increasingly putting their services at the command of the nurses and nursing schools which are pounding at their doors. The early ideal that nursing schools should be financially independent, as are other forms of education, has held throughout the years, despite the fact that the majority have been proprietary schools carried on by the hospital. This ideal seems possible of attainment in the state university, especially as there is little difficulty in drawing applicants from the educationally eligible.

It must seem strange to nurses from other countries who may think of the United States as a wealthy country, and who know our ideals for the development of nursing education, to see us still struggling for financially independent schools, and for schools which shall function under educational auspices.

One of the developments of recent years in this country is a passion for studying its institutions and its resources. It would under these circumstances have been strange had nursing education and public health nursing not sought to have their resources investigated and their results evaluated.

The Rockefeller Foundation financed such a study which was published in 1923, and the Committee on the Grading of Nursing Schools is about completing a five-year study of the nursing situation in relation to both practice and education. The present study, while receiving support from many sources, including the Rockefeller Foundation and the Commonwealth Fund, has been very largely financed by nurses themselves.

At the present time, nursing schools have connection with between forty and fifty colleges and universities. To be sure, the connection many times is slight and the values not all that we would have them, but I would venture to say that at the present time the trend in nursing education in this country is toward greater independence of the school of nursing, toward closer alliance with other educational institutions, toward the securing of better science and other fundamental courses, toward better supervised nursing practice, toward a curriculum of much broader scope than has hitherto existed, toward shorter hours of duty in hospital departments for both graduates and students, toward a renewed effort to bring into nursing women of better general education and culture, toward better prepared teachers, supervisors, and directors.
in all fields of nursing, including the schools, toward a development of
the student to meet the increasing demands made upon her as a member
of society, and a professional woman.

This is the manner, as I see it, in which nursing education has ad-
vanced and is developing in this country under the influence of our ideals
and traditions. We are not complacent, our traditions are not so deep-
seated that we cannot put them aside if they appear to stand in the way
of development.

We have a rich inheritance, we have an almost unlimited opportunity.
We are aware of our defects. We are, I believe, courageous. I firmly
believe that we shall steadily advance toward the fulfillment of our
ideals. The necessary changes may not come rapidly, but we are with-
out doubt entering upon a new decade in nursing education, a decade in
which I believe some radical changes in our thinking and action toward
nursing education are to take place.

NEW TENDENCIES VERSUS OLD PRACTICES IN
THE HEALING ARTS
C. W. ROBERTS, M.D.

Associate Professor of Surgery, Emory University,
Emory, Georgia

"New occasions teach new duties; time makes ancient good uncouth;
They must upward still, and onward, who would keep abreast of Truth;
Lo, before us gleam her camp fires; we ourselves must Pilgrims be,
Launch our Mayflower, and steer boldly through the desperate winter sea,
Nor attempt the future's portal with the past's blood-rusted key."

Lowell thus concludes his exquisite poem "The Present Crisis," in
which is presented the surging emotions of Puritan and Cavalier, as with
a growing conviction of pending danger young America faced the con-
sequence of continued slavery in the States. I doubt not that there
were then, as there are now, contemporaries who sought to substitute
the lethargic doctrine that "God is in His Heaven and all is well with
the world," but from the vantage point of a new century, we find only
recorded in history the names and programs of those who dared to
question the adequacy of the existing order to yield a republic whose
citizenship would measure up to the high responsibilities which the hand
of destiny had laid upon it.

Problems there are, and their number is legion, that stand as sullen
challenges to the onward going of all branches of learning. It is not
remarkable, then, that the healing arts, so closely related to the economic
life of our nation, should find themselves confronted with disquieting
questions that seem at times to threaten the stability of their basic or-
organizations. It is, I take it, in recognition of this menace, coupled with
the desire upon the part of the National League of Nursing Education
to adapt the indispensable public service which you represent to the
changing social order, that brings you into annual conference. I would
speak to you, not as members only of the exalted sisterhood of the
nursing profession, but rather in your larger significance as members,
also, of the high apostolate of healing. The medical profession, which
shares with you common unsettled questions, and seeks to participate
in a like high order of service in the public interest, takes pride in the
aggressive manner with which you have approached the solution of
your problems. An attitude of passive interest in these popular ques-
tions would be, on our part, the exhibition of a dangerously restricted
outlook, since we are both confronted with influences and tendencies
that call for a new order of medical statesmanship. If, then, there are
those both within and without the ranks of our professions who sense a
lack of adequacy, a lack of adaptability to supply the type of service
which the whole public has a right to expect, and which tradition and
education imposes upon us, must we not, in a dispassionate and com-
prehensive way, attempt some sort of a self-appraisal to ascertain
wherein our methods and practices, designed from the beginning to pre-
vent illness and premature death, are lacking in full and responsive ac-
cord with this desire and purpose.

To the professions of medicine and nursing have been assigned the
high privilege of furnishing an essential service to society. We must
recognize that the benefits that we seek to bestow are worth more than
the professions which now act as the channels through which they reach
the public. It is not unthinkable then that society, ruthless to the pre-
rogatives held as enviable by us, when denied the full advantages to
which she is clearly entitled, and long enjoyed, might scrap the vocations
that now receive popular acclaim, or do that which we believe would be
less merciful—destroy the heart and incentive of our beloved callings
by placing their activities under state direction. Let us make sure then,
that an overzealous attitude toward the maintenance of fundamentals
and orthodoxy in medicine and nursing, a set-up that earned and en-
joyed approval through a passing epoch in our history, is not permitted
to stand in the path of adaptation to present and future needs, lest such
visionless worship of tradition lead us to the error of resting upon past
performances rather than the appreciation that our professions, obli-
gated to serve in a distinctive sphere of social activity, are no less de-
pendent for their future security upon the furnishing of a like type of
service to the peculiar needs of the public in our day.
Let us examine a few of these new tendencies, but by the way of contrast, enjoy first a brief excursion into the romance and medicine of another day. So swift has been the advance in the sciences underlying our labors, and so far-reaching the readjustments necessary to carry their new teachings to the public, that reference to the days when medicine stood as the keystone in the field of arts carries us back no further than a single generation. We reacquaint ourselves with the old doctor of that period, now unhappily closing, by portraying a typical example in the words of Oppie Reid: "The furnishings of the office were less than modest. In one corner a swayed bed threatened to fall. In another a washstand stood epileptic on three legs. Nailed against the wall was a protruding cabinet giving off sickroom memories. In every country the family doctor is a natural sprout from the soil. His profession is almost as old as the daybreak of time. He bled the ancient Egyptian, blistered the knight of the Middle Ages, and poisoned the arrow of the Iroquois. He has been preserved in fiction, pickled in the drama, spiced in romance and peppered in satire, but nowhere was he so pronounced a character as in the old South. He knew politics but was not a politician. He looked upon man as a machinist viewing an engine, but he was not an Atheist. He cautioned health, and flattered sickness. His books were few and the only medical journal found in his office was a sample copy. When his gathered lore failed him he was wise in silence. At no place along the numerous roads traversed by old doc was there a sign post with a finger pointing toward the attainment of an ultimate ambition. No Senate house, no woolsack of greatness, was waiting for him. The chill of foul weather was his most natural atmosphere, and should the dark night turn from rain to sleet it was then that he heard the knock and a 'hello' at his door. The farther he had to travel, the less likely he was to collect his bill. Usury might sell the widow's cow, for no one expected business to have a daintiness of touch, but if old doc sued for his fee he was met even by the court with a sour look."

A similar picture could be painted using as a model anyone of a thousand representatives among the pioneers in the nursing field. Some of you will recognize that I quote a sentiment of Dr. Glenn Frank as we attempt to extol further the virtues of the heroes in the field of medicine and nursing of a generation ago. "Blessed be their memories. They were poor in scientific knowledge, but rich in human insight, awkward in the handling of test tubes and specimens, but adept in handling of patients. They knew without learning it from the lecture room or laboratory the subtle interdependence of mind and body. They were psychoanalysts before the days of psychoanalysis. Their sickrooms were
secular confessionals in which they practiced a rare priesthood. Their deficiencies were many, but according to their light, they were apostles of the art of medicine. Modern medicine must perfect their technique and widen their knowledge, but it must not lose their spirit. Brought down to date they will give us doctors and nurses who know how to link the learning of the laboratory to the life of the patient, making their learning bring cure to men in the shadow of sickness and caution to men in radiant health.”

Nor does this picture intend to convey the idea of a lagging profession in a period when other vocations had felt the urge of scientific support. On the contrary medicine and nursing were serving this day and generation with a service which clearly met the demands that society and the practical application of their sciences made upon them. It was the day of small wealth, in a comparative sense; of sparsely settled, but independent farm life; of an easy-going urban population. The perplexities of modern economic problems with the numerous questions of mutual social obligation introduced by overcrowding, bad housing, unhealthy working conditions and hours, etc., had not appeared. Life was simple. Hearts were light. Duties were not complicated, and our professions being looked upon as callings to a high service, with compensation merely a by-product, were not crowded. Questions of education and distribution, of the obligations of preventive medicine to the whole people, of the arousing of responsibility for personal welfare through the adoption and observation of hygiene and public health practices were just around the corner—coming to demand our attention, as medicine and nursing, along with other trades, industries and social sciences, were to feel the revolutionizing influence of machinery and the broadened implications of science. Time forbids further rambling into the period when our professions discharged their social obligations by the treatment and care of the frankly sick. Suffice it to say that with the advent of the science of medicine our viewpoint swung from that which directed our major energies toward disease treatment, to that of disease prevention; from a restricted concept of our field of service, to one that embraces the needs of the whole people; from the native equipment of the so-called born doctor, or nurse, to the requirements of the modern worker in our broadened fields; from a freedom of annoying professional questions, to the perplexing problems that now beset us on every side.

Into this maelstrom we have moved with confident step. We have not been unmindful of the dangers involved in revolution. From the old order we propose to salvage all that is good of the art, that it may be merged into that which is trustworthy in the sciences. We need most,
at this testing period, leaders who are unafraid, leaders who sense the requirements of a new order and the inadequacy of the tools, practices, and educational qualifications of the old. Prima donna temperaments and dress suit methods must yield to the practical needs of the hour.

What then are the implications that command the thought of such bodies as the Committees on Medical and Nursing Education, reduced to their practical bearing on the average doctor or nurse? American history will record the first quarter of the present century as that of rapid industrial expansion, growing out of the substitution of machinery for man power. Mass production, liberal plans of finance, enhanced wages, have made us a nation enjoying a plane of living that commands the envious admiration of the whole world. We boast of a total wealth that staggers the imagination. Education has extended from the homes of plenty to bless and energize the common citizen. Main Street is now peopled with a citizenship that feels the urge for leisure in which they may enjoy the luxuries that once were reserved alone for the rich. Capacity for enjoyment of the finer things in life is the common possession of the magnate of commerce and those who toil in the humble places of the unobserved. But such unleashing of monetary power does not bear a sword of salutary significance alone. The captains of industry have as their primary object the further elevation of their economic status and that of their stockholders. Specialized attention is given to the machine; to the development of another apparatus that will do more work in less time; that will deliver more goods of higher quality, and with a new appeal to the consumer. Sickness and physical weakness present a passive interest—an interest which evolves only out of a consciousness that the cost to industry is prohibitive. That those who operate the machine and furnish man power may have alertness of mind and responsive bodies, industry has been willing to set up organizations of medical nature to provide the needed care. But they place this endeavor, worthy as it may appear, in a secondary position, and maintain it, not for the sake of the potentially sick workman, but primarily because it pays larger dividends through increased production.

In support of this indictment, I quote Mr. P. C. Staples, Vice President of the Bell Telephone Company of Pennsylvania, speaking to the conference on traumatic surgery of the American College of Surgeons in Philadelphia, October, 1930. Says Mr. Staples:

“Right here may I confess that there is financial motive in medical work with us. We do not do it from any eleemosynary sense. We do not carry paternalism quite that far. We are in industrial medicine, if that is what you want to call it, because we think it profitable to ourselves and to others.”
Quoting further:

"Right here may I say that we share the doubt that seems to exist in general society as to how far industry should go in handling medical affairs of the employee. We are trying to keep in the middle of the road. We are not attempting to run a medical dispensary. We are not attempting to treat employees, and we do not do so except in certain emergencies. On the other hand we are inclined to believe that possibly because the State continues to fail adequately to do its entire job in this respect, we may still be forced into extending the scope of our medical work."

Industry, then, attacks this problem entirely without sentiment. It is with them just another element in the control of overhead costs.

Likewise the social sciences, having learned from us that disease is preventable and that death may be deferred, have come to look upon unnecessary sickness as a blot on the moral nature of the republic. That there were in 1909 three million persons seriously sick per year, losing thirteen days from work, forty-two per cent of which is preventable, furnished a challenge which received their active consideration. Nineteen hundred and twenty-seven saw this human wastage cut to a loss of eight or nine days per year from sickness. Of five hundred thousand workers who die annually, they see the possibility of deferring death by periodic health examinations. From the cost of sickness, medical and nursing care, hospital and medicine costs, reaching the huge sum of a billion, eight hundred million dollars annually, they know that one billion might be saved for the enjoyment of industry's products by industry's toilers, through the application of the knowledge, be it remembered, that our professions alone have developed.

In the light of the above statistical data it is not surprising that these so-called "outside agencies" have turned their thoughts to the field of public health, and that society as a whole now tests industry and our professions as well, by their interest in and efforts toward the correction of such staggering losses in our country's economic life. No industry can be said to be profitable that stunts the bodies and shortens the lives of its employees. No profession, within whose sphere lies the duty of preventing such losses, can hope to continue to enjoy public approval unless its program be committed to the furnishing of the corrective remedy. It is the impressive cost of sickness to industry, as well as a lack of proper distribution of medical and nursing facilities, and charges that are, to the great middle classes, thought to be prohibitive, that arrest the interest of the social sciences and furnish the raw materials for state medicine, which we see evidenced on every side. Unless these problems are met from within the professions, the remedy will eventually come from without. But state medicine will not supplant us until,
and unless, we as professions fail to function. The truths of medicine, discovered for the people, must go to the masses by education and at prices they can afford. And we, as the men and women on the job, should be, and I believe are, better qualified to render this service than those agencies on the sidelines, however earnest they may be in their desire to throw themselves into an attempted solution of these problems. We have only to lend ourselves to the tasks that now appear, with the same earnest spirit that has characterized our past. Let us briefly review its evolution.

The healing arts had as their early objective the relief of pain and suffering, and, perchance, the restoration of health to those who were the victims of gross disease. This objective in our day has yielded to the broadened concept of medicine so that now we perceive it our primary duty to teach and practice preventive measures, as well as to fortify, in so far as the scope of our professions will admit, the moral, mental and adaptational interests of our patients against the pernicious influences of modern life. It will be observed that our early practice was directed entirely at the individual, while those programs that now command our major interest transcend the welfare of the individual and reach out to include the mass. Beginning as a private endeavor the practice of the healing arts is now a public trust. But the raising of the general physical standard remains our primary duty, not merely that the citizen may be able to hold a position in the exacting industrial life of our time, or that thus equipped he may work more steadily, stand greater strain, and produce for his employer greater profit, but that through the urge of good health he will be a better citizen, and qualified to enjoy in his leisure more of the cultural things without which life becomes sordid and selfish. In other words, industry's interest in public health and in the questions which vex the sociologist is upon the same ground that dictates the making of any one of a number of investments from which greater dividends are expected. That better health and more wholesome living conditions may ensue, is to them secondary. Contrariwise, our interest centers on the citizen, and hopes to equip him with those attributes that not only permit of more profitable work, but enrich life by increasing the capacity to choose and enjoy its finer values.

The cost of commodities, and the educational qualification of the workman in industry, bear to each other an inverse relation. Poor preparation, low wages, and inadequate experience, increase the cost ratio. The expert workman, highly trained and commanding substantial wages, lowers the cost ratio by doing more work of a higher quality, and with an increased consumer appeal. Industry deals with iron and copper, with lumber and leather, with the things that one touches
and sees. Shall we, entrusted with the care of humankind, respond to the implied wish of the uniformed economist, or to the indiscriminating statesman, who professes to represent the welfare of the public, and who cries out for the lowering of medical and nursing educational standards as well as service costs, when those who employ for the trades and the less altruistic professions think it good economy to seek and obtain the best at higher wages over those eager for employment, who would work for less? If the best is desirable in the building of automobiles, bridges and roads, if only the expert engineer is in demand to erect our modern palaces of commerce, should society wish that we retrograde in the task of preparing workmen to heal its sick and to control its pestilences? Man must ever remain its chief concern, with all else held to be subservient. We are not ready in America to capitulate to the money standard. We still believe that the preponderant verdict of our country’s enlightened thought is willing to give preferred consideration to the human and spiritual needs of its people over their material interests, and that our obligations to the public include the stressing of the rationality of such a viewpoint. If then, economy is needed, if retrenchment must be made, let us insist that it begin with the less altruistic, rather than spring at the throat of those professions that have earned their position in the world’s life and gratitude by a service to mankind for mankind’s sake, with the economic phase held from their beginnings to merit only secondary consideration.

I have said that this is a time when the healing arts need brave hearts and devoted leaders. Our science has outstripped our art. Keener minds must lead the way unless the creature of our design destroy the creator. Already the artisans of premachinery days have seen their spheres of activity swept away by the machines of their creation. Those amongst us who bury their heads, in the face of disconcerting winds, and assert that the healing arts have a corner on an essential service and need be undismayed, would do well to read with more discernment the sign posts that are appearing on every side. Such vaporings, furthermore, disclose an utter disregard for the mutability of human affairs. Our future is not without danger unless we arise to the implications of the hour, and having met the new challenge, insist upon public recognition of a preferred order and kind of service. Moreover, we should welcome by the public at large the interested adoption of those eternal truths that have from the beginning given sound reason for our progress as honored professions. Modern medical science has put a new concept in the field of medical practice. If its teachings are to bear their full fruits, their benefits through education must be universal. This is the new task of medicine. As we aproach this task from such
an angle, may we not pertinently raise the question as to responsibility for such an undertaking in the public interest. The cost of education in other lines is borne by the public through taxation. Should a service so universal in its benefits be required of its practitioners singlehanded without equitable financial returns? Granted that its teachings are the birthright of every citizen, is not the cost of its universal application chargeable to society rather than the professions themselves? Is it fair in equity to exact such a large share of the physician's and nurse's services without fair compensation? If a coöperative problem it is recognized to be, should not Foundations and Policies of State include a share of its costs in their programs? Although there is lacking unanimity of opinion on these questions, one stands answered by common consent—the standards of medical and nursing education must remain high—in many instances must be raised, because it is axiomatic that the same quality of service must be given to all without regard to location, color or economic status. The moot question should be limited to the avenues through which these benefits are to be applied. The qualifications of the personnel in either case should permit of no equivocation. In an effort at clarity may I, then, restate our common opinion on a few questions which now challenge the public interest. These might constitute a kind of code of basic principles upon which we can, without compromise, base our appeal to all those whose genuine interest in the subjects suggested has been demonstrated by freedom from a nonpartisan attitude in the forums of study and debate.

(a) The development of the science of medicine has laid upon us the responsibility of teaching preventive rather than curative medicine. With the elaboration of its basic and the closely related sciences, has come a comparable advance in the technique necessary in its application to the sick. The doctor of meager education and the nursing attendant, sufficient, perhaps, to the task of past epochs in the healing arts, cannot discharge the duties which the new day imposes. Standards of education as now constituted in the better schools must be maintained, not merely because it is fashionable in certain circles to make pretense of great learning, but because lesser standards than the prevailing minimum fail to yield a product capable of comprehending the principles which underlie medical and nursing practice. Nor does the knowledge, that the limited economic status of some fifty per cent of the population precludes them from the use of modern medical, hospital and nursing services, constitute an ultimatum justifying a lowering of standards. It is self-evident that a single standard of service should be provided for all. If the best available is desirable for the rich it should be mandatory for the poor.
(b) The healing arts are concerned with the study and application of an essential service to the welfare of mankind. From their teachings the captains of industry have drawn some of their most noteworthy practices and still look with growing confidence for further help in the direction of perfecting their manpower. That which the healing arts have to offer is not left as are the products of factory, farm and mine to the whims, nor should they wait upon the purchasing power of the consumer. Neither are they concerned with standards that place people in different economic, color or educational groups. Rather their benefits should be enjoyed by all, and when not universally apprehended there follow influences which not only consume the derelict, but blight the life of his neighbor as well. A man may elect to deny his family the enjoyment of the auto or the radio, and none will suffer but those so denied. But if he refuse to permit his children to be vaccinated, his neighbor and his neighbor's children will suffer. There is, then, this essential difference between the products of commerce and the services offered by us; that the former may be dispensed with with no worse than injury to pride, but the latter, if withdrawn or withheld from a nation, ensure prompt moral, mental and physical decay. There is, therefore, sound argument in favor of placing these services, their costs, the conditions under which they are produced, as well as their quality, under a preferred classification, and good logic in thinking of them as demanding from society different treatment when her efficiency experts go about the task of eliminating nonessentials from the body politic. Their benefits have universal application. They are the birthright of every citizen. Their value is not measured with the same yardstick as are stocks and bonds. They are not amenable to the same treatment as is applied to mere things. The rules of economics, designed to deal with tangibles, do not adequately cover them. They stand in a different class.

(c) The economic features of medical, hospital and nursing care, being by nature accidental in that they cannot be predetermined, are not voluntarily assumed nor subject to control, even by the exercise of preventive means, and constitute a condition in which the community should interest itself. At present some twenty per cent at the upper financial level suffer no hardship when these costs are necessary. Another twenty per cent at the lower end of the scale are cared for in charity hospitals and clinics. But the intervening group, comprising some fifty to sixty per cent of our population, covering the so-called great middle class, furnish the class that raise, here and there, a persistent cry for a state system, which, it is contended, will lower the cost of these services and make them available to all. The healing arts have resolutely faced their duty in the teaching of preventive medicine,
knowing full well that every triumph in principle and every new discovery in the laboratory, tended toward their own economic destruction. For this we have no regrets. But we are now faced with the new duty of teaching the public that while we readily concede the essential and universal nature of these services and agree that they must be made available to all, their costs, even under the prevailing system, can be lowered by measures fraught with less danger to their continued growth than would follow in the wake of society’s substitute, state medicine; of contending that individual initiative has accounted for most of our advance in the past, and must be depended upon for future triumphs; of insisting that achievement through merit alone, unencumbered by taskmasters or bureaus, must be preserved if our professions are to answer to calls that continue to come from sick and discouraged humanity. The cost of both building and operating part-pay, as well as public hospitals, should share equally with schools, churches, courthouses and jails, in the community taxes. Their support is a similar eleemosynary function. Have we then, in the light of present public attitude, been faithful in defending ourselves and the institutions of medical and nursing education from the criticisms that have been unjustly registered —faithful in showing for example, that the trained nurse serves for three years before graduating, that her hours are long and her duties arduous, that her apprenticeship before graduation is comparable to four years of college work, and requires a practical knowledge of scientific and technical subjects well on a par with liberal and trade schools. If such facts and those of a similar nature accounting for the cost of medical and hospital service which many now seem to look upon as arbitrarily prohibitive, were understood, would a fair public decree that the adequately trained physician or the competent nurse, possessing a high school education and the technical training equal to four years of college work, is not entitled to the pay enjoyed by the brick mason or the plumber, to say nothing of the artisans of the more skilled trades, when their work hours are from twelve to twenty-four, while the balance of the world is on an eight-hour basis? Let us include in our teaching programs more of the economics which underlie our technical calling, and faithfully portray to the public the reasons why medical, hospital, and nursing services cannot be given for bargain prices, and I have faith to believe that an enlightened citizenship will be quick to recognize that any attempt to render such vital service on an impersonal basis, or in buildings of poor physical and scientific appointments, by people with low, or lowered, standards of mental training, and unacquainted with the human ties, would exact an unjustifiable toll even though the cost was thereby markedly reduced over that now experi-
enced. It should not be difficult for a discerning public, if we discharge our duty in this respect, to appreciate the essential difference between mass production in industry, which lends itself to the elimination of overlapping in human effort and to controlled overhead, and the individual or personal unit service in the treatment and care of the sick, where each patient calls for specialized management, probably differing in vital points from that of all others. In this realm we are dealing with personality. The efficiency expert handles manpower en masse—deals with brick and mortar, with iron and steel. We cannot apply their economic method without prostituting to the status of a robot the flesh and blood of humanity, and extending to our patients a cold and impotent hand while their needs remain even in this mechanistic age responsive only to the humanistic point of view. We must preserve at any cost that individual and personal relation between patient and physician, or patient and nurse, that has always been our most effective therapeutic weapon. Not even the most rabid advocate of socialized medicine directed by the state loses sight of the valuable nature of our services to the program of race betterment, even when this service is reduced to the level of a trade, and evaluated only in its economic relation. Moreover, the statesman of vision knows that there must be preserved to the medicine of the future more than the cold facts of science. Thoughtful lay students see in it an art—a wedding of both art and science—and recognize that the very essence of its value lies in the personal relation of artisan to patient, a highly specialized service that grows in value as this relation is cultivated through mutual confidence. We of the profession are united in the opinion that this soul in medicine must be preserved, and consequently stand as a solid phalanx to contend for its preservation to the limit of our ability. We know not by cold, calculated theory, but by common living experience that if stripped of our art we become a floundering science on an uncharted sea without a worthy objective. We testify that the human element actuates us in our effort at scientific discovery, and declare that it is that we may be better humanitarians that we grapple at all, with the evasive truth of science. We will have none of medicine that has had exacted of it Shylock's pound. The state might conceivably institute a system of scientific medicine, but to practice the art with maximum results will always demand that the reasonable right of free choice of a physician be preserved to the patient. This human relation, so sacred to us, the program of state medicine can never give.

(d) But it is not enough to insist upon public recognition of a preferred type and kind of service which our profession offers and to plead for a system of economics that properly evaluates the human element
with which we must constantly deal. Granting that cost occupies a secondary place when human life and the national health is in jeopardy, the fact remains that business methods are woefully lacking in the operation of hospital and clinic, and grossly violated by the segregation of physicians into elaborately equipped private offices, where facilities adequate for the care of many are in practice limited to the use of a few. Time permits only of reference, in this connection, to the assignment of nurses in training to such duties as a maid could be taught to do in a few weeks, while their fine services might better be utilized in the care of patients who otherwise are required to pay for the services of special nurses; or to the overlapping costs involved in the individual purchase and upkeep of expensive X-ray and laboratory equipment now essential to modern diagnosis and treatment in the office of a single physician, when such equipment is ample for the requirements of many. We must accept the principle, now so universal in American business, that all unnecessary costs represent an unfair burden when passed on, as they must be, for payment to the consumer. We are under the sacred obligation to recast the whole structure of our teaching plants, our hospitals, offices, laboratories, and methods, so as to eliminate overlappings and nonessentials. We cannot, in good faith, plead for continued public support of a program of high standards in education and practice, a program which, notwithstanding, has produced a surplus of doctors and nurses whose services, although sorely needed by the great middle class, cannot be utilized by them because of their economic status, and argue that the factors preventing the distribution of this service are a community problem, when we who are most vitally concerned have failed to remove every single item which, by the application of business standards, may be found to represent wanton waste. It is our task to furnish a high order of service at the lowest cost commensurate with sound training. It is society's task to provide new methods by which this service may be applied. Our remedies include such adventures as group and clinic practice, and approve the broadening of the scope of public health, and the building and endowing of county and district hospitals. Society on the other hand goes further, and offers the system of state medicine, and moves towards its ultimate adoption by such legislation as workmen's compensation and the sanction of industrial insurance. It seems obvious that the time has come when we should get together and declare a willingness to cooperate with all agencies, groups and individuals that are seeking an answer to these perplexing problems, rather than exhibit a partisan attitude, which, in candor, we may confess has characterized too much of our public utterances on the questions involved. These agencies do not seek to usurp leadership
in a field of service affecting such a large percentage of the population, and in a world that has experienced in a single generation an industrial and educational revolution. Nor is our task ended by a passive shift of leadership onto the shoulder of a spurious type of medical statesman who would set up an ironclad and changeless program to provide for the needs of our planless social system. The kind of leadership that will not spell tragedy to our profession's future standing, in the nation's educational councils, will be tested by its ability to set up a flexible plan, the tools of which may be molded to meet the changing tasks that emerge out of the perplexities of the present muddled order. It must be apparent to those who but momentarily pause to consider the type of mind that now labors in allied fields of human endeavor, and with which the patrons of our professions of the future must contend, that unless we continue to raise the fundamental educational requirements before entering upon the study of the techniques of healing, the physicians and nurses of the future will present the pitiable spectacle of pitting their untutored but willing minds against the unsurmountable odds presented by the advocates of socialized medicine on the one hand, or the subtle tactics of radicals, clothed in the shabby habiliments of prejudice, on the other. To sit in the councils of the former, where earnest minds are searching for the answer to such questions as distribution and adequacy in medical service and costs that are prohibitive to the average citizen, as well as to meet and defeat in the public interest the latter, who advocate the many spurious systems extant, and to insist only upon high standards of scholarship, upon a tolerant and humanistic point of view for the average doctor or nurse, will suffice to preserve to our professions leadership in these fields, where, by tradition and right it belongs, and upon which the maintenance of our economic security depends. In the light of this high concept concerning the obligations of the healing arts to the new day, bickerings and invective cries of excess medical and nursing costs, appeals for lowered standards and shortened courses, and the many equally unworthy distractions that threaten to swerve us from our course, should, and I believe will, speedily pass into oblivion. While we, militant and reassured in the contemplation of certain victory, and actuated only by unselfish motives, dedicate ourselves anew to the exalted mission of solving in the public interest the problems that now loom with grim forebodings upon our ever broadening horizon.

In conclusion, may I voice my unequivocal and abiding faith in the future security of our great professions. The fruits of victory in a thousand battles are the common possession of civilized mankind. There remains now the harder task of "carrying on," in which we will not be
found wanting. Sustained by high ideals, and inspired by the heroic deeds of those pioneers who laid even better than they dreamed, our firm foundations, it is our proud privilege to meet the new Americanism with the same spirit of sacrifice that has marked our common pathway since the spirit of Hippocrates and Nightingale broke from the pallsed bodies of mankind the shackles of superstition and disease.

"Build thee more stately mansions, O my soul
As the swift seasons roll!
Leave thy low vaulted past,
Let each new temple nobler than the last
Shut thee from heaven with a dome more vast
Till thou at length art free,
Leaving thine outgrown shell by life's unresting sea."

**PRESENTATION OF SAUNDERS MEDAL**

The meeting was, at this point, given over to the Advisory Council of the American Nurses' Association. Jane Van De Vrede, First Vice President of the American Nurses' Association presided, and conducted the presentation of the Walter Burns Saunders medal for distinguished service in the cause of nursing. Dr. Allen H. Bunce, Trustee of the American Medical Association, Secretary-Treasurer of the Medical Association of Georgia, Editor, *Georgia Medical Journal*, and Associate Professor of Medicine, Emory University, presented the medal for the Committee on Award to Mary Sewall Gardner in recognition of her work in the development of public health nursing.

The meeting adjourned.

**General Session**

**Tuesday, May 5, 9.30 a.m.**

Presiding: Stella Goosdram, Director, School of Nursing, Children's Hospital, Boston, Massachusetts, and Nurse Consultant to the Committee on the Grading of Nursing Schools.

Subject: Grading Committee Findings.

**ECONOMIC SIDE OF THE COSTS OF MEDICAL CARE**

**PAUL L. BENJAMIN**

*Chairman, Division on the Family, National Conference of Social Work, and Member of Public Relations Staff, Committee on the Costs of Medical Care*

The author of a recent article in the *Forum Magazine* made a statement that a case is being tried in the public prints. She said a case of
the doctor versus the public. We feel that a case is being tried, but it is a case of the doctor, the nurse, the dentist, the hospital superintendent, and all of us, versus the system.

Very sketchily, then, what are some elements in this system? In the first place, in spite of the tremendous advances which medicine and science have made during the past several decades, there is still a tremendous incubus of disease bearing down with crushing weight upon the American public. To a group like this it is not necessary to give many statistics. May I give just one or two as illustrating my statement? There are each year some seven hundred thousand people ill with tuberculosis in this country of ours; a million with malaria; until a few years ago there were four million in the South sick with hookworm, and although that number has been sharply decreased, it still is too tragically many; some nine hundred thousand are sick with mental disease, and so forth. Indeed, Professor Irving Fisher, of Yale University, has made the statement that forty-two per cent of all deaths might be largely postponed through known preventive methods.

In the second place, illness, when it comes, too often comes suddenly and with cataclysmic fury. Michael M. Davis says that many of us can take the small hurdles in life, but not many of us can take the high hurdles, and that prolonged illness is too often a high hurdle which we are not able to take. Indeed, illness puts the wage earner in double jeopardy; on the one hand, unless he accepts free or charity care, he finds himself faced with the necessity of paying for that care, and on the other hand he loses his wage, because not many industries continue wages during a long period of illness.

And how about the practitioner himself? He finds himself in a serious dilemma, confronted with free and charity work, with a sliding scale of prices, with long and excessive hours of work; and to cap the climax, he sees himself the object of attacks in magazines as being solely responsible for the high cost, as some people express it, of medical care. And unjustly is he called responsible. During the past fifty-year period, the hospital also has been emerging largely from an institution for the indigent, with large open wards, to an institution somewhat resembling a modern hotel. Indeed, during this period, while the population has been almost doubling in size, hospital beds have increased over twenty per cent, thus bringing many problems to the hospital superintendent and hospital trustees.

And during this period nursing has largely emerged from membership in a lay or religious order to membership in a skilled, highly trained, profession. The hospital as we know it today could not exist without the members of the profession which sits before me this morning.
Well, how about those of us who comprise the public, the great mass of patients? Bernard Shaw once said that the case of the public is simple—all it wants is the best. And so, when it comes to medical care, our tastes are so simple that if it is the matter of the hospital, all we want is a private room and special nurse. Our tastes are so simple that we want the best care obtainable.

What is the bill, and who pays the bill, and what are the effects of the payment of that bill? The annual bill has been estimated at two billion eight hundred million dollars a year. Now, when you compare the cost of living and earnings, the situation is sharply defined. A report of the United States Public Health Service estimates that in mining and in industries, a large percentage of the workers earn between seven and eight hundred dollars a year. There have been many studies of costs of living made. May I cite one or two recent ones? In 1928 in the city of Cincinnati, a Foundation studied the cost of living for a family of five, and they came to a figure slightly over sixteen hundred dollars a year as being needed. In Middletown, which is, as you know, a medium-sized community in the Middle West, the Lynds in their study, arrived at the figure of over nineteen hundred dollars a year as being the minimum necessary. Earnings and such a standard budget do not leave much room for the purchasing of good medical care. Consequently, great sectors of our population, sadly in need of medical service, are not receiving such service.

A recent health survey in Philadelphia indicated that of the two hundred and fifty thousand school children, two hundred and forty-three thousand were in need of dental treatment, and a very large portion were not receiving dental care because their families could not afford to pay for it. Further, there seems to be a striking relationship between sickness and poverty. Various studies made by the Children's Bureau and Public Health Service and others, point out a rather definite relationship. Indeed, in a recent publication of the Public Health Service, I find this statement: "The wages and incomes investigated seem to indicate that fully one-half of the people employed in the principal mining and manufacturing industries have not been able, in recent years, to earn an income sufficient to maintain a healthful standard of living."

A study made by the Public Health Service of a hundred thousand people ill with influenza resulted in this finding by the Service: "The lower the income level, the higher the attack rate."

The wage earner endeavoring to pay for medical care also finds himself in a dilemma. The Russell Sage Foundation has made several studies bearing upon this point. May I cite them? They have studied
one hundred and sixty-one thousand industrial loan borrowers, wage earners who borrowed money from loan agencies, and found that twenty-eight per cent of them did so to pay for medical care of one sort and another. They have also made a study of bankruptcies in my state of Kentucky, and found that most of the bankruptcies had been taken out by wage earners as individuals, and that a large proportion had been taken out to escape the payment of medical bills.

Into this picture the Committee on the Costs of Medical Care, which I represent, came in 1927, inaugurating a five-year program. It was organized to examine and scrutinize every phase of this subject. It is spending upwards of a million dollars in some thirty studies. The Chairman of the Committee is Dr. Ray Lyman Wilbur, Secretary of the Interior. The Chairman of the Executive Committee is Dr. C.-E. A. Winslow. If time permitted, I would give some soundings from these studies. We shall be very glad, if any of you are interested, to mail you all the studies we have today, and keep you on the mailing list for subsequent studies.

In conclusion, I am reminded of a statement made at the Child Health Conference last week in Florida, when a prominent club woman made the statement that people are more important than things. Sherman Kingsley tells the story of the farmer and his wife who saved to send their boy through college. When graduation day came they sat down in the audience. Their boy was valedictorian of his class. When he had concluded a very brilliant valedictory speech, this farmer turned to his wife, and said, "Miranda, that is the best crop we ever raised."

But, we cannot raise good human crops without good health, and people are, indeed, more important than things.

WHAT THE REPORTS OF THE GRADING COMMITTEE SHOULD MEAN TO THE PRINCIPAL OF THE SCHOOL OF NURSING

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Read by Sally Johnson, Superintendent of Nurses, Massachusetts General Hospital, Boston, Massachusetts.

The position of principal of a school of nursing has always been rather different from a similar position in other types of schools. For several reasons the principal has worked more single handed than heads of other schools, and has carried more nearly alone the real responsibility of
guiding the policies of her school of nursing. Where schools of nursing have had school committees, these committees have generally been in an advisory capacity, and have not had the responsibility of the school, as would the trustees of a purely academic institution. To be sure, many nursing school committees have had a great deal of influence over school affairs, but this has, more often than not, been due to a personal equation, rather than to any special authority vested in the committee as such.

Most schools of nursing are departments of the hospital organization, and the principal of the school is particularly, primarily, and ultimately, responsible to the hospital superintendent. Frequently these men or women, whose time and attention are taken up with hospital matters, know little about the school as a school, and do not always differentiate between the school of nursing and the nursing service of the hospital. Many of them, although generally coöperative, might be thought to exercise their chief duty in connection with the school when they use their power of veto, if the school seems to be developing in a way that costs much money. Because these are busy men and women, they frequently have paid little time and attention to the school of nursing, if it does not affect adversely the general conduct of the hospital. The consequence is that the coöperation of hospital superintendents with principals of schools of nursing, essential as it is, has too often been a neutral rather than a positive assistance to the principal in developing the school organization.

In most academic organizations the principal depends very largely upon his or her faculty for advice, for suggestion, and for the development of the various departments of the institution. In our school of nursing, however, our faculties have often been made up of young, inexperienced nurses. Valuable as they may have been for the specific duties assigned to them in the way of teaching or supervision, they have not had the opportunity for development that would have enabled them to have anything like the same relationship to the principal that is true in other schools. This condition is fast changing, and probably most principals of nursing schools realize more keenly, even than in the past, how much they depend on their instructors, assistants, and supervisors for the courage and inspiration to develop new fields, and to strengthen the organization as an educational institution.

The fact remains, however, that, in spite of changing conditions, the value of school committees, the support of hospital superintendents, and the loyalty and coöperation of the faculty of our schools, the principal frequently feels herself a lone worker, who must shoulder the ultimate
responsibility of her school’s development without the help that she really needs.

It was a consciousness of this fact that led our nursing leaders nearly forty years ago to organize the Society of Superintendents of Training Schools. Heads of schools felt the need of the kind of help that came through conferring with other heads of schools. The results of this informal organization were so stimulating and so constructive that the development of the National League of Nursing Education was inevitable; and without it our schools of nursing could never have shown the development that they have shown during the last generation.

We, as principals, spending our living as well as our working hours largely under the very roof of the hospital, meeting daily the problems of discipline as well as of organization, of housekeeping as well as of nursing, become very near sighted professionally, unless we can occasionally get away from our jobs and obtain a perspective of the real situation. We need the meetings and the literature of the League. We need the inspections and reports of the State Boards of Examiners. We need the opportunity of conferences with each other. We need an insight into the more academic phase of the work, such as we may obtain through many college courses.

But, in spite of these opportunities to widen our vision, we have continued to work more or less in the dark and at random; for, until recently, accepted scientific methods have not been applied to the development of schools of nursing as they have been applied to the development of other kinds of schools. We have made so-called studies and surveys, we have collected figures, we have written reports; and in the process have lost much time and spent much effort because we have not done these things intelligently, as a result of training in scientific research.

Probably one of the most conspicuous and helpful results of the work of the Grading Committee will be the demonstration of how to use scientific methods in our particular field of education which have also been used in other fields. We see more clearly than ever before how to assemble the right kind of material, how to tabulate it, how to use it. We have also a better understanding of how much we can do ourselves, and where we need the services of the expert. The reports of the Grading Committee have started most of us in the right direction for the first time, in daring to attempt scientific studies in our particular field of education.

Aside from the fact that we are learning how better to study our problems, the Grading Committee has broken the ground for a better understanding between schools of nursing and other groups. The principal knows that her hospital superintendent, her medical staff, her trustees
and school committees, are now seeing the school problems in other ways than merely through her eyes. They are hearing of our problems through the press and the meetings of the American Hospital Association, the American College of Surgeons, and other professional organizations whose representatives are serving on the Grading Committee. All of these groups are realizing that nursing problems are to be shared by doctors, nurses, and the general public. These problems are not the exclusive property of the heads of schools.

The reports of the committee as to the existing conditions in the schools present some facts that have been known by the principals for many years. These facts are, however, presented to the public in many instances for the first time. We may, therefore, talk to the public, to hospital people, boards of directors, patients, or even those whose connections are not so direct, of the general facts of nursing education, without presenting these facts as personal problems. The fact that these problems are being better understood because of our Grading Committee reports has greatly increased our courage in discussing them and in asking for help.

As I have said above, the Grading Committee is showing us how to make our own studies in our own schools, with the result that we are finding things out for ourselves. This gives us a real knowledge of the situation, and will result in greater likelihood of accomplishment. Few can afford experts to come in and make surveys for them, but a better knowledge of what experts can do through scientific studies is giving us an idea of what we, in a smaller way, can develop within our own group. We are stimulated to dare to use statistical methods, to attempt charts and graphs, and from these, rather than from an emotional basis, draw our conclusions and suggest our own remedies.

The haphazard way in which many of us have been inclined to analyze our difficulties in the schools has resulted in wasted effort, a lack of permanent accomplishment, and much discouragement. We needed to see the right methods of study applied to our own field, before many of us were willing to give up the idea that schools of nursing are different from other schools, and can never be subjected to the same kinds of investigation. We can be grateful to the Grading Committee and its work for exploding much of our self-centeredness, and much of our unwillingness to bring our schools and their weaknesses out before the public gaze.

For nearly five years we have waited for the final reports of the Grading Committee. They are now beginning to come, and we are asking ourselves what effect they will have on us as principals of schools. Naturally we ask, "How does my school stand?" "How does it stand
in relation to my own ideal, and the ideal that the profession has set for a school of nursing?" Also, "How does it stand in relation to other schools?" Experience teaches us that the ideal is not a fixed mark. It is a very variable goal. What may be our ideal for our school this year, may be different next year. What is the ideal for a school in one locality, connected with one certain type of hospital, may not be the ideal for another school connected with another type of organization.

We have changed our ideas on the subject of grading schools very much since it was first originated in the League a number of years ago. What we expected to do at that time was to grade the schools as commercial goods may be graded, in classified groups; so that we might know what schools might be called "grade A" schools, what schools should be listed as "grade B," etc. The next step in our thinking brought us to a realization that the grading of schools probably meant merely making an accredited list; but again we were handicapped for lack of a clearly defined picture of what makes a good school. Up to the present time, therefore, we have drawn no conclusions as to how we can grade schools.

What we do want to know, however, is how we compare with other schools in certain lines of endeavor. Is our school better or worse than the average school in the kind of teaching we offer? How can we compare our results in the health of our students with schools in general? Are we doing as well as other schools, or less well, in the matter of the practical experience we are giving our students? We cannot compare the school as a whole. If, however, we see from general reports as made by the Grading Committee, that three-quarters of the schools have yearly physical examinations, and show a very definite average number of days' illness per student; and the school in which we are interested gives only one physical examination during the course, and the average days' illness per student is higher than in the others; then we know that in the matter of health our rating is lower, even though we are satisfied that we are doing a good piece of work in some other lines.

This same method of approach must be taken with other problems, and through the reports of the Committee we study our standing in relation to other schools in the matter of entrance requirements, in the use of graduates for the nursing service, in the number of patients that every student is required to nurse, in the hours of duty required of students, in the fair assignment of experience, and in the variety of experience. We compare ourselves with others in the matter of living conditions and teaching facilities, in requirements for graduation, in the load of teaching carried by our instructors. We cannot give our-
selves a general rating in comparison with others, but can only discuss one of these problems at a time, and then study how our own situation can be remedied.

But, natural as it is that our first reaction should be to want to find out where we stand in comparison with other schools, our second and almost immediate reaction to these reports is to see more clearly the pattern that we have already started to weave into the fabric of our school organization, and to have greater courage to pull the pattern out into the daylight where we may be more conscious of its guiding power in our daily efforts, and where it may be seen as well by others whom we should ask to share the privilege of building the structure of our schools. As we try to follow this pattern more closely than heretofore, and as we are making the process the joint effort of a group, no longer wanting or daring to try it as single-handed as we often did in the past, we begin to appreciate the need of greater development of certain techniques, that we have perhaps in the past considered of less than even secondary importance. I am thinking of the matter of record keeping, of nomenclature, of the regular filing of statistics which may be available and useful to others as well as to ourselves. How many of us are keeping many important details of our jobs in the pigeonholes of our own minds, trusting to memory to bring them forth as needed!

When our first student reports were called for by the Grading Committee, how many of us could turn easily and quickly to our files and find immediately just the data wanted? As a matter of fact, our students' own records were probably in many instances fuller and quite as accurate as anything our office records could produce. Or, having produced a record a bit mouldy with age, how significant was it? Was even our most careful record keeping an adequate report for future reference? Many principals have evolved their own methods of record keeping out of their own individual needs. In New York State we are fortunate to have had certain forms and records practically forced upon us by the State Board of Nurse Examiners. In most states, we have our State Boards to thank for our having some kind of information available when the Grading Committee began to ask us questions about ourselves. (And, incidentally, the more uniform the method of record keeping among schools within a state, or better yet, among schools in all states, the more possible will it be to secure adequate data when we make further surveys and studies, as we are bound to do in the future if we are to progress as educational organizations.)

I believe that one of the most immediate and conspicuous results—and one of no slight importance, although at first mention it may seem to be of less significance—will be better systems of records in our
schools. And better records mean, not just larger files, but more thoughtful consideration of the accomplishments of the past to the end that we may make more effectual, constructive plans for the future.

The self-study naturally resulting from the Committee reports means a conscious acknowledgment of both successes and failures, the starting point of courageous attempts toward future development. But we must be able to interpret these reports as well as our own studies scientifically and fairly. It cannot be done in haphazard fashion. We must be open-minded to criticism, willing to seek advice, and capable of giving accurate information. Upon the attitude of the principal of the school toward these studies will depend in large part how they are received by students and graduates, training school committees and hospital trustees, doctors and hospital directors. To quote from Miss Eldredge's recent article on Standardization Programs:

"It is impossible to calculate what these grading programs have done, but they are as far-reaching in their effects on schools of nursing as are the waves which follow the dropping of a pebble into the lake. They will reach the shore but they will have lost some of their force, unless those who have the necessary power and the leadership follow up these suggestions."

WHAT CAN YOUR SCHOOL DO?

MAY AYRES BURGESS, PH.D.

Director of the Committee for the Grading of Nursing Schools,
New York, N. Y.

1. Section III Is Ready

I come before you today, to make my annual report to the nursing profession, in a more cheerful frame of mind than in any of the previous years. There are several reasons for this. One is that the third and last section of the Grading reports is now in print. In the Grading Committee office at the present time 10,500 copies of this report are being marked with red ink arrows to show the standing of each school; and, as rapidly as possible, the marked copies are being put into envelopes, stamped, sealed, and mailed out to the schools which have been waiting for them so long. It will be a few weeks before the entire marking job is finished. For Section II it took 23 people six weeks to get out the reports. Section III will not take so long, but it will still be some time before we can say that the task is completely finished.

2. Cost Study

Shortly after receiving the green Grading report, all the superintendents of hospitals and superintendents of nurses who took part in the first
grading study will receive envelopes enclosing forms and directions for making a cost study of their own schools, in order that each hospital may discover, with the sort of nursing school it now has, whether the school costs the hospital money or whether it saves the hospital money. Cost studies are not easy. We have devised forms for your use which are as simple as we know how to make them. It is tremendously important to get at the facts concerning the real costs of nursing education. We hope very much that those in this audience who have opportunity to join in that cost study will do everything they can to help carry it through.

Instead of asking the superintendent of nurses to take the forms and fill them out in the privacy of her own office after the day’s work is done, we are suggesting that there be in every school a special committee of at least three people to do the work together. These three people should probably be the superintendent of the hospital, the superintendent of nurses, and the chairman of the board of trustees. We are asking that the cost study be a committee job, first because no one of the three is apt to have all the facts available without consulting the others, and second because, if the results of the cost study happen to be different from those which the board of trustees expect, it will be far easier to get the figures accepted if the superintendent of the hospital and the chairman of the board have worked with the superintendent of nurses in compiling them.

When the cost studies are finished, there will still be two further things to do. The first will be to make a copy of the figures on the extra forms which we are enclosing, and to send them back to the Grading Committee, so that we can use the material for a special nation-wide cost study. The second will be to plan how to utilize the figures.

If the hospital finds that it is losing money by having a school, this will give an opportunity to start the board seriously considering whether perhaps it might not be better for nursing, and for the hospital’s own patients, if the nursing service were put into the hands of a thoroughly competent all-graduate nursing staff.

On the other hand, if the hospital finds that it is saving money by having a school, then will be the opportunity for the superintendent of nurses to take up with the members of the board all of those items in the Grading studies on which the school made a relatively poor showing, and to ask whether the hospital does not feel that it would be fair to repay the students for their financial contributions by strengthening some of the weak points of the school. No matter how the figures come out, there will be some way of using them if the superintendent of nurses has laid her plans in advance.
We would ask you, then, after you get home and have received the third section of the Grading report, to read the discussion relating to the cost study; and then, when the cost study forms arrive, to do everything in your power to have the Committee appointed and the study carried through. It may mean an important further step for nursing.

3. Reactions to Grading.

The second reason why I am feeling in a cheerful mood is that grading is beginning to bear fruit. For a long, long while after we began the work, it was difficult to find any evidence that what we had been doing was getting anywhere. We were probably too impatient. After all, four years is only a little while in which to make an impression upon so huge and complicated a series of problems as those which nursing faces. It is perhaps an extraordinary thing that even now we are able to feel sure that genuine progress is being made.

It is difficult to prove that things are happening; yet we in the Grading office are completely convinced that changes for the better are coming in nursing, and are coming very rapidly. Most of the nurses who have received the Grading reports are energetically using them in order to raise the standards in their own schools. There are two groups—I think two very small groups—who are not so enthusiastic. There is a little group of nurses who do not understanding what Grading is all about. They are angry and bewildered, and wonder what business the Grading Committee has to criticize their schools. They are women who have not been keeping in touch with what has been happening in nursing. These studies are too new to them.

There is another little group of nurses who have just the opposite trouble. They are disappointed and bored. These things which the Grading Committee is making such a fuss about are an old story to them, and they wonder why the Committee does not discover something new. These women are the ones who have heard too much and who have done too little. Had they been working during the past ten years, energetically trying to get into the practice of the schools the standards which nursing has been urging, they would perhaps feel greater enthusiasm for a new study which stresses the same old subjects.

4. Grading Is an Old Story

It is quite true that almost everything which the Grading Committee stresses in its reports the nursing profession itself began stressing many years ago. That is because the old standards still hold good. Fundamentals remain fundamentals, long after they have ceased to be novelties. In working on the educational structure, we must be sure that the
foundations for the schools are firmly constructed before we begin to build the upper stories.

The Grading Committee could readily enough make studies on subjects which have received comparatively little attention is nursing, but such studies might not be particularly helpful to the rank and file of the nurses who are actually running the schools. We would, for example, make a series of exceedingly interesting studies in psychological methods for testing the capacities of students to learn the nursing sciences and nursing skills. It is a field of genuine importance and one in which we should enjoy working. Should we be wise, however, to undertake research of this type in the light of the figures which are now available concerning the schools themselves?

Forty-two per cent of all the regular accredited nursing schools in the United States do not have even one instructor. Another 42 per cent have one each, while 16 per cent have two or more. When we look at a chart like this we realize that what the Grading Committee and the nursing profession ought to be doing now is, probably, not to be working on psychological tests and other educational refinements, but to be striving with all the energy at its command to get at least one instructor into every school that has none, and at least two instructors into every school that has only one.

There is a legitimate place for advanced research in nursing educa-
Facility Ages. Of 22,203 graduate nurses employed in schools of nursing, 51% are 27 years of age or younger; 21% are from 28 to 32 years of age; 12% are from 33 to 37; and only 16% are 38 years of age or more. Nearly three-fourths of the faculty are between 22 and 32 years of age.

5. Foundations Not Yet Strong

The foundations are not yet strong enough in nursing. The facts which have been brought to light by the Grading studies would be black indeed were it not that several of the other professions have gone through the same discouraging stages. In medicine, and law, and education, we have had schools which were only poor excuses for schools. We have had proprietary schools which exploited the students in order to put money into the pockets of the owners. We have had standards so low that graduation from the school was
anything but evidence of competency. Conditions in nursing today would be intolerably discouraging were it not that in medicine, and law, and education, much the same conditions have been met and overcome. Things are bad, but they need not long continue to be bad. What the other professions have done, nursing can do, and can perhaps do rather faster than some of the others because it has their example to guide its own footsteps, and it has a great body of able workers who are determined that the nursing house shall be made clean.

The Grading studies have shown that student nurses are not always carefully chosen. They are not always carefully supervised. They are overworked. They are tired. And they receive very little real teaching.

The teaching in schools of nursing is done primarily by the few graduate nurses belonging to the nursing service. Most of what students learn is taught them, not by the instructors, but by the women who are engaged in the work of nursing patients. The superintendent of nurses is a teacher, as the loyalty of the alumnae of many famous schools eloquently testifies. The day and night supervisors are teachers. So are the head nurses under whom the students work. And so, for better or worse, are the graduate nurses doing bedside duty with whom the students come in contact. The influence of a skilful, gentle, intelligent floor duty nurse may spread through an entire class of young students who work beside her.

It is because, after the preliminary period is over, 11 or more out of every 12 learning hours are spent in nursing practice, that all the regularly employed graduate nurses of the hospital with whom the students come in contact during working hours are regarded by the Committee as true members of the nursing faculty.

What do we know about these women? In the first place they are very young. Many of them are only two or three years older than their own students.

Most student nurses today are graduated from training school at the age of 21 or 22. If we take the age of 22 as a base, we find that half —51%—of the members of the nursing faculties were themselves graduated from training school not more than 5 years ago. Half of the faculty are between the ages of 22 and 27. An additional 21% have been out of training from 6 to 10 years and range in age from 28 to 32. These two groups constitute 72% or over two-thirds of all the teachers. Most of the teachers in schools of nursing are still in their twenties, and many of them are in the very early twenties. The teachers in these schools are very young.

We have often said that, among nurses, to have a low educational record was not necessarily something to be ashamed of, provided that
the nurses of whom we speak are among the older women. Years ago people did not go to school as they do now. But, as we have said, among the younger women, among those who have been graduated within the past 10 years, not to have a high school diploma is a serious thing. Nearly three-fourths of the nursing faculty belong to this young group of women who have been graduated from training school within the past 10 years.

Forty-two per cent of the nursing faculties have never finished high school. Another 42% have never gone beyond high school. We require a completed high school education from students who now enter training. Many of these younger teachers are less well educated than their own students and only 16% have had as much as one year of college. Yet they are trying to teach in a profession which, we are often told, is above the high school level and should be considered on a college grade.

The nursing schools are proprietary schools. Many of them are important sources of income to their owners. The hospital trustees are uninformed about nursing, and nurses have never learned how to get their story over to the trustees. The state boards of nurse examiners, who exercise the only control there is over these schools, are understaffed and without funds.

That is an appalling picture. Yet it is no worse than the picture medicine faced less than twenty years ago. These nurses are under-educated, but they are interested and they are eager to learn. They will improve themselves and their schools if somebody will only tell them exactly what to do.

6. What to Do Next

It is a discouraging thing for any group of sincere workers to be told of 50 or 100 points on all of which their reports are bad, and on everyone of which they ought to improve immediately. It would not be nearly so discouraging if they could take, say, three or four perfectly definite points, stop worrying about the rest, and work towards those three or four until they got them. Then they would be ready to take
up three or four more and work towards those, and so on. Choosing only a few objectives at a time, they would see rapid progress because, having concentrated on a few standards, they could put all their energy behind them and push them quickly to completion.

One of the things which the Grading studies have done is to make it possible to list the ordinary standards for the schools, according to those which most schools have already won, those which most schools could very easily win, and those which a few schools have already won, and towards which the others could be steadily working.

**Standards Most Schools Have Won**

<table>
<thead>
<tr>
<th>High School Diploma</th>
<th>8-hour day</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 years</td>
<td>1 health examination</td>
</tr>
</tbody>
</table>

**Standards Most Schools Might Easily Win**

<table>
<thead>
<tr>
<th>8-hour night</th>
<th>1 instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>52-hour week</td>
<td>Head nurses R. N.'s</td>
</tr>
<tr>
<td>3 weeks' vacation</td>
<td>A few floor duty graduate nurses</td>
</tr>
<tr>
<td>2 health examinations</td>
<td></td>
</tr>
</tbody>
</table>

**Standards to Work Towards**

<table>
<thead>
<tr>
<th>8 hours including class</th>
<th>Health supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>48-hour week</td>
<td>2 instructors</td>
</tr>
<tr>
<td>4 weeks' vacation</td>
<td>Instructors with some college education</td>
</tr>
<tr>
<td>1 full day off each week</td>
<td>Enough floor duty graduate nurses</td>
</tr>
</tbody>
</table>

a. **Standards Most Schools Have Won**

The fight for high school graduation as a minimum requirement for entrance is practically over. There are still a good many schools which do not require a high school diploma for entrance, but these schools are in the minority, and their influence is waning. Higher entrance requirements mean, not only better candidates, but more of them. The school which persists in keeping its educational entrance requirements low is gradually committing suicide. We need to keep on talking about the high school diploma, but apparently we do not need to worry about it. That fight is practically won.

Similarly, the Grading studies show that there is little need to worry about the admission of students who are less than 18 years old. The general acceptance of the high school diploma as an entrance requirement automatically maintains the 18-years minimum age limit. The students entering below 18 are too few to matter.

The eight-hour day is here. There are schools where students work longer, but they are comparatively few in number, and before long they will find themselves forced, through competition, to reduce their working hours. Night duty is a different matter. The eight-hour night is by no means generally adopted, and the 48-hour week, which has been
recommended by the National League of Nursing Education and accepted in principle by nursing educators everywhere, is still (outside of California) so rare as to be practically nonexistent. But the eight-hour day, at least, has been very nearly won.

Health examinations, by the school doctors, are being given to the first-year students. There are many students who escape such an examination altogether, but the principle has been accepted by the schools.

The Grading studies show that all these things may be listed as standards which are already won. They must not be forgotten, but they need give us little worry, because in most schools they are accepted as the normal requirement of nursing education.

b. Standards Easily Within Reach

Within easy reach of most schools, but not yet accepted so generally that they may be taken for granted, are:

The eight-hour night.
The 52-hour week.
The three-weeks' vacation each year.
The follow-up health examination for students who are nearing the end of their second year of training.

While many schools have already accepted each of these standards, there are still large numbers which have not recognized their necessity. In this same group, also, should probably be placed the employment of:

At least one regular instructor.
Graduate head nurses instead of students.
At least a few regular graduate nurses for floor duty.

There are very few schools which cannot, by steady pressure, attain to these standards within the next year or two.

These are the standards easily within reach. They are probably the points upon which special stress should be laid at state and district meetings where educational problems are being considered. To put these standards into effect costs money, but not so much money that they become out of the question. The figures gathered by the Grading Committee indicate that steady concerted effort on the part of the nursing profession to secure general acceptance for the standards in this group—the standards within reasonably easy reach—would probably result in victory within the very near future.

c. Standards to Work Towards

There are still other standards which are recognized as desirable, and towards which every school should be working as soon as it has a clean record on the matters listed above.
The eight-hour day will eventually be adjusted to include class hours instead of merely practice hours, as it generally does now.

The 48-hour week may become a reality instead of a desire.

The yearly vacation may become four weeks instead of two or three.

Students may have at least one full day off duty instead of the two so-called half days which are now nearly universal.

Health examinations may be given at the beginning of the first year and at the end of the second; and in addition there may be constant supervision of the health of the students with special health examinations whenever they seem indicated.

Schools may secure two regular instructors instead of one or none.

They may have enough graduate nurses on floor duty so that the patients can be properly cared for and yet the size of the student body be determined, not by the nursing needs of the busiest service in the hospital, but rather by the educational opportunities which the smallest essential service can provide.

Each of these standards is apparently generally recognized as desirable, but, as the Grading figures show, there are as yet comparatively few schools which have actually put them into practice.

The better schools will be working on how to put these standards into effect. They will be sharing their experience with others, and publishing the results of administrative experiments to adopt them without excessive conflict or expense. These may be listed as the standards which the grading studies show to be possible for many schools, and probably desirable for most schools, but not as yet standards which can fairly be included in a list of universal minimum requirements.

d. Standards Needing Further Study

There remain still other standards on which judgment should be suspended. How large must a hospital be, and how many patients of each sort should it have, if it is to conduct a school? What services should it offer? What services are really basic? What do graduate nurses need to know, and what should the school do to prepare them for it? How many cases, and of what sorts, should every student care for, not only in the obstetric service, but in surgical and medical and pediatric? What differences in amounts and types of experience should be considered allowable between students in the same graduating class? What sorts of records should the schools keep?

These questions, and many others, have been shown by the Grading studies to be matters on which little information exists, and much study is needed. They point the way towards experiment and research.

7. Progress Depends on Leadership

One of the difficulties in getting into the accepted practice of the schools the simple standards which the nursing profession has long been
urging is that so many of the nurses in the schools are inaccessible. They do not attend conventions; they do not attend institutes. Only one out of three subscribes to the *American Journal of Nursing*. It is extraordinarily difficult to reach these women because most of the ordinary avenues of communication are closed.

Of all the graduate nurses connected with schools of nursing, only one-third have attended any professional convention within the past three years. Those of you who are here belong to the small specialized group of convention-goers. For each one of you, there are at least two others who are not in the habit of attending conventions and, in all probability, are not in the habit of reading the proceedings after the conventions are over.

Out of every 100 of these faculty members in the schools of nursing, 92 have never attended a nursing institute. We think of nursing institutes as the means for securing longer and more careful discussion of educational standards than is possible in magazines or in the program of a convention, yet nine out of ten of the nurses in the school have never attended even one such nursing institute.

Out of every 100 nurses connected with schools of nursing 13 belong to the National League of Nursing Education; 87 out of every 100 do not belong. We have then a situation in which a large proportion of the nurses who control the schools do not attend conventions or institutes, do not subscribe to the *American Journal of Nursing*, and do not belong to the National League of Nursing Education. Of the entire faculty group 42% have never earned a high school diploma and
84% have never been beyond high school. These women are inaccessible; they are under-educated; yet it is they who are teaching student nurses. This means that those of you who belong to the accessible group, the women who know about these problems and are interested in them, are the ones who most readily can influence the others. As we have just said, for each of you attending this convention, there are at least two others who have not attended any professional convention, at least within the past three years. Can you go back and reach those other two? Progress depends on leadership, and leadership can be exercised by those who are in touch with what is going on and are able to tell others about it.

8. Be Patient

Not only must we talk once about the importance of these standards, we must keep on talking about them, over and over. There is a special reason for this in nursing. Half of the nurses who are in the schools today will have changed their positions and gone to other schools before the next meeting of the League. You who are interested in individual schools will have to start all over again, educating their successors.

Of the nurses now in the schools, 44% have held their present positions less than one year. For the entire group, half the nurses have held their present positions less than sixteen months.

It is hard for any school to make steady, uninterrupted progress, when it cannot count upon its nurses to stand by, and see it through. It is going to take a great deal of patience on the part of those who are trying to improve the schools, if they are to be successful in firing each new graduate nurse who joins the staff with burning determination to
make the school better before she leaves. Keeping the work going, under these conditions, will demand a high order of leadership.

**Chart 6**

*Years Held Present Position.* Of 18,510 nurse faculty members, 44% have held their present positions less than one year; 19% one year; 12% two years, and so on. Only 25% of the faculties of nursing schools have held their present positions for as much as three years; 75% have not. (Members of religious sisterhoods not included in this count.)

9. *Leadership Depends Upon Being Simple*

Probably the secret of leadership consists in one thing—that is, in knowing how to be simple. The Grading Committee would have done
a more effective job had it been able to take the three grading reports
which have been published and divide them into, say, 10 or 20 smaller
reports. We have been giving out our facts in too large doses. We
need more explanation of the subjects we talk about. We need to use
simple language and many illustrations.

In nursing, our convention programs would be more interesting and
easier for many of us to understand if our learned colleagues would
tell us what they want us to do in simple language. Most of us find our-
Selves floundering rather badly when the specialist talks to us in the lan-
guage of his specialty and that specialty does not happen to be our own.
It is an enormous relief to have some one get up on the platform and
talk to us in short sentences and simple words which we have no trouble
in understanding. We love the speaker who illustrates her text with
stories, so that we see exactly what she means. We like the articles in
the American Journal of Nursing which tell us about real nurses nursing
real patients.

As has been said, 84 per cent of the faculties of schools of nursing
have never been beyond high school, and 42 per cent have not even se-
cured a high school diploma. This does not mean that these women are
stupid. No one watching the heavy responsibilities they successfully
carry could fail to be impressed by the inherent intelligence of many
of these women. The fact remains, however, that they are almost
extraordinarily untrained in the very skills which we usually associate
with teaching. Their reading habits are slow. They do not know how
to organize what they have read. They do not know how to interpret
the language of the textbook writer, or how to apply general suggestions
to specific situations. They do not know how to make lesson plans,
or how to test the efficacy of their instruction afterward. They do not
know how to build up record systems or make record entries quickly
and easily, or how to use the results after they have been gathered. They
are untrained in the techniques of education, and they are much too busy
and too bewildered to work through their problems alone.

Many of the best of these women do attempt, in spite of lack of train-
ing and heavy working loads, to make elaborate studies in the fields of
education. One is sometimes painfully impressed by the tremendous
amount of laborious effort which has been expended by these devoted
women in their effort to get for nursing education the things which
other professions have found valuable. Tasks which could have been
accomplished in much less time by trained workers are carried through
by volunteer committees of nurses working often long after midnight
in their determination to get for nursing what it needs. Nor is this spirit
confined to a small group. A large portion of the profession is composed
of intelligent, courageous, and eager women, untrained in the techniques of scholarship, but determined to raise the standards of their schools, and waiting eagerly for some one whom they trust to tell them, in the simplest language, exactly what to do.

10. Foundations Are Rising Swiftly

The women in the schools are ready and waiting. They will work if those of you to whom they naturally look for leadership will go back and, in the very simplest words, with many simple practical illustrations, encourage them to begin working on the next group of standards which are easily within their reach.

The essentials of leadership are probably, first, to start where the people actually are. If they are still busy on the foundations, don't urge them to paint the roof. Second, to lead them on, only one step at a time, so that they can be encouraged by seeing how fast they can lay each stone in place. Third, to use simple language, and show them—not just tell them—exactly what to do. These women are already hard at work. If we can go back and work with them, if we can use simple language and clear illustrations, and if we can avoid being discouraged by the amount of work which has to be done, I think we shall all be amazed by the swiftness with which changes will come about. In building a house on a rocky ledge, it takes long weeks to finish the excavations; but once the ground is ready, the foundations are built, almost in a single day. So, I think, it will be in nursing. The foundations are already rising. It will not be long before we shall be able to see growing strongly in our midst the beautiful building of a great profession.

DISCUSSION

OPENED BY MARY M. ROBERTS, R.N.

Editor, American Journal of Nursing

MADAM CHAIRMAN, FRIENDS: I am quite sure that you would have agreed with me, if you had seen that manuscript several days ago, that Dr. Burgess was "whistling in the dark" to keep up her courage when she said that the high school standard and a few other things were as good as won. But listening to the State League reports yesterday, I decided that after all she really had some statistical evidence in her own office that proved we were on the way to better things. I do not want to discuss any of the details of the two papers this morning, in relation to the immediate problems in the schools, because that can be done very much better by some of you who are dealing with the practical situation.
I do want, however, to give you two pictures that stay in my mind as a result of this last winter’s experience.

You all know that I had the extraordinary privilege of going to Europe and visiting nursing centers in some ten countries. I would like to share many of those experiences with you. One in particular, I think, has a bearing on the situation we are now discussing. In Warsaw, Poland, one of the poorest countries of Europe, I saw three schools of nursing. Each of those schools was founded for a perfectly specific reason. The country needed certain types of nurses and those schools were organized to produce the nurses the community needed. On that basis the schools were organized one after another. Each of those schools is supported in part by the country, in part by the state, and in part by student fees. Every student pays for her instruction. Some of them are on scholarships given by insurance and other organizations wanting nurses. The schools, of course, have autonomy. They are self-contained educational institutions. They are utilizing wards of hospitals, and they are utilizing health centers, for the experience for their students. In the days I was in Warsaw I never saw studentes on duty, either in hospitals or in health centers, without seeing a person who was called a teacher very near by. I did not see any wards which had not such a worker in addition to the graduate head nurses who are responsible for the background nursing care of patients. Furthermore, as one of the directors said, “We have selected cases in the wards. It is a very large hospital and only a few of the wards are used for teaching. We have only selected cases because we have beautiful cooperation from the medical school. We have enough graduate nurses to be sure that this student sees good nursing.”

Where did Poland learn those things? They learned them from American nurses—but what school in this country is doing all of them? Now, if Poland can take American ideals and do things like that in their terrible poverty, what is the matter with us?

And then I came home, and across the street from “370” every single morning I saw one of New York’s terrible bread lines. It was not a pretty sight, and I talked about that particular bread line with one of the great social workers of New York. He said that in that line one would find a great many drifters, really no-account people. But one would, of course, also find some people who really want to be self-respecting and self-supporting. The country does not have opportunity for them. And I began mulling that over in terms of economic principle and of what earthly use it would be to talk about economic principles to those particular men. They are so far away from economics. All they knew
was that they wanted a cup of coffee and some breakfast—some of them also wanted jobs.

But presently I said to myself, "Our schools of nursing are in an economic bread line. All in the world they are getting from this country, from their communities, is the bare means of subsistence, and not the means of true growth." And again I said to myself, "And while we are in that bread line doing the job of nursing hospitals as we must do in our schools, it is pretty hard to think of economic principles." And then, because I do occupy a chair in which I am sometimes supposed to think—and occasionally I hope I do so—I said to myself that all those economic principles were enunciated by Miss Nutting and again by Miss Goldmark. And now we are saying them all over again when Dr. Burgess says to you, "The next thing you will receive from the Grading Committee after your third green book will be a cost study sheet."

And just by way of finding out whether you could, without too much effort, begin working on a true economic basis for schools of nursing, we asked if we might have the privilege of publishing one of the studies on which Dr. Burgess is basing the forms she will use. That study will appear in the June Journal. It shows that one hospital is making money from its school. By way of being fair, we are also carrying an article from a hospital that has abandoned the school and is enormously pleased because, they say, the graduate nurses are giving better service to the patients, and more satisfaction to the doctor than a student group such as they had in the past.

At this point, of course, one says, "By their fruits they shall be known." Every hospital ought to be ambitious to have an all-graduate staff. But in my personal experience, and that of my friends, we know perfectly well we are not ambitious to have all graduate staffs at the present time. And again one says, "Why did that happen?" I will leave that question with you. The one point I want to make is that the next thing Dr. Burgess will ask you for will be a cost study. I know it isn't going to be easy to do, but by way of getting our schools of nursing out of the professional bread line, will you make those studies?

DISCUSSION

M. HELENA McMILLAN, R.N.
Director, School of Nursing, Presbyterian Hospital, Chicago, Illinois

It seems to me that the basis of all our difficulties is lack of money. If we only had an endowment, or could secure the financial aid in some way, I think we could solve the rest of our troubles. I speak very feel-
ingly because for years I have had to spend a great part of my time showing why each year the expense of nursing in the institution is very much larger than the year before, and that is continuous. Employing seventy-five or more graduate nurses for duty in the hospital of course does cost money, and if we could get endowed nurses or an endowment for the school, I believe we have brains enough to work out all the other things; and the lack of instructors in most of our places, in the small hospitals especially, is due to the fact that there is no money to pay for them, not lack of desire on the part of those in charge. And if we could have a campaign, a very active campaign for endowment of our schools, or a centralization of our school in such a way that the money could be secured, I believe we would advance in a way which we cannot do unless we have some financial backing.

DISCUSSION

MARY S. GARDNER, R.N.

Director, Providence District Nursing Association, Providence, Rhode Island

I do not believe it would need a big endowment if the community accepted the fact that a hospital was a community responsibility to be nursed, and then there would be only the educational problem to be met. I think it is the combination of the two that makes the expense. There are very few public health nursing organizations that are endowed to any great extent. They rely on community funds, and so forth, for their actual work, and I think the hospital should look upon that as a part of the community obligation. We could get money on a different basis entirely for the educational problem.

DISCUSSION

ISABEL M. STEWART, R.N.

Professor of Nursing Education, Teachers College, Columbia University, New York, N. Y.

I was just hoping that we were going to get back to Miss Roberts' picture of the bread line, because that, after all, is the fundamental thing. I do not want to discourage in the slightest the good work that Dr. Burgess and the Grading Committee are doing at the present time to help raise the general level little by little. Those of us who have been working at this thing for twenty years or more are at the point where we are perfectly certain that that kind of work is going to be more or
less patch work unless we can get down to the fundamental economic problem, and I cannot see why we do not attack that fundamental problem. Whether it is the Grading Committee’s business or not, we have got to find a way of getting support for nursing schools. When you think of the twenty-five million dollars spent in this country every year for training stenographers, when you think of the millions of dollars going into the training of teachers, when you think of all the other vocations drawing upon public support for their educational work, and then realize that practically not a cent of public money is going into nursing schools, and going to support the many nurses serving the public, both in public health and hospital work—we can exclude for a moment private duty nurses; but consider those nurses serving the public in boards of health, from the state and city to the national boards of health, and all nurses serving the public in publicly supported hospitals—their preparation is the public’s responsibility.

Now, I know we are not going to get money from the federal bureaus. I know we will have to go to the states, probably, for support for this branch of education. But it can be done. I have spoken to a good many of the people who know about the support of educational systems, and they say it is not impossible. It is a bad time at the present, but we have to make our plans and get ready for a long campaign, because this thing must get to the legislatures before we are going to have appropriations for nursing schools. But I believe that is the crux of the situation, and I give all our blessings and all our encouragement to the Grading Committee. In this way I consider it is necessary patchwork, but it is only patchwork.

Miss Effie Taylor, R.N., Professor, School of Nursing, Yale University, New Haven, Connecticut, raised the question of the cost of nursing education.

Dr. Burgess: The first step towards putting the schools of nursing on a self-supporting basis is to find out how much ready cash they need each year to be on a self-supporting basis. The difficulty that I see with getting great financial help for schools of nursing at the present time is that most Foundations, and most of the larger financial institutions, will not give money unless, at the same time, they can be assured that certain standards will be met in the expenditure of the funds. If schools of nursing are financial assets to hospitals, hospitals will not be very eager to be relieved of the load of nursing education.

The meeting adjourned.
Conference: Cooperative Systems of Nursing Education  
Tuesday, May 5, 2.00 p.m.

Chairman: Katharine J. Densford, R.N., Dean, School of Nursing, The University of Minnesota, Minneapolis, Minnesota.

REPORT OF A LEAGUE STUDY OF COOPERATIVE ARRANGEMENTS BETWEEN SCHOOLS OF NURSING AND ACADEMIC INSTITUTIONS

MABEL F. HUNTLY, R.N.

HISTORICAL SUMMARY

From 1893 to 1931 is a period of nearly forty years. It is forty years which measures the span of the development of academic connections for schools of nursing. In 1893, St. Mungo’s Medical College in Glasgow, Scotland, opened its doors to student nurses for courses in the sciences preliminary to their admission to the training school of the Royal Infirmary in Glasgow. Ten years later, the first connection in our country, between a nurses’ training school and a college, was established when the Presbyterian Hospital School of Nursing, in Chicago, arranged for courses in the sciences to be given to its students at Rush Medical College. In 1909, the University of Minnesota established the first school of nursing as an integral part of a university system.

Approximately thirty years after the establishment of that first true university school, at a conference on nursing schools connected with universities and colleges, Miss Nutting stated in her historical summary that there were then (in 1928) forty-five colleges and universities, in our own country and Canada, taking some part in the education of student nurses. She further stated that these college connections were found in 21 states and that six of them were in Canada. Miss Nutting’s figures indicate that in 1928 there were 39 schools of nursing in the United States having some connection with a university or college. In the 39 schools she found approximately 600 students and graduates working towards academic degrees and approximately 2,000 other students working in the same schools towards diplomas in nursing.

NEEDS OF OTHER SCHOOLS OF NURSING

But many schools of nursing, although feeling the need of enriching their educational program, have not had access to a university. Not all universities are ready to open their doors to nurses. Not all schools of nursing which are conscious of educational inadequacies find it possible to solve the problem in this manner. Many such schools have
progressive women as directors or superintendents of nurses. They may have teachers with good educational and cultural background. Directors and teachers are handicapped by the lack of good teaching facilities. Gradually these women have been reaching out into the community for help with their teaching program. Sometimes they have turned to the high schools and arranged for the use of the laboratories or of the teaching staff. Again, other schools have combined their resources and by that means have secured better equipment and more highly skilled teachers than a single school could obtain.

**Need of Data About This Movement**

There is much evidence that, in the past ten years, hospital schools have been reaching out into other types of academic institutions all over the country. The news of these activities is broadcast at our conventions, through the nursing journals, and by word of mouth. Schools which are struggling with their educational problems hear of the methods being used in other cities and desire information. From Florida to Maine come requests for information about activities in Utica, Philadelphia, Milwaukee, and Denver. Recently such inquiries have been coming to National League Headquarters in rapidly increasing numbers. You will recall that the Executive Secretary called your attention last year to the need of a survey of central schools in order that data might be available for answering questions about the schools which have centralized all, or part, of the educational program.

**Plan of Survey**

It was finally decided to authorize the employment of a questionnaire for the purpose of securing information about those schools which have any connection with academic institutions, or which have combined with other schools of nursing to enrich their educational programs. The work was started last October by writing to the secretaries of the state boards of examiners of nurses. They were asked to send to League Headquarters the names and addresses of the schools in their state where any part of the education of the student nurse is given in an institution other than a hospital, or which has combined all, or part, of its educational program with one or more other schools. They were also asked to give the name of the cooperating academic institution.

**Summary of Data from Secretaries**

The response from the state secretaries was immediate and nearly 100% complete. The information received from them seems valuable enough in itself to warrant the tabulation which follows:
TABLE No. I

Data Received from State Secretaries

Number of states, including District of Columbia, to whom first letter was sent ................................................. 49
No replies from Idaho, South Carolina, Tennessee .............. 3
No schools, therefore no reply, from Nevada .................... 1

Number of replies from the states .................................. 45
No coöperative systems reported for Alabama, Florida, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Rhode Island ........................................ 8

Number of states to be included in distributing questionnaire .... 37

LOCATION OF THE SCHOOLS REPORTED

The information contained in the letters from the states makes it possible for us to answer, with considerable accuracy, the question about the location of the combined systems.

TABLE No. II

Location of the Schools Reported by the State Secretaries as Having Academic Connections or Programs in Combination with Other Nursing Schools

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Schools of Nursing Reported</th>
<th>Number of Schools with Univ. or Coll. Connection</th>
<th>Number of Schools with High School Connection</th>
<th>Number of Schools of Nursing Combining Programs with Other Nursing Schools (Incomplete Data)</th>
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<td>Number of Schools with High School Connection</td>
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<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vermont</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Virginia</td>
<td>27</td>
<td>5</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>*Washington</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Virginia</td>
<td>9</td>
<td>5</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>10</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Wyoming</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: In the states starred, there are schools with connections not represented by the tabulations. New Hampshire has one school with some courses given in a normal school, another arranges for courses at a girls’ seminary, and a third makes use of educational facilities of the Young Women’s Christian Association. In Virginia one school has an affiliation with Hampton Institute. In the state of Washington one school has some courses given in a normal school.

**Distribution of Questionnaire**

The total number of schools reported by state secretaries was 260. Two other schools were indirectly reported, making a total of 262 schools to which the questionnaire was addressed.
### Table No. III

*Number of Schools Which Have Coöperated in the Study*

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire addressed to</td>
<td>262</td>
</tr>
<tr>
<td>Questionnaire answered and returned by</td>
<td>122</td>
</tr>
<tr>
<td>Letters reporting no coöperative arrangements</td>
<td>10</td>
</tr>
<tr>
<td>Letters saying that the schools have been discontinued</td>
<td>2</td>
</tr>
</tbody>
</table>

Total number of replies to questionnaire .................. 134

*Number of Questionnaires Used in the Study*

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of School Studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaires received too late to be used</td>
<td>21</td>
</tr>
<tr>
<td>Questionnaires too incomplete to use</td>
<td>18</td>
</tr>
<tr>
<td>Questionnaires used in the study</td>
<td>83</td>
</tr>
</tbody>
</table>

### Table No. IV

*Location of the Schools Studied*

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Schools Studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>1</td>
</tr>
<tr>
<td>California</td>
<td>6</td>
</tr>
<tr>
<td>Colorado</td>
<td>2</td>
</tr>
<tr>
<td>Connecticut</td>
<td>2</td>
</tr>
<tr>
<td>Delaware</td>
<td>1</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>7</td>
</tr>
<tr>
<td>Indiana</td>
<td>2</td>
</tr>
<tr>
<td>Iowa</td>
<td>4</td>
</tr>
<tr>
<td>Illinois</td>
<td>6</td>
</tr>
<tr>
<td>Kansas</td>
<td>1</td>
</tr>
<tr>
<td>Kentucky</td>
<td>2</td>
</tr>
<tr>
<td>Louisiana</td>
<td>1</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>1</td>
</tr>
<tr>
<td>Michigan</td>
<td>4</td>
</tr>
<tr>
<td>Minnesota</td>
<td>3</td>
</tr>
<tr>
<td>Missouri</td>
<td>8</td>
</tr>
<tr>
<td>Montana</td>
<td>1</td>
</tr>
<tr>
<td>Nebraska</td>
<td>4</td>
</tr>
<tr>
<td>New York</td>
<td>5</td>
</tr>
<tr>
<td>Ohio</td>
<td>8</td>
</tr>
<tr>
<td>Oregon</td>
<td>1</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>4</td>
</tr>
<tr>
<td>Texas</td>
<td>2</td>
</tr>
<tr>
<td>Virginia</td>
<td>4</td>
</tr>
<tr>
<td>Washington</td>
<td>1</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>2</td>
</tr>
</tbody>
</table>

Total number studied ........................................... 83

The 83 schools studied were selected on the basis of the amount of information given on the questionnaires. Eighteen of the questionnaires returned were so incomplete that they could not be used.
**THIRTY-SEVENTH ANNUAL CONVENTION**

**TABLE NO. V**

*Summary of the Schools Studied*

<table>
<thead>
<tr>
<th>University or College Connection:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of nursing with some university or college connection .</td>
</tr>
<tr>
<td>Schools, included in the 67, having junior college connection only</td>
</tr>
<tr>
<td>Schools whose curriculum leads to an academic degree</td>
</tr>
<tr>
<td>Schools with college connection but a 3-year curriculum leading to a diploma in nursing</td>
</tr>
</tbody>
</table>

**High School Connection:**

| Schools which have arranged for one or more courses in a high school | 15 |

**Combined Programs with Other Schools of Nursing:**

| Schools which have combined with other schools for all, or part, of the educational program | 36 |
| Combined programs in university or college | 25 |
| Combined programs without university or college connection | 9 |
| Combined programs in high school | 8 |
| Combined programs with no academic connections, the teaching being done in one hospital for one or more schools | 3 |

**TABLE NO. VI**

*Organization of the Schools Studied*

<table>
<thead>
<tr>
<th>Type of Organization</th>
<th>Total</th>
<th>University or College Connection</th>
<th>3-Year Curriculum</th>
<th>5-Year Curriculum</th>
<th>Junior College Connection</th>
<th>High School Connection</th>
<th>No Academic Connection</th>
<th>Combined With Other Nursing Schools for Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integral part of a hospital</td>
<td>73</td>
<td>56</td>
<td>14</td>
<td>42</td>
<td>8</td>
<td>13</td>
<td>3</td>
<td>37</td>
</tr>
<tr>
<td>Independent school</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Integral part of a college</td>
<td>12</td>
<td>12</td>
<td>3</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Basis as in other university depts.</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Subordinate to another university school</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Whole educational program combined with other schools</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Part of educational program combined</td>
<td>38</td>
<td>26</td>
<td>2</td>
<td>24</td>
<td>6</td>
<td>7</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>Combined program in hospital</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

*Two schools, counted in the group operating a five-year program do not literally conform to the tabulation. One has a two-year college entrance requirement and a two and a half year course; the other has a four-year academic and hospital school program. Both of these schools confer a bachelor's degree.*
DISCUSSION OF ORGANIZATION TABULATION

The first fact which we notice in studying the tabulation of the organization of these schools is that the school of nursing tends to remain an integral part of a hospital system even though it establishes a connection with a university or college. But perhaps a more significant fact is that at least 14% of these schools have become an integral part of a university and that five of them are on the same basis as are other university schools. Another interesting fact is that, apparently, a university or college connection tends to bring two or more schools of nursing together to arrange an educational program to meet their joint needs. Further study of the data from the questionnaires discloses that this tendency sometimes leads to consolidation, but perhaps it is more often the custom for each school of nursing to make its arrangements with the college independently. It has not seemed feasible to give separate figures for these two types. They are tabulated together in the last column.

ADMINISTRATIVE CONTROL

The administrative control of these schools should give us a clew both to their relationship to the university and to their general educational policy. In the report of the Goldmark Committee for the Study of Nursing Education (p. 207) in discussing the subject of how a school of nursing should be controlled, Miss Goldmark says that every school of nursing should have a training school committee, appointed by the board of trustees of the hospital, which should lay down its educational policies, advise the head of the school, and represent the school on the board of trustees. Since the majority of the schools in our group are an integral part of the hospital it would seem that they should conform to some such standard. The data shows that of the 67 schools with university connection, 24 have a nursing school committee. Seventeen others are controlled by officers of the university. So there is a total of 41, or over 60%, of the schools with university connection which are directed by a group which, presumably, is interested primarily in their educational function. The case for the schools which arrange courses in high school does not seem so good. Three, or 23%, of the 13 schools have a nursing school committee; four are controlled by the hospital board, and six are controlled by a joint committee and board. It is doubtful whether the joint committee and board would be as likely to keep school interests distinct from hospital ones as would a committee organized for that purpose.

Fourteen schools reported that they cooperate with other schools of nursing through a committee which has the direction of a combined program of education; six of them are in connection with universities,
three with junior colleges and three with high schools. The committees are appointed in divers ways:

**Table No. VII**

Appointment of Committees

<table>
<thead>
<tr>
<th>Committee Appointed by</th>
<th>Number of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Board</td>
<td>34</td>
</tr>
<tr>
<td>University Board</td>
<td>11</td>
</tr>
<tr>
<td>Superintendent of Hospital</td>
<td>6</td>
</tr>
<tr>
<td>Religious Organization</td>
<td>6</td>
</tr>
<tr>
<td>Municipal Body</td>
<td>3</td>
</tr>
<tr>
<td>Medical Society</td>
<td>2</td>
</tr>
<tr>
<td>Medical Staff</td>
<td>1</td>
</tr>
<tr>
<td>Board of Education</td>
<td>1</td>
</tr>
<tr>
<td>Vote of Hospital Shareholders</td>
<td>1</td>
</tr>
<tr>
<td>Committee Self-perpetuating</td>
<td>1</td>
</tr>
<tr>
<td>Local League of Nursing Education for Central Teaching Program</td>
<td>3</td>
</tr>
</tbody>
</table>

The questionnaires show evidence that these school committees are fairly representative bodies. Alumnae members, women’s boards, and the university, are represented on them in nearly as many instances as the hospital board and medical staff. The functions of the committee for the types of educational program studied will perhaps interest you in tabulated form.

**Table No. VIII**

Functions of the School of Nursing Committees

<table>
<thead>
<tr>
<th>Function of Committee</th>
<th>Total*</th>
<th>University or College Connection</th>
<th>5-Year Curriculum*</th>
<th>3-Year Curriculum</th>
<th>Junior College Connection</th>
<th>High School Connection</th>
<th>No Academic Connection</th>
<th>Combined with One or More Other Schools for Teaching Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans all of educational program</td>
<td>13</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Plans part of educational program</td>
<td>10</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Advises about program</td>
<td>30</td>
<td>23</td>
<td>7</td>
<td>16</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Approves or disapproves only</td>
<td>25</td>
<td>20</td>
<td>5</td>
<td>15</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Appoints head of school</td>
<td>23</td>
<td>16</td>
<td>2</td>
<td>14</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Recommends appointment</td>
<td>24</td>
<td>19</td>
<td>7</td>
<td>12</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>Passes on qualifications</td>
<td>30</td>
<td>24</td>
<td>7</td>
<td>17</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Acts advisory to head</td>
<td>48</td>
<td>34</td>
<td>10</td>
<td>24</td>
<td>5</td>
<td>11</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Acts on discipline problems</td>
<td>50</td>
<td>40</td>
<td>14</td>
<td>26</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>22</td>
</tr>
</tbody>
</table>

* See note for Table VI.
### Function of Committee

<table>
<thead>
<tr>
<th>Function of Committee</th>
<th>Total</th>
<th>University or College Connection</th>
<th>5-Year Curriculum*</th>
<th>3-Year Curriculum</th>
<th>Junior College Connection</th>
<th>High School Connection</th>
<th>No Academic Connection</th>
<th>Combined with One or More Other Schools, for Teaching Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes final action on dismissal of student</td>
<td>42</td>
<td>32</td>
<td>12</td>
<td>20</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td>Final action on dismissal of staff</td>
<td>26</td>
<td>19</td>
<td>4</td>
<td>15</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Determines who receives diploma</td>
<td>38</td>
<td>24</td>
<td>13</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Determines salary scale of staff</td>
<td>35</td>
<td>26</td>
<td>7</td>
<td>19</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

* See note for Table VI.

### Discussion of Committee Functions

It is disappointing to find that the committee plans all of the educational program in only two of the schools and that their function is, still, more disciplinary than educational. The case for the university schools is better than the tabulation makes it appear, because of the 17 additional schools controlled by university officers. One of the weaknesses of our group of schools, however, is that so many of them are without a strong controlling committee with authority in the formation of educational policies and the administrative affairs of the schools.

### Financial Status

The next questions asked were about the financial status of the schools. The following table summarizes the answers about endowment and appropriations:

#### Table No. IX

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Total Number of Schools</th>
<th>University or College Connection</th>
<th>High School Connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools endowed</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Partially endowed</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Appropriation from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>65</td>
<td>39</td>
<td>12</td>
</tr>
<tr>
<td>College</td>
<td>11</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Federal Government</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>State</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>County</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>City</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Smith-Hughes</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Tuition fees from students</td>
<td>20</td>
<td>20</td>
<td>0</td>
</tr>
</tbody>
</table>
It is encouraging to find that 17% of these schools are receiving college funds and that in 28% of the schools, with university connection, the students pay at least some part of their tuition.

The questions as to who determines the budget for the school, and who controls the expenditures, were not answered fully enough to give an accurate picture. Fourteen of the 83 schools reported that the superintendent of the hospital determines the budget and 28 stated that he controls the expenditures. Twenty of the schools reported that the hospital board determines the budget and fifteen stated that the hospital board controls the expenditures. Only three schools stated that the school of nursing committee determines the budget and controls the expenditures. While the figures are not complete, those given are significant and point to the conclusion that the school committees are, usually, not administrative in function, and the majority of the schools are not run on a definite budget system.

Questions about the payment of tuition fees by the students, and about the way in which the courses in college or high school are paid for, were also not fully answered. The data shows a range of $6.50, for one course, to $1,350.00, total tuition paid by each student nurse during the entire three-year course. The last figure was reported by only one school. The next highest figure reported was $300.00, tuition for the full five-year course. Leaving out the $1,350.00, because it distorts the result, and computing the median of the other figures reported we find that $25.00 is the median tuition fee paid by a student in the schools studied. Or, stating it in general terms, the data give evidence that while the students in a few schools, which operate a program leading to a degree, do pay a substantial tuition fee, in the majority of the hospitals with academic connection, the hospital pays the university or high school for the instruction of its students.

**Status of the Head of School**

The title most frequently conferred on the heads of our group of schools is "Director of the School of Nursing," which is used by nearly 50% of them. Four are given the title of "Principal"; five, in the university group, have the title of "Dean"; two are known as "Superintendents of the Hospital and School"; only one as "Superintendent of the Hospital"; two are called "Director and Superintendent of Nurses"; and thirty have the title "Superintendent of Nurses."

The academic preparation of the executive head of the school is given in the accompanying table:
## Table No. X

**Academic Preparation of the Executive Head of the School**

<table>
<thead>
<tr>
<th>Academic Preparation</th>
<th>Total Number Executive Heads</th>
<th>University or College Connections</th>
<th>3-Year Curriculum</th>
<th>Junior College Connection</th>
<th>High School Connection</th>
<th>No Academic Connection</th>
<th>Combined with Other Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate of Normal</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>school (only) ....</td>
<td>26</td>
<td>26</td>
<td>10</td>
<td>16</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Graduate of college</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degrees held:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.S.</td>
<td>16</td>
<td>15</td>
<td>9</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>A.B.</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ph.B.</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>A.M.</td>
<td>9</td>
<td>9</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

*See note for Table VI.*

As the questions about academic preparation were usually answered, we must conclude that only 25% of the executive heads of these schools are college graduates. It will also be noted that the proportion of college graduates in the group of schools operating a five-year curriculum is high, and that it is correspondingly low in the schools which arrange for courses in high school. None of the three schools with no academic connection have college women at their head.

### Appointment and University Status

The data show that 29 of the heads of the 83 schools are appointed by the hospital board, 22 by the superintendent of the hospital, 11 by the university board, 8 by a religious superior, 2 by the dean of the medical school and but 5 by a school of nursing committee.

The university status of the women in the group with university or college connection was given as follows:

## Table No. XI

**University Status of the Executive Head of the School**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number of Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools with university or college connection</td>
<td>67</td>
</tr>
<tr>
<td>Head of school has no university status in</td>
<td>6</td>
</tr>
<tr>
<td>Head of school is dean of women in</td>
<td>1</td>
</tr>
<tr>
<td>Head of school is member of advisory council in</td>
<td>2</td>
</tr>
<tr>
<td>Head of school has standing of instructor only in</td>
<td>1</td>
</tr>
<tr>
<td>Head of school is dean of the school of nursing in</td>
<td>4</td>
</tr>
<tr>
<td>Head of school has a professorship in</td>
<td>8</td>
</tr>
<tr>
<td>Head of school is a member of the faculty in</td>
<td>11</td>
</tr>
</tbody>
</table>
THIRTY-SEVENTH ANNUAL CONVENTION

CHIEF RESPONSIBILITIES OF HEAD

All of the 83 schools answered the question about the chief responsibilities of the women at their head. Seventy-eight per cent reported her duties as a combination of those of director of the school and superintendent of nurses and the same number (but not the same group) reported that she plans and operates the curriculum. Ten per cent reported her duties as exclusively those of director of the school. The rest reported her duties variously as superintendent of the nursing care of the patients, teaching and supervision, etc.

EDUCATIONAL AND SUPERVISORY STAFFS

The attempt to get a picture of the organization, academic background, and main responsibilities of the educational and supervisory staffs of these schools, for the purpose of summarization and general conclusions, has been found to be too difficult to make it possible to report satisfactorily upon that phase of the study at this time. The schools are so varied in type that it is seemingly impossible to make one system of tabulation fit them all. Shall we tabulate according to the kind of curriculum operated, the general type of organization to which they conform, the bed capacity of the hospitals served or the size of the student body? Each of these classifications suggests fruitful avenues of investigation. A few total figures, from the data secured, may be of interest.

The 83 schools report a total of 195 nurse teachers. But as some of the schools include in their total head nurses who teach one subject, and other schools have reported only nurses who have a full-time teaching program, the figures are difficult to manipulate and interpret.

The 83 schools report 483 head nurses whose chief duties are those of ward supervision; 134 of the 483 also having teaching responsibilities.

All of these figures need to be compared with the number of patients, and students served, before they have much significance.

It is significant to find that 72% of the nurse teachers reported are graduates of college, and that 13% of them hold master’s degrees.

TEACHING LOAD

There were not enough complete replies to the questionnaire about the number of subjects taught by each nurse teacher, the total number of teaching hours weekly, and the size of classes, for us to report adequately on these topics even if there were time to do so. And, even if we could so report, little is yet known of the relation between the size of the class and the efficacy of teaching methods. That would be an interesting problem for scientific research in nursing education. We do
know that for many years teachers in our schools of nursing have been overburdened, and that there is a relation between efficacy and number of subjects taught,—when the number exceeds a certain figure. The present investigation has disclosed that 67% of the full-time teachers in schools with university connection do not teach more than four subjects, and that 50% teach not more than two, but it also discloses that two teachers teach 13, or more, subjects; that five teach seven, and four nine. The data would seem to point to the conclusion that connection with a university or college does not, in and of itself, result in better standards respecting the teaching load. Miss Nutting* has made the point that there are right beginnings, and wrong ones, and that progress “will depend upon much more than a loose connection between the hospital school and the university which may bring certain material advantages to each, but fail to alter traditional policies and attitudes toward the education of nurses.”

**STUDENT PRACTICE PROGRAMS**

It is also impossible to summarize the data about the time when ward practice begins for students, their hours of weekly ward duty, and the systems for supervising ward practice. These questions, also, were not fully answered. However, as we examine the questionnaires, it is apparent that in nearly all of the schools in our group there is a definitely organized preliminary course, and that during the preliminary period the majority of the schools do not depend upon the students for ward duty.

The ward assignments are usually made by the director or her assistant. The practice on the wards is supervised by teachers of nursing practice in about 50% of the schools, and by supervisors and head nurses in 50%. One school reported a teaching supervisor who has entire charge of the supervision of the students’ ward practice, and acts as a coördinator between the hospital and the university.

**COÖRDINATION OF THE EDUCATIONAL PROGRAM**

The replies indicate that in the majority of the schools there is no established machinery for coördinating the teaching programs of the university and hospital school. A few schools report regular conferences between the hospital staff and the college faculty, and fifteen schools report that one person is responsible for the coördination of the two educational systems. In nine schools the coördinator is a member of the college faculty, in six others she is on the staff of the hospital school.

*“Historical Summary of the Relations of Nursing Education to Universities.” Proceedings of Conference on Nursing Schools connected with Colleges and Universities, Jan., 1928, p. 11.
TRANSPORTATION OF STUDENTS

Thirty of the 83 schools report that transportation of the students is required by the system, and in seventeen of the schools the cost of transportation is paid by the students themselves.

REASONS FOR THE COOPERATIVE ARRANGEMENT

The reasons for the schools adopting some form of coöperative arrangement are varied, and were so fully stated that it seems best to give them in tabulated form. The table includes the figures which indicate the expectation to continue the connection between the hospital and academic institution.

The data above the dotted line were given in response to specific questions; those below the line were spontaneously expressed.

TABLE NO. XII

Reasons for the Coöperative Arrangement

<table>
<thead>
<tr>
<th>Reasons Stated in Reply to Specific Question:</th>
<th>Total Number of Schools so Stating</th>
<th>No. of Schools with University or College Connection so Stating</th>
<th>No. of Schools with High School Connection so Stating</th>
<th>No. of Schools Combined with Other Schools so Stating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need of qualified teachers</td>
<td>11</td>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Need of adequate classrooms</td>
<td>12</td>
<td>10</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Need for laboratory facilities</td>
<td>28</td>
<td>22</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>To raise standard by affiliation with university</td>
<td>47</td>
<td>42</td>
<td>2</td>
<td>21</td>
</tr>
<tr>
<td>Belief in &quot;centralization&quot;</td>
<td>26</td>
<td>21</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>To enrich the educational program</td>
<td>55</td>
<td>42</td>
<td>10</td>
<td>32</td>
</tr>
<tr>
<td>Reasons Given Spontaneously:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students want college at smaller cost</td>
<td>1</td>
<td>1</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Arrangement is more economical</td>
<td>2</td>
<td>2</td>
<td>..</td>
<td>2</td>
</tr>
<tr>
<td>Prestige for the school</td>
<td>1</td>
<td>1</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Gives well balanced program</td>
<td>1</td>
<td>1</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Traditional because the hospital is part of the medical school</td>
<td>2</td>
<td>2</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Expect to continue</td>
<td>54</td>
<td>44</td>
<td>8</td>
<td>24</td>
</tr>
</tbody>
</table>


The schools were asked to state the advantages and disadvantages which have accrued from the connection with the academic institution. The responses are summarized in tables thirteen and fourteen.

### Table No. XIII

**Advantages of the Academic Connection**

<table>
<thead>
<tr>
<th>Advantage</th>
<th>Total Number of Schools so Stating</th>
<th>University or College Connection</th>
<th>High School Connection</th>
<th>Schools of Nursing with Combined Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To Student Directly:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gives college credit</td>
<td>6</td>
<td>6</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Social advantages</td>
<td>10</td>
<td>10</td>
<td>..</td>
<td>2</td>
</tr>
<tr>
<td>Intellectual stimulation</td>
<td>16</td>
<td>12</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Promotes better spirit</td>
<td>1</td>
<td>1</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Broadens viewpoint</td>
<td>5</td>
<td>4</td>
<td>..</td>
<td>3</td>
</tr>
<tr>
<td>College work at less cost</td>
<td>5</td>
<td>5</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td><strong>To School:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Places emphasis on credentials</td>
<td>2</td>
<td>2</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Eliminates undesirable student</td>
<td>3</td>
<td>3</td>
<td>..</td>
<td>2</td>
</tr>
<tr>
<td>Better type of student attracted</td>
<td>8</td>
<td>8</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Relieves hospital teaching staff</td>
<td>3</td>
<td>3</td>
<td>..</td>
<td>2</td>
</tr>
<tr>
<td>Raises standard of school</td>
<td>6</td>
<td>5</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Wider range of opinion in judging qualifications of students</td>
<td>1</td>
<td>1</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Economy of money</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Economy of time</td>
<td>2</td>
<td>2</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td><strong>Improvement of Educational Program:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved quality of teaching</td>
<td>31</td>
<td>25</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Better balanced program</td>
<td>5</td>
<td>5</td>
<td>..</td>
<td>..</td>
</tr>
<tr>
<td>Improved teaching facilities</td>
<td>20</td>
<td>12</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Standardized program</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Improved subject matter</td>
<td>3</td>
<td>2</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td><strong>General Results:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furthers the educational ideal in nursing</td>
<td>7</td>
<td>7</td>
<td>..</td>
<td>4</td>
</tr>
<tr>
<td>Stimulates graduates to continue education</td>
<td>3</td>
<td>3</td>
<td>..</td>
<td>1</td>
</tr>
<tr>
<td>Secures public support for nursing education</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Results in a higher type of graduate</td>
<td>3</td>
<td>3</td>
<td>..</td>
<td>1</td>
</tr>
</tbody>
</table>
# Table No. XIV

**Disadvantages of the Academic Connection**

<table>
<thead>
<tr>
<th>Disadvantages</th>
<th>Total Number of Schools (Starting)</th>
<th>University or College Connection</th>
<th>High School Connection</th>
<th>Schools of Nursing with Combined Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>No disadvantages</td>
<td>15</td>
<td>13</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Loss of students' time by hospital</td>
<td>19</td>
<td>18</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Cost of transportation</td>
<td>2</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Difficult to arrange schedule</td>
<td>5</td>
<td>4</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Limits free development of educational program</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too little time for study</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Too expensive</td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Classes too large</td>
<td>3</td>
<td>2</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Subject matter too difficult</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Teachers sometimes do not get nursing point of view</td>
<td>2</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Difficult to coördinate programs of the hospital and university</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of correlation in the theory and practice</td>
<td>6</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase in ethical problems through lessened contact with students</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distance a disadvantage but the long ward duty hours worse</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Summary

To recapitulate, the data give evidence of the following:

**First**—There is a rather strong tendency for schools of nursing to seek connection with an academic institution, other than a hospital, and such connections are being established more frequently in the west and middle western states than in the states on the Atlantic border.

**Second**—While a few of the true university schools are soundly organized, with promise of permanency, many other affiliations between schools of nursing and universities and junior colleges are casual in their inception and unstable in organization.

**Third**—The majority of the schools studied are inadequately financed, and have no well formed executive committee in control of their interests. Most of them do not have machinery functioning to coördinate the educational programs of the hospital school and the academic institution.

**Fourth**—The data are incomplete in respect to many phases of the
study. Inadequacy of the data makes it impossible to report satisfactorily on the number and functions of nurse teachers, head nurses and supervisors and on the ward practice program of student nurse in the hospitals studied. Many problems for further scientific research are suggested by the data already obtained.

**Fifth**—The nursing schools establish academic connections for the purpose of enriching their educational program more frequently than for any other reason. In stating advantages accrued, the schools give first place to the enrichment of the program, seeming thereby, in many instances at least, to feel that they have attained that objective.

**Sixth**—The disadvantage most frequently noted is that of the loss by the hospital of the students' time. The next most frequent disadvantage is failure to coordinate the educational program of the hospital school and academic institution and, as a result, failure in the correlation of theory and practice.

**Conclusion**—The increase in the establishment of connections between schools of nursing and academic institutions, during the past decade, shows a definite attempt to enrich and strengthen the educational program by making use of almost any available educational opportunity. The hope has been that through the establishment of these, often intangible and temporary contacts, a relationship might be set up which would eventually lead to one of greater effectiveness and permanency. There is evidence to show that some of these small beginnings have grown into worthwhile programs.

The outstanding questions which suggest themselves from a study of the present trends are: To what extent does such a connection stimulate progressive improvement in the educational program? How can the connections already established be stabilized? What should be the plan for the development of the relationship in individual cases? How effective is the teaching obtained? What measures have been taken for better correlation of the educational program of the school of nursing and of the academic institution? And, finally, what amount and quality of leadership is undertaken by the school of nursing, and by the academic institution, in respect to the education of the nurse? How can more effective leadership be provided through the cooperation of these two groups in order that the best educational possibilities might develop out of the connections already made?

The paper on Coöperative Arrangements Between Schools of Nursing, by Laura Logan, Dean, Cook County School of Nursing, is published in full in the August, 1931, number of the *American Journal of Nursing*. 

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For summary of discussion during the remainder of the conference, see summary given at the Closing Business Session.

The meeting adjourned.

**Conference: The Preparation of the Young Graduate for Head Nurse Service**

*Tuesday, May 5, 2.00 p.m.*

Chairman: Gladys Sellew, R.N., Assistant Dean, Cook County School of Nursing, Chicago, Illinois.

See summary, Closing Business Session.

**Conference: The Value of the Talking Motion Picture in Nursing Education**

*Tuesday, May 5, 4.00 p.m.*

See summary, Closing Business Session.

**Open Session Conducted by the Committee on Education**

*Wednesday, May 6, 9.30 a.m.*

Presiding: Isabel M. Stewart, R.N., Chairman, Committee on Education, National League of Nursing Education, Professor of Nursing Education, Teachers College, Columbia University, New York City.

Subject: The Professional Preparation of Nursing School Personnel.

A report of the Committee's work for 1930 was given by the Chairman, and is printed with the other committee reports given at the opening business session.

This was followed by the papers:

**Some Recent Developments in Teacher Training with Suggestions for the Preparation of Teachers and Supervisors in Schools of Nursing**

Evelyn Childs, R.N.

*Instructor of Nursing Education, School of Nursing, Western Reserve University, Cleveland, Ohio*

Institutions for the training of teachers, whether separate schools or departments within other institutions, should exist for the purpose of
providing adequately trained teachers in numbers sufficient to meet normal demands. Teacher training institutions should give to the students a broad understanding and accurate knowledge of materials to be taught, insure an appreciation of teaching difficulties involved, and an ability to apply the guiding principles of psychology, and give a rich cultural background of information. The principles which represent the conception of education as “development and growth into an ever-increasing power of participation and enjoyment in living” require new techniques, and the training in these new techniques involves many new factors in teacher training. Emphasis is now placed not only upon the acquiring of knowledge, techniques, and skill, but upon their use in the conduct of life as well. New developments and problems arise in the attempt to satisfy these needs.

At the present time, one of the most significant problems in professional schools for teachers is that concerned with the selection of students. In the past, normal schools have admitted and prepared many teachers who did not have the abilities needed for teaching. The problem becomes even more acute with the increase in the over-supply of teachers in this country. In solution of this problem, a definite limitation of students is being considered. For example, in at least one state, each community is assigned a quota of students who may enter the teachers' college of that state from that community. Teaching as a profession has great responsibilities, and the task of those preparing teachers is one of carefully selecting and developing those who will assume these responsibilities.

Dr. William C. Bagley, of Teachers College, Columbia University, mentions several outstanding qualifications desirable in the professional equipment of a teacher which should, as far as possible, also be considered in selection. First is a good “teaching personality,” evidence of the importance of which is the general testimony of administrators and supervisors, together with evidence from studies made of the factors determining success and failure in teaching. Second, there is the person’s equipment on the side of scholarship as well as the capacity for and interest in the techniques of teaching. Finally, is the importance of professional ideals and attitudes of the prospective teacher linked with culture and a broad outlook.

The need for greater emphasis on the cultural subjects during the preparation of teachers has been recognized following various recent studies which have been made. Statistics show that in the past, professional schools for teachers have not attracted so large a proportion of

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the abler and cultured high school graduates as have other institutions of college grade. It is today more and more recognized that "the teacher needs a liberal culture for his own life as a citizen of the modern world which should be considered a definite part of his professional preparation." The problem, then, is first to select larger numbers of students who have had the opportunities afforded by a cultural background, and who have the educational requirements and the abilities needed in teaching, and second to provide for the extension of the curriculum in order to present to all students a richer field of subject matter.

In lengthening the curriculum of the teacher training institutions from the two to the three and four-year programs, two plans are presented. One is to abandon the old pattern of professional training, re-organizing the program of the teachers' colleges to resemble that of the liberal arts colleges in preparing high school teachers. The second plan is to retain the professional purpose of the older normal schools, but to provide a richer program, here taking cognizance of the need for a cultural background in the preparation of teachers. In order to plan for the content of the program in the extended curriculum, two interesting procedures in curriculum construction have recently been exemplified. First is that based on broad experience in the formulation of ideals as to what the teacher needs, and the drawing of inferences from these ideals as to the content of the curriculum. This has been carried out by Dr. Bagley in his proposed curriculum for the four-year teachers' college program, following the second plan mentioned above. In this program, to help solve the problem of integrating the courses and activities essential in bringing out the ideals of scholarship and broad vision, Dr. Bagley has presented the following provisional terminology for the classification of courses. Briefly he would include:

(1) Professional integration courses which orient the student to her chosen profession, and give a survey of the whole field of education. Here, there should also be an attempt to build up a professional spirit among teachers. Such courses are included as Educational Psychology, Educational Measurements, Techniques of Teaching (applied to teaching in general), and Philosophy of Education.

(2) Professional content courses which deal with the materials in which the student is preparing to give instruction. This is the subsequent "stock in trade" of the teacher, and is a very significant problem in teacher preparation. Morrison\(^3\) sets forth the importance of an adequate command of subject matter and a sound conception of its use as a most essential element in the preparation of the teacher for his work. These courses, then, should provide competency in subject matter materials to be taught, as well as the adaptation of the subject matter to the varying needs of the students taught. The

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\(^2\) "Some Next Steps in the Preparation of Teachers," p. 166.
teacher of any subject matter course must be conscious of the appropriateness of the material under discussion for the students being taught. "He must know clearly the teaching and learning difficulties usually encountered in presenting this material; and must be able to offer helpful suggestions on the method of presentation and the organization and supplementation of material. No teacher of a 'subject matter course' who knows only his subject matter field can introduce these elements of professional treatment, no matter how intensive and extensive his knowledge of that field may be. It requires, in addition, a sympathetic understanding of the students for which the material is appropriate, an applicable knowledge of the fundamental principles of educational philosophy and psychology, and an appreciation of the advantages and disadvantages of the different methods of presenting this subject. These are professional elements which are not obtained by intensive study of the special subject being taught and are not successfully given if separated from the subject matter with which they are to be used."4 In this group should be included in addition to content the techniques of teaching and psychology, both here applied to teaching specific subjects at hand.

(3) Professional background courses which include all other materials which the teacher needs as part of her professional equipment, emphasizing cultural subjects. These should present a cross section of every field of knowledge so that the student will have breadth as well as depth. The English teacher, for instance, should have a background of science and mathematics, the science teacher, history, art and English. A background course should never be considered as a substitute for content.

(4) Professional laboratory courses which include observation of expert teaching, participation and later, actual student teaching under guidance. The laboratory courses should parallel the content and technique courses.

The second above mentioned procedure in curriculum construction was recently illustrated in the job analysis or activity study carried on by Dr. Charters and Dr. Waples in the Charters-Waples Teacher Training Study.5 A list of over one thousand type activities was made, and those most commonly performed were determined. They were ranked for importance in teaching as well as for difficulty in learning. It was also recorded whether the activities could better be learned in school than on the job. The list has been of special value in determining the content of courses for student teachers.

Another interesting emphasis today in teacher training institutions is that of the induction into teaching of the student teacher. Dr. Mossman states that "in the attempt to train teachers, we note that normal schools and colleges have used programs of observation, participation and practice teaching accompanied by courses in introduction to teaching, principles of teaching and special methods. Some have used the apprenticeship method of sending their students out to public schools

where they assist and gradually take over responsibility in teaching. All this does not necessarily mean that the students will thereby learn to teach in the best sense of the word." In place of this program, Dr. Mossman suggests a course divided into two teaching terms: (1) Junior teaching, when the beginning student teacher is inducted into teaching through daily work with an expert. Here the student learns to plan and practice under the guidance of one who emphasizes underlying principles and constantly directs the student teacher's thinking and planning. (This program is described in detail in the article mentioned.) (2) Senior teaching, a two-hour or half day teaching assignment. Regular conference periods are emphasized. During this program, the student becomes acquainted with every phase of activity in teaching under expert direction.

For the benefit of the student teacher also is the emphasis in teachers' colleges on the use of rating scales. It is felt that self-improvement by the individuals on the basis of self-ratings is a technique which seems to be promising. Evidence of the importance of a good teaching personality already mentioned as an outstanding element in the teachers' equipment has been shown by an investigation by Miss Morris of Teachers College, Columbia University, in a "trait-index" study. In this study was found that personality correlates more highly with success in practice teaching than either intelligence or academic marks. The rating card then should serve as a guide for the critic teacher in diagnosis, and in constructive work with the student teacher. It should, therefore, present and reveal qualities essential in successful teaching. The card should then serve as a guide for the student teacher, aiding her in self-criticism, and improvement. It should give her a chance to study the standard by which she is measured and put before her the concrete facts considered by experts as essential in producing desired results in the students being taught. A rating card should also assist in recommending graduates for appointment. An interesting scale is "A Tentative Analysis of Teaching in Nursery School, Kindergarten, and First Grade," by Winifred E. Bain, Ph.D., Bureau of Publications, Teachers College, Columbia University, 1929. At each point in this scale the student teacher is given a very clear picture of the person being judged. A valuable addition is the graph which is made in summary of the various ratings.

In studying the above developments in teacher-training institutions, several suggestions for the preparation of teachers and supervisors in schools of nursing are implied. Just as the teachers' colleges are feeling

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the need of more careful selection of entrants to teacher-training institutions, so should the faculties preparing instructors for schools of nursing give greater consideration to the selective admission of promising students. As the teachers' colleges are inquiring, so might we too ask: "(1) What abilities are needed for teaching? (2) What people will profit most by the preparation which is afforded in our present teacher-training institutions?" In preparing instructors and supervisors for schools of nursing, only those students should be accepted for the program who have had a well founded four-year high school preparation followed by the basic nursing course in an accredited school. In addition, some college work before admission is highly desirable. The points suggested above by Dr. Bagley might well be stressed again in our selection of students, namely, teaching personality, previous scholarship, attitudes and cultural background.

Second, the faculties offering courses for teachings in schools of nursing, as well as the normal schools, should improve the materials of instruction in order to insure a more liberal culture as well as competency in the content and techniques in teaching. In planning a course of study for the preparation of instructors and supervisors in schools of nursing, some suggestions might be taken from the classification of courses given by Dr. Bagley. For example, the following grouping might be adopted for use in schools of nursing:

(1) Professional integration courses which would introduce the student to the fields of general and nursing education, their aims, problems, and methods of work. In this group, also, the students should be given an insight into present day theories in education, and their adaptation to nursing. Such courses might be included as: Educational Psychology, Curriculum Construction, Technique of Teaching (General Methods), Contemporary Problems in Nursing.

(2) Professional content courses which deal with the subject matter the student is preparing to teach. This again is of paramount importance. The content courses should be in advance of those studies in the basic nursing course, which consideration has been too often neglected in the past. For example, it is necessary that the instructor of the sciences have advanced work in that field or fields in which she is preparing to teach; that the instructor of practical nursing build on her previous courses in both underlying principles, techniques and the sciences. In like manner the clinical supervisor should have additional preparation in the content of her specialty before she is qualified to

teach this branch of nursing. In this group also should be included the techniques of teaching applied to the particular subject chosen, the importance of which has been discussed in relation to the professional treatment of subject matter given above. Such a program might be as follows:

A. Nursing principles and practice—methods of teaching practical nursing,
or
B. Content of science chosen to teach—methods of teaching the sciences,
or
C. Content of clinical specialty—methods of teaching same.

(3) Background courses which include other materials which an instructor or supervisor needs as part of her equipment to live most fully in the modern world and in turn to contribute most to the students with whom she comes in contact. The following might be included:

English.
History (General and Nursing).
Sociology.
Language (Foreign).
Science.
Economics.

(4) Professional laboratory courses:
A. Observation.
B. Participation.
C. Student teaching carried on in a chosen field which should be continuous, differentiated, and graded.

The minimum length of time to complete the above course should be two years, although exception might be made in the case of unusually well-prepared students. On the other hand, some students might be made to require three years to complete the course in a satisfactory manner. Just as the teachers' colleges are realizing that an academic degree is of importance to all teachers as signifying a definite amount of educational preparation, so should we in schools of nursing recommend as instructors only those with equally high educational and professional qualifications.

A study similar in method to the Charters-Waples Teacher Training Study, although much less extensive in scope, has been carried on for the preparation of teachers in the field of nursing education. In order to select a body of materials which should be utilized in the preparation of the various positions in our schools, and with the realization that students be prepared to understand and to practice teaching, supervision, and administration, as it is carried on in the better schools at the present time, an activity study has been made. This was carried on during
the fall of 1930 by a group of students in the Nursing Education Department at Teachers College, Columbia University, together with the Committee on Education of the National League of Nursing Education. Questionnaires were sent to the various members of the faculties of schools of nursing to ascertain what duties should be performed in each specified position, and which activities should be taught in organized courses of study. As a result of the analysis of the consensus of opinion regarding activities performed which required organized instruction, courses of study were formulated to be used in preparation for the various positions. Part of this study is being continued at present. From this it is hoped that courses will result which will make for a progressive improvement in the materials of instruction. With such material on hand, and with teaching units prepared, topics of discussion should be made more meaningful where activities are present to substantiate the inclusion of each unit. In addition, the needs of the prospective position for which the student is preparing are thus kept constantly in mind by the instructor.

Some of the suggestions given by Dr. Mossman regarding induction into teaching are, I believe, being carried out in programs for preparing instructors and supervisors in schools of nursing. Others might be incorporated. The student teacher, if it is in practical nursing, observes classes and demonstrations by an expert, the instructor in the principles and practice of nursing. It is important that this experience be continuous, so that the student may gain a vision of the whole unit as it develops from day to day. Gradually the student teacher learns to plan what may happen in subsequent lessons, at first in conference with the instructor directing this program, and later alone. The student teacher now participates with the practical nursing instructor in various phases of teaching, and later she may perhaps plan and direct a practice period for student nurses. Under supervision she may now begin to direct portions of the students' hospital experience, assuming more and more actual responsibility in some phase of teaching both in the classroom and in the hospital. If we in the schools of nursing were to apply the terminology described above, we might call the junior teaching period that in which the student teacher is observing, planning, and gradually participating in activities graded from simple to complex. In the senior period the student teacher is participating in some of the more advanced phases of teaching, and under guidance supervising some portion of the students' hospital experience. Here, too, she may actually conduct a group of classes for student nurses. Her observation should be carried out throughout this latter period, so that the student teacher may learn to evaluate another's teaching and at the same time to gain a perspective
in her own teaching. In the use of rating scales, many of the forms suggested by teachers’ colleges would prove interesting and valuable, I am sure, to instructors directing programs for prospective teachers in schools of nursing.

In conclusion, may I state that the chief problems of teacher training for schools of nursing as well as in professional schools for teachers, are the selection of students, the provision of a liberal culture for the teacher’s life outside as well as within the classroom, the improvement of curriculum materials through careful analysis and study, and the recognition of the need for the “teacher-scholar” in regard to the content and adaptation of subject matter to be taught.

**Preparation for Administrative Positions in Schools of Nursing**

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We are attempting in this paper to present to you some viewpoints growing out of an analysis of certain positions in the school of nursing and in the hospital nursing service which carry with them administrative responsibilities, and we are desirous after discussing the activities of these positions to discover how the various officers are to be more adequately prepared for their responsibilities. If we were attempting merely to set up a program of education for a particular objective which excluded immediate needs and for which an entirely new group of workers were under consideration, the problem would be different. It seems desirable, therefore, to consider what should be done to assist those who already occupy administrative positions and what should be done to build up a sounder preparation for the personnel who will occupy these positions in the future.

The conception that specific training out of service is essential for the preparation of the administrative and executive staff to function in the school of nursing and in the nursing service of the hospital, is of fairly recent origin and is not often demanded as a prerequisite. The preparation for these important offices has usually in the past been obtained in service, largely through experience, and more often than otherwise, wholly undirected. Learning solely through experience, while probably of some value to the learner, is a costly, time-consuming, and dangerous procedure, but supported by well-planned courses of instruction in principles underlying the relationships which are associated with
executive and administrative responsibilities, it becomes a most effective means of preparation for any type of work.

In order that the subject under discussion may be more clearly presented, let us define in simple terms the positions we have under analysis, and for which we are indicating the need for a well-defined educational program. The definitions are those which have been used throughout the study by the Chairman of the Education Committee and accompanied the master check list, with which many of you here today are already familiar, compiled from diaries kept by nurses holding various positions throughout the country.

The dean or principal of a nursing school is one who gives the major part of her time to the organization and administration of the educational program of the school as a whole. The director or superintendent of the nursing service is one who gives the major part of her time to the organization and administration of the nursing service of the hospital as a whole. The assistant principal or educational director or supervisor of instruction is one who shares the duties and responsibilities of the position of principal of the school with particular attention to the making and carrying out of the teaching program. The assistant director or superintendent of the nursing service (day) is one who shares the duties and responsibilities of the director of the nursing service, with particular attention to the program of carrying out the nursing care, and the assistant director or superintendent of the nursing service (night) is one who gives the major part of her time to the organization and administration of the night nursing service of the whole hospital and to carrying out of the educational program with students and staff on night duty.

For the purpose of setting up an educational program for the preparation of the personnel for each type of administrative position to which we have referred, the various activities carried out by these groups were studied in some detail and it was found that the degree of overlapping of duties was so tremendous that entire differentiation of training on the basis of each individual position was out of the question, as at any time, as you all well know, due to the necessity of relieving those holding other positions and of providing for critical emergencies which arise in any hospital, many or all of the duties may have to be performed by each of the administrative officers. For this reason it seemed very necessary to consider this group as one and think in terms of a general program which would cover the basic requirements for preparation for each of these higher administrative posts. It is obvious that this conclusion does not necessarily indicate that every thus prepared assistant will be thoroughly equipped to become the head of a
school or the head of a nursing service. Many desirable requirements are not measured in terms of courses, nor in terms of an accumulation of knowledge. Experience and personal assets must be weighed in the scales of requirement before an intelligent judgment can be made. Qualities of mind and personal attainments, questions of health, social and community understanding and interest, all enter into the appraising of an individual for any position. There are also certain abilities which indicate potential leadership, but these are not necessarily acquired through a course of study.

In seeking to obtain information as to duties and functions, the study was limited to positions usually found in the better type of nursing schools, in those connected with hospitals of average size or above, where the positions are well defined, where the duties in each position are not too widely differentiated for efficient service, and where the working load in each position is reasonable, and the educational side of the program of school and hospital is recognized and carefully provided for.

The master check list was divided into four main divisions and subdivided into many others. Under these divisions the various activities as practiced by members of the school of nursing staff were tabulated. This list of activities covers thirty-one typewritten pages of material, and contains over five hundred and fifty items. It seems to be a fairly comprehensive list, but no doubt there are innumerable activities carried on by the executive nursing groups which are not included in the compilation. It would seem, however, to be sufficiently comprehensive to base some reasonable conclusions upon it.

The four main divisions of the check list are: activities involved in the organization and administration of the nursing school and nursing service; activities concerned with planning and carrying out the program of instruction; activities concerned with the personnel of the school, hospital, and graduates of the school; and the activities concerned with professional and personal improvement, and with community relations. As these divisions are broad and general it may make the discussion considerably clearer and also assist you in grasping the ideas in a more practical way if we enumerate the subdivisions of these main headings as they are carried out in the check list.

Under the first division, "Activities involved in the organization and administration of the nursing school and nursing service," the activities are subdivided into nine groups: activities concerned with the determination of aims, standards and policies of the nursing school and nursing service; activities concerned with the organization of the nursing school and nursing service; activities concerned with the general
government of the school and nursing service; activities concerned with housing and living conditions of students and employed personnel; activities concerned with the health of students and employed personnel; activities concerned with the nursing care of the patients; activities concerned with the hospital and school plant and with supplies; activities concerned with the financial and business management of the school and with the nursing service; and activities concerned with correspondence, publications and publicity.

Under the second main or general heading, "Activities concerned with planning and carrying out the programs of instruction," there are twelve subdivisions: studying the needs, abilities and educational foundation of those who are to be taught; preparing the curriculum as a whole; mastering the subject matter to be taught; planning subject matter to be taught in individual courses or units; selecting and organizing subject matter (including content of practical experience); teaching subject matter; making assignments and providing facilities for study and practice; teaching students to study and practice; investigating and evaluating students' needs, abilities and achievements in relation to instruction and study; activities involving contacts with students in relation to instruction; activities involved in providing adequate sources and materials for study and practice; activities involved in records and reports concerning students (not including records of admission and office records).

We now come to the third division with the main heading, "Activities concerned with the personnel of school and hospital and graduates of the school," under which six subdivisions are listed: principal individuals and groups with whom co-operative relationships are established and maintained; typical activities involved in interdepartmental relationships; activities involved in the selection, employment and supervision of graduate nursing staff and other employed personnel; activities involved in admitting, classifying and graduating students; activities involved in extra-curricular activities of the school; activities in relation to graduates of school.

The fourth and last division, "Activities concerned with professional and personal improvement and community relations," is subdivided into ten classes of duties, viz.: making professional contacts; seeking for improvement in professional preparation; seeking to improve professional status; helping to establish cordial relations with members of community; cooperating in community activities; contributing information and assistance to community groups; helping to secure cooperation and assistance from community and from influential citizens in supporting the work of the hospital; in supporting the work of the
school, etc.; helping to improve the standards and service of the nursing profession; providing for personal welfare, and in developing and exercising desirable traits.

Under each of these major divisions with the many subheadings are tabulated the chief activities which are carried on in the hospital and nursing school by one or all of its official groups from the head nurse to the director of the school. Considering the fact that the executive group has at some time or other to do or to be responsible for someone else who does one or all of these procedures, it seems reasonable to assume that this group should have learned either through experience or through special training how to carry out or be able to participate in all the activities listed, having passed through the various stages or levels of training by a direct, or in some instances an indirect, route from the head nurse or assistant instructor to the supervisor or instructor level, then to the third level for which we are aiming to construct a suggestive training program. If the activities on the first and second level have not been formerly learned sufficiently at least to understand and interpret them, they must be learned while proceeding with the additional broadening professional content and cultural courses which will advance the administrator to the level on which she can satisfactorily meet the requirements of her more comprehensive responsibilities.

Looking at an objective with a long-range vision is somewhat different from working towards that objective through the process of developing from their base, simple ideas, into more complex systems till the aim is attained. When the subcommittee to study the duties, qualifications and functions of the administrative staff of the school of nursing and hospital nursing service began its work some years ago, with the object of building up a course of study in preparation for the various functions which these officers were required to perform, it seemed a more simple task than the experience of the past three years has proved it to be. One reason for the difficulty is that a voluntary committee, separated by long distances, cannot get together sufficiently often to do group thinking on consecutive parts of its program, and usually not at a time when the material is fresh at hand. The analysis, therefore, has to be made individually, in piecemeal, by correspondence. Thus through lack of the stimulus which is always present when mind meets mind in discussion, rapid and concrete results are difficult to attain. History has repeated itself in this effort, and the work of this subcommittee is still in the state of synthesis on the one hand, and analysis on the other, as we build up only to break down every time a questionnaire, a letter, or a report goes out to each of the members of the committee. There is, however, a considerable unanimity of opinion on
certain fundamental factors, which will enable us to present some suggestive principles upon which to develop a program of study to meet the general needs.

In analyzing the master check list to which we have previously referred, it was a unanimous opinion that the majority of the activities carried on in the school and nursing service of the hospital must be learned either in service through experience, or by direct teaching, while in service, or in organized courses of study, and that it was essential for the executive and administrative groups (dean or principal of school, superintendent of nurses, educational director, or assistant principal and assistants, day and night), to have experienced the activities and mastered the subject matter on the lower levels before proceeding to be responsible for the activities on the highest level. In other words, the background and training of these officers should have included the essential knowledge required to function on the head nurse and assistant instructor level, and also on the supervisor and instructor level. It must be noted that we have suggested the prerequisite to be the essential knowledge, and we have not arbitrarily indicated that each step in sequence must have been taken by each individual before advancing to the positions of highest responsibility in administration and teaching. It is conceivable that certain other experiences in life might have provided a part of the prerequisite knowledge, and be accepted in substitution for more arbitrary sequences within the school and hospital.

In preparing a program of study which this committee has under consideration, several points must be kept in mind, such as the individual differences in background, in theory and practice, the personality, the special abilities and major interests of the student. In addition to these points it also must be kept in mind that the courses of study will be given in many different colleges and universities, by a great variety of instructors, where the grouping of subject matter into courses will depend on the facilities, the resources, and the organization of the institution in which the courses are given. It is therefore obvious that any program which may be outlined should at best be suggestive and capable of great flexibility and modification.

In studying the vocational histories of 151 principals of schools, who were members of the National League of Nursing Education, and whose blanks were accurately and correctly filled in, Miss Uurch, a member of the subcommittee, found that 55% had attended college, 13% of which held either a Master's or Bachelor's degree; 8.5% had either one or two years of normal school, 15% were high school graduates and 21.5% had less than four years of high school. About 33% of the number
before entering the school of nursing had attended college at intervals after completing the nurse's training.

It is very interesting to note that 51% of the total number of histories studied stated no previous professional experience before entering the school of nursing; 30% stated previous experience as teachers; 14.5% stated business experience, and 4% stated experience in various other pursuits.

Another interesting item of information gleaned from this study was that 45% of the total number had felt it essential to take some type of postgraduate work in preparation for the position of director of a school of nursing.

Still another finding of importance was the number of different paths by which these various persons proceeded to the post of director and superintendent. Fifty per cent had been head nurses, 45% assistants, 30% instructors, 23% private duty nurses, 18% night supervisors, and others had held positions in the army, in the public health field, and as office nurses, inspectors, anaesthetists, and as registrars. The analysis does not specifically state the sequence followed from one post to the other, but undoubtedly many of the head nurses were later instructors, night supervisors, and assistants, before becoming directors of schools.

Another vocational study of fifty applicants for matriculation to Teachers College, made by Miss Pfefferkorn, to secure information as to the professional route taken to the position of superintendent of nurses and principal of the nursing school, shows that the position is reached usually by ascending from one level to another. Forty-three of the 50 directors of schools had either been head nurses or supervisors; 23 had been assistant directors; and 30 instructors or educational directors; while others had proceeded to the position directly or after holding minor miscellaneous positions in the nursing field. In the majority of matriculation blanks studied, an average of 4.8 years was spent in other positions before holding the office of superintendent of nurses or principal of the school.

The data studied are probably too limited and too specifically selected upon which to base authoritative conclusions, but the studies carried on by other subcommittees have strengthened the findings sufficiently to form the opinion that it is desirable to proceed to the position of superintendent of nurses and principal of the school through the various steps in sequence, in order that the different experiences will come in logical order in relation to their difficulty and importance.

We may also assume with reasonable assurance that since the study of the duties of the assistants, as compiled in the master check list, indicates that an appreciable number of the activities and responsibilities
carried by the superintendent of nurses and principal of the school are shared by and sometimes relegated to the assistants, including the educational director and night supervisor, a similar educational program should be required for this entire group, providing electives and major subjects in sufficient numbers to develop further individual abilities and capacities, and to provide for the different individual specialties and interests.

To return to the matter of the master check list of activities, and to substantiate the opinions we have just expressed, we find a great number of activities which are carried on by every member of the school of nursing staff. The activity described as studying modern standards and trends in nursing and in nursing education is an activity which should be participated in by every staff member from the head nurse to the head of the school. While on the other hand—"studying the individual institution to determine present conditions and needs in relation to nursing service and nursing education"—may more properly be an activity of the administrative group. Another activity in which the entire group may, and should, participate, either individually, or through some form of committee organization is "planning for progressive future developments of the school and nursing service,"—while "arranging for the registration of the school,"—is the responsibility of the executive head.

To consider the activity "studying the needs, abilities and educational foundations of those who are to be taught, in relation to patients, and patients' friends"—the head nurse is the member of the staff who stands in closest relation to these groups. For that reason she needs to know the fundamentals upon which to establish satisfactory relations. She should have had somewhere in her preparation courses or experience which will enable her to teach the principles of health, and how to deal with problems of personality. Such courses are basic for every member of the staff who is responsible for teaching, or for the supervision of the work of others. In analyzing the activities relating to the curriculum as a whole, such an activity as "planning for the co-ordination of theoretical and practical work" is also a common activity to be participated in by all, while "planning the placement and general sequence of units in the educational program" is the direct responsibility of the higher executive members of the staff. "Studying desirable traits and attitudes to be developed in nursing students, and planning how to provide for such training" is a joint activity, but "selecting, evaluating and defining curriculum objectives" requires a wealth of broad experience, knowledge and great ability. Such an activity as "explaining new orders, treatments and unusual cases" is again the re-
responsibility of the head nurse, supervisors or instructor, while "con-
ducting a course in professional reading and study for the staff" re-
quires the acumen and experience of the educational director or the head
of the school.

To continue with the analysis of the check list further would be to
accumulate additional examples signifying that there are certain funda-
mental things to be learned connected with each type of position, and
that some items of information are common to all positions. In study-
ing the list in detail, it is evident that some of the activities must be
learned as individual procedures in the actual setting. Some may be
learned apart from the actual field, and some may be learned only
through the application of general principles based on a broad knowl-
edge of many subjects and after several years of experience.

It may be taken for granted that every appointment to a faculty pre-
supposes teaching responsibilities. It is also traditional in schools of
nursing that certain positions presuppose the subjects to be taught. For
example, in the majority of schools it is taken for granted that the su-
perintendent of nurses and principal of the school will teach the subject
of ethics, and quite often the history of nursing. It is quite possible
that the major interest of some principals of schools may not be the his-
tory of nursing, and that they may not be at all well versed in philos-
ophy and ethics. It is also quite possible that some other faculty mem-
er may have spent years in studying either one or both of the subjects,
and would be prepared to teach them through her rich knowledge and
her special ability in a way the superintendent of nurses could not hope
to do were she to devote her utmost energies to the work. And were
she to persist in following traditional lines, she would no doubt deprive
the students of a rare opportunity, and perhaps place herself in great
embarrassment. It would seem reasonable to suppose that in preparing
individuals for these advanced positions the ability, the special interest,
and the rich experience of each should be further developed and capital-
ized, instead of diverting the attention of all to new and different fields
of thought and study. It will doubtless be conceded that a mastery of
certain specific knowledge is essential and basic to all administrative
positions, but in no case does it seem desirable that the particular in-
terests of the individual should be set aside and all courses developed
upon stereotyped lines.

In aiming to construct an advanced theoretical program for the future
for the preparation of the groups under consideration it may be ac-
cepted that it should be built upon the premise that the courses essential
to a baccalaureate degree have already been covered, and that in addi-
tion to the courses usually included in the work for such a degree the
professional background content subjects have been credited in former courses. It may also be presupposed that a certain content of pedagogy has been included in former courses permitting the student to enter the essential educational and special subject matter courses upon an advanced level. Should there be an omission in the basic requirements, it would seem necessary that such deficiencies be made up, either previous to or parallel with the subject matter essential for the more advanced standing.

May I say that it is the opinion of several members of the subcommittee that basic to all nursing positions there should be certain broad cultural subjects not concerned with administration or pedagogy included in the general background of education, and that some of these subjects might, to the great advantage of every teacher and administrator, and to the profit of the students, be continued according to the bent of the individual throughout the various years of additional preparation for the higher posts in nursing administration and education. The qualities of leadership, inspiration, and stimulation, are more dependent on personality than upon a knowledge of method and rule, but a desirable personality is developed through the acquiring of knowledge and culture, and through experiencing and reacting happily to a great variety of relationships. For this reason subjects of pedagogical or administrative content will not replace either native ability or general culture and will not suffice to develop successful leaders in either administration or teaching, unless they are built upon a sound and broad individual foundation.

It might be well to keep in mind a conception that the so-called administrative and executive staff is not a superstaff under which all groups must function, and thus be limited in their output, but the group through whom co-operative activities may be carried on and coördinated. The superintendent of nurses who is also the principal of the school of nursing might appropriately be called the “Operative Executive,” and she and the other immediate staff should learn to distinguish between responsibility for doing, and the responsibility for seeing that what is necessary gets done.

In an article by Elliott Dunlap Smith, Professor of Industrial Engineering, Sheffied Scientific School, Yale University, entitled, “The Operating Executive: His Relations to the Specialized Departments,” these fine points of relationship are clearly described, and the principles underlying these relationships in industry are not markedly different in an organization (the hospital) which is a composite of education and production, or education and service. Professor Smith says, “Such
sharing of responsibility is by no means easy to accomplish. Like many other advances in management it makes management better, but more difficult.” As management in industry is becoming more difficult, management in any or all of its various phases is also becoming increasingly complicated, and can be directed only through consideration of all the factors involved, and by applying controlled, directed and coöperative methods to procedure.

In the organization of the nursing departments in hospitals there are two main divisions which relate to the two clear-cut, yet interrelated, functions—teaching and service. At the present time no satisfactory system has been evolved which separates specifically these two functions. Ever since the organization of schools of nursing in hospitals, nurse educators have endeavored to solve the problem, in order that the schools might be free to fulfill their primary function and at the same time maintain the integrity within the institution through which the student is directly related to the active field in which nursing can best be taught.

Another conception which is gradually changing is that education and administration are distinct and separate fields. With the building up of service units within the hospital and unit teaching in schools of nursing, we are coming to regard the function of the supervisor and the instructor as so closely related that we are inclined to think of one person carrying both functions with one or many assistants in charge of each departmental unit, medical, surgical, pediatric, obstetrical, etc. Formerly our conception was somewhat different. We had instructors in the theory and practice of nursing, and supervisors in relation to general administration, each group functioning separately in the same ward units and quite often without the least coöperation or knowledge of the aim of the other. You are all familiar with the complex problems which seemed inevitably to arise under this organization, and the handicaps which each group felt through the inhibitions placed sometimes unconsciously on each by the other. The young head nurse in the ward suffered most acutely, for she owed allegiance to each, and was often the recipient of conflicting directions due to different ideals on the part of the highly specialized and presumably authoritative groups, and she had difficulty in determining by which road to proceed.

The new psychology tends to consider the environment of the individual in relation to his well-being and to his whole development. Therefore it is obvious that an organization which deliberately divided the ward unit into such separate and distinct categories, and placed commanding officers over each, would suffer through lack of coördinated
ideas. Under the conception that education and administration should be separated, conflicts of prestige, between the two groups ranking on a similar level, frequently blocked the progress of each in developing an ideal ward service and teaching environment.

Perhaps the greatest reason for connecting the educator and the administrator in function is that they must inevitably within a given area perform a great number of the same duties, and we cannot now pigeon-hole these activities as completely as we formerly thought possible, and at the same time develop the whole organization to a high point of efficiency in which all groups may work with comparative ease and comfort. The general checking of functions and pursuits has without doubt established our acceptance of a new point of view.

Administration, therefore, cannot be conceived as an isolated subject. When one thinks of administration it is in relation to something. We think of administration in business, in industry, in education in all its various ramifications, and in government. Successful administration depends upon a thorough knowledge of the rules of the game; an understanding of how to coöperate and make others coöperate; how to coördinate the efforts of the group; how to delegate responsibility and detail and yet keep in touch with fundamental and salient situations, and know where to go for minutiae; how to look ahead and plan for future developments; how to see something in the future when the signs are in embryo; how to direct and make use of group thinking; in reality administration is leadership, and good leadership is dependent upon capacity and education. It is apparent that in hospitals and schools of nursing these two great functions—administration and education—are inseparable, and if we are to attain perfection on the highest level we may assume that we must begin very early to shape a program of staff education, either in service or out of service, to define clearly and to correlate these relationships by theory, and by practical application.

The ward is the hospital in miniature. In it are all the factors concerned with administration and teaching. It is a complete unit, and is the first and best field in which to study the problems involving coöperative relationships. The importance of the teaching in this diminutive field is of great significance, and one can early evaluate ability which will determine the potentialities for the higher posts of administration and for future leadership.

Significant and far-reaching developments in the field of medicine, public health, and general education, have had a direct influence on shaping nursing education, and have demanded a corresponding modification in its educational content. The development of a new system in an old
setting presented many complications, and the conflicts between the various groups engaged in the administration of the hospital nursing service with its former ideas, and the groups engaged in attempting to implant new ideals in teaching nursing, resulted in bringing the various groups more closely together in seeking to solve what undoubtedly were not separate, but mutual, problems.

For a number of years we have felt the urgent need, and have rather generally accepted the idea that special preparation in methods of teaching and related subjects was prerequisite for the theoretical teaching in schools of nursing. This idea has not so generally been accepted in preparation for administrative positions.

Nursing requires a separate educational content from medicine, yet because medicine is always building up a new body of knowledge based on scientific facts, it is constantly releasing to nursing new responsibilities of a highly technical nature, the application of which demands a more thorough knowledge of the basic physical and social sciences. The releasing of new responsibilities to nursing changes the activities of executives, and calls for new knowledge on the part of those directing the policies of administration, as well as those connected more directly with the teaching of students.

For certain obvious reasons the organization of the hospital units is highly specialized, and developed under departments which may or may not be self-contained.

The modern tendency within these departments is to center all activities around the individual patient as an individual, and this viewpoint tends to a centralization of responsibilities beginning with the head nurse, who is usually the junior member of the teaching and administrative staff, through the supervisor who may also be the instructor, to the assistant and educational director, and to the principal of the school, who may also be the superintendent of nurses. For the reasons we have enumerated, it will no doubt be evident that the preparation of each of the various officers in the administration of the hospital and school of nursing must be developed upon similar lines, and that the content must be differentiated in degree rather than in types of subject matter. In other words, in building up an educational program for the training of the teaching and executive staff, the principles of supervision and administration must both be taught to the young head nurse and continued through to the highest and most responsible officer, the principal of the school of nursing, for each must carry her share of the load in both fields to develop the resources to their highest efficiency,
Under our existing hospital organization it would seem somewhat premature to assume that in presenting a program for the use of the greatest number for whom it will have value, the positions of the principal of the school of nursing and the superintendent of nurses should be separated and a different preparation for each be outlined. If we are to proceed with the idea that certain fundamental preparation in administration and teaching is needed for each executive officer, we will still assume that whether the positions are separated or the authority vested in one individual, the academic preparation will differ only in its emphasis. Much interest has been manifested in discussing the wisdom of the separation of these two main functions by the appointment of two individuals rather than one, as is the prevailing custom. No doubt we have not yet sufficient information upon which to express a worthwhile opinion, but we are inclined to think that where experiments have been made, the results have justified the experiment. It is obviously apparent that much will depend on personalities, and the carefulness and accuracy with which the organization and the functions of each position are described and carried out. The principle of separating the school as an educational institution from the hospital as a nursing service is pedagogically sound, but the separation of the director of the school from the actual field in which the practice of nursing is carried on may be subject to a difference of opinion. The nursing service of the hospital primarily functions for the care of the patients, and carries inherent in it a community responsibility, and should not be unduly handicapped in its efficiency by problems which are wholly concerned with nursing education. Where the school and hospital are separated, it is most essential that the executive positions be filled by two individuals who have a similar background of education, resulting in a common understanding of what is owing to the student nurse for a sound and adequate education, and what is owing to the community for the most effective and satisfactory care of its patients. Academic and administrative responsibilities are bound together in each of the positions, and only the closest working relation and impersonal understanding will result in developing each unit on its most efficient level. Connected with such an organization questions of authority arise relating to such items as salaries, housing, and staff appointments, while innumerable ethical subjects constantly present themselves for discussion. "A miniature world court" in the form of a policy making committee on which both sides of the organization are represented, will provide a bridge of connection and will assist in promoting harmony while it will safeguard the integrity of each division. Such an organiza-
tion can be developed only where the responsibilities of the positions are held in trust as more sacred, and of greater value, than the prestige of the individual who holds the position, and where each has the ability to differentiate between that which is of lasting, or only of immediate importance, or between an opinion and a principle. With such safeguards as have been described thrown around these positions, it seems reasonable to assume that unquestionably the ideal organization would be the separation of these two important positions by the appointment of women thoroughly prepared by experience and education to cope with the immediate problems concerned with the development of a school on the one hand, and on the other, the daily and perplexing problems concerned with the administration of a nursing service for the care of patients. Perhaps no factor can be more inhibiting to long range vision and clear thinking in the promotion of ideals and plans for the future than the daily, harassing, distressing needs which are thrust at every turn upon the superintendent of nurses, and it is well for the school when someone else, less constantly burdened, has its interests in her keeping, and has the vision to think and plan beyond the immediate, and outside the walls of the hospital.

Through the several studies made by the Education Committee it is evident that special preparation is desirable for each official position on the nursing school and nursing service staffs. Whether it is taken during service by means of special courses and institutes, or previous to service in blocks of study for long stretches of time, cannot be determined by arbitrary means. Circumstances such as previous education and background, professional advantages, available resources, must be taken into consideration in individual cases, but it must be borne in mind that no student can make the best of her opportunities for study who is overwhelmed and burdened, both physically and mentally, with the daily and immediate responsibilities of a taxing school and hospital position.

The meeting adjourned.

Session Conducted by the Instructors' Section

Thursday, May 7, 9.30 a.m.

Presiding: Ella Best, Chairman, Instructors' Section, National League of Nursing Education, and Field Secretary, American Nurses' Association.

Subject: The Correlation of the Nursing Load with the Program of Theory.
CORRELATION OF THE NURSING LOAD WITH THE
THEORETICAL PROGRAM

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"Any adequate program necessitates the greatest care in the utilization of the time devoted to practical experience in the technique of surgical, medical, and other essential branches of nursing. Wherever real conservation of the student's time can be accomplished, one can still hold fast to all that has proved of value in the way of orthodox training in technique and still have time to give the student well-systematized academic courses in the sciences which underlie her profession, and which bring her consciousness of the relation of nursing to modern social problems. We must recognize that more than a reasonable degree of technical skill is in itself specialization, and that mere mechanical technique and skill are of little avail if its possessor remains unconscious of its significance to the needs of existing community life when she is called upon to apply it therein."

The paragraph quoted is an excerpt from an address given by Miss Laura R. Logan before the National League of Nursing Education, meeting for its twenty-third annual convention in 1917. It may well serve as a text for this paper.

Before proceeding further, some explanation of terms may be in order. The term "nursing load" probably calls up in the minds of most of us an image of the multitude of duties confronting the hospital nursing staff; the "nursing load" which is heavier or lighter at certain hours, days and seasons, and about which much has been said and written in "time studies," correlation studies, and in articles dealing with the student staff versus the graduate nurse staff, the cost of maintaining a school of nursing, etc. In this paper, in our interpretation we apply the term first to the "nursing load" of the student nurse, meaning the type and variety of her nursing practice rather than "nursing load" in the hospital in terms of actual hours on duty. In the second place, we speak of the "nursing load" of the graduate nurse, interpreted in this case as the demands made upon her knowledge and skill by the number and variety of cases she is called upon to nurse. The term "theoretical program" needs little explanation. In this will be included the sciences basic to nursing, the principles of disease, and the principles of the various types of nursing. We will consider the ratio, as to quantity and
quality, of this theory to the "nursing load," which is then, after all, the practice.

Obviously not a new subject, about which little that is original or startling can be said; leaders of the profession have already discussed it in all its phases and have done so, far better than the present writer can. There is still much left to accomplish, however. Perhaps it is a question that will never be settled. The history of medical education, the development of other forms of professional education, show the existence of similar controversial matter, in which opinions are at variance, and the pendulum swings from one extreme to the other. Our own profession, so much younger—only now reclaimed from the apprenticeship type of learning, its claims to professional status still contested, must continue to add to its body of knowledge by developing and improving the skills and techniques peculiarly its own, basing them on a sound foundation of the science and art of nursing. We must add to our sciences, make our knowledge of these less superficial and limited, standardize and organize our laboratories of nursing practice.

We examine first the ratio of the number of hours of theory to the number of hours of actual practice by analyzing the curricula of several schools representing various types and plans of organization. We find wide variations even among schools of one type. For example, in one school ranked as a university school, granting a degree of Bachelor of Science in Education with two years devoted almost entirely to theory, two years largely to practice, we find, as might be expected, a ratio of theory to practice, 1 to 2.6. An almost identical ratio is presented by a university school of nursing with the usual five-year course. In a third course of five years, we find a ratio of 1 to 3.7. The ratio of theory to practice in the three-year course offered by these two latter schools is as 1 to 7.5. As many schools model their curricula on that suggested by the National League of Nursing Education, it is not surprising to find a similar proportion of theory to practice, namely 1 to 7. The recent publication issued by the Committee on Grading of Nursing Schools, "What Students Learn," in commenting on the Curriculum of the National League of Nursing Education, makes the distinction of the first four months in which the relation is between 240 hours of practice and 345 hours of theory almost 1 to 1, and the rest of the time in which 1/12 of the time is spent in theory to 11/12 in practice. We will quote from this report again; it contains many facts pertinent to this particular study. That schools offering the regular 28 months or three-year courses, not leading to an academic degree, do strengthen their theoretical program, making it more nearly approach that of the five-year course is shown by the analysis of curricula of two
leading schools. In one of these the ratio is as 1 to 4.3 and in the other as 1 to 3.7. A scrutiny of several so-called "minimum" courses of study for schools of nursing outlined by the state departments of education yields results at the opposite end of the scale. In the minimum curriculum (dated 1928-1929) suggested by the State Board of Examination and Registration of Nurses in six states from different parts of the country, the hours of theory are approximately 350, 392, 430, 489, 496, 500, which bear relations to the hours of practice ranging from 1 to 12 to 1 to 16. These facts are borne out by the reports from the Grading Committee, from which the following quotations are taken:

"What evidence was available from the returns, however, together with supplementary testimony from experienced nurses with whom the matter has been discussed, indicates that in most schools, including most of the very famous ones, as well as the less well known, the proportion of classroom theory to practice is smaller than even the one-of-twelve suggested in the Curriculum.

"Most schools, even most of the progressive ones, then, are requiring from their students more than the 6,252 hours of practice suggested by the League for the 36-month course. Moreover, probably only about eight schools out of each hundred give as much as the 885 hours of classroom theory which the League also suggests.

"Most of the schools in the country are still giving less than the low minimum which the League Curriculum suggests."

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The problem is not only the actual number of hours of class and the actual hours of practice, but also the quality of either of these. One can evaluate fairly well in terms of hours the actual instructive content of the courses in theory. It is possible also to judge the value of a student's training by the variety of services on which she has experience, the number and kind of cases she observes and cares for on these services, and the length of time she spends there. One criterion which we apply to the program of theory is to what extent it correlates with the practice; how valuable is it as a foundation? How does it aid in the understanding and the better practice of the technique of nursing? In the demands to be made in the future upon the nurse's abilities, how well does this training period prepare her? It is not enough, as has long been recognized, to teach the theory and show the demonstrations in the classroom. Every day of the student's ward practice should be of educational value, learning by repetition to perform more skillfully or confidently what she has done before, observing new conditions, adjusting herself to new and changing situations, seeing more clearly new relations, implications, meanings, in old experiences.

1 Results of the First Grading Study—"What Students Learn," pp. 28, 30.
We approach the matter first from the side of the student nurse, to learn the extent of the correlation and support obtained from the subjects taught in the classroom and ward. Readers of the *American Journal of Nursing* remember the “Anatomical Correlation Study,” which appeared in the student page of the August 1930 number of that publication. An explanation of that study was written by Miss Ella Best, the Instructor in the course in anatomy and physiology at the Cook County School of Nursing, in which she states that it “represents a correlation between human anatomy as taught in the course of anatomy and physiology and conditions with which the student comes in contact in her care of the patients on the wards of the Cook County Hospital.” The course consisting of one hundred fifty actual hours of class and laboratory teaching, formed the basis for the student’s study and understanding of these 84 different conditions, nursed or observed by her during a period of five weeks on a surgical ward. To that amount of theory we should add the 60 hours of instruction in principles of surgery and surgical nursing which reinforce the 150 hours in anatomy and physiology. Does anyone doubt that the students have not needed the full amount of the theoretical instruction they have received? This particular method suggests one way of enriching the student’s practice field; her study of anatomy, physiology, pathology, did not end in the classroom. It was carried over into the hospital ward. The list she has compiled represents hours of study of the patients under her care, the perusal of their charts, consultations with instructors of the sciences and nursing, and gives her, therefore, a completely integrated picture of conditions with which she is dealing.

Let us take another science which is tested by actual ward situations, that of materia medica, elementary, frequently designated as drugs and solutions, and advanced materia medica, or the study of introductory pharmacology. The number of hours given in each of these courses varies from ten to thirty, thirty being the usual number; at best a total of 60 hours. How does this correlate with the student’s “nursing load” when she is assigned to medical floors? A reference to conditions met with in the Cook County Hospital is, I hope, to be permitted. An examination of the doctor’s order book for one male medical floor consisting of 25 to 30 patients, revealed in one week’s time that a total of 32 different drugs had been ordered. Over a period of three months’ time between 80 and 90 different drugs had been ordered, some of these new, nonofficial remedies, not usually mentioned in the regular nurses’ texts in pharmacology, and requiring supplementary study and reference work on the part of the inquiring student. A study of medications ordered on surgical, dermatological, venereal, obstetrical, gynecological,
and other departments would doubtless add to the collection. Admittedly, the brief course of thirty hours serves only to give a superficial review of drug therapy and aids in intelligent nursing care. Experience with affiliating students who have received fewer hours of instruction in this fundamental science is beset with difficulties, as shown by errors in interpreting orders, computing dosage, weighing and measuring drugs. Here the weakness lies in the amount and kind of practice that has followed the theory—insufficient hours of theory followed by limited practice in the hospital in administering drugs. What has happened to these students when transplanted to more complicated surroundings is only a forerunner of what awaits them as graduate nurses when they enter the fields of public health, institutional, and private duty nursing, or whatever may be their chosen field of work in the future. One of the best examples of how the science of bacteriology is fundamental to the practice of nursing is the application of its principles in testing nursing procedures, and revising these along lines indicated by the results of carefully controlled experiments. Surely this requires a sounder, more extensive knowledge of the principles of bacteriology and accurate laboratory technique than can be obtained in a 30-hour course in that subject.

It would be somewhat more difficult, but not impossible, to measure with the same degree of accuracy the frequency with which solution of ward problems depends directly upon thorough preparation in other sciences, as chemistry, pathology and hygiene. Three other clinical subjects have been selected: obstetrics and obstetrical nursing, because that branch of medicine is so frequently included and offered in schools of nursing as part of the students' home training—that is, it is less frequently sought through affiliation; dermatology, because of its frequent occurrence in public health nursing; psychiatry and psychiatric nursing, because in so many states it is not a required subject.

The course in obstetrics which we wish to consider consists of 12 hours of principles of obstetrics, and 24 hours of obstetrical nursing, lectures and demonstrations. The topics discussed in these 36 hours touch definitely upon conditions with which the student comes in contact on the ward. These conditions are grouped into three classes:

A. Twenty-seven conditions commonly met, such as normal delivery, the more usual accidents of delivery, such as perineal lacerations and postpartum hemorrhage, forceps delivery, Cesarian section.

B. Twenty-two less frequent conditions, polydactylism and thrush in the infant, twin delivery, placenta previa in the mother.

C. Twenty-one rarer conditions—ectopic pregnancy, puerperal psychosis, hydatiform mole, ruptured uterus.
By actual check up with experience records, it has been found that students see nearly all these cases during their three months' obstetrical services in the wards or in the pre- and postnatal clinics. All these occur with sufficient frequency to make some class discussion necessary. In outside practice groups "A" and "B" are of common occurrence. A 36-hour course reinforced by ward clinics, case and correlation studies, is barely sufficient to give the student a speaking acquaintance with the entire subject of obstetrical nursing.

In a study of a male ward in the dermatology and venereal departments, there were admitted over a period of four months cases presenting 35 different skin diseases, ranging in numbers of 1 to 20 each, from rarer conditions as leprosy and arsenical exfoliative dermatitis to commoner diseases as secondary lues and dermatitis venenata. In a female ward of this same type there were, in addition, 12 to 15 types of diseases which were not found in the male wards; making a possible total of 50 conditions. Add to this the many dermatological cases not hospitalized, that are treated by private physicians, in skin clinics, and seen by the nurse in dispensary and public health nursing. Only recently the Director of the East Harlem Nursing and Health Service expressed the opinion that the nurses employed by that agency are unprepared as regards knowledge of the commoner skin infections, such as scabies, and ring worm, which they see frequently in homes or in the skin clinics, and recommended more opportunity to study and observe numbers of these cases. Even a course of 12 to 15 lectures does not adequately cover the ground. The subject requires a fuller treatment in clinics and through ward teaching.

The next angle from which to view this question is that of the graduate nurse. We will try to determine how much correlation there is between theoretical programs and her "nursing load." That the problem has received recognition by the Grading Committee is proved by their statement that "Hospitals admit student nurses because the students are useful in taking care of the hospitals' own patients. Most of what the student learns she learns because she needs to know those things in order properly to do her work as a student. The growing willingness of hospitals to send their students away for affiliation indicates a recognition on their part that students should be prepared for what they will have to do after graduation; but it is still true that in most of the nursing schools in this country the assignments of students to particular services are determined, not by what those students will need to know after they receive their diplomas, but rather by what the hospital needs to have them do while they are still students."
The question is receiving attention also from nursing organizations, for example, the State League of Nursing Education in Illinois and in Massachusetts. Last year in a study made by the former, instructors and directors of nursing in schools from all parts of the country were asked to check, from a list of about 75 medical conditions, those they thought it was necessary for the student nurse to care for, those necessary or desirable to observe merely, and those which could be omitted. Recently an examination of the records of the Central Nurses' Registry in Chicago, covering four months' time, showed that graduate nurses were called to nurse private patients in hospitals or homes suffering from 45 to 50 of these 75 conditions. The records were incomplete, because in the majority of cases there was no information given as to the diagnosis, but in addition to these 50, there were conditions which had not been included in the outline, such as alcoholism, malaria, brain tumor, herpes zoster—even psittacosis. One wonders whether the courses in principles of medicine and medical nursing have given at least a textbook picture of these cases with which the nurse surely must come in contact very soon after graduation. Has she, as a student, had an opportunity to nurse, or observe these cases, make a case study of them, or at least hear them discussed in clinic? Over this same period of time there were calls to care for 27 cases of sick children; there were 50 cases of scarlet fever, 10 cases of diphtheria, and 9 other types of communicable disease. There were also calls for nurses for mental cases—senile dementia, melancholia, encephalitis—others were designated simply as "mental."

Let us see what the grading study has revealed in regard to pediatrics. "The most neglected of these services is the pediatric. In a majority of the states more than half the students received less than the three months of pediatric service suggested by the League. All of these diagrams include service secured through affiliation; and one of the possible explanations for the bad showing made in the pediatric service is that it is difficult for schools to provide in their own hospitals, or to secure through affiliation, opportunities for their students to practice in this essential service.

"Since pediatricians are emphatic in criticizing the usual product of the training school, and in demanding more nurses adequately trained to care for sick children, this widespread lack of opportunity indicates a serious problem." 2

In regard to other subjects mentioned above "... only a little more than one school in three provides any communicable service either di-

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2 Results of the First Grading Study—"What Students Learn," p. 48.
rectly or through affiliation, and only about one school in five provides any psychiatric service for its students. Separate services in the various medical specialties, such as heart, are so few that they cannot be used here as a safe basis for statistical analysis.

"The third criticism was that many nurses are not competent. That this criticism must often be just is shown by the diagrams in the present report. How can nurses be competent to handle children if their pediatric experience is practically nil? How can they recognize and care for scarlet fever if they have never nursed a case? How can they protect the heart patient from overexertion if their experience in the nursing of heart patients has been confined to the hurried taking of temperatures and the carrying of trays, with no bedside teaching, and only a few classroom comments upon the need for special nursing skill in such cases? There is an enormous need for good nursing in mental hospitals; yet there are few adequate courses; and in spite of thousands of graduate nurses looking for work, there is still a serious shortage of graduate nurses adequately prepared to take care of nervous and mental patients."  

Recently in addressing a group of nursing administrators and educators, Dr. Guy Buswell, Professor of Education, University of Chicago, included in his address some observations applicable to the subject we are considering. He spoke of a type of vocational education that arose out of the exigencies of the late war. Numbers of men were put through a short course of intensive training, purely practical and vocational, to do one kind of thing—blacksmiths, mechanics, radio operators. A carpenter, for example, so trained could put on a roof, do an ordinary job of carpentering, but he could not be trusted to build a house. They could do well enough only and exactly what they were directed to do; but usually they were not self-directing, were not able to adjust themselves to a variety of situations. That sort of training would be satisfactory for getting certain specific jobs done, but it is not best for the worker because it limits his progress and development. In applying this to nursing, Dr. Buswell said, one should not aim at training students of nursing to do by repetition a limited number of routine nursing procedures, because there arise many constantly changing situations—the psychological approach, personal interactions, and needs for adjustment and initiative. The more complicated the job to be done, the greater becomes the body of theoretical instruction, such as we find in the learned professions of law, medicine, and teaching.

It is enlightening and instructive to study the curricula of schools

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8 Opus cit., pp. 71, 72.
offering courses in certain related professions for purposes of compari-
son. Of these, pharmacy and dentistry were selected because they are,
as in nursing, often considered subsidiary sciences and adjuncts to
medicine. Furthermore, they are in progress of revision and evolution,
and have been only recently requiring increased theoretical instruction.
In the curriculum of the School of Pharmacy of Western Reserve Uni-
versity is this statement: “Advanced students will be expected to serve
interneship in hospital pharmacies.” The hours of didactic instruction
are about equal to the number of hours of laboratory, but the actual
supervised practice of these students seems to be limited to nine hours
a week through two semesters, a total not exceeding 360 actual hours.
In the School of Dentistry of this same University, the course of four
years leads to the degree of Bachelor of Arts or Sciences, and the de-
gree of Doctor of Dental Surgery. The hours in the curriculum are
described as 3,136 of class and laboratory, 1,552 of clinic, a ratio of
theory to practice as two to one.

In the field of practical arts, courses in home economics include for
teachers of institutional economics and extension workers short periods
of practice work in the tea room, cafeteria, and nursery school, and
for “home makers,” six weeks of practice in child care and home man-
agement while residing in the “Home Management House.”

Teachers’ training courses show great variation at Indiana State
Teachers College in the two-year courses which lead to a rural, primary,
or intermediate grammar certificate. In a total of 96 credit hours, 8
credit hours are for practice teaching, a ratio of 1 hour in 12. The
four-year course for training of high school teachers, granting degrees
of arts or sciences in education, is composed of 192 credit hours.
Eight, or a maximum of sixteen, are practice hours. In State Teachers
College of Connecticut, in 6 units or semesters, one unit is devoted to
the practice of teaching. These latter figures, just the reverse of what
prevail in nursing education, are to be expected in a profession in which
the possession of a great amount of academic knowledge is essential,
and in the techniques of which there lies so much that is elusive and
intangible.

But the nurse specializing in the care of children, the public health
nurse, with her far-reaching influence in clinics, dispensaries, school
nursing, and child guidance clinics, needs also more academic instruc-
tion in child psychology, habit training, mental hygiene, and social sci-
ence, sources of information which have scarcely been tapped.

It is very difficult to formulate any definite conclusions in the absence
of clear-cut formulæ or standards as to what should constitute the ratio
of theory to practice. Obviously there must be considerable variation
from the length of service prescribed and more or less accepted as a standard because "most schools give a relatively small variety of services." 4 In schools which give a greater variety, the time spent on each service is necessarily shorter, but is correspondingly richer in its clinical material. This does not give assurance, however, that advantage will be taken of the wealth of this material so as to be of educational value to the students. The study of the Grading Committee shows, moreover, startling discrepancies in the length of time spent in any one department by students of the same school or class. We will select for purposes of comparison three services, such as obstetrics, pediatrics and psychiatry; concerning the length of which there seems to be general agreement: three months for the first two and about two months for the latter. In obstetrics, including gynecology, the correlating theory amounts to 60 hours in principles of obstetrics, gynecology, and in principles of nursing in each; the ratio of class to practice hours is here about 1 to 9. In pediatrics, in a three months' service, the ratio of 45 hours of class work is 1 to 12, unless 98 hours of clinic rank as class work, in which case the ratio is about 1 to 4. In psychiatry, in two months of service, a program of correlating theory consisting of 48 hours of lecture, demonstration, bedside clinics and "ward walks" gives a ratio of 1 to 7. In each case the arrangement is judged to be satisfactory by persons well qualified to judge. We must take into consideration, however, that these ratios would not be adequate in such basic sciences as medical and surgical nursing.

**Summary**

To recapitulate, then, and state conclusions which our analysis seems to warrant:

1. When we find on one end of the scale the relations of theory to practice as 1 to 16, and at the other end 1 to 3, are we not justified in assuming that the curriculum of many nursing schools is poorly balanced and in need of reorganization?

2. The present program of theory is, in the main, still inadequate as concerns basic sciences as well as clinical subjects, from the point of view of the demands made upon both the student nurse and the graduate nurse.

3. In comparison with other programs of professional education, that of nursing education "Suggests a proportion of formal theoretical instruction to practice, which, in the eyes of most educators, would seem astonishingly low." 5

Thoughtful consideration of facts and figures should convince anyone that there is as yet little real danger of making out of nursing a

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4 Results of the First Grading Study—"What Students Learn," p. 45.
5 Results of the First Grading Study—"What Students Learn," p. 25.
purely academic science, robbing it of its most essential quality, skillful intelligent performance of nursing techniques. There is much need to improve our bedside teaching. "Most of a student's time is spent not in the classroom, but in the actual care of patients. If nursing schools are to be schools in fact, and not merely by courtesy, most of the teaching which the students receive must be given where the patients are; and these patients must present problems which challenge the students' intelligence and skill. Long months spent in doing familiar tasks over and over, for patients of a few familiar types, presenting only an occasional new problem, mean wasted time—time which should have been spent in acquiring new skills, learning to recognize new symptoms, and thinking about new problems. Students should not stay on any service after they have ceased to learn effectively from it. Neither should they stay so long on one service that they lose the opportunity of gaining new and valuable experiences elsewhere."  

We cannot overemphasize how essential it is to have the classroom instruction closely connected with the observation of ward cases. The courses in clinical subjects should be enriched by use of all facilities which the field offers; there should be fewer small unit courses of 4, 6, 10 hours each; no opportunity should be neglected to point out and teach the student to make the applications of principles and theories to the practice of her art. As Dr. C.-E. A. Winslow has said: "Leadership of the most modern kind must be based on expert technical knowledge."

As stated before, these observations and suggestions bear no stamp of newness or originality. We need only to refer to another classic report on the situation in nursing education, that of the Committee for the Study of Nursing Education in the United States, published in 1923. Hear some of its indictments:

"Even in the leading schools there lingers pure apprenticeship or worse, the uninstructed 'picking up' of experience, miscalled training" (p. 298). "Nothing points more sharply to the prevailingly unstandardized condition of this service (the diet kitchen) than the wide variation of the allotted time" (p. 319).

"From this study we have already illustrated the chaotic differences in the assignment of students of the same class" (p. 467).

"It is self-evident that with so scant an allowance of time for instruction, the manual side of the nurse's service must be greatly overemphasized at the expense of her classroom and clinic training in the treatment of disease" (p. 470).

Then compare these statements with those of the Grading Committee, made eight years later! It seems almost impossible to believe that

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6 Results of the First Grading Study—"What Students Learn," p. 71.
there can have been so little progress in that time. Yet, new schools are being established in state hospitals for mental disease; schools continue to exist or are established in hospitals which cannot even meet the standards of the American College of Surgeons and are absolutely unfit as a training ground for students of nursing. Are nursing leaders powerless to prevent the existence of such conditions? Some encouragement can be drawn from the gains we have already made. Shall not we, administrators and educators, with vision and insight into the aims of nursing education, as well as full realization of its weaknesses, look into the curricula of our own schools of nursing, so that with the passage of another decade, definite progress and improvement in both theoretical and practical programs will be discernible?

TEACHING PRACTICAL PROCEDURES IN NURSING FROM THE POINT OF VIEW OF CLINICAL EXPERIENCE

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Inasmuch as clinical experience is an integral part of the curriculum in schools of nursing, it is necessary to consider it from the various standpoints of the instructor, supervisor or head nurse, the student, and the patient. In this paper the instructor, supervisor, and head nurse will be spoken of as the "instructor-supervisor."

The duties of teaching are not confined to the classroom instructor but are shared with all supervisors and head nurses. Therefore, the need for well prepared teachers is apparent for all instructor-supervisors in all departments where student nurses come under their supervision. The instructor-supervisor is the natural leader of the group. She guides the students and, in turn, is guided by their needs in acquiring clinical experience. Her wide experience and superior knowledge of this particular subject, and her ability to teach it, should be a prerequisite to the position she holds. The one who best qualifies for such a position is the instructor-supervisor possessing an understanding of the value of technique and skill of practical procedures, and the ability to correlate these with the theoretical side of nursing. Above all she must be able to teach effectively. She should also be able to appraise personalities and have a reassuring manner which gives confidence and assurance to the student nurse and to the patient respectively.

To attain these characteristics, it is necessary for the instructor-supervisor to have, in addition to her fundamental knowledge, a familiarity with important phases and concurrent changes in the medical
and nursing fields, to be informed on all important affairs, not only in nursing but in the world at large, and to have an active interest in the national, state, and local nursing organizations, laying special stress on her own alumnae association. Many opportunities to keep abreast of the times are open to the instructor-supervisor through university courses, research, postgraduate work and travel.

In order to be able to appraise the personality of the student nurse and to instil confidence in her, the instructor-supervisor must thoroughly understand the student under her supervision. A comprehensive knowledge of the student nurse may be secured in two ways, the one supplementing the other. First, much may be learned by personal contact, both on and off duty. The attitude of friendliness, that of leading and helping, need not interfere with professional etiquette on duty; and one of interest in the student’s welfare may breed a mutual confidence which may prove beneficial in the succeeding months of training. A second method of becoming better acquainted with the student’s abilities and capabilities may be made by making a case study of each individual student. The instructor-supervisor may study her background, including her education, religious beliefs, home life, economic status, special interests, and physical health. In some hospitals the intelligence quotient is added. All of this material is available either through the files or from personal contact with the student nurse, but how many instructor-supervisors use it as measuring rods in their students’ work? Differences in individuals must be allowed for, and the only sure basis of these differences is a sound knowledge of facts contributing to the make-up, mental, physical, and spiritual, of each student. The case study is valuable in helping to solve students’ problems in clinical experience as well as in theoretical work. Inattention, slow working, awkwardness, maladjustment to new conditions, antisocial attitudes to coworkers, disinterestedness, marked inability, lack of culture, may be found to have deeper roots than the date of entrance to the school of nursing. A problem understood is half solved, so that a knowledge of the existence of such traits as an inferiority complex, the spoilt child attitude, anxiety concerning home conditions, difficulty in concentration, etc., and an insight into their cause, will be of great benefit to the instructor-supervisor in leading the student over the difficult places, and in enabling her to put forth her best effort where it will be most effective. Methods of teaching vary in different schools of nursing, but the essential points are the same, namely, that the student nurse be prepared to give skilful and intelligent care to the patient in or out of the hospital. What a responsibility, then, is placed on the instructor-supervisor to meet these demands!
The student nurse learns through practice in the diet kitchen, laboratory, dispensary, and classroom, to correlate her theory and practice in the art of nursing. The classroom, usually a replica of a ward, is the workshop where the preliminary period is spent by the student nurse learning practical procedures, and later where she receives instruction concurrently with her ward duties. Here she acquires, through the laws of learning, a practical application of her theoretical knowledge to special skills and techniques.

No instructor-supervisor can successfully separate the teaching of clinical experience from that of theory. Dewey says that all education is of a dual character, theoretical and practical, but that "the developing course of action, whose end and conditions are perceived, is the unity which holds together what are often divided into an independent mind on one side and an independent world on the other. . . A separation of the active doing phase from the passive undergoing phase destroys the vital meaning of an experience. . . . The theory of the method of knowing . . . is to maintain the continuity of knowing with an activity."

To tie the theory and practice together is, therefore, the first essential. Having a miniature ward in the classroom is an effort to attain this end. Another device is the doll used to represent the patient, but it is a robot unless endowed through the imagination with the characteristics of a patient as an entity, suffering from some real ailment, having fears and misgivings, responding to treatment, coming from a real home situation, beset with worries and problems, a member of society outside the hospital walls. Procedures would become a mechanical farce if ideals, appropriate attitudes, and an understanding of mental reactions, were not emphasized in performing the clinical side of nursing. In other words, the soul of nursing must be included in classroom teaching in order to have the desired results in the hospital wards. Method is never an end in itself, and there is constant danger of the student nurses being overwhelmed with the technique of the procedure and losing sight of the importance of the end—the welfare and comfort of the patient, his family, and the community at large. One simple treatment done with exquisite skill and perfect understanding of the patient's mental reaction reflects the excellence of the hospital to the outside world. No longer is sentimental sympathy tolerated, but a scientific approach to the physical, mental, and even spiritual, is lauded. Sometimes a student nurse may become a patient in the classroom, and nothing brings home more forcibly the effect of clinic nursing than to have it applied to oneself.

Methods used for teaching practical procedures vary. A time and place for study, including practice of practical procedures, is essential
in every school of nursing. Practice should, of course, be under supervision. Senior students may be of great assistance in supervising some procedures, such as bedmaking, morning and evening toilet, etc. The more complex procedures fall naturally to the instructor-supervisor for supervision. Rare treatments may be used as a clinic to the student nurses as a group to demonstrate some special procedure. Students’ interest in certain procedures may be stimulated through reports at staff conferences. Free discussion of treatments ordered for patients may be of great benefit in teaching clinical experience. Abnormal cases on the wards may often bring out features in clinical procedure only touched on in the classroom. Every opportunity should be used to impress the student nurse with the importance of the whys and wherefores of clinical procedures and the correlation between theory and practice. Much has been written regarding teaching devices, projects, system of checks, efficiency records, and job analyses, so that it scarcely seems necessary to reiterate them here. Demonstration by the instructor is essential, followed by at least one satisfactory demonstration by each student nurse in the classroom. Her first performance of each particular procedure on the ward should be under supervision of an instructor-supervisor, preferably the person under whom she is to work. Some sort of practice card may be used similar to the one suggested by Harmer in “Methods and Principles of Teaching the Principles and Practice of Nursing.” Students’ work can be measured in terms of ability. Differences, mental and physical, necessitate careful and often individual teaching on the part of the instructor-supervisor. Results should not be judged by the quickest or brightest in the class. Many students quick to grasp the theory are slow to apply it in clinical procedures. This has been found to be the case in some students of higher education who have had little opportunity for practical demonstration. And on the other hand, student nurses having a marked ability for ward procedures need to spend more time in theoretical study. Those more advanced in both theory and clinical experience may often be given extra duties along certain lines, but should not be held back with those progressing more slowly. This point is well worked out in the article by Edith Potts entitled “Students with Unusual Preparation and Ability” in the February number of the American Journal of Nursing. Supervision of the student’s clinical work is necessary until the student has learned that procedure thoroughly, correlated it with the theoretical reasons for doing it, and has established the habit of performing it skillfully. Only sufficient time should be devoted to the learning of any one particular clinical experience to insure intelligent skill and to avoid exploitation of the student.
Clinical experience may be defined, then, as that skill in performing practical nursing procedures, which is the active product of known related facts. It is the intelligent application of the theory of nursing. In broader terms, it may be said to be the organization of essential knowledge and skills with ideals and appreciations developed in connection with caring for the sick.

Lack of uniformity in instruction is often a detriment to securing the best results in clinical procedure. This may be overcome through a closer cooperation between classroom instructors and ward supervisors, and also by organizing classes for supervisors. A hospital school of nursing has the great advantage over other institutions of learning of providing a laboratory, not as a mere experiment station, but one in which actual knowledge can be put to immediate use only after the experimental stage is passed. Theory and skill are correlated by the student nurse by actually doing the nursing, a vital process because it deals with human beings, so vital that only the highest degree of skill intelligently used may be accepted. She has learned by doing, and the whys and hows of what she does are answered by her theoretical knowledge of that particular procedure in connection with that particular patient, supplemented by a fund of knowledge gathered from experience with similar treatments for patients having similar maladies. This is exemplified by the following quotation from Dewey: “Reason . . . signifies all the resources by which activity is made fruitful in measuring.” The scientific approach which characterizes her work makes nursing an art. The patient is the center of the picture about whom revolve the workings of the hospital, its staff and students. The influence of this huge concern is not confined to the hospital walls, but reaches out into the community which supports it. Each student nurse doing her clinical work plays an important part in the whole. Huxley said that when the process of education became liberal it prepared the youth “to live not for himself alone, but for the society of which he forms a part and for the race of which he is a member.”

No longer are nurses “born” to the profession, but the art of nursing is acquired through purposeful effort, practice of clinical experience governed by the laws of repetition and frequency, and combined with theoretical knowledge which gives the satisfaction of achievement, of having established good habits in the service to mankind. Dewey says: “Mechanism is not all there is to habit . . . All life operates through a mechanism . . . The current dualism of mind and body, thought and action, is so rooted that we are taught . . . that the art, the habit, of the artist is acquired by previous mechanical exercises of repetition in which skill apart from thought is the aim, until suddenly, magically, this soul-
less mechanism is taken possession of by sentiment and imagination and becomes a flexible instrument of mind."

And so the classroom instructor, the supervisor and the head nurse, all teach and supervise, the student nurse learns and puts into practice a combination of theory and clinical experience in the form of an artistic nursing service to the patient.

**BIBLIOGRAPHY**


"Methods and Practice of Teaching the Principles and Practice of Nursing." Bertha Harmer. Macmillan.


There followed discussion on the exhibit sponsored at the convention by the Instructors' Section. Miss Melby, of the Yale University School of Nursing, brought out the fact that since the last exhibit at a League convention in Atlanta, the case study method had been developed, and was helping students see their patients as whole human beings, not "cases" merely. She called the case study method a "science of the community."

After further discussion of individual exhibits the meeting adjourned.

Chairman for 1931-1932—Ella Best.
Secretary for 1931-1932—Nell Goody.

**Conference: Simplification and Standardization of Records in Schools of Nursing**

*Thursday, May 7, 2.00 p.m.*

Chairman: Eva Caddy, R.N., President, New Jersey League of Nursing Education, and Director, School of Nursing, Hospital of St. Barnabas, Newark, New Jersey.

See summary, Closing Business Session.

**Conference: Conservation of Eyesight**

*Thursday, May 7, 2.00 p.m.*

Chairman, Mary Emma Smith, R.N., Director Nursing Activities, National Society for the Prevention of Blindness, New York.

See summary, Closing Business Session.
PRINCIPLES OF ADMINISTRATIVE ORGANIZATION

WILLIAM H. BURTON, Ph.D.
Professor of Education, the University of Chicago, Chicago, Ill.

ABSTRACT OF PAPER

1. Executive responsibility must be definitely centralized. This principle needs little argument as it is basic in administration and applied in any type of organization, governmental, commercial, or educational. Only through such centralization of responsibility and authority can unity of plan and coordination of activity be achieved.

2. Lines of authority must be clearly defined. An organization cannot function unless there is a flow of authority from a chief to all subordinate executive officers. There should be no gaps in the line and no overlaps. Right of appeal over one’s immediate superior should be provided for serious issues. Without these lines there will be discord and inefficiency in the organization.

3. Authority must be definitely delegated. This, of course, is intimately related to, and almost a corollary of, the preceding principle. Each executive officer must definitely delegate to subordinates certain authority. Otherwise, heads are loaded with miscellaneous routine, and overwhelmed with detail. The high grade staff members then either merely carry out orders or “loaf.” These delegated authorities must not be interfered with unless disaster looms.

4. Duties must be definitely assigned and performance checked. This is obviously related to the previous principle and refers to duties instead of authority. The assignment of duties should be based upon a functional analysis. Definite records of duties performed should be kept.

5. There must be facility for cooperation. So far, the principles have emphasized segregation and separation. This is the necessary first step. To get together in function, individuals must get apart in definition. However, lines of service meet at the same point. The functions of individuals meet at the same point. There must, there-
fore, be definite machinery for co-operation. This usually consists of interlocking committees, councils and group meetings. Free discussion on a democratic basis is desirable.

6. There must be flexibility of operation. This is obviously related to the preceding one. Rules and definitions tend to become fixed, stereotyped procedures. In addition to definite machinery for co-operation there must be minor adjustments constantly made, chiefly to allow for originality, initiative and a variation in personalities.

7. There should be integration of desired outcomes. This implies that there is a common policy, a common understanding, of that policy including the preceding principles, a common grasp of techniques and procedures. This will usually be facilitated by the same machinery set up for co-operation, namely, committees and councils.

Animated discussion followed, and was summarized by Dr. Burton.

Dr. Burton: Other types of schools than schools of nursing have to have laboratories. Practice and theory must be mixed. In all other fields the laboratory is subordinate to the school. In this unique case the laboratory is the big thing. Out of all this question, which is wholesome discussion of your problems, we come to a matter of organization. You have raised here today different kinds of questions; questions of aim—whether the primary aim should be the training of nurses; questions of organization. Regardless of aim or organization, there is the question of finance. This is really the crux of the matter. And it is all largely a matter of public policy.

The League is making a highly commendable, vigorous attack on its problems. It is quite obvious that, as in many other important fields, there is not yet unity of opinion as regards aim, organization, relation to public policy, etc. By means of committees of national scope, which will survey the field and carry on the same kind of splendid discussion as characterized this morning’s meeting, excellent progress in the field is likely to be made.

Ed. Note: Owing to the sudden illness of the stenographer, the full text of this paper is not given. For further discussion on the subject, see Dr. Burton’s material in the Eighth Yearbook of the Department of Superintendence of the National Education Association, chapters three and four. Dr. Burton also suggested as a reference Ayer and Barr’s Organization Supervision.

The meeting adjourned.
General Session

Friday, May 8, 2.00 p.m.

Presiding: Lillian Alexander, President, Georgia State Organization for Public Health Nursing.

Subject: Public Health Nursing and the Student Nurse.

PUPIL NURSE AFFILIATION FROM THE POINT OF VIEW OF THE PUBLIC HEALTH NURSING ORGANIZATION

DOROTHY J. CARTER, R.N.

Assistant Director, National Organization for Public Health Nursing, New York, N. Y.

Although I have not the exact figures, there are probably around 100 hospital training schools scattered throughout the country today which include in their basic training an affiliation with a public health nursing organization, and this number seems to be slowly increasing.

When we ask the training school or the organization why it wants this affiliation, the answers, although never expressed in quite the same way, usually mean the same thing. So I think that we can say that in the last analysis the ultimate aim of pupil nurse affiliation is to give the student a more comprehensive knowledge, a better perspective, and a deeper understanding of all the factors involved in health and illness.

The immediate objectives of such experience you are all familiar with as they are stated in the Standard Curriculum:

1. To round out the student's clinical experience.
2. To give an enlarged social viewpoint and additional basis of appreciation for community health work.
3. To give practice in adapting hospital nursing methods to home conditions under competent supervision.
4. To help students to recognize and to be sensitive to home and community problems, and to assist in working them out.
5. To give students an opportunity to test their own aptitude for the general field of community health work and to give them a clearer idea of the scope of that work, so that they can make a better vocational choice on graduation.
6. To give additional knowledge of the fundamental social conditions directly related to health, and information about the various agencies operating in the community for the advancement of public health and social betterment.
7. To provide additional opportunity for the practice of teaching, and to demonstrate the use and value of teaching methods, especially with reference to patients and families in the home.

To these might be added one or two more:

The opportunity of observing work with groups, and an insight into the possibilities of group teaching.
The fostering of a spirit of self-reliance and initiative, the sparks of which too often in the past have been smouldered under the necessarily stringent routine of the hospital régime. Anyone who has seen the timid dependence of the very new student when she first comes for affiliation, and realized the lost feeling that she has when, without the supervisor or older staff nurse to lean on, she sallies forth on her first visit alone to an unknown patient, and has watched her as she gradually loses that self-conscious feeling of uncertainty and immaturity and begins to develop, even in the short space of two months, the quiet self-confidence that doing a job "on your own" gives—anyone, I say, who has actually watched it happen, has some idea of the psychological value that the "hospital without walls" gives.

When should a public health nursing organization take students, and what are the necessary prerequisites, first as far as the organization is concerned, second, as far as the hospital is concerned?

In the early days of pupil nurse affiliation many of us considered it a brilliant idea. What a wonderful way of recruiting for the public health nursing field! As time went on we rather lost that idea, and I do not believe there is a public health nursing organization today that accepts students that is not fully aware that in doing so it is its privilege as well as its responsibility to contribute to the basic training of the nurse. This being so throws a certain burden of proof on the organization. It must have something to contribute. It must be well organized and firmly established in the community. It must be prepared to accept the additional cost, because it is usually found that although the student does bring in a return on her work, the balance, due to the large amount of supervisory time that she consumes, is generally on the other side of the ledger.

Again the program of the organization must be inclusive enough to guarantee to the student a sufficient variety of services. With the growing tendency in public health nursing organizations toward the so-called "generalized service," with the family as the unit, we have a fairly certain assurance that the student will experience: the actual nursing care of the acutely ill and the chronic; maternity care, which includes supervision of the expectant mother, nursing care during the postpartum and postnatal period, and follow-up of both mother and baby; some infant welfare and health supervision of the preschool child; communicable diseases including tuberculosis if possible, and—very important—contact with the social and other health agencies in the community as they affect her own individual families.

On the other hand we might point out that, after all, it is not quite so important that she should see or experience every kind of service
as that she should be allowed to carry through one piece of work to a successful completion. Observation of a wide scattering of cases is, for the most part, of little value, but the actual participation in the work of the agency, the carrying through even of a few cases where results can be seen, mean the growth and development of the student.

Another important factor in regard to the organization itself, is the size and quality of its personnel. In fairness to the community, no organization has the right to accept students unless its staff is large enough to keep the work stable. Some organizations have found that those centers which had an unusually large number of students occasionally did not grow—the constant turnover was a disadvantage. This brings up the question of the Teaching Center, which perhaps we have not the time to discuss here, except to say that there seems to be a tendency today to decentralize, to spread the students through a larger number of centers rather than concentrating them in one center. The proportion of students to staff nurses is particularly important, and each organization has, more or less, to work it out according to its special situation, and in particular according to the morale, interest, and teaching potentialities of its staff nurses.

Last, and perhaps most important, is the number and quality of the supervisors who are to be responsible for the student's work. Needless to say, the success of the whole project depends on the ability, understanding, and vision of the supervisor through whom the spirit as well as the techniques of the service are translated to the student in terms that she can understand and experience.

To sum it up, "no public health nursing agency should enter into pupil nurse affiliation unless it was prepared to accept an educational responsibility for the student."*

What should be expected from the training school if it is going to send its students for affiliation?

Going back once more to the Standard Curriculum, we find that the preventive aspect of disease and health teaching should "come into the training early and be applied all the way through. . . . Community nursing experience is a more advanced step in the training, and should be an outgrowth of interest and activities which have been firmly established in previous hospital work."

In other words, pupil affiliation should not be a correction, but the final step in a progression—a "unification of all previous theory, practice and observation." It is hardly fair to the public health nursing organization to expect it to accomplish in two short months, which is

the minimum time recommended, the large task of instilling into the students the entirely new viewpoint of health prevention and health teaching, which might be valuable, but would probably not be permanent unless it had been preceded by hospital experience in which this viewpoint was integrated throughout the entire training.

The opportunities of presenting this aspect in their theoretical work, in the out-patient department, in the ward, and even in the private pavilion, are beginning to be realized by many training schools.

It has even been suggested that a unit of experience in each of the services, medical, surgical, pediatrics, etc., might consist of the four factors—theory, out-patient department, home visit, ward, and as far as possible in that order. In this way the student would have the opportunity of seeing, first, what normal health is, and then illness as a deviation from the normal.

If, for instance, in our public health nursing work we are teaching our expectant mother that the care of mother and baby should begin nine months before the baby is born, would it not be logical to teach our student nurses that maternity care begins nine months before the baby is born? If a student’s introduction to maternity care could be a visit to the home of an expectant mother where she would see the mother in her normal surroundings, then if she could get her prenatal clinic experience, emphasizing the value of prenatal supervision, then go to the delivery room, and then to her postpartum care on the ward—would she not have a better appreciation of the complete maternity cycle and the relative importance of each stage therein? Administratively this might be very difficult or even impossible to carry out, but it would be interesting to see it tried.

Or take pediatrics. Again if the student could gain some conception of the development of a normal child through the children’s clinic, the nursery school, and the follow-up home visit, before she goes on the pediatric ward, would this not again give her better perspective of the factors involved in child care? About pediatrics I wish to speak again later.

Impracticable though some of this may be, it should result in a shift of the emphasis from illness per se to its relative position as opposed to health. Moreover, any student that had experienced her hospital training in this way, would find herself better equipped to meet the new situations imposed upon her in her public health nursing affiliation, and, as a consequence, would have to spend less time in refocusing her viewpoint, and would derive so much the more benefit from the affiliation.
All of this inevitably implies a very close tie-up between those responsible for the nurse's education in the training school and in the public health nursing agency. While the training school temporarily relinquished its direct supervision of the student to the agency, nevertheless through individual conferences, through possibly a joint committee, the training school is kept in touch not only with the actual program of the agency but also with the progress of the individual student. The agency should have a record of the student's hospital training when she comes for her affiliation, and at the end should submit to the hospital a formal report of the content of her experience and the progress she has made. This sharing of responsibility should result not only in more intelligent planning of the student's experience, but also, perhaps indirectly, in a better understanding between the hospital and the community organization with mutual advantages to both.

A minute or two ago I spoke about the question of pediatrics. We are aware that it is growing increasingly difficult to get experience in pediatrics for hospital students. There just do not seem to be as many sick children as there were in days of yore. In several places the experiment has been tried of affiliation with a public health nursing agency for that experience. So far, I think no one would deny that it is still an experiment, and that there are drawbacks both for the student and for the agency. For one thing, the agency has found that it is impossible for it to do the whole thing, that is, give the complete pediatric training. It is necessary for the training school to give the theoretical courses, which the agency is not equipped to give, the dispensary experience, and some training with sick children. Although the plan certainly is far from perfect, it is perhaps one way of solving the present problem. However it seems desirable that it should be considered as a supplementary experience in pediatrics, and not as the integral part of the experience.

Of course, as far as the public health nursing viewpoint goes, the thing that seems most essential to us is not the actual nursing care of sick children as much as the knowledge of child hygiene and normal growth and development. What is it that we are after in our pediatric training? As I see it, there are two classes of sick children, the actually ill and the chronic. We have found in our public health nursing work that practically all our cases of actual illness in children are communicable disease. If the nurse knows communicable disease care, and with our increasing affiliations with communicable disease hospitals, we are getting nurses who do know communicable disease, is there something beyond this that is essential in nursing sick children? Yes, but what is it? Isn't it the essential principles of child care and child man-
agement, which after all can be taught just as well with the normal child as with the sick?

Take our chronics among children. These usually divide themselves into two main divisions, the orthopedic and the cardiac; and some would place the cardiac with the orthopedic. What is the big problem today in regard to orthopedic and cardiac children? Isn't it one principally of mental hygiene and education?

So that with both your acutely ill and your chronics, it seems to me the problem eventually boils down to one of knowledge of the fundamental principles of child care and child guidance. And, therefore, going further, if there are so many more well children in this world than sick children, why would it not be simpler and more practical to teach pediatrics—and that may mean a redefinition of pediatrics—through well children rather than through the sick?

We have discussed at some length what the public health nursing organization has to offer to the student nurse. We might spend a few minutes considering what student affiliation does to the public health nursing organizations.

In the first place, it places an educational responsibility on the organization, which inevitably makes the organization pause—shall we say—and take stock—take stock of its policies, its program, its services, its personnel. And, in putting the emphasis on an educational basis it also makes the staff nurses do a little more thinking and analyzing of their own program. It gives them the opportunity to demonstrate their teaching ability, and sometimes brings out unsuspected qualities and capacity.

It helps, unconsciously perhaps, to hold the staff nurses up to the standard that has been made for them of technique and policy, a standard that we know is usually maintained by most of them, but where even the best of us are apt to slip occasionally if we do not have a constant reminder. Not long ago I asked a supervisor in one of our large public health nursing organizations where they take students whether she selected certain picked ones to take the students into the field for their introduction and observation, which is usually the policy followed by other organizations. "Oh no," she replied, "I expect every member of my staff to be ready at any time to take a student into the field." You can imagine what that confidence in their standards of performance does for the morale of that staff of nurses.

However, in most places they are not so fortunate in having a staff of that kind, and usually we do find that there has to be a selection of those nurses who have the interest and the ability, or who give promise
of development. Therefore it usually is considered rather an honor to be selected to teach a student nurse.

Again, it is a very good thing for the staff nurses of the agency to realize that this student experience is part of their basic training. Particularly is this so in the case of the older staff, who did not have this advantage in their own training, and who, converted in this way to the principle, may become influential as alumnæ in seeing that it is carried out in their own hospital training school.

It is interesting, too, to see how much the staff learns from the students. The teacher becomes the student and the student becomes the teacher. New methods of treatment, new techniques, new interpretations of diagnosis, all that is "the latest" in a modern and progressive hospital, the student brings to the community agency. We had an example of that just recently when a student nurse mentioned a new treatment that was being given in her hospital for an old ailment. The staff nurse was interested, related it to the rest of the staff and the supervisor, and, as a result, the next weekly staff conference was given up to a discussion of this treatment, and one of the physicians was persuaded to come from the hospital to describe the procedure and lead the discussion.

In another case, a student observed an older staff nurse giving a treatment that had been ordered for a patient—adequately, but in the rather antiquated method that she had been taught years before in her training. On the way back to the office after the visit the student said: "Do you know, we aren't taught to give those treatments in that way now." "Is that so?" replied the nurse, interested. "How are you taught to give them?" So the student explained. And the next day the two went back and the student demonstrated the newer method of giving the treatment.

There is a great deal that the student group with their fresh knowledge and enthusiastic viewpoint can do for a staff, some of whom are perhaps a little bit inclined to become stale, shall we say—and set in their ways.

What about the community at large in student nurse affiliation? Does it have a part to play? Should it have a part to play? It seems to me there is a very important point there.

Most of our public health nursing organizations, where student affiliation is given, are supported in part by private subscription from the community. And a good many of these organizations are in Community Chests and Community Councils. Very occasionally when an organization has handed in its budget for the year's work, in which was included so much for student affiliation, which goes under education, the
Council has come back and said: "What is this student affiliation, and is this a legitimate charge against your community? Are they getting any service out of it?"

Well, for the most part, they are not, and then it is "up to" the public health nursing executive, and usually she succeeds in doing it, to educate that Community Chest, and through it, the community at large, to the fact that it is their obligation and their privilege in this way to contribute toward fundamental nursing education. I think that it is particularly valuable, especially at this time when we are trying so hard to put nursing education on a broader financial basis, for a community to make even this small contribution, and particularly valuable for them to know why they are doing it. It serves perhaps as an opening wedge for a better understanding of, and a wider community support for, nursing education.

There are many questions that I have not touched on, and that we haven't the time to discuss here this afternoon. The question of whether this experience should be for a selected group of senior nurses, or for all; the relative values of a teaching center vs. distribution through several centers; the hitherto untouched possibilities of affiliation with an official public health nursing agency, such as a Department of Health instead of, or in addition to, a private visiting nursing organization.

These are but a few of the problems that are more and more presenting themselves, and I leave them for your future consideration.

To sum up:

Student affiliation is considered, and rightly, an integral part of the basic nursing training.

Any public health nursing organization wishing to take students must be willing to accept an educational responsibility for the student. In order to do so the organization should fulfill certain requirements as to its ability to bear the financial cost, as to the variety of services offered, quality of work done, and as to the number, qualifications, and ability of its personnel.

On the other hand, the affiliation does not release the training school from its obligation to integrate as far as possible the viewpoint of preventive medicine and health teaching with the entire hospital training. The affiliation should be a progression, or a stage in development, and not a correction of a deficiency.

This sharing of responsibility between the training school and the organization can be best accomplished through joint conferences and joint planning, with a mutual understanding of each other's policies and program.
The public health nursing agency can make a definite contribution to the nurse's training in giving to the student the opportunity of seeing the individual as a human being in the midst of all the factors that affect his health.

The student can bring to the organization the fresh vitality of her eager response to learning, as well as the newest methods of treatment and technique.

And last, it presents to the community at large the opportunity of contributing toward fundamental nursing education.

HOW SHALL THE PUBLIC HEALTH POINT OF VIEW BE PRESENTED TO THE STUDENT NURSE?

CHARLOTTE L. STRINGHAM

Student, Yale University School of Nursing, New Haven, Conn.

Before any consideration of how to present the public health point of view in the basic curriculum, we must first consider whether this point of view is essential for the student nurse. In their reaction to this question schools of nursing seem to fall into three general groupings. There is a large majority who feel that public health nursing is a specialty, and consequently has no place in the basic curriculum. On the other hand, a fairly large group agree that public health nursing is a specialty, but none the less, that it has sufficient value for the student to warrant its inclusion in the basic curriculum. The smallest group as yet are those who believe that public health nursing is an integral part of all nursing, and therefore essential in any basic curriculum.

Perhaps one of the sources of disagreement lies in confusion of terms. In one brief paragraph I have already used public health nursing, the public health point of view, and public health, all as synonymous terms. Obviously, however, they are not always used synonymously, nor perhaps should they be. Public health nursing, to the majority, is synonymous with district or visiting nursing. Public health is still, to many, synonymous with sanitary engineering, and the control of communicable diseases. The public health point of view is therefore, perhaps, a clearer term, for it implies, to the majority at least, that new emphasis in the medical world on prevention rather than on cure. The difficulty with referring to the public health point of view is that to many it appears as a vague ideal—true enough, but of little practical application to nursing, except, perhaps, to visiting or district nursing. Consequently I fear I must leave it to the rest of this
paper to clarify further just what I do mean by public health nursing, public health, and the public health point of view.

It seems to me that those who consider public health nursing as a specialty only, are thinking of it essentially in its narrow application to district or visiting nursing. As a result, they quite naturally class public health nursing as a specialty, for at least one good reason—that it requires specialized training. District nurses unquestionably need postgraduate training. Ideally, all public health organizations would require such training of all their staff nurses, although few could enforce such a ruling at this time, due to the lack of qualified nurses. However, on this same basis, medical nursing, obstetrical nursing, and pediatric nursing are all specialized fields of nursing, each requiring their own individual technique. In fact, public health nursing, even in this narrow sense of district nursing, is far more generalized in character than any of these others. A district nurse cares for every possible type of case. She does every possible type of advisory work. Her field includes every deviation from normal health—acute or chronic, permanent or temporary, mental or physical. Furthermore, her object is to prevent all conditions detrimental to good health. Judged from this aspect, the classification of public health nursing with such specialties scarcely seems tenable, for public health nursing includes all specialties.

Furthermore, the group who consider public health nursing as basic to all nursing are thinking of it in terms of something much more extensive than district nursing. Although district nursing is as yet one of the best manifestations of public health nursing, to them every nurse who is fulfilling her purpose as a nurse should work for prevention as well as cure, and should do advisory work as well as nursing care. Regardless of her special field of duty—whether it be private duty, general floor duty in a hospital, or mental or obstetrical nursing—her first duty should be to prevent illness by protecting and maintaining existing good health. No nurse can be expected to fulfill this purpose unless she has sound training in the public health point of view and public health nursing. It obviously follows, therefore, that the place for this training is in her basic student curriculum.

Consequently it seems to me that schools of nursing which include public health nursing merely as a means of presenting a specialized field of nursing to their students for the values they can obtain from it, are missing the real value of public health nursing in the curriculum. It also seems equally true that those who believe that inclusion of public health nursing in the basic curriculum simply implies the inclusion of public health affiliations, are likewise missing the point. Such affilia-
tions are, indeed, one of the best methods of presenting the public health point of view but, as the only method, inadequate, simply because all student nurses will not become district nurses, and if this is their only introduction to the public health point of view, they will for the most part fail to see any application to their own nursing careers.

Even though this may seem very clear to us, we must realize that the large majority of schools of nursing are far from clear as to the meaning of including the public health point of view in the basic curriculum, or agreed that it is essential. The report made to the National League of Nursing Education by the Committee on the Inclusion of Public Health in the Basic Curriculum clearly indicates this fact. Of the 217 questionnaires returned, 146 schools reported that they believed public health nursing should be included, while 71 reported that they believed it should not be included. However, out of the 146, 97 claim it should be an elective, and 18 that no course in public health nursing should be offered in a training school giving less than three years' training. The most interesting question asked by this committee, from our point of view, was one which required the reason for or against including public health in the student curriculum. These answers varied from, "All nursing is public health nursing, and every subject in the curriculum should be taken from the point of view of public health as well as bedside care," to one which stated something to the effect that there is no part in the three-year program for such a highly specialized subject as public health nursing, since all of those three years are necessary for fundamentals. Of the group who answered in the affirmative, the reasons given show that very few fall into the class of those who believe that public health nursing is fundamental. The majority include public health nursing for the lessons a public health affiliation can teach the student nurse which will be of value to her in any field of nursing. Such reasons as, "It gives the student an insight into the cause and prevention of disease, and makes her more resourceful with equipment and less extravagant," are typical, or "It develops initiative and makes the student more familiar with community and municipal needs." Make no mistake, these are unquestioned values of public health nursing, but is it not obvious from the way they are phrased that public health nursing is being considered as synonymous with public health affiliation? None the less, such answers indicate a growing consciousness of the value of public health nursing even in its narrow sense, and seem to me a far more valid reason for inclusion in the basic curriculum than the delightfully vague reply that, "Public health nursing completes the student nurse's training!"
This vague reply is matched by the reply of a school which did not believe public health nursing should be included in the basic curriculum because, “Public health is too large a subject to be made basic.” The majority of those schools which felt that public health nursing had no place whatsoever in the basic curriculum gave as their reasons, either that it was too specialized a field to warrant such inclusion, or that they felt it would be add too great a burden of expense. This latter group were clearly considering public health affiliations in making their reply, since expenses and facilities for the affiliations are a serious problem to many schools. What their opinion would be of including public health nursing in other aspects than a public health affiliation, we cannot tell. We do know, however, that the committee reported that all schools agreed that there should be a course of lectures on public health nursing included somewhere in the basic curriculum.

We see, therefore, very little evidence of the idea of including public health nursing as basic to every course in the curriculum. In fact the committee itself, as a result of its investigation, made the recommendation, “Public health should be given wherever possible, as well as experience in clinics, dispensaries, and social departments—but that no attempt should be made to add the theory and practice of public health nursing to the basic curriculum.” They based this decision on six major reasons:

1. The expense is too great.
2. There is a lack of adequate public health facilities.
3. The great need today is for more tuberculosis, contagious, mental, and pediatric nursing.
4. Public health nursing is not a fundamental, but a specialty, and if included, other such specialties should be also.
5. There is no need for more hours and more subjects in the curriculum, but the need is for better prepared teachers and more enthusiastic and inspired teaching.
6. It would require endowed institutions.

Clearly, then, our original statement that we must first consider whether the public health point of view should be included in the basic curriculum before discussing how to present it, is true. It is so much a part of our curriculum at Yale that we rarely stop to think that not only the greater majority of the schools do not include public health in their curriculum, but that they do not believe it should be included. If, therefore, we believe it should be included, we have a great deal of education of our own profession to accomplish. Not only that, but we have to clarify the general idea of what public health nursing is, and its implications for every nurse.
Those of us who believe that public health nursing is fundamental, find two outstanding objectives in placing it in the basic curriculum. Above all else, public health nursing should train a student to see her individual responsibility for the maintenance of health and the prevention of disease, no matter in what field of nursing she chooses to work. Secondly, whatever methods of presenting public health nursing are used, they should give the student something more than a theoretical ideal. She should see how she can apply public health principles to work of every possible sort.

With these objectives in mind, we can now consider briefly methods of presenting the public health point of view to the student nurse. In planning the Yale University School of Nursing program, emphasis was first laid on protective and preventive measures for the health of the students themselves. A 44-hour week in which classes are included was instituted. With class preparation and record work, this is estimated to equal a 50-54-hour week. The other important means of achieving the objective of good health for the students is careful health supervision. This is carried on by a full-time health nurse, another nurse for her assistant, a part-time doctor, annual physical examinations, and inoculations against the more common communicable diseases.

With this foundation, which seems absolutely essential, the next step is to train the student to see the preventive aspect of her work, and to see how to put it into practice in whatever she is doing. The curriculum includes four courses definitely designated as public health courses. Only one of these comes in the first or preclinical term, but it aims to prepare the student to see her ward work in its public health aspect from her very first experiences of actual ward duty. This course goes by the title of, "The Problems of the Individual and Society in Relation to Health and Disease." The course is taught in part by a graduate nurse—usually the nurse who teaches practical nursing—and in part by a psychiatric worker. The introduction to social case work and mental hygiene which the psychiatric worker gives us, aims to teach us the meaning of the family as a unit, and to help us see individuals in their relation to the family unit. This introduction also aims to show us the mental and physical, the social and economic factors which influence the family group, and through it the individuals of the family. With this background we discuss the problems presented by our ward patients with our practical nursing supervisor, and try to see our responsibility and to understand our opportunity of helping solve the problems involved.

After our first year and a half is completed, we have a group of three courses in public health. Of these, "The Elements of Public
Health" has two objectives. The first to present to us the actual content of public health and preventive medicine, the second to give us a survey of what is being done, and what has been done, for public health by the nursing world.

Directly allied with this first course is a course entitled, "The Relation of the Nursing Profession to the Community Health Program." It aims to introduce us to the outstanding problems facing our profession today, and to help us see our responsibility for assisting with their solution. The need is emphasized of considering patients not by diseases or ages, but as a whole, and that whole in relation to society, stressing the mental hygiene aspect of problems.

The practical application of all this is presented in the course called the "Principles and Methods of Health Teaching," taught by the Supervisor of the Out-Patient Department of the New Haven Hospital. Here the objective is to reduce the theory of public health to practical demonstrations of how the thing can be done. This is accomplished by pointing out ways and means that even as students we can be using to teach public health and to do preventive work.

Besides these three courses, there are also various lectures, classes, and conferences, during the two months' affiliation with the New Haven Visiting Nurse Association. Not only do we have these specifically designated public health courses, but every course in the curriculum aims to present the preventive as well as curative aspect of the picture. This factor in the curriculum is perhaps the most important, since it constantly links whatever the student is doing and studying with her responsibility and opportunity to prevent ill health and to teach good health. Whatever field she may later choose to enter, it has been presented to her from its public health aspect, and the chances are therefore much greater that she will practice prevention and teach health wherever she goes and whatever she does.

Besides the theoretical work, we also have a wide range of practical experience. Two weeks of each service is spent in the Out-Patient Department where the student gets excellent opportunity for health teaching, and a good chance to observe the more common community health problems. There is too, our two months' affiliation with the Visiting Nurse Association. This offers unique experience in the practice of public health nursing. From it the student is able to round out her clinical experience and enlarge her social viewpoint. She will be impressed with the need and value of community facilities such as playgrounds, day nurseries, family welfare societies, to help her solve the health problem. It may be her first actual experience with political, economic and social injustices. She will see how closely integrated all
welfare work should be, and how interdependent economic, social, and physical factors are. It can scarcely fail to develop her consciousness of the need of prevention and public health education.

Besides the Visiting Nurse Association, all students have a three weeks' affiliation with the Cannon Day Nursery School. This Nursery School is for normal children of professional parents. This is the only place in the student's entire training where she has practical experience with normal, healthy, individuals. It thus gives her some standard for "the diagnosis of health," as well as a practical ideal toward which to work in her health teaching. Then too, she has practical experience with the problems of normal children. She sees some of the factors involved in keeping well children well in every respect—in both mind and body.

Besides these two affiliations, there is the two months' affiliation with Butler Hospital for Mental Diseases, and a three weeks' affiliation in Winchester Tuberculosis Sanitarium. The latter is voluntary at present, but will be part of the regular course beginning next year. These two affiliations fill the gaps in our basic training not met by experience in the New Haven Hospital. They are fundamental to the public health point of view, which primarily aims to study the individual as a whole, and to prevent physical disaster of any sort. This is especially true of the mental nursing. Two months cannot even pretend to make us mental nurses, but it can give us a basic understanding of the problems, and of our responsibility for early recognition of mental difficulties, and consequently for recommending early treatment. Above all, it emphasizes our opportunity to teach good mental hygiene, and thus prevent many maladjustments. Tuberculosis is, of course, a well understood public health problem, and an integral part of any public health program, and hence necessary, obviously, to any true conception of public health nursing.

Combined with all this practical experience, the student is required to keep experience records and make case studies on every service of her hospital experience.

This outline of the curriculum at Yale gives us an idea of how much can be done when leaders of a school believe, "All nursing is public health nursing, and every subject in the curriculum should be taken from the point of view of public health as well as bedside care."

We are faced with the fact that few schools as yet hold this clear-cut belief, and fewer still put it into practice.

The interesting experiment carried on under Miss Louise Knapp's direction at Presbyterian Hospital, New York City, gives a twelve weeks' course to its student nurses at the Vanderbilt Clinic. They
aim in this course to accomplish, in so far as possible, the same sort of thing most students get from a public health affiliation. You may be acquainted, perhaps, with a suggestion which has been made of beginning each service with two weeks in the out-patient department. This, to me, seems poor policy, but being only a student, I can scarcely speak with authority. I only know that my first out-patient department experience came following the first two weeks of ward work after we were clinical students. Draping a patient was still a procedure. We had no practical experience to guide us in understanding our patient's condition, and medical students do notoriously little teaching! I learned a great deal in spite of it all, but very little in comparison with later dispensary service. All my other dispensary work either came well in the middle, or at the end of my ward service in that department. I enjoyed these dispensary experiences a great deal, and learned much more. It seems to me that a student must have a certain amount of experience and background to profit most from her dispensary work. Be that as it may, wherever placed in the program, the student will unquestionably profit from such experience, and if supplemented by public health courses, cannot help seeing many of the public health applications to the rest of her work. Because of the general type of dispensary patient, however, students who do not easily understand and sympathize with ignorance, economic failure, and social maladjustment, are likely to discard public health nursing as dealing only with the economically and socially maladjusted, and fail to see its applications to every human person, rich or poor, sick or well, if dispensary work is the sole means of presenting the public health point of view.

Most schools are introducing case studies into their curriculum. This is shown by the questionnaire sent out by Mrs. Deborah Jensen, of the University of Minnesota. Her results show that 44 out of 54 schools answering use case studies, while the others do not. It is interesting to note that twelve of the 44 who do use case studies are university schools, while only one of those who do not is a university school. The case study rightly used is a valuable means of presenting the public health point of view, and helping the student to consider her patients as a whole.

More and more schools are introducing public health courses, and a few are placing special emphasis on the public health point of view in all their work. We are getting more schools affiliated in one way or another with universities. This raises their academic standards, and at the same time, most of these schools offer public health courses which are at least elective to the student nurses.

On the other hand, we must not forget the emphatic negative met with
by the committee studying this problem in 1926. I am in no position to know or analyze the developments since that time. However, the Report of the Committee on Education of the International Council of Nurses, made in 1930, should give us some idea of how far we have progressed. This report presents an ideal curriculum for use of schools of nursing. In their statement of the ideals of nursing education, their conception of the nurse and her relation to public health problems is all that we could ask. In the actual program which they present, however, we find no specific theoretical courses on public health required, and but one elective course on social problems and adjustments. In practical experience, public health nursing is included in a group of electives, with the note that it should be considered as essential for all students as soon as facilities are open for it to be so included. Public health nursing is gradually, therefore, attaining a place in the basic curriculum, but for those of us who believe so firmly that it should be an integral part of every course presented to the student, there is still much to be achieved. What I said at the beginning of this paper I repeat at the close, we have much public health education to do in our own profession before we can see the ideal that all nurses should be public health nurses generally understood and accepted.

BIBLIOGRAPHY


The meeting adjourned.

**Closing Business Session**

**Friday, May 8, 3.30 p.m.**

Presiding: Elizabeth C. Burgess, President.

**REPORT OF THE COMMITTEE ON RESOLUTIONS**

Whereas, the National League of Nursing Education in convention assembled, is now drawing its sessions to a successful close, be it

Resolved: That we extend our appreciation and gratitude to the following named individuals and associations:

To Mrs. Thomas E. Erwin for her gracious hospitality; to the Atlanta Federation of Women’s Clubs, and The Women’s Auxiliary of Wesley Memorial Hospital for their greetings and good wishes; to the Women’s Auxiliary of the Fulton County Medical Association for all their efforts in our behalf; to the Wesley Memorial, the Henrietta Egleston Memorial, and the Piedmont Hospitals, for their clinics for our members; to the Atlanta Music Club for its delightful rendition of "St. John the Beloved"; to the Press of the City of Atlanta for their courtesy, accuracy, and generosity with space; to the management of the Atlanta Biltmore Hotel for its cooperation and courtesy; to the ambulance companies of Atlanta, Awtry and Lowndes, Samuel Greenburg Co., J. Austin Dillon, and Fred M. Patterson Co., for the use of the automobiles for our pleasure; and to the Georgia State Nurses’ Association, District Five, and to the Georgia League of Nursing Education, for the months of preparation which have made our convention such a success.

Whereas, The National League of Nursing Education has learned of the sudden death, in France, of Mrs. Whitelaw Reid, and

Whereas, The nursing profession has, through a period of forty-eight years, been the recipient of help and encouragement both through
her abundant wealth and through her personal interest and contact with nurses and nursing schools; therefore be it

Resolved: That the National League of Nursing Education expresses profound sorrow in the loss of so generous a supporter of nursing education and community welfare; and be it further

Resolved: That a copy of these resolutions be forwarded to the members of her family.

MAUDE E. SUTTON,
ADELAIDE A. MAYO,
MARIAN ROTTMAN, Chairman.

SUMMARIES OF CONFERENCES

CONFERENCE ON COOPERATIVE SYSTEMS OF NURSING EDUCATION

The conference made no attempt to include all types of coöperative arrangements, but did present three types—first, those with academic institutions; second, those with schools of nursing; and third, those with nursery schools.

The paper, "Coöperative Systems of Nursing Education," prepared by Miss Mabel F. Huntly, as the result of a survey of schools of nursing connected with academic institutions throughout the United States, showed that:

(1) There is a strong tendency for schools of nursing to seek connections with academic institutions and that the types of organizations vary greatly.

(2) That these schools are inadequately financed.

(3) That in many instances the type of organization is unstable.

The data received from the 83 usable questionnaires which were returned were not sufficiently complete to afford a study of the preparation and function of personnel in these institutions to be carried on.

Miss Huntly's paper was discussed by Miss Esther Dersch, Principal, School of Nursing, Research Hospital, Kansas City, Missouri, who outlined step by step the progress which had been made in the university affiliation in the school with which she is connected.

Miss Laura R. Logan, Dean of the School of Nursing, Cook County Hospital, spoke on "Coöperative Arrangements Between Two Schools of Nursing." She stressed the importance of a sound scientific background for nursing practice, and a knowledge of such subjects as
sociology, psychology, economics and public hygiene. She described three main classes of organization which now obtain in schools of nursing:

(1) Schools of nursing in universities which are
   (a) Independent in that they have adequate teaching of the fundamental sciences, and have access to an adequate teaching field.
   (b) Those run primarily for the university hospital.

(2) The independent school which is first of all an educational institution.

(3) The hospital school, which is really a division of the hospital, with no independence.

Wherever coöperative arrangements are made between a constituted school and a hospital laboratory, certain definite standards should be established in the conduct of teaching and practice in this hospital. Proper selection of student material with regard to education, personality, and health, is an obligation on the part of the school sending students for affiliation.

Miss Hawkinson, Dean of the School of Nursing, Western Reserve University, Cleveland, read a paper by Mrs. Nellie S. Parks, of the Babies' and Childrens' Hospital, Cleveland, in which she emphasized the educational value of nursery schools, and described a system of coöpera-
tion now in force between the Western Reserve University School of Nursing, and the nursery school.

Her paper was discussed by Miss Maud A. Kelly, of the Bellevue Hospital, New York, who brought to our attention the preparation and understanding necessary to produce the "smooth-running" day of a nursery school, and the value to student nurses of some experience in dealing with the normal child.

In a three-minute discussion, Miss Mary Sewall Gardner spoke on affiliation from her experience in public health nursing, and advocated that we "Keep our feet on the ground," and study carefully what we want our students to get before arranging affiliations for them.

**CONFERENCE ON THE PREPARATION OF THE YOUNG GRADUATE FOR HEAD NURSE SERVICE**

1. Introduction of subject by Chairman.

2. Miss Julie Tebo, President, Louisiana League of Nursing Education, presented the position of the young head nurse of a Catholic hospital where there is a continuity of service furnished by the sisters, with special reference to the Charity Hospital of New Orleans.

3. Miss Sally Johnson, Principal, Training school for Nurses, Massachusetts General Hospital, Boston, presented the problem from the
point of view of the secular hospital. Salient points for assisting the young head nurse were made:

Never allow a board of trustees to build a floor to care for more than 38 patients.
One supervisor over four head nurses is a good ratio.
Have conferences regularly.
Select a quiet, pleasant, environment for the conferences.
Refer to bound volumes of the Journal, and League reports, for conferences.

Suggestive questions for conferences:

What have you taught this morning that did not have to do with nursing technique or administration?
What bothers you most?
Ask that supervisors report weekly on problems of students—do not forget a student when she leaves one department and goes to another.
Personality kinks can be ironed out through prompt attention.

4. Miss Isabel Stewart, Professor of Nursing Education, Teachers' College, Columbia University, gave plans of the Education Committee for the training of the head nurse:

Three stages of training for the staff, preparation for head nurse first stage—a program of six to nine months of theory and practice based on a job analysis. She should be a high school graduate, a registered nurse, and have a good basic training. There should be a period of experience in private duty, public health, or floor duty before entering the full duties of a head nurse.

As a teacher, she should understand:

(1) The psychology underlying the principles of her teaching in the ward.
(2) Have adequate preparation in the subject or clinical specialty she is to teach, a superior degree of knowledge of her subject.
(3) Have a comprehension of the social aspects of her subject.
(4) Have received an advanced course in principles and practice of nursing in order to evaluate and reconstruct methods.
(5) She should broaden her point of view of the professional field, and should identify herself with educational groups.
(6) She should carry additional academic work, as college English, etc.

Other speakers stressed the value of individual topics at the conferences, and the need of hospital and nursing organization, which would minimize the difficulties in ward management. Extension courses from universities given locally may assist the inservice preparation of the young head nurse.
CONFERENCE ON THE VALUE OF THE TALKING MOTION PICTURE IN NURSING EDUCATION

The Electrical Research Products Company, Inc., in response to requests from academic and professional educators, has created a Department of Educational Talking Pictures. This department is made up of the Research Division, engaged in determining the topics which constitute the best programs, and also seeing that the subject material as presented is pedagogically correct for securing its objectives; the Productions group, which assists in scenario preparation, and directs the actual camera work and sound recording.

They have also established an exchange for the sale and distribution of pictures, and of course, have a sales and service department.

One of the most recent developments is the creation of a 16 mm. sound picture equipment which they hope to offer for sale by September 1, 1931, for approximately $500 to $600.

Those institutions which intend to use their equipment for entertainment will have to use the 35 mm. size. This equipment, depending on whether one or two projectors is used, whether one horn is sufficient, and whether additional amplification is necessary, will vary in cost from $2,800 to $4,500. These last prices include full service by the engineers of the Electrical Research Products Company, except the replacement of parts, such as glassware.

The 35 mm. pictures now rent for $10 per reel per occasion, as against previous standards of $15 to $18. The 35 mm. pictures sell for $100 per reel, and have an average life of 100 showings.

No estimate has been prepared for 16 mm. film distribution, but the guess is that about 50% of 35 mm. prices will be close to the final answer.

By means of the questionnaire distributed at the meeting, the company hopes to secure an indication of the topics most wanted at present, and also, if possible, to determine who are the individual master teachers of those topics. Their thought is that any experiment designed and constructed on such a basis would undoubtedly succeed.

A subsequent investigation will determine the economic balance of the demand equation, and the speed of development can be guided thereby.
CONFERENCE ON THE STANDARDIZATION AND SIMPLIFICATION OF RECORDS IN SCHOOLS OF NURSING

The Conference on the Standardization and Simplification of Records was well attended, thirty-one states being represented. The question of records was freely discussed from the standpoint of the State Board of Examiners, the Director of the School, National Headquarters, and by an expert statistician, and many helpful suggestions were made.

The conclusion reached was that uniformity of records in all accredited schools of nursing is essential, in order that complete information regarding the teaching and practice, health and personality, of the individual student may be readily obtainable. Simple justice to the future graduate, to facilitate exchange of graduates from state to state and guarantee adequate data in evaluating preparation for college, makes this imperative.

The object of this conference was twofold: First, to consider the question of standardization; secondly to make recommendations, by request, to the Committee on Records of the National League of Nursing Education. The following suggestions are respectfully submitted:

1. That the Committee confer with the State Boards of Nurse Examiners as to the data required in each state for the compiling of records.

2. That they study the records required in each state, and, as a beginning, evolve a system of records that will cover the minimum data required by any college or Board of Examiners.

3. That these records should be simple and concise to ensure their being effectively carried out, even if a compromise with the present system of records in any given state has to be made.

4. It was also suggested that the Committee, after preparing such records, should submit mimeographed, or otherwise prepared, samples that have been filled in in the proper manner, to State Boards of Examiners and to selected schools of nursing, both large and small, for further suggestions or eliminations. In order that a clear understanding may be arrived at before they are finally adopted by the League, this is considered most important.

5. Finally, and again, the Committee is urged to keep the required records as simple as possible to ensure their adoption and actual use by all accredited schools in spite of limited clerical assistance. The privilege of elaborating or extending the records to suit their own individual needs or desires would still be retained by the several states or schools.

CONFERENCE ON CONSERVATION OF EYESIGHT

With the increasing stress upon preventive medicine, the nurse must learn more of the conservation of vision, investigate the relationship of eye health to the health of the whole body and to behavior, and con-
sider whether present nursing education prepares the nurse adequately for work in eyesight conservation.

Dr. B. Franklin Royer, Medical Director of the National Society for the Prevention of Blindness, traced, in his paper, "High Lights of the Conservation of Vision," the problem of prevention of blindness. While the community is fully awake to its responsibilities to the blind, and is meeting these duties more efficiently every year, we must look beyond this philanthropy to the causes of blindness and the ultimate prevention of this type of affliction.

This knowledge must be applied to life situations. It is to the social organization, the community groups, the teacher, the social worker, and the nurse, that we look to interpret this knowledge, and translate it into daily practice.

Miss Bessie Baker, Dean, School of Nursing, Duke University, Durham, North Carolina, proceeded in her paper, "Putting Eyes Into the Curriculum," to point out in the usual curriculum the amount of information on the eye which the student nurse receives during training. Although the student nurse spends very little time upon the study of the eyes, as such, an analysis of the curriculum reveals that the eye is considered under personal hygiene, anatomy and physiology, drugs and solutions, (in the use of antiseptics and astringents,) chemistry, history of nursing, English, psychology, nursing procedures, nutrition and cooking, hospital economy, case study, ethics, and massage.

Miss Zoe Laforge, Director of Public Health Nursing, Jefferson County Health Department, Birmingham, Alabama, explained "Why Student Nurses Should Be Taught Conservation of Vision," particularly for use in the public health field. The nurse is thrust into situations where she must teach others, often ignorant and incompetent people, to substitute for her; not only must she train a substitute for herself, but she must often substitute for the convenience of the hospital, the crude makeshifts of a rural household. At every point in her service, she meets the need of conservation of sight. Not only must she know the principles herself, but she must be able to teach others—parents, teachers, and children—the importance of care of the eyes and protection of eyesight. Although no training can forsee every angle in future experience, the young nurse must receive training so fundamental in character and concrete in all types of experience, both normal and abnormal, that with the opening of new fields she will feel her education a process of continuous growth.
Registration at the Convention was as follows:

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<th>By Occupation</th>
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<tr>
<td>Private Duty Nurses</td>
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<td>Public Health Nurses</td>
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<td>Schools of Nursing</td>
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<td>Professors of Nursing Education</td>
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<tr>
<td>Directors, Superintendents of Nurses, or Principals of Schools</td>
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<td>Assistant Superintendents of Nurses</td>
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<tr>
<td>Instructors</td>
<td>51</td>
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<tr>
<td>Supervisors</td>
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<td>Secretaries, or Educational Directors, Boards of Examiners</td>
<td>24</td>
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<tr>
<td>State Association Executive Secretaries</td>
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<td>National Staff</td>
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<td>Magazine Staff</td>
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<td>Registrars</td>
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<td>Exhibitors</td>
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**COMMITTEE ON NOMINATIONS FOR 1932**

The Chair then reviewed the fact that the By-laws provide that the Chair shall appoint two members to the Committee on Nominations, and the house three. The Chair appointed Blanche Blackman, of Springfield, Massachusetts, as Chairman, and Celia Cranz, of Ohio.

Nominations from the floor were:

Caroline Rankiellour, Minnesota.
Jessie M. Murdoch, New Jersey.
Elizabeth Odell, Illinois.

On motion made, seconded, and carried, these nominees were elected.
REPORT OF THE TELLERS

Total number of votes cast ............................................. 131

Total cast for each nominee for each office:

**President**
- Elizabeth C. Burgess ........................................... 87
- Anna D. Wolf ...................................................... 44
  ................................................................. 131

**First Vice-President**
- Effie J. Taylor ................................................... 65
- Shirley C. Titus ................................................. 61
  ................................................................. 126

**Second Vice-President**
- Julie C. Tebo ..................................................... 75
- Elizabeth Soule ................................................... 53
  ................................................................. 128

**Secretary**
- Stella Goosray .................................................... 120
- Loraine Dennhardt ................................................ 11
  ................................................................. 131

**Treasurer**
- Marian Rottman ................................................... 111
- Marie Louis ......................................................... 19
  ................................................................. 130

**Directors**
- Sally Johnson ...................................................... 114
- Isabel M. Stewart ................................................ 87
- Laura R. Logan .................................................... 71
- Daisy Dean Urch .................................................. 67
- Katharine J. Densford ............................................ 64
- E. A. Kelley ......................................................... 45
- Helen Young ........................................................ 37
- Dora C. Saunby ..................................................... 34
  ................................................................. 519

*Number of blank votes for each office*
- First Vice-President .............................................. 5
- Second Vice-President .......................................... 3
- Treasurer ........................................................... 1
- Directors ........................................................... 5
- Disqualified ......................................................... 1

Respectfully submitted,

MAUD KELLY,
RUTH INGRAM,
ELIZABETH ODELL,
RUTH E. METTINGER, Chairman.
The report was accepted, and the motion was carried to destroy the ballots.

The new officers were introduced.

**NEW HAMPSHIRE LEAGUE OF NURSING EDUCATION**

The New Hampshire League of Nursing Education, having completed necessary formalities, was accepted by the Board of Directors as the twenty-ninth affiliating State League.

After some comparisons between the last League convention in Atlanta in 1920, and the present one, the Thirty-seventh Annual Convention of the National League of Nursing Education was adjourned, the League to meet in San Antonio, Texas, in 1932, at the time of the biennial convention of the American Nurses' Association.
# List of Members

## Honorary Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beard, Richard, O., M.D.</td>
<td>University of Minnesota, Minneapolis, Minn.</td>
</tr>
<tr>
<td>Boardman, Mabel T.</td>
<td>The American Red Cross, Washington, D. C.</td>
</tr>
<tr>
<td>Bolton, (Mrs.) Chester C.</td>
<td>Franchester Farm, South Euclid, Ohio</td>
</tr>
<tr>
<td>Clement, Anna C.</td>
<td>Pittsfield, Mass.</td>
</tr>
<tr>
<td>Fenwick, (Mrs.) Bedford</td>
<td>39, Portland Place, London W. L., England</td>
</tr>
<tr>
<td>Jenkins, (Mrs.) Helen Hartley</td>
<td>232 Madison Avenue, New York, N. Y.</td>
</tr>
<tr>
<td>Jones, (Mrs.) M. Cadwalader</td>
<td>21 East 11th Street, New York, N. Y.</td>
</tr>
<tr>
<td>Lockwood, (Mrs.) Charles</td>
<td>295 Markham Place, Pasadena, Cal.</td>
</tr>
<tr>
<td>Osborne, (Mrs.) Wm. Church</td>
<td>40 East 35th Street, New York, N. Y.</td>
</tr>
<tr>
<td>Winslow, C.-E. A., D.P.H.</td>
<td>School of Public Health, Yale University, New Haven, Conn.</td>
</tr>
<tr>
<td>Drown, Lucy L.</td>
<td>70 Fairmont Street, Lakeport, N. H.</td>
</tr>
<tr>
<td>Riddle, Mary M.</td>
<td>17 North Washington Street, Muncy, Pa.</td>
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## Life Members

<table>
<thead>
<tr>
<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Brown, Anna Alline</td>
<td>Addison Ridge, Harrington, Me.</td>
</tr>
<tr>
<td>Dock, L. L.</td>
<td>Fayetteville, Pa.</td>
</tr>
<tr>
<td>Snively, Mary A.</td>
<td>50 Maitland Street, Toronto, Canada</td>
</tr>
</tbody>
</table>

## Active Members

*The asterisk (*) preceding state names indicates that State Leagues have been organized.*

### Alabama—8 Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Currin, Gladys Dorothy</td>
<td>T. C. I. Employees' Hospital, Fairfield</td>
</tr>
<tr>
<td>Ewing, Maud L.</td>
<td>T. C. I. Employees' Hospital, Fairfield</td>
</tr>
<tr>
<td>MacLean, M. Helen</td>
<td>Norwood Hospital, Birmingham</td>
</tr>
<tr>
<td>Newington, Jeanne</td>
<td>South Highland Infirmary, Birmingham</td>
</tr>
<tr>
<td>Sister Emile</td>
<td>St. Vincent's Hospital, Birmingham</td>
</tr>
<tr>
<td>Sister Valeria A. Kearney</td>
<td>St. Margaret's Hospital, Montgomery</td>
</tr>
<tr>
<td>Stuart, Anna Lucille</td>
<td>812 Forest Avenue, Montgomery</td>
</tr>
<tr>
<td>Walter, Agnes M.</td>
<td>T. C. I. Employees' Hospital, Fairfield</td>
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### Arizona—3 Members

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<thead>
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<th>Name</th>
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<tbody>
<tr>
<td>Hefner, Augusta J.</td>
<td>St. Joseph's Hospital, Phoenix</td>
</tr>
<tr>
<td>Sister Mary Aloysius Phelan</td>
<td>St. Joseph's Hospital, Phoenix</td>
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<tr>
<td>Sister Mary Bermans</td>
<td>St. Joseph's Hospital, Phoenix</td>
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### Arkansas—6 Members

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<tr>
<td>Buffalo, Rachél Elizabeth</td>
<td>St. Joseph's Hospital, Hot Springs</td>
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<tr>
<td>MacNally, Mary Agnes</td>
<td>Ozark Sanatorium, Hot Springs</td>
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<tr>
<td>Rose, Daisy</td>
<td>Baptist Hospital, Little Rock</td>
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**THIRTY-SEVENTH ANNUAL CONVENTION**

<table>
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<th>Name</th>
<th>Location</th>
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<tr>
<td><strong>SISTER BRIDGID</strong></td>
<td>St. Vincent's Infirmary, Little Rock</td>
</tr>
<tr>
<td><strong>SISTER MARY HILDA</strong></td>
<td>St. Bernard's Hospital, Jonesboro</td>
</tr>
<tr>
<td><strong>SISTER MARY PIA</strong></td>
<td>St. Bernard's Hospital, Jonesboro</td>
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*CALIFORNIA*—196 Members

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<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td><strong>AEGERTER, JULIA R.</strong></td>
<td>French Hospital, San Francisco</td>
</tr>
<tr>
<td><strong>ALFORD, MARIAN</strong></td>
<td>1367-24th Avenue, San Francisco</td>
</tr>
<tr>
<td><strong>ALFSSEN, LOUISE ELIZABETH</strong></td>
<td>2200 Post Street, San Francisco</td>
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<tr>
<td><strong>ANGUS, OLIVE CAROLINE</strong></td>
<td>Hospital of the Good Samaritan, Los Angeles</td>
</tr>
<tr>
<td><strong>ATKINSON, SIDNEY MAE</strong></td>
<td>Fabiola Hospital, Oakland</td>
</tr>
<tr>
<td><strong>BAGLEY, ALICE</strong></td>
<td>600 Stockton Street, San Francisco</td>
</tr>
<tr>
<td><strong>BALDWIN, IONE</strong></td>
<td>1155 Pine Street, San Francisco</td>
</tr>
<tr>
<td><strong>BARNES, SARAH BESSIE</strong></td>
<td>County Hospital, San Diego</td>
</tr>
<tr>
<td><strong>BATES, ALTA</strong></td>
<td>3000 Regent Street, Berkeley</td>
</tr>
<tr>
<td><strong>BELLI, ROSE M.</strong></td>
<td>St. Luke's Hospital, San Francisco</td>
</tr>
<tr>
<td><strong>BERTHOLD, HEDDA EVELYN</strong></td>
<td>4309 Gilbert Street, Oakland</td>
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<td><strong>B'HEND, OLGA ELIZABETH</strong></td>
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<td><strong>BLUMENTHAL, ANN</strong></td>
<td>Juvenile Hall, Los Angeles</td>
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<td><strong>BORG, MARTHA E.</strong></td>
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<td><strong>BOWERS, MARIAN H.</strong></td>
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<td><strong>CLARKE, ELEANOR S.</strong></td>
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<td><strong>DEUTSCH, NAOMI</strong></td>
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<td><strong>FIELDER, MATILDA CURTIS</strong></td>
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<td><strong>FIDGE, LILLIAN WEBB</strong></td>
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<td><strong>FOLENDORF, GERTRUDE</strong></td>
<td>Shriners' Hospital, San Francisco</td>
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</table>
Forres, Kathleen M. .......... 2273 Vine Street, Berkeley
Freeman, Dorothy Dobbins .......... 749 Fairmont Avenue, Pasadena
Fritz, Lorraine Geraldine .......... Merritt Hospital, Oakland
Garard, Margaret .......... Los Angeles General Hospital, Los Angeles
Gillen, Rose M. .......... 214 Haight Street, San Francisco
Gloor, Emma .......... San Francisco Hospital, San Francisco
Gorman, Bernice L. .......... French Hospital, San Francisco
Goss, Eleanor Clare .......... Highland Hospital, Oakland
Goss, Ethel E. .......... Children's Hospital, San Francisco
Grant, Clellah Peel .......... Stanford University Hospital, San Francisco
Grubb, Florence C. .......... Alameda Sanitarium, Alameda
Gustafson, Ruth H. .......... San Francisco Hospital, San Francisco
Gutermute, Harriet Shaner .......... 610 Parnassus Avenue, San Francisco
Hag, Rena .......... Civic Auditorium, San Francisco
Hall, Marion C. .......... Barlow Sanitarium, Los Angeles
Hall, Mary Irene .......... 6101 Doncaster Place, Oakland
Harris, Matilda .......... 609 Sutter Street, San Francisco
Hartley, Florence .......... St. Luke's Hospital, San Francisco
Hartley, Helen S. .......... 130 South America Street, Stockton
Hassett, May A. .......... Merritt Hospital, Oakland
Henry, Alice A. .......... 750 Parnassus Avenue, San Francisco
Herrera, Carmen .......... St. Joseph's Hospital, San Francisco
Holt, Gertrude M. .......... Fresno General Hospital, Fresno
Horneke, Bess C. .......... Seaside Hospital, Long Beach
Howland, Mary Studley .......... Los Angeles General Hospital, Los Angeles
Hughes, Anna A. .......... Mater Misericordia Hospital, Sacramento
Inghire, Alice E. .......... Santa Clara County Hospital, San Jose
Jackson, Lilian Edith .......... Merritt Hospital, Oakland
Jamieson, Elizabeth M. .......... Fabiola Hospital, Oakland
Jammé, Anna C. .......... 609 Sutter Street, San Francisco
Jennings, Verena M. .......... Mt. Zion Hospital, San Francisco
Johnson, Blanch J. .......... Fabiola Hospital, Oakland
Johnson, Justine E. .......... San Luis O'Bispo General Hospital, San Luis O'Bispo
Jordan, Mary Esther .......... Fairmont Hospital, San Leandro
Keating, Mary H. .......... 2301 Bellevue Avenue, Los Angeles
Keeby, Mary Ellen .......... Los Angeles General Hospital, Los Angeles
Kelsey, Ethel Margaret .......... University of California Hospital, San Francisco
Kennedy, Grace M. .......... St. Luke's Hospital, San Francisco
Kershaw, Hazel Grant .......... 2826 South Hope Street, Los Angeles
Klinefelter, Eugenia Lola .......... American Red Cross, Civic Auditorium, San Francisco
Krummert, Ila J. .......... Queen of Angels Hospital, Los Angeles
Lafferty, Eleanor .......... Franklin Hospital, San Francisco
Landis, Maude .......... Stanford Hospital, San Francisco
Lindley, Mary Jane .......... 1100 Mission Road, Los Angeles
Linnquest, Elizabeth .......... 445 Homer Avenue, Palo Alto
Lord, Mary Helen .......... St. Francis Hospital, Santa Barbara
Lour, Mabel Irene .......... San Diego County Hospital, San Diego
LUDY, MARY B. .................. General Hospital, Fresno
McDADE, HOPE HEBARD ........ Room 304, 609 Sutter Street, San Francisco
McIVOR, GLADYS ADA ............. Franklin Hospital, San Francisco
McKIBBEN, CLARA ............... Dameron Hospital, Stockton
MCLAREN, BEATRICE .............. Santa Clara County Hospital, San Jose
MAAKESTAD, CARRIE E. .......... 2200 Hayes Street, San Francisco
MACLEAN, MARGUERITE L. ......... Highland Hospital, Oakland
MAGUIRE, MARGARET ............. 378 Golden Gate Avenue, San Francisco
MAHAN, CARRIE VIOLET .......... 642-a 6th Avenue, San Francisco
MANSON, HELEN CHRISTINE ....... Glendale Sanitarium, Glendale
MARTIN, ANNA W. ............... Sacramento Hospital, Sacramento
MASON, RUTH ELIZABETH ........ University Hospital, San Francisco
MEIKLE, JESSIE W. ............. County Hospital, San Jose
MITCHELL, ELSIE ................ French Hospital, San Francisco
MITCHELL, RUTH MILDRED ...... French Hospital, San Francisco
MOEDE, LENA E. .................. California Hospital, Los Angeles
MONTGOMERY, FLORENCE ......... 2160 Van Ness Avenue, San Francisco
MONTIETH, MARY COLBY .......... White Memorial Hospital, Los Angeles
MOORE, LILLIAN B. .............. Hospital of the Good Samaritan, Los Angeles
MORNINGSTAR, VIRGINIA INMAN .. Seaside Hospital, Long Beach
MOROZOFF, BESS BROWN ......... 2999 California Street, San Francisco
MORRIS, ALMA E. ................ Children's Hospital, San Francisco
MORROW, LEATHA O. .......... Merritt Hospital, Oakland
MUHS, ETHEL ...................... Sacramento Hospital, Sacramento
MUHR, HENRIETTA R. .......... 1100 Mission Road, Los Angeles
MULVANE, GABRIELLE TISSOT .... County Hospital, San Bernardino
NASTOLD, MARY ................... Los Angeles General Hospital, Los Angeles
NELSON, AVIS ...................... 2826 South Hope Street, Los Angeles
NELSON, ELVIRA .................. Cowell Memorial Hospital, Berkeley
NELSON, ESTHER I. .............. County Hospital, San Diego
NELSON, EVA ...................... 200 Canal Drive, Turlock
NEWTON, MILDRED E. .......... Pasadena Hospital, Pasadena
NORTHWAY, MILICENT B. ....... 2649 Benvenue Avenue, Berkeley
OLCOTT, VIRGINIA ............... Seaside Hospital, Long Beach
OL'LOUGHLIN, ANNE A. ........ San Francisco Hospital, San Francisco
OLSEN, ADA MARIE .............. Los Angeles General Hospital, Los Angeles
OLSON, ESTHER SOPHIA .......... 1414 S. Hope Street, Los Angeles
OLSON, HARRIET ................. Riverside Hospital, Riverside
OLSON, HELEN DOROTHY ......... 200 Canal Drive, Turlock
PARSONS, HELEN ................. St. Joseph's Hospital, San Francisco
PATT, AGNES M. ................. 2826 S. Hope Street, Los Angeles
PECK, MARGARET J. ............. Shriners Hospital, San Francisco
PEELER, CARRIE F. ............. 2826 S. Hope Street, Los Angeles
PEYCHNER, MIRIAM ............. Cottage Hospital, Santa Barbara
PETERSON, FLORENCE JENNIE ..... San Bernardino County Hospital, San Bern-
                               nardino

PICKERING, MARY MAY ........... University of California, Berkeley
POLLEY, ANGELINE R. .......... Los Angeles Junior College, Los Angeles
POPE, AMY ....................... P. O. Box 1013, San Francisco
PORTER, NELLIE M. ............. 819 Associated Realty Bldg., Los Angeles
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Poupore, Elizabeth Suhr</td>
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<tr>
<td>Prall, Laura G.</td>
<td>San Jose Hospital, San Jose</td>
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<td>Rice, Helen Naomi</td>
<td>Paradise Valley Sanitarium, National City</td>
</tr>
<tr>
<td>Richardson, Gail Squires</td>
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<td>Rockstroth, Edna Carolyn</td>
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<td>Romstead, Petra J.</td>
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<td>Hollywood Hospital, Los Angeles</td>
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<td>Ryan, Margaret</td>
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<td>Fabiola Hospital, Oakland</td>
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<td>Shanboltzer, Gladys W.</td>
<td>447-8th Avenue, San Francisco</td>
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<td>Sister Dolores Carlos</td>
<td>Mary's Help Hospital, San Francisco</td>
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<tr>
<td>Sister Elizabeth Clare Tyrell</td>
<td>390 Central Avenue, Oakland</td>
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<td>Sister Helen</td>
<td>St. Vincent's Hospital, Los Angeles</td>
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<td>Sister Mary Agnes Cummings</td>
<td>St. Joseph's Hospital, San Francisco</td>
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<td>Sister Mary Dolores Girault</td>
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<td>Methodist Hospital, Los Angeles</td>
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<td>U. S. Veteran's Hospital, San Fernando</td>
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<td>Smith, Jane Winterhope</td>
<td>609 Sutter Street, San Francisco</td>
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<td>Smith, Virginia W.</td>
<td>French Hospital, San Francisco</td>
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<td>Solebeck, Hansine K.</td>
<td>Keene, Kern County</td>
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<td>Spanner, Gertrude Lillian</td>
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<td>Sutter Hospital, Sacramento</td>
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<td>Starcevic, Margaret A.</td>
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<td>Stewart, R. Elizabeth</td>
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<td>Stewart, Ruth C.</td>
<td>1401 East 31st Street, Oakland</td>
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<td>Stockton, Eleanor</td>
<td>1085 Mission Street, San Francisco</td>
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<td>Story, Mignon C.</td>
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<td>Suttey, Frieda Elizabeth</td>
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<td>Swalestuen, Ruth A.</td>
<td>1414 S. Hope Street, Los Angeles</td>
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<td>Swope, Ethel</td>
<td>211 S. Lucas Avenue, Los Angeles</td>
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<td>Taylor, Marian Isabel</td>
<td>Highland Hospital, Oakland</td>
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<td>Thompson, Bessie</td>
<td>Laguna Honda Home, San Francisco</td>
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<td>Thomsen, Elizabeth Gertrude</td>
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<td>Torrance, Rachel C.</td>
<td>1100 Mission Road, Los Angeles</td>
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<td>Turnbull, Elizabeth</td>
<td>St. Francis Hospital, San Francisco</td>
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<td>Tynan, Gertrude L.</td>
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<td>Uhls, Florence</td>
<td>2826 S. Hope Street, Los Angeles</td>
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<td>Urch, Daisy Dean</td>
<td>Highland Hospital, Oakland</td>
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<td>Valade, Laurel</td>
<td>San Jose Hospital, San Jose</td>
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<td>Walder, Ethel Jessie</td>
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<td>Waterman, Eleanor Louise</td>
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<td>Wenck, Ida J.</td>
<td>4616 Sunset Boulevard, Los Angeles</td>
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<td>West, Ethel Cope</td>
<td>2200 West 8th Street, Los Angeles</td>
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<td>West, Mary K.</td>
<td>Seaside Hospital, Long Beach</td>
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<td>Wheelock, Ruth Vee</td>
<td>Riverside Junior College, Riverside</td>
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<td>White, Lillian L.</td>
<td>6101 Doncaster Place, Oakland</td>
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</table>
White, Sarah Gertrude .............. State Office Building, Sacramento
Wilkie, Catherine McLeod .......... 2200 Post Street, San Francisco
Williamson, Anne A. ............. 2028 Primrose Avenue, Los Angeles
Wood, Muriel ....................... 952 Sutter Street, San Francisco
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SMITH, Della F. ................. 1469 William Street, Apt. D., Denver
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Bowman, Josephine Beatrice ... Navy Nurse Corps, Washington
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MCWHORTER, ALICE E. ....... Garfield Memorial Hospital, Washington
MACLEOD, MARION ANNE ...... Emergency Hospital, Washington
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MORRISON, PEARL LUCINDA .. Sibley Memorial Hospital, Washington
MURPHY, VIVIAN .............. Garfield Memorial Hospital, Washington
NOYES, CLARA D. ............. American Red Cross, Washington
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<td>Garfield Memorial Hospital, Wash.</td>
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<td>PHILLIPS, MARY GENEVIEE</td>
<td>Army Medical Center, Wash.</td>
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<td>PRICE, MARGARET LEE</td>
<td>427 11th St., N.E., Wash.</td>
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<td>ROEKE, LAURA D.</td>
<td>1150 N. Capitol St., Wash.</td>
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<td>ROUSE, HELEN ELIZABETH</td>
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<td>RULON, BLANCHE STEVENS</td>
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<td>WANNAMAKER, FRANCES ELIZABETH</td>
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<td>WEAVER, MARY EVELYN</td>
<td>1802 Wyoming Ave., Wash.</td>
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<td>WILSON, EMMA</td>
<td>St. Elizabeth's Hospital, Wash.</td>
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*FLORIDA—19 Members*

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<td>Flagler Hospital, St. Augustine</td>
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<td>CHADWICK, BESSIE</td>
<td>Jackson Memorial Hospital, Miami</td>
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<td>FETTING, ANNA L.</td>
<td>Morrell Memorial Hospital, Lakeland</td>
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<td>GLENDINNING, ISABELLA JENNIE</td>
<td>Jackson Memorial Hospital, Miami</td>
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<td>GUTFWALD, KATHRYN R.</td>
<td>Good Samaritan Hospital, West Palm Beach</td>
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<td>LAIRD, GRACE P.</td>
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<td>MACEY, KATE LILLIAN</td>
<td>Drawer 1100, Orlando</td>
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<td>SISTER MARGARET CARRIGAN</td>
<td>Pensacola Hospital, Pensacola</td>
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<td>SISTER MARGUERITE COTTY</td>
<td>St. Vincent's Hospital, Jacksonville</td>
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<td>SISTER MIRIAM HAROLD</td>
<td>St. Vincent's Hospital, Jacksonville</td>
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<td>SPEARS, SARAH W.</td>
<td>Riverside Hospital, Jacksonville</td>
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<td>TRAXLER, MARIE</td>
<td>2033 Riverside Ave., Jacksonville</td>
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<td>WATT, IRENE B.</td>
<td>Orange General Hospital, Orlando</td>
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<td>ZEALY, MABEL E.</td>
<td>2841 Park Street, Jacksonville</td>
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*GEORGIA—33 Members*

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<td>BABIN, RUTH A.</td>
<td>Piedmont Hospital, Atlanta</td>
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<td>BANKS, MATTIE LOU</td>
<td>701 Forsyth St., Macon</td>
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Bass, Minnie B. Wesley Memorial Hospital, Emory University
Beville, Bessie 722 Spring Street, Macon
Byers, Cora E. 1611 Gordon Street, S. W., Atlanta
Campbell, Mary 1309 Oglethorpe Street, Macon
Candlish, Jessie M. 650 Forrest Road, N. E., Atlanta
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Jenkins, Nancy Dell Georgia Baptist Hospital, Atlanta
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Masse, Lucia Patterson Hospital, Cuthbert
Mingledorph, Vera 209½ W. Duffy Street, Savannah
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Zuber, Lillian 187 Pine Street, N. E., Atlanta

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Axelson, Alfeld Josephine 707 Fullerton Parkway, Chicago
Bailey, Sarah M. 2816 Ellis Avenue, Chicago
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<td>Bauer, Sophie A.</td>
<td>509 Suth Honore Street, Chicago</td>
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<td>Baumgardt, Beatrice S.</td>
<td>4950 Thomas Street, Chicago</td>
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<tr>
<td>Bea, Minnie E.</td>
<td>509 South Honore Street, Chicago</td>
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<td>Beeby, Nell V.</td>
<td>1416 Indiana Avenue, Chicago</td>
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<td>Beecroft, Laura A.</td>
<td>U.S. Veterans' Hospital, Dwight</td>
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<td>Biesterfeldt, Elsie M.</td>
<td>4057 North Kostner Avenue, Chicago</td>
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<td>Biggert, Helen</td>
<td>551 Grant Place, Chicago</td>
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<td>Bigler, Rose</td>
<td>Peoria State Hospital, Peoria</td>
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<td>Binner, Mabel W.</td>
<td>707 Fullerton Avenue, Chicago</td>
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<td>Blake, Florence G.</td>
<td>2816 Ellis Avenue, Chicago</td>
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<td>Bliznak, Lydia D.</td>
<td>303 East Superior Street, Chicago</td>
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<td>Bogardus, Mary Irene</td>
<td>950 East 59th Street, Chicago</td>
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<td>Bowman, Alice E.</td>
<td>3827 Van Buren Street, Chicago</td>
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<td>Brandt, Sena Helen</td>
<td>2449 South Dearborn Street, Chicago</td>
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<td>Brandt, Vera Shipley</td>
<td>2816 Ellis Avenue, Chicago</td>
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<td>Brown, Marguerite</td>
<td>1439 South Michigan Avenue, Chicago</td>
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<td>Brown, Mary E.</td>
<td>1808 West Jackson Boulevard, Chicago</td>
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<td>Bruce, Aurora Eugenia</td>
<td>2816 Ellis Avenue, Chicago</td>
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<td>Burge, Mary Louise</td>
<td>509 South Honore Street, Chicago</td>
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<td>Butler, Margaret M.</td>
<td>7208 Bennett Avenue, Chicago</td>
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<td>Campbell, Mabel Sylvia</td>
<td>707 Fullerton Avenue, Chicago</td>
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<td>Carlson, Agnes A.</td>
<td>411 Garfield Avenue, Chicago</td>
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<td>Carlson, Amelia</td>
<td>Logan Building, Danville</td>
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<td>Chamberlain, Amy B.</td>
<td>427 Garfield Avenue, Chicago</td>
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<td>Christie, Jessie Forsyth</td>
<td>5841 Maryland Avenue, Chicago</td>
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<td>Collier, Katherine M.</td>
<td>7107 Normal Boulevard, Chicago</td>
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<td>Comstock, Ann</td>
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<td>Cooley, Bess Irene</td>
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<td>Courtney, Frances Margaret</td>
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<td>Crawford, Dorothy Raymond</td>
<td>5603 Maryland Avenue, Chicago</td>
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<td>Crocker, Ada Reitz</td>
<td>St. Luke's Hospital, Chicago</td>
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<td>Cutler, Mary H.</td>
<td>1750 West Congress Street, Chicago</td>
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<td>Dahlgren, Emelia</td>
<td>Lutheran Hospital, Moline</td>
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<td>Davis, Sibyl C.</td>
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<td>Dawson, Ellen Gladys</td>
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<td>Dean, Ruby Alberta</td>
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<td>Dietrich, Edna Grace</td>
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<td>Eastin, Ruth Edith</td>
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<td>Egle, Louise</td>
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<td>Ehman, Ida</td>
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<td>Erwin, E. Joy</td>
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<td>Essig, Maud F.</td>
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<td>Ewing, Nan Hamlett</td>
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<td>Faber, Marion J.</td>
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<td>Fahs, Jean M.</td>
<td>731 Monticello Street, Evanston</td>
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<td>Fanning, Jane</td>
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FOLEY, EDNA L. .......................... 104 South Michigan Avenue, Chicago
FORREST, HARRIET L. ................. 1750 West Congress Street, Chicago
FORSKLUND, MYRTLE ..................... 536 Webster Street, Chicago
FRANK, MARY G. ......................... 509 South Honore Street, Chicago
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Oman, Elsa Augusta ............... 427 Garfield Avenue, Chicago
Oliver, Edith May ............... 1622 West Jackson Boulevard, Chicago
Olmstead, Florence ............... 2710 Prairie Avenue, Chicago
<table>
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<tr>
<th>Name</th>
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<tr>
<td>Olson, Helen E.</td>
<td>427 Garfield Avenue, Chicago</td>
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<td>O'Shea, Lyda</td>
<td>4322 Drexel Boulevard, Chicago</td>
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<td>Paul, Elizabeth</td>
<td>1200 Gilpin Place, Chicago</td>
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<td>Peterson, Ada Josephine</td>
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<td>Peterson, Hilma Josephine</td>
<td>411 Garfield Avenue, Chicago</td>
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<td>Place, Sara B.</td>
<td>203 North Wabash Avenue, Chicago</td>
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<td>Ploeger, Millie E.</td>
<td>420 South Harlem Avenue, Freeport</td>
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<td>Pollock, Helen M.</td>
<td>Augustana Hospital, Chicago</td>
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<td>Powell, Katherine C.</td>
<td>628 University Place, Evanston</td>
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<td>Prill, Gertrude A.</td>
<td>Chicago Lying-In Hospital, Chicago</td>
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<td>Richard, Cecile</td>
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<td>Rockwell, Emily</td>
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<td>Rogers, Elizabeth Warner</td>
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<td>Michael Reese Hospital, Chicago</td>
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<td>SchulteJann, Kathryn A.</td>
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<td>See, Alverna C.</td>
<td>Burnham City Hospital, Champaign</td>
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<td>Sellew, Gladys</td>
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<td>Shannon, Mabel Isabel</td>
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<td>Shear, Sarah H.</td>
<td>2342 South Dearborn Street, Chicago</td>
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<td>Shields, Mabel McCready</td>
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<td>Sister Camilla Broden</td>
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<td>Sister Helen Jarrell</td>
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<td>Sister Laurentia Walsh</td>
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<td>Sister Magdalene</td>
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<td>Sister Mary Bernadetta</td>
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<td>Sister Mary of Jesus Chabot</td>
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<td>Sister Mary Lidwina Zeus</td>
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<td>Sister Mary Victorine Fitzgerald</td>
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<td>Sister Mary Vincent Delaney</td>
<td>2100 Burling Street, Chicago</td>
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<td>St. Anne's Hospital, Chicago</td>
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<td>Sister Stephanie Wall</td>
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TAYLOR, FORENC M. .......................... 2449 Washington Boulevard, Chicago
THIE, AMELIA L. ......................... 2449 Washington Boulevard, Chicago
THOMPSON, LAVERNE R. .............. 2645 Gerard Avenue, Evanston
THOMPSON, MAUDE A. ................. 2449 South Dearborn Street, Chicago
TOBIN, LENORE ............................ 518 North Austin Boulevard, Oak Park
VAN DE STEEG, EVELYN .................. St. Luke's Hospital, Chicago
VAN HORN, ELLA M. ..................... 1750 West Congress Street, Chicago
VAN SCHOCK, MILDRED .................. 6139 Ellis Avenue, Chicago
WALDENDORF, HELENA M. .............. St. Anne's Hospital, Chicago
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WEBER, KATHERINE ...................... Olney Sanitarium, Olney
WEBER, MINNIE R. ..................... 610 East Main Street, Olney
WELTMAN, ESTELLE R. ................. 616 South Michigan Avenue, Chicago
WESTPHAL, MARY E. ..................... 104 South Michigan Avenue, Chicago
WHITE, LYDIA ARNOLD ................... 2548 Lake View Avenue, Chicago
WHITTAKER, ELEANOR MAE .............. 2645 Girard Avenue, Evanston
WIECHERT, LOUISE ...................... 1640 West Adams Street, Chicago
WILLENBORG, ANNA ...................... 2100 Burling Street, Chicago
WILSON, BERTHA G. ..................... 1810 Jackson Boulevard, Chicago
WILSON, DOROTHY E. .................... 4300 Drexel Boulevard, Chicago
WOLFE, LYDIA BRIGHT ................... 3420 Van Buren Street, Chicago
WOOD, EVELYN ............................. 8 South Michigan Boulevard, Chicago
WOODS, CARRIE M. ...................... St. Luke's Hospital, Chicago
WUBBENA, ELLA ............................ 830 North La Salle Street, Chicago
WYLIE, BEULAH JERUSA .................. 518 North Austin Boulevard, Oak Park
YOUNG, ELIZABETH ...................... 509 South Honore Street, Chicago
YOUNG, HELEN MAURINE ................ 950 East 59th Street, Chicago

*INDIANA—53 Members

BATDorf, ESTHER ....................... Lafayette Homeopathic Hospital, Lafayette
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DAVIS, HARRIET ELIZABETH .......... Indiana University Hospital, Indianapolis
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Willis, Edith G. ............ Good Samaritan Hospital, Vincennes
Zurstady, Clara Louise .... Protestant Deaconess Hospital, Evansville

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MCDOWELL, HELEN C. .......... College Hospital, Ames
MCGURK, BLANCHE CECILIA ...... University Hospital, Iowa City
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SISTER MARY BEATRICE ......... St. Joseph's Mercy Hospital, Sioux City
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SISTER MARY IRENE .......... Mercy Hospital, Davenport
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SISTER MARY PLACID .......... St. Joseph's Hospital, Sioux City
SISTER MARY PLACIDA ........ 624 Jones Street, Sioux City
SISTER MARY THOMAS .......... Mercy Hospital, Des Moines
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ZICHY, MARIANNE .......... Visiting Nurse Association, Marshalltown

*KANSAS—27 Members

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HASTINGS, ETHEL LOUISE ...... Wesley Hospital, Wichita
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MARTIN, WILLIMA ............ Extension Division K. S. A. C., Manhattan
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Sister Mary Ferdinand ...........St. Joseph's Hospital, Concordia
Sister Mary Gonzaga Betzen ..St. Francis Hospital, Wichita
Sister Mary Raphael ..........St. Elizabeth's Hospital, Hutchinson
Sister Mary Theresa Schrick. St. Francis Hospital, Wichita
Sister Mary Victoria Lake .....Wichita Hospital, Wichita
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Sister Theodosia Harms .......Bethel Deaconess Hospital, Newton
Swenson, Irene Elizabeth ....Bell Memorial Hospital, Kansas City
Van Fleet, Loreine Margaret ..914 North Walnut Street, McPherson

*KENTUCKY—68 Members

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Ballman, Christine ...............735 Eastern Parkway, Louisville
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Carr, Virginia ..................Sts. Mary and Elizabeth Hospital, Louisville
Childs, Katherine ...............Jewish Hospital, Louisville
Clark, Alice .....................Sts. Mary and Elizabeth Hospital, Louisville
Clark, Jessie Martin ..........Jewish Hospital, Louisville
Conway, Emma Louise ..........Henderson Hospital, Henderson
Delen, Elsie Louise ...........120 Dixie Place, Fort Thomas
Denver, Nina M. .................Deaconess Hospital, Louisville
East, Margaret L. .............409 Fountain Court, Louisville
Foreman, Mary E. ..............City Hospital, Louisville
Frazier, Joy ....................139 Paris Avenue, Lexington
Gaggs, Alice M. ....Norton Memorial Infirmary, Louisville
Gibson, Florence Isabelle ......College Hospital, Berea
Goode, Flora Deans ...........Louisville City Hospital, Louisville
Greathouse, Jessie ..........Shriners Hospital, Lexington
Greifenkamp, Agnes Jane ....Doctors' Building, Covington
Hafer, Georgia Lorena ..........Berea College Hospital, Berea
Hammett, Magde .................Children's Free Hospital, Louisville
Hart, Mary A. .................King's Daughters' Hospital, Ashland
Hayes, Lucy Mabel ...............Shriners Hospital, Lexington
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Henry, Lavinia Bennett ........Good Samaritan Hospital, Lexington
Hicks, Virginia H. ..........Norton Memorial Infirmary, Louisville
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Johnson, Mary Cellia ...........Good Samaritan Hospital, Lexington
Keen, Flora E. .................416 West Breckenridge Street, Louisville
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Kingcade, Mildred Evelyn ......M. E. Deaconess Hospital, Louisville
Lockhart, Anna F. ..............Riverside Hospital, Paducah
Lushy, Beatrice .................City Hospital, Louisville
McDONALD, BETTIE W. .......... 215 East Walnut Street, Louisville
McNEIL, BESS COLE .......... Jewish Hospital, Louisville
MASTERSON, STELLA MARY ...... St. Anthony's Hospital, Louisville
MERRIFIELD, RUTH .......... M. E. Deaconess Hospital, Louisville
MEYER, RITA CATHERINE ...... St. Anthony's Hospital, Louisville
MURPHY, HONOR ............... 96 Valley Road, Castlewood, Louisville
O'ROKE, AGNES ELIZABETH .. Kosair Crippled Children's Hospital, Louisville
PAYNE, BEATRICE .......... Norton Memorial Infirmary, Louisville
POTTINGER, LOUREE .......... Kentucky Baptist Hospital, Louisville
PURCELL, LILLIAN MAE ...... Massie Memorial Hospital, Paris
RAU, KATHERINE L. .......... Children's Hospital, Louisville
RAVENSCROFT, LAURA ESTHER ... Norton Memorial Hospital, Louisville
RYAN, ANNA H. .......... 314 South Hanover Street, Lexington
SALT, SUSAN R. .......... 641 Park Avenue, Newport
SCHREIBER, HELEN MARIE ...... Norton Memorial Infirmary, Louisville
SISTER JANE FRANCES ...... Mt. St. Agnes Sanitarium, Louisville
SISTER JOSIELLA CONLON .. Sts. Mary and Elizabeth Hospital, Louisville
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SISTER MARY BENIGNA ...... St. Joseph's Infirmary, Louisville
SISTER MARY BONIFACE ...... Sts. Mary and Elizabeth Hospital, Louisville
SISTER MARY CORRINNE .. St. Joseph's Infirmary, Louisville
SISTER MARY Pius BOONE .. Sts. Mary and Elizabeth Hospital, Louisville
SISTER MARY SERAPHIA ...... Sts. Mary and Elizabeth Hospital, Louisville
SISTER MARY TATIANA ...... St. Anthony's Hospital, Louisville
SISTER ROSE EDNA HIGDON .. St. Joseph's Hospital, Lexington
SISTER TARASIA .......... St. Elizabeth's Hospital, Covington
SMITH, LILLIE VERNON ...... City Hospital, Louisville
STEINHAUER, SOPHIA ....... Speer Memorial Hospital, Dayton
TAYLOR, ESTELLE BARNETTE ... Paintsville Hospital, Paintsville
TAYLOR, NOLA .......... Middlesboro Hospital, Middlesboro
VELTMAN, ANNNE ............... City Hospital, Louisville
VINCENT, HELEN .......... Baptist Hospital, Louisville
WILLIHAM, RUTH ELIZABETH .. St. Elizabeth Hospital, Covington

*LOUISIANA—49 Members

BARNE, CHARLOTTE ..........  2316 Joseph Street, New Orleans
BRR, ANNA MARY .......... 1001 Canal Bank Building, New Orleans
BOYETT, CHRISTINE ...... Tri-State Hospital, Shreveport
BREAUX, LYDIA .......... Touro Infirmary, New Orleans
BROUSSARD, EUNICE ... Touro Infirmary, New Orleans
CLAIBORNE, FRANCES .. Touro Infirmary, New Orleans
COLOMB, BESSIE BROOKS ... Touro Infirmary, New Orleans
DANISREAU, MARCEIL ESTER .. Pineville
DILTS, AMELIA H. .......... 4422 South Galvez Street, New Orleans
FABREGAS, SUE .......... Charity Hospital, New Orleans
FLETCHER, VIANN .... Baptist Hospital, Alexandria
FRI, LOUISE G. .......... Tri-State Hospital, Shreveport
GOLDEN, LORA COMELLA ..  929 Government Street, Baton Rouge
HEBERT, JENNIE AGNES .............2130 Touro Street, New Orleans
HORNSBY, BERYL MAY ..............116 South Johnson Street, New Orleans
JANVIER, CELESTE ....................Touro Infirmary, New Orleans
KOENIG, MARY ELIZABETH .........Charity Hospital, New Orleans
KOENIG, JANET FENMORE ...........Touro Infirmary, New Orleans
MCMAHON, MARY A. ..................St. Francis Hospital, Monroe
MATHER, HARRIET L. ...............Southern Baptist Hospital, New Orleans
MYERS, DELLA EARNEST ............General Hospital, Baton Rouge
NEWBILL, KATHERINE W. ..........Touro Infirmary, New Orleans
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PEPPER, MAMIE ......................Touro Infirmary, New Orleans
PRICE, MARGARET A. ...............2411 Bank Street, New Orleans
SISTER ANNE AYCOCK ...............Charity Hospital, New Orleans
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SISTER KOSTKA SWOODDA ...........Charity Hospital, New Orleans
SISTER MARIE DENAZARETH Mc- 
GUN ..........................St. Francis Sanatorium, Monroe
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RANGE ..........................Mercy Hospital, New Orleans
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SISTER MARY INCARNATION Mc- 
GOWAN ..........................St. Patrick's Sanatorium, Lake Charles
SISTER MARY IRENE BROUSSARD ..Mercy Hospital, New Orleans
SISTER MARY JOSEPH WALSH .....Mercy Hospital, New Orleans
SISTER ROBERTA DEGNAN ............Hotel Dieu, New Orleans
SMITH, ANNIE L. ....................1006 Pere Marquette Building, New Orleans
SMITH, HAZEL VALLIE ..............929 Government Street, Baton Rouge
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STUART, MARY J. ....................Charity Hospital, New Orleans
TEBO, JULIE C. .....................1006 Père Marquette Bldg., New Orleans
TOURNON, ARMANDE ................Hotel Dieu, New Orleans
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WATSON, FLORENCE MABEL .......Tri-State Hospital, Shreveport
WRIGHT, CHRISTINE ...............Charity Hospital, New Orleans

MAINE—13 Members

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DALY, ELLEN C. ......................Knox County General Hospital, Rockland
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OSBORNE, MARY R. .......... Maine General Hospital, Portland
SISTER AMANDA POIRIER .......... St. Mary's General Hospital, Lewiston
WESCOTT, ALICE MARIA .......... Central Maine General Hospital, Lewiston

*MARYLAND—58 Members

BALL, ROBERTA L. .......... Union Memorial Hospital, Baltimore
BARTLEY, HELEN CONKLING ....... 604 Reservoir Street, Baltimore
BECKWITH, ANNA TETMAN .......... Johns Hopkins Hospital, Baltimore
BELVEA, MARGARET S. .......... Sheppard and Enoch Pratt Hospital, Towson
BRENSLEY, FRANCES M. .......... University Hospital, Baltimore
BRUDE, LUCY ALVEY .......... 620 West Lombard Street, Baltimore
BUNTING, I. GERTRUDE .......... Sheppard and Enoch Pratt Hospital, Towson
BUXBAUM, BRYNDELL R. .......... Sinai Hospital, Baltimore
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CRAWFORD, HELEN HAMILTON .......... Johns Hopkins Hospital, Baltimore
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DURRANT, CONSTANCE S. .......... Church Home and Infirmary, Baltimore
EILLOT, MARGARET .......... Church Home and Infirmary, Baltimore
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FISHER, LULA GRACE .......... Union Memorial Hospital, Baltimore
FREDDERICK, HESTER K. .......... Johns Hopkins Hospital, Baltimore
FRIEND, MARtha E. .......... 604 Reservoir Street, Baltimore
GALLERY, ELIZABETH A. .......... Emergency Hospital, Annapolis
GARDNER, MAUD M. .......... Hospital for Women of Maryland, Baltimore
GASSAWAY, HELEN M. .......... Church Home and Infirmary, Baltimore
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GROSS, ELSIE .......... South Baltimore General Hospital, Baltimore
HAY, MABEL N. .......... Johns Hopkins Hospital, Baltimore
HEARN, GERTRUDE AMY .......... Sheppard and Enoch Pratt Hospital, Towson
HILDEBRANDT, MARY A. .......... Hospital for Women of Maryland, Baltimore
JAMES, S. ETHEL TERRILL .......... Washington Sanatorium and Hospital, Takoma Park

KEECE, CATHERINE E. .......... Frederick City Hospital, Frederick
KELLER, KATHERINE .......... Church Home and Infirmary, Baltimore
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KNOX, ELIZABETH J. .......... Sheppard and Enoch Pratt Hospital, Towson
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LONG, FLORENCE WHITE .......... Union Memorial Hospital, Baltimore
MCDANIEL, LILLIAN KEMP .......... 1601 Bolton Street, Baltimore
MANAHAN, MAUD ESTELLE .......... South Baltimore General Hospital, Baltimore
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MARTZ, HELEN .......... Church Home and Infirmary, Baltimore
MURRIN, MARY IMogene .......... 3024 Calvert Street, Baltimore
NASH, JANE E. .......... Church Home and Infirmary, Baltimore
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SAVAGE, LOUISE ..................... Sinai Hospital, Baltimore
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SISTER MARY HELEN RYAN ............ Mercy Hospital, Baltimore
SISTER MARY HILDEGARD HOLBEIN ...... Mercy Hospital, Baltimore
SISTER FRANCES MALONEY .......... St. Joseph's College, Emmetsburg
SISTER MARY VERONICA DAILY ...... Mercy Hospital, Baltimore
SISTER PAULINE ..................... St. Agnes Hospital, Baltimore
SLEDGE DORRIT DEGNER ............ Baltimore City Hospital, Baltimore
SNOW, CHARLOTTE ANNE .......... Sinai Hospital, Baltimore
STUMPF, SOPHIE ..................... Sinai Hospital, Baltimore
SUMPTER, LELIA BOOKER .......... Union Memorial Hospital, Baltimore
WALKER, M. EVELYN ............... 1601 Bolton Street, Baltimore
WARFIELD, ELIZABETH P. .... 219½ East North Avenue, Baltimore
ZIMMERMAN, ISABEL .............. Sinai Hospital, Baltimore

*MASSACHUSETTS—155 Members

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ADIE, RUTH JEAN .................. Quincy City Hospital, Quincy
ALLAN, VERA AGNES ............. Lynn Hospital, Lynn
ALLEN, BERTHA W. ............... Newton Hospital, Newton Lower Falls
AVARD, MARTHA JANE ........... Addison Gilbert Hospital, Gloucester
BAKER, EVELYN ..................... 380 Main Street, Amesbury
BANNERMAN, MARGARET .......... Alley Emergency Hospital, Marblehead
BARCLAY, ANNIE S. ............... Franklin County Hospital, Greenfield
BARNABY, MARIETTA D. .......... 420 Boylston Street, Boston
BEATTIE, GRACE B. ............. 10 Delaware Street, Somerville
BEDELL, ALICE E. ................. State Hospital, Northampton
BEEK, HARRIET L. ............... St. Luke's Hospital, New Bedford
BELL, KATHARINE ................. 721 Huntington Avenue, Boston
BLACKMAN, BLANCHE A. .......... Springfield Hospital, Springfield
BLANCHARD, MARION E. ........ Foxboro State Hospital, Foxboro
BLISS, MARY E. ............... 80 Elm Street, West Newton
BOOTH, MABEL F. ................ Holyoke City Hospital, Holyoke
BOWEN, ELEANOR PAGE ............ Lowell General Hospital, Lowell
BROWN, EVELYN AUGUSTA ...... Leonard Morse Hospital, Natick
BROWN, NORA AGNES ............. Symmes Hospital, Arlington
BURGESS, MARY A. .............. 37 Bennett Street, Boston
CAMPBELL, ELSIE LOIS .......... Wachusett Street, Leominster
CAMPBELL, KATHARINE A. .... Lynn Hospital, Lynn
CARTLAND, MILDRED HOWELL .... Memorial Hospital, Worcester
CATTON, JESSIE E. .............. New England Hospital for Women and Children, Roxbury

CLYDE, FRANCES KING ........... Children's Hospital, Boston
COE, ALICE B. .................... Hale Hospital, Haverhill
CONRAD, MARGARET ELIZABETH .. New England Hospital for Women and Children, Roxbury
<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital/Address</th>
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<tbody>
<tr>
<td>COOK, MELISSA J.</td>
<td>Melrose Hospital, Melrose</td>
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<tr>
<td>CURTIS, MIRIAM</td>
<td>Cooley Dickinson Hospital, Northampton</td>
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<tr>
<td>COX, EDITH ISABEL</td>
<td>Robert B. Brigham Hospital, Boston</td>
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<tr>
<td>CULLEN, KATHARINE A.</td>
<td>Worcester City Hospital, Worcester</td>
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<td>CURRIER, DELLA M.</td>
<td>Boston City Hospital, Boston</td>
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<td>DAMON, MILDRED P.</td>
<td>166 Pilgrim Road, Boston</td>
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<tr>
<td>DAWES, DOROTHY ELIZABETH</td>
<td>Quincy City Hospital, Quincy</td>
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<td>DEMUTH, FRANCES MARGARET</td>
<td>281 Lincoln Street, Worcester</td>
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<td>DIETER, MARGARET</td>
<td>Massachusetts Memorial Hospital, Boston</td>
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<td>DRAPER, LAURA ALMA</td>
<td>37 Forest Street, Medford</td>
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<td>DUNN, MINNIE FRANCES</td>
<td>State Infirmary, Tewksbury</td>
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<td>DURGIN, KATHERINE</td>
<td>State Infirmary, Tewksbury</td>
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<td>EGAN, SARAH ALOYSIA</td>
<td>40 Wigglesworth Street, Boston</td>
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<td>EICKE, BETTY</td>
<td>Norwood Hospital, Norwood</td>
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<td>ERPESTAD, ASTA</td>
<td>Leonard Morse Hospital, Natick</td>
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<td>FALLON, MARGARET</td>
<td>Long Island Hospital, Boston</td>
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<td>FELLGER, ARVILLA</td>
<td>140 Federal Street, Salem</td>
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<td>FINLAY, DAISY AGNES</td>
<td>10 Stoughton Street, Boston</td>
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<td>FITZPATRICK, HELEN RITA</td>
<td>759 Chestnut Street, Springfield</td>
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<td>FRIED, MARY ELIZABETH</td>
<td>Lynn Hospital, Lynn</td>
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<td>FURLEY, DELIA T.</td>
<td>St. John's Hospital, Lowell</td>
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<td>GIBSON, ANNA L.</td>
<td>Collis P. Huntington Hospital, Boston</td>
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<td>GILLIS, GEORGIA S.</td>
<td>Webster District Hospital, Webster</td>
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<td>GILLIS, MARY ADELAIDE</td>
<td>Salem Hospital, Salem</td>
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<td>GILMORE, MARY CELERDA</td>
<td>721 Huntington Avenue, Boston</td>
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<td>GOOSTRAY, STELLA</td>
<td>Children's Hospital, Boston</td>
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<td>GORDON, RUBY JOSEPHINE</td>
<td>Lawrence General Hospital, Lawrence</td>
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<td>GRANT, EDITH M.</td>
<td>Boston City Hospital, Boston</td>
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<td>GUSTAFSON, ALICE</td>
<td>Holyoke Hospital, Holyoke</td>
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<td>HAGAN, JEDIDAH B.</td>
<td>Chelsea Memorial Hospital, Chelsea</td>
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<td>HALL, CARRIE M.</td>
<td>Peter Bent Brigham Hospital, Boston</td>
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<td>HANSEN, ELIZABETH I.</td>
<td>12 Hemenway Street, Boston</td>
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<td>HATCH, CAROLINE CHANDLER</td>
<td>140 High Street, Springfield</td>
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<td>HAYES, ANNA G.</td>
<td>Pay School, Southboro</td>
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<td>HAYWARD, EDNA MAUDE</td>
<td>Wesson Maternity Hospital, Springfield</td>
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<td>HINES, ETHEL, WASHBURN</td>
<td>McLean Hospital, Waverly</td>
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<td>HITCHCOCK, KATHERINE</td>
<td>40 Commonwealth Avenue, Boston</td>
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<td>HOSTETLER, NELL ALICE</td>
<td>2014 Washington Street, Newton Lower Falls.</td>
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<td>HUMPHRYS, RUTH I.</td>
<td>Framingham Hospital, Framingham</td>
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<td>HUNT, BERTHA A.</td>
<td>Brockton Hospital, Brockton</td>
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<tr>
<td>JACOBS, ROSABELLE</td>
<td>2 State Street, Worcester</td>
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<tr>
<td>JENNEY, MARY OLIVE</td>
<td>118 Parker Hill Avenue, Boston</td>
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<td>JOHNSON, SALLY</td>
<td>Massachusetts General Hospital, Boston</td>
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<tr>
<td>JOHNSTON, LENA F.</td>
<td>170 Governors Avenue, Medford</td>
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<td>JONES, DELIGHT STANISH</td>
<td>Truesdale Hospital, Fall River</td>
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<tr>
<td>JORDAN, ISABELLE MAY</td>
<td>32 Fruit Street, Boston</td>
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<tr>
<td>JOY, JEMMA M.</td>
<td>N. E. Sanitarium and Hospital, Melrose</td>
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<tr>
<td>KEY, SARA LENZ</td>
<td>St. Luke's Hospital, New Bedford</td>
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<tr>
<td>KIRKE, VIOLET LAURA</td>
<td>Anna Jaques Hospital, Newburyport</td>
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<tr>
<td>KNOWLTON, CARRIE BLANCHE</td>
<td>Lowell General Hospital, Lowell</td>
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</tbody>
</table>
LADD, FRANCES ........................... Faulkner Hospital, Jamaica Plain
LARKER, MARY ............................... North Adams Hospital, North Adams
LEE, HELENE G. ............................. 36 Aborn Street, Peabody
LEFFER, EDNA SUSAN ....................... Springfield Hospital, Springfield
LEUTELL, ALLOTTA MAY .................... York Road, Canton
LOW, BERtha MAY .......................... Salem Hospital, Salem
MCCRAE, ANNABELLA ....................... Massachusetts General Hospital, Boston
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McIVOR, ANNA .............................. Leonard Morse Hospital, Natick
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MCVICKER, MABEL ......................... N. E. Deaconess Hospital, Boston
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MACLAUGHLIN, ZILLAH ..................... Massachusetts Women's Hospital, Boston
MACLEOD, CHRISTINE ...................... Lowell General Hospital, Lowell
MACNEIL, LIZZIE LAKE ..................... House of Mercy Hospital, Pittsfield
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MANAGHAN, CLARA FRANCES .......... Boston City Hospital, Boston
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MARSH, ALICE WARREN ..................... Worcester Memorial Hospital, Worcester
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MESSERLI, RUTH MARION .................. Holyoke Hospital, Holyoke
MILTON, EDITH H. ......................... 100 Bellingham Street, Chelsea
MORGAN, EDITH L. ......................... Chocotte Memorial Hospital, Woburn
MORSE, EDNA CURTIS ....................... New England Baptist Hospital, Boston
MORTIMER, EMMA A. ....................... Hale Hospital, Haverhill
NELSON, GERTRUDE B. ..................... Leonard Morse Hospital, Natick
NELSON, SOPHIE C. ......................... 197 Clarendon Street, Boston
NEWHALL, HELEN A. ....................... 721 Huntington Avenue, Boston
NOCKROSS, MARY E. ....................... Children's Hospital, Boston
OLSSON, DOROTHY CLADYS ................. Faulkner Hospital, Jamaica Plain
PARSONS, MARION G. ...................... Boston City Hospital, Boston
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PATTERSON, FLORENCE NIGHTINGALE .... 9 Draper Street, Canton
PATTERSON, MARY HELEN ................. Lawrence General Hospital, Lawrence
PEARCE, KATHERINE E. ................. 197 Clarendon Street, Boston
POHLE, MINNIE E. ......................... 32 Fruit Street, Boston
POMEROY, VERA BELLE .................... 759 Chestnut Street, Springfield
REDFERN, HELEN LOUISE ............... 30 Bay State Road, Boston
REVES, FIDESSA MAE ...................... 100 John Street, Reading
RICE, Gwendolyn .......................... Sturdy Memorial Hospital, Attleboro
RICE, MARION McCUNE .................... 11 Tetlow Street, Boston
ROBINSON, A. ELIZABETH ................. Children's Hospital, Boston
ROSS, ELIZABETH ......................... 370 Austin Street, West Newton
ROVE, ELIZABETH .......................... Northampton State Hospital, Northampton
SAYWELL, LAURA ............................ 212 Boston Street, Lynn
SELFRIDGE, JANETTE ...................... Leonard Morse Hospital, Natick
SHEA, KATHERINE ......................... Malden Hospital, Malden
MEMBERS

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SINCLAIR, BERNICE JOSEPHINE ....721 Huntington Avenue, Boston
SISTER MARY ANGELICA ............73 Vernon Street, Worcester
SISTER MARY CAMILLA ..............73 Vernon Street, Worcester
SISTER MARY EUCHARIA .............643 Dwight Street, Holyoke
SISTER MARY EVANGELIST ..........379 East Street, Pittsfield
SISTER MARY HILDEGARDE ..........679 Dwight Street, Holyoke
SISTER MARY INCARNATION ..........St. Luke's Hospital, Pittsfield
SISTER MARY JOHN .................73 Vernon Street, Worcester
SISTER MARY NORMAN ..............233 Carew Street, Springfield
SISTER MARCIANA STONE ...........Carney Hospital, Boston
SISTER SERENA MURPHY .............90 Cushing Avenue, Dorchester
STORM, ELSA E. C. ...............721 Huntington Avenue, Boston
STRAND, EDITH FAY ...............New England Sanatorium and Hospital, Melfrose

SULLIVAN, ELIZABETH ..........10 Bradford Avenue, Haverhill
THURLOW, JOSEPHINE E. ..........Cambridge Hospital, Cambridge
TOKOROF, HILDA M. ...............Winchester Hospital, Winchester
TWISS, MARY LOUISE ...............12 Winter Street, Nahant
WARNER, OLGA I. .................Faulkner Hospital, Jamaica Plain
WATSON, SUSIE A. .................11 Tettlow Street, Boston
WEDGEWOOD, HAZEL .................4 Strong Place, Boston
WHARTON, MERNETTA SUSAN ......100 Bellingham Street, Chelsea
WIGGINS, BERNICE LOUISE .......149 Hillside Avenue, Arlington Heights
WOOD, MARGUERITE WILDER ......Gale Hospital, Haverhill
YOUNG, EILEEN M. ...............Quincy City Hospital, Quincy
ZELLERS, BERTHA M. .............231 Pleasant Street, Worcester
ZIEGLER, HARRIET MAY ..........11 Tettlow Street, Boston
ZUTTER, LOUISE S. ...............Boston Lying-in Hospital, Boston
ZWISLER, LAURETTA ..............Malden Hospital, Malden

*MICHIGAN—85 Members

ANDERSON, LYDIA W. ..........51 West Warren Avenue, Detroit
APTED, SUSAN FISHER ..........709 Hawthorne Street, Grand Rapids
AUSTIN, ANN L. ...............Harper Hospital, Detroit
BARTLETT, BARBARA H. .........1700 Fenwood Drive, Ann Arbor
BEARE, AMY MARIE ..............Children's Hospital, Detroit
BEARSCH, KATHRYN B. ..........6520 Wabash Avenue, Detroit
BEERS, ADELAIDE .................Hackley Hospital, Muskegon
BEERS, AMY ..................Hackley Hospital, Muskegon
BERGSTROM, SELMA CHRISTINE ....Blodgett Memorial Hospital, Grand Rapids
BURGDORF, FLORA M. ..........138 Glendale Avenue, Detroit
CLARK, FRANCES S. ...........51 Elm Street, S. W., Grand Rapids
COWLEY, HELEN A. ..............City Hospital, Grand Rapids
CUNNINGHAM, GLADYS MERLE ....Hackley Hospital, Muskegon
DANIEL, EMILY OLIVIA ..........185 Highland Avenue, Detroit
DELONG, DELLA ...............Grace Hospital, Detroit
DRAHER, ANN GWYN ...........Bronson Hospital, Kalamazoo
DURELL, MARIAN ...............University Hospital, Ann Arbor
Eldridge, Lura B. 3740 John R. Street, Detroit
Feist, Louise E. Children's Hospital, Detroit
Foy, Mary Staines Sanatorium, Battle Creek
George, Juliet A. Henry Ford Hospital, Detroit
Germani, Lucy Doman 1010 Richardson Street, Port Huron
Gosman, Anne Children's Hospital, Detroit
Gray, A. Madeleine Hackley Hospital, Muskegon
Gretter, Lystra 887 Pallister Avenue, Detroit
Halsey, Sarah Wm. H. Mayberry Sanatorium, Northville
Hughes, Wilkie Butterworth Hospital, Grand Rapids
Hull, Alice E. City Hall, Grand Rapids
Keller, Doris Evelyn Highland Park General Hospital, Highland Park
Leeson, Lilian Oakwood Manor, Grand Rapids
Leitch, Annie Grace Hospital, Detroit
Light, Antoinette W. A. Foote Hospital, Jackson
Lynch, Rosemary Memorial Hospital, Owosso
McLellan, Ruth 429 Charles Street, Lansing
McNeal, Mabel L. Henry Ford Hospital, Detroit
Midley, Jessie Edith 340 Champion Street, Battle Creek
Moore, Helen De Spelder State Department of Health, Lansing
Motl, Dorothy St. Joseph's Mercy Hospital, Detroit
Murdie, Ella Mae 3245 East Jefferson Avenue, Detroit
Nicholas, Josephine Ethel Saginaw General Hospital, Saginaw
Noetzle, Manila Pauline Calumet Hospital, Larium
North, Helen B. Harper Hospital, Detroit
Oswald, C. Jeanette University Hospital, Ann Arbor
Patterson, Blanche Grace Hospital, Detroit
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Pemberton, Fantine C. 1312 Geddes Avenue, Ann Arbor
Potts, Henrietta J. Children's Hospital, Detroit
Putney, Elizabeth E. 424 Huron Street, South Haven
Ramsey, June A. Harper Hospital, Detroit
Rankin, Emily N. 2404 West Grand Boulevard, Detroit
Rehm, Esther H. Blodgett Memorial Hospital, Grand Rapids
Riedel, Martha Saginaw General Hospital, Saginaw
Reynolds, Sara Memorial Hospital, Owosso
Robinson, Nora Garden Harper Hospital, Detroit
Ross, Grace 646 Hazelwood Street, Detroit
Russ, Elsie Berkley School, Berkley
Sargent, Emilie Gleason 51 West Warren Avenue, Detroit
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Sheick, Fern Battle Creek Sanitarium, Battle Creek
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GYNILD, RAGNA E. Lutheran Deaconess Hospital, Minneapolis
HAGMAN, OLGA Bethesda Hospital, St. Paul
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JOHNSON, MARY O. State Hospital, St. Peter
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KURTZMAN, DOROTHY S. University Hospital, Minneapolis
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Thompson, Esther M. .........246 Monroe Street, Hutchinson
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Wolfe, Esther ..........Ashton Memorial Hospital, Pipestone

MISSISSIPPI—1 Member

Holmes, Louise Lenoir ..........Tupelo Hospital, Tupelo

*MISSOURI—95 Members

Ashburn, Ruth ..........416 South Kingshighway, St. Louis
Barton, Ida Callaway ......General Hospital, Kansas City
Bayless, Cora A. ..........General Hospital, Kansas City
Beattie, Mabel ..........3711 Bellefountain Avenue, Kansas City
Benham, Carrie A. ..........416 South Kingshighway, St. Louis
Bollinger, Mayme ..........4233 Flad Avenue, St. Louis
Breeze, Catharine ..........St. Luke's Hospital, St. Louis
Brennen, Frieda M. ..........Lutheran Hospital, St. Louis
Brockman, Marie ..........3449a Crittenden Street, St. Louis
Burlew, Lucile ..........Missouri Baptist Hospital, St. Louis
Carlson, Anna ..........General Hospital, Kansas City
Churney, Julia ..........Levering Hospital, Hannibal
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<th>Address/Institution</th>
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<td>CLARK, LUCY ELIZABETH</td>
<td>1613 Admiral Boulevard, Kansas City</td>
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<td>COLEMAN, CLARA ADELE</td>
<td>Isolation Hospital, St. Louis</td>
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<td>COOPER, MINerva JANE</td>
<td>416 South Kingshighway, St. Louis</td>
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<td>DACEY, PHYLLIS MARIE</td>
<td>409 Argyle Building, Kansas City</td>
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<td>DAVIS, JESSIE VIOLA</td>
<td>St. Luke's Hospital, St. Louis</td>
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<td>DERSCH, ESTHER</td>
<td>Research Hospital, Kansas City</td>
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<td>DuBois, Martha E.</td>
<td>Burge Hospital, Springfield</td>
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<td>DUNHAM, HELEN</td>
<td>1416 Linwood Boulevard, Kansas City</td>
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<td>FARNsworth, HELEN</td>
<td>4420 Lloyd Street, Kansas City</td>
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<td>FINDley, Ethel Johnson</td>
<td>Visiting Nurse Association, Kansas City</td>
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<td>FLANAGAN, JANNETT G.</td>
<td>P. O. Box 631, Jefferson City</td>
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<td>GETZ, EMILY</td>
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<td>Hales, Rose</td>
<td>2603 Monterey Street, St. Joseph</td>
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<td>HaUSmANN, SAIDee N.</td>
<td>St. Luke's Hospital, St. Louis</td>
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<td>HeIsler, ANNA</td>
<td>416 South Kingshighway, St. Louis</td>
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<td>Higgins, Nellie Alice</td>
<td>216 West 34th Street, Kansas City</td>
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<td>St. Louis Children’s Hospital, St. Louis</td>
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<td>KarstenSen, HuLDAH A.</td>
<td>Lutheran Hospital, St. Louis</td>
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<td>Law, Irma</td>
<td>3732 Summit Avenue, Kansas City</td>
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<td>University Hospital, Columbia</td>
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<td>Lindquist, Ada</td>
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<td>loveland, Hazel L.</td>
<td>General Hospital, Kansas City</td>
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<td>McClasKie, maude</td>
<td>Missouri Baptist Sanitarium, St. Louis</td>
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<td>McIver, Pearl</td>
<td>State Board of Health, Jefferson City</td>
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<td>McKINley, Margaret</td>
<td>4543 Westminster Place, St. Louis</td>
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<td>MacKenzie, Margaret</td>
<td>St. Luke's Hospital, St. Louis</td>
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<td>Meyer, rose Anna</td>
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<td>Mueller, Genevieve Jessamine</td>
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<td>Murr, rella</td>
<td>Josephine Hospital, St. Louis</td>
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<td>Nahm, Helen</td>
<td>.902 University Avenue, Columbia</td>
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<td>Parks, Mildred</td>
<td>St. Luke's Hospital, St. Louis</td>
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<td>Parrish, Leila G.</td>
<td>City Hospital, St. Louis</td>
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<td>Peterson, Edna E.</td>
<td>216 South Kingshighway, St. Louis</td>
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<td>Peterson, Hazel Marie</td>
<td>Christian Hospital, St. Louis</td>
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<td>Pittman, Mary Helen</td>
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THIRTY-SEVENTH ANNUAL CONVENTION

PLUNKETT, MABEL M. ............. City Hospital, St. Louis
POLLOCK, MARGARET W. .......... Bethesda Hospital, St. Louis
ROBSON, EMILIE G. .............. Visiting Nurse Association, St. Louis
ROUNSEVILLE, VIOLA .......... Jewish Hospital, St. Louis
SCHIEK, BEATA M. .............. Evangelical Deaconess Hospital, St. Louis
SISTER MARGARET KEANAN ..... St. Joseph's Hospital, St. Joseph
SISTER SOPHIE HUBELI ......... Deaconess Home and Hospital, St. Louis
STEINMEYER, ELIZABETH C. .... City Hospital No. 1, St. Louis
STEPHENSON, MARY E. .......... 6237 Southwood Avenue, St. Louis
STROBEL, MINNIE JULIA ......... Mound City
SWAN, FLORENCE ............... Children's Mercy Hospital, Kansas City
VAUGHAN, ELSETHE H. ........... 1709 Washington Avenue, St. Louis
WALKER, MERLE ISABELLE ...... Trinity Hospital, Kansas City
WALTERMATE, LILLIAN FRANCES 1630 South Grand Avenue, St. Louis
WARR, EMMA L. ................. 4543 Westminster Place, St. Louis
WEBER, DORIS .................. 5475 Cabanne Avenue, St. Louis
WEGMANN, BERTHA L. .......... Bethesda Hospital, St. Louis
WELCH, ORRELL M. ............. Jewish Hospital, St. Louis
WELCH, THEO V. ............... 416 South Kingshighway, St. Louis
WELLS, HELEN .................. Children's Mercy Hospital, Kansas City
WELLS, M. ALICE ............... Children's Mercy Hospital, Kansas City
WELSH, EFFIE ELIZABETH ...... Christian Hospital, St. Louis
WHALEN, FRANCES .............. General Hospital, Kansas City
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WHEELER, MARY CURTIS ......... Westmoreland Hotel, St. Louis
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WOOD, WILMA LOUISE .......... Isolation Hospital, St. Louis
WORRELL, DOROTHY ............ 416 South Kingshighway, St. Louis
YENICEK, BERTHA O. .......... Municipal Visiting Nurses, St. Louis
ZIEGENBUSCH, CATHERINE ...... Research Hospital, Kansas City
ZOLLER, ALMA KATHERINE ...... Grim-Smith Hospital, Kirksville

*NEBRASKA—47 Members

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BARKER, DELSIE F. ............. Methodist Hospital, Omaha
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BUCKINGHAM, ATTALIE M. ....... 2100 Howard Street, Omaha
BULIN, EMMA JOSEPHINE ......... Nicholas Senn Hospital, Omaha
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CHAMBERLAIN, HELEN E. .......... Methodist Hospital, Omaha
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HALVERSON, AMY ............... Bryan Memorial Hospital, Lincoln
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HOLDREDGE, LEETA A. .......... 5105 Underwood Avenue, Omaha
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ROBBINS, IVA .......... Orthopedic Hospital, Lincoln
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SISTER MARY KEVIN CORCORAN .......... St. Catherine’s Hospital, Omaha
SISTER MARY LIVINA .......... St. Josephs Hospital, Omaha
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BOYLE, ELLEN HELENA .......... 2 Maynard Street, Hanover
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McDERBY, ANNA F. .......... R. F. D. No. 14, Concord
McKEAVY, KATHERINE .......... Laconia Hospital, Laconia
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MACDONALD, CHARLOTTE C. .......... 66 South Street, Concord
MACDONALD, CHRISTINA .......... Exeter Hospital, Exeter
MACLAREN, CATHERINE MABEL .......... Laconia Hospital, Laconia
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MESSER, MARY A. .......... 255 Myrtle Street, Manchester
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NUTTER, IDA A. .......... Newington
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RICE, CORA ELIZABETH .......... 2 Maynard Street, Hanover
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*NEW JERSEY—86 Members

AHLERS, CAROLINE C. .......... c/o Dr. G. H. Ward, Engle Street, Englewood
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ASHMUN, MARGARET .......... Orange Memorial Hospital, Orange
AUSTIN, IDA F. .......... 91 Prospect Street, East Orange
BARIDEAU, KATHRYN .......... N. J. State Hospital, Trenton
BLACKMAN, ABIGAIL .......... Port Norris
BLAUVELT, MINNIE P. .......... Essex County Homeopathic Hospital, E. Orange
BORDA, MAUDE R. .......... 313 High Street, Millville
BRACK, ELIZABETH .......... North Hudson Hospital, Weehawken
BUNNELL, MARGARET MAUDE .......... 201 Lyons Avenue, Newark
BURNS, FLORENCE P. .......... Babies Hospital, Newark
CADDY, EVA .......... Hospital of St. Barnabas, Newark
CASPERSON, ELSIE .......... Atlantic City Hospital, Atlantic City
COMPTON, MARY .......... 22 Hillyer Street, Orange
<table>
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<td>Cooke, Ada Ellen</td>
<td>425 Central Avenue, Orange</td>
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<tr>
<td>Copeland, M. Agnes</td>
<td>St. Joseph's Hospital, Paterson</td>
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<td>Corcoran, Kathryn de Sales</td>
<td>Atlantic City Hospital, Atlantic City</td>
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<td>Creech, Arabella R.</td>
<td>42 Bleeker St. Newark</td>
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<td>Daken, Florence</td>
<td>468 Ellison Street, Paterson</td>
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<td>Denk, May</td>
<td>Newark City Hospital, Newark</td>
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<td>Dowling, Nora Lorettta</td>
<td>188 South Essex Avenue, Orange</td>
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<td>Edgecomb, Mary E.</td>
<td>Englewood Hospital, Englewood</td>
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<td>Fields, Ida Jeanette</td>
<td>30th Street and Broadway, Paterson</td>
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<td>Fraentzel, Agnes Keane</td>
<td>35 Durand Road, Maplewood</td>
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<td>Galatian, Martha E.</td>
<td>64 Forrest Hill Road, West Orange</td>
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<td>Geister, Janet M.</td>
<td>632 Broadway, Newark</td>
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<td>Gray, Mary E.</td>
<td>176 Palisade Avenue, Jersey City</td>
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<td>Guenther, Catherine</td>
<td>Memorial Hospital, Newark</td>
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<td>Haley, Margaret C.</td>
<td>St. Michael's Hospital, Newark</td>
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<td>Hall, Priscilla K.</td>
<td>General Hospital, Paterson</td>
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<td>Ortman, Mrs. Mabel Louise</td>
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<td>Robinson, Jean M.</td>
<td>25 Dartmouth Road, West Orange</td>
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<td>Schmoker, Carolyn</td>
<td>Newark City Hospital, Newark</td>
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</table>
THIRTY-SEVENTH ANNUAL CONVENTION

SCOTT, MARTHA M. .................Monmouth Memorial Hospital, Long Branch
SEIFERT, HETTIE W. .................631 Monroe Avenue, Elizabeth
SIMPSON, MARY E. .................Mercer Hospital, Trenton
SISTER M. LORETO .................Holy Name Hospital, Teaneck
SMITH, BERTHA VAN HISE ..........Orange Memorial Hospital, Orange
SMITH, E. LELIA .................Muhlenberg Hospital, Plainfield
SMITH, J. WINIFRED .................300 Engle Street, Englewood
SMITH, VICTORIA .................Englewood Hospital, Englewood
SQUAREWOOD, Ida D. .................Bridgeton Hospital, Bridgeton
SQUIRE, MARIETTA B. .................293 South Center Street, Orange
STRATTON, ALICE .................Newcomb Hospital, Vineland
SWARTZ, CORA .................Cooper Hospital, Camden
TAMS, ZENOBIA KATHRYN ...........Hospital of St. Barnabas, Newark
TODD, ALVINA WOCHNICK ..........St. Joseph’s Hospital, Paterson
VAUGHN, NELLIE ELENA ..........Homeopathic Hospital, East Orange
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WHITE, BARBARA C. .................New Jersey State Hospital, Trenton
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WILBUR, ETHEL A. .................Rahway Hospital, Rahway
WURTS, ANNE BRONSON .................685 High Street, Newark

NEW MEXICO—1 Member

MILLER, HENRIETTE .................U. S. Indian Hospital, Albuquerque

*NEW YORK—398 Members

ALLANACH, MARY ELIZABETH ..........197 Madison Avenue, New York
ALLISON, GRACE E. .................Samaritan Hospital, Troy
AMIRAL, ZEKEA LUCY .................Rochester General Hospital, Rochester
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BEATY, M. LOUISE .................St. Luke’s Hospital, New York
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BEECRF, MARY C. .................317 West 45th Street, New York
BENDETT, EDITH .................Beth Israel Hospital, New York
BENGSTON, HELENE D. .............Greenpoint Hospital, Brooklyn
BENTLEY, ANNA ..................Brooklyn Hospital, Brooklyn
BERGSTROM, FLORA JOSEPHINE ....307 Second Avenue, New York
BEST, ELLA GWENDOLYN ..........450 7th Avenue, New York
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CLough, LORETTA HELEN ......Troy Hospital, Troy
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CONSTANTINE, MILDRED .......Whittier Hall, New York
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COMBS, MARION HELEN .........480 Herkimer Street, Brooklyn
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CORNELSEN, DORA M. ..........450 7th Avenue, New York
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DOYLE, MARIAN R. Kings County Hospital, Brooklyn
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DUNNING, CHARLOTTE E. Doctor's Hospital, 87th Street, New York
DURHAM, JANE 141 West 109th Street, New York
DURYEA, MABEL ROSE Methodist Episcopal Hospital, Brooklyn
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EAKINS, MARTHA Education Building, Albany
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FARRELL, MARIE Rochester General Hospital, Rochester
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FINN, ANNE FLORENCE Willard Parker Hospital, New York
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FLYNN, LILIAN T. Camp Overlook, Lake Kushaqua
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FRISBEE, ELIZABETH Horton Memorial Hospital, Middletown
GAGE, NINA D. 450 7th Avenue, New York
GAMMELL, GLADYS A. 320 East 42d Street, New York
GAMMON, HAZEL RICHMOND General Hospital, Rochester
GARDNER, AGNES JANE Grasslands Hospital, Valhalla
GARLAND, ELLEN EMMA Flushing Hospital, Flushing
GELINAS, AGNES Mary McClellan Hospital, Cambridge
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GILMAN, ALICE SHEPARD 75 State Street, Albany
GOLDBERG, ELSA MARGARET 1134 Whiteboro Street, Utica
GOLDSMITH, JOSEPHINE F. 419 City Hall, Syracuse
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IRWIN, PEARL E. ................. General Hospital, Syracuse
IVERS, LEONE NORTON .......... Strong Memorial Hospital, Rochester
JACOBSEN, ELLEN T. .......... Southampton Hospital Association, Southampton
JACOBSON, OLGA CATHERINE .... 141 West 109th Street, New York
JIMMERSOHN, EVA W. .......... 1833 George Avenue, Ridgewood, Brooklyn
JOHNS, ETHEL ................... 531 East 70th Street, New York
JOHNSON, FLORENCE M. ....... 134 East 19th Street, New York
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KALtenbach, Winifred .......... Babies Hospital, 167th Street, New York
KASMARK, FRANCES FLORENCE ... St. Mary's Hospital, Brooklyn
KEATING, EMMA J. ............ Women's Hospital Association, Batavia
KELLY, MARY .................... Pelham Home for Children, Pelham Manor
KELLY, MAUD C. ............... 440 East 26th Street, New York
KENYON, THELMA ............. Children's Hospital, Buffalo
Kerber, Anna Elizabeth ....... Flushing Hospital, Flushing
KERN, BARBARA J. .......... 478 Central Park West, New York
KEY, BEATRICE ............. 480 Herkimer Street, Brooklyn
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KIDD, REBECCA ALBERTA ...... Roosevelt Hospital, New York
KIBBON, OLIVE ALICE ....... Flushing Hospital, Flushing
KIMMICK, KATHERINE G. ...... Clifton Springs Sanitarium, Clifton Springs
KIRBY, Eloise .................. Cumberland Hospital, Brooklyn
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KNAPP, LOUISE ............ 179 Fort Washington Avenue, New York
KONRAD, CLARA MARIE ....... Lying-in Hospital, New York
KORMAN, MARIE ........... 335 East 17th Street, New York
KRANZ, LENA AMELIA ......... State Hospital, Utica
LAIRD, MARY .................. Bushnell's Basin Road, Pittsford
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LUNDSTROM, HANNA ........ 166 Rogers Avenue, Brooklyn
LYMAN, KATHERINE .......... 179 Fort Washington Avenue, New York
LvNAUGH, HELEN H. ........... Park Avenue Hospital, Rochester
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<td>McAfee, Ida</td>
<td>Wilson Memorial Hospital, Johnson City</td>
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<td>McCarthy, Nora T.</td>
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<td>St. Joseph's Hospital, Syracuse</td>
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<td>McElligott, Helen M.</td>
<td>St. Vincent's School of Nursing, New York</td>
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<td>McInteer, Rachel</td>
<td>Auburn City Hospital, Auburn</td>
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<td>McKevitt, Anna Mary</td>
<td>St. Mary's Hospital, Rochester</td>
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<td>McMahon, Mary B.</td>
<td>Troy Hospital, Troy</td>
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<td>McNeill, Isabel Maude</td>
<td>1579 Elm Street, Utica</td>
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<td>MacLay, Mildred Isabelle</td>
<td>Brooklyn Hospital, Brooklyn</td>
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<td>MacMahon, Muriel M.</td>
<td>419 West 34th Street, New York</td>
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<td>Macomber, Marion S.</td>
<td>Benedict Memorial Hospital, Ballston Spa</td>
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<td>Magnunson, Constance</td>
<td>Swedish Hospital, Brooklyn</td>
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<td>Malone, Regina Mary</td>
<td>161 Brunswick Boulevard, Buffalo</td>
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<td>Maloney, Margaret J.</td>
<td>Gouverneur Hospital, New York</td>
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<td>Marker, Ida Maude</td>
<td>King's Park State Hospital, Kings Park</td>
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<td>Martin, Agnes</td>
<td>1105 East Genesee Street, Syracuse</td>
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<td>Mattice, Maguerite L.</td>
<td>308 West 82d Street, New York</td>
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<td>Meek, Elizabeth N.</td>
<td>New York Eye and Ear Infirmary, New York</td>
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<td>Mernin, Sallie Louise</td>
<td>St. Luke's Hospital, New York</td>
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<td>Middlebrook, Lillian K.</td>
<td>440 East 26th Street, New York</td>
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<td>Mills, Margaret Isabel</td>
<td>736 Irving Avenue, Syracuse</td>
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<td>Mitchell, Lorna Doone</td>
<td>Willard Parker Hospital, New York</td>
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<td>Moe, June</td>
<td>Genesee Hospital, Rochester</td>
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<td>Moir, Helen M.</td>
<td>French Hospital, New York</td>
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<td>Moith, Anna O.</td>
<td>City Hospital, Welfare Island, New York</td>
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<td>Moore, Nonie Agnes</td>
<td>22 West 87th Street, New York</td>
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<td>Moore, Sarah E.</td>
<td>8 West 16th Street, New York</td>
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<td>Morrison, Georgia A.</td>
<td>Presbyterian Hospital, New York</td>
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<td>Morse, Alice M.</td>
<td>Samaritan Hospital, Troy</td>
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<td>Munson, Helen W.</td>
<td>450 7th Avenue, New York</td>
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<td>730 West 172d Street, New York</td>
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<td>Sister Angela</td>
<td>909 West Main Street, Rochester</td>
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<td>Sister Marie Charles</td>
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SISTER MARTINA MURRAY ......... 1833 Main Street, Buffalo
SISTER MARY CALLISTA ............ Benedictine Hospital, Kingston
SISTER MARY CONCORDIA .......... Our Lady of Victory Hospital, Lackawanna
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WOLF, ANNA D ......................New York-Cornell Medical Center, East 68th Street, New York
WOOD, GERTRUDE SUMMERS .......168 Congress Street, Brooklyn
WOOD, HELEN ............Strong Memorial Hospital, Rochester
WOOD, RUTH B ..............42 Livingston Street, Brooklyn
WYATT, MARGARET ELIZABETH .8 West 16th Street, New York
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YOUNG, META K ...................Highland Hospital, Rochester
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                            Cleveland
CHILDS, EVELYN .................. 3248 Euclid Heights Boulevard, Cleveland
CRANZ, CELIA ...................... City Hospital, Akron
Daley, ELEANOR H. .............. 1803 Valentine Avenue, Cleveland
DUPre, LILA MANN ............. Lakeside Hospital, Cleveland
EVANS, RUTH ....................... Lakeside Hospital, Cleveland
FADDIS, MARGENE O. ........ Lakeside Hospital, Cleveland
FISHER, CLARA AMY .......... Ashtabula General Hospital, Ashtabula

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<td>625 Clarendon St., S. W., Canton</td>
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<td>WASHBURN, ANNE PAINE</td>
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<td>WHITTERN, HAZEL BELLE</td>
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<td>1248 Beach Court, Lakewood</td>
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<td>WOOD, MAUDE</td>
<td>Aultman Hospital, Canton</td>
</tr>
<tr>
<td>WOODERS, MARIE ADELINE</td>
<td>Springfield City Hospital, Springfield</td>
</tr>
<tr>
<td>WOOTON, NINA E.</td>
<td>People's Hospital, Akron</td>
</tr>
<tr>
<td>WYLAND, BESS ELIZABETH</td>
<td>2609 Franklin Boulevard, Cleveland</td>
</tr>
<tr>
<td>YOUNG, LENORE BRENNA</td>
<td>Women's and Children's Hospital, Toledo</td>
</tr>
</tbody>
</table>

*OKLAHOMA—23 Members*

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>BAIB, SARA</td>
<td>P. O. Box 61, Canton</td>
</tr>
<tr>
<td>BALDWIN, NELLIE GRACE</td>
<td>Box G, Clinton</td>
</tr>
<tr>
<td>BIDDLE, JESSIE A.</td>
<td>1101 East 12th Street, Oklahoma City</td>
</tr>
<tr>
<td>BORLAND, GERALDINE GERTRUDE</td>
<td>518 Baltimore Street, Muskogee</td>
</tr>
<tr>
<td>CHURCH, DARYL E.</td>
<td>Oklahoma Baptist Hospital, Enid</td>
</tr>
<tr>
<td>DAVIS, MATTIE LEWIS</td>
<td>University Hospital, Oklahoma City</td>
</tr>
<tr>
<td>EDMONDS, RUTH STOLL</td>
<td>Tisdal Hospital, Elk City</td>
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<tr>
<td>FELLOWS, BEULAH MARY</td>
<td>Shawnee Indian Sanitarium, Shawnee</td>
</tr>
<tr>
<td>FLEMING, KATHERINE</td>
<td>Crippled Children's Hospital, Oklahoma City</td>
</tr>
<tr>
<td>HOPKINS, ETHEL M.</td>
<td>Henryetta Hospital, Henryetta</td>
</tr>
<tr>
<td>LEE, CANDICE MONFORT</td>
<td>University Hospital, Oklahoma City</td>
</tr>
<tr>
<td>SCRUGGS, IDORA ROSE</td>
<td>412 College Avenue, Norman</td>
</tr>
<tr>
<td>SISTER MARY LUCIA</td>
<td>St. Anthony's Hospital, Oklahoma City</td>
</tr>
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<td>SISTER MARY MARGARET MAHAN</td>
<td>St. Anthony's Hospital, Oklahoma City</td>
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<tr>
<td>SISTER MARY MONICA</td>
<td>St. Anthony's Hospital, Oklahoma City</td>
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<tr>
<td>SISTER MARY PANCATIA ELLEMAN</td>
<td>St. Anthony's Hospital, Oklahoma City</td>
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<tr>
<td>SLIEF, GOLDA B.</td>
<td>526 State Capitol, Oklahoma City</td>
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<tr>
<td>STRONG, WILLIAMINA H.</td>
<td>Wesley Hospital, Oklahoma City</td>
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<tr>
<td>THOMAS, MINNIE A.</td>
<td>214 West 9th Street, Oklahoma City</td>
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<tr>
<td>TRIPLETT, EDYTHE STYTH</td>
<td>State University Hospital, Oklahoma City</td>
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<tr>
<td>TUCK, HAZEL</td>
<td>Oklahoma General Hospital, Oklahoma City</td>
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<tr>
<td>WAGNER, IDA MAY</td>
<td>4th and Locust Street, Woodward</td>
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<tr>
<td>WATSON, OLIVE CLEO</td>
<td>Southwestern Hospital, Lawton</td>
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*OREGON—27 Members*

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<tr>
<td>BADLEY, BELL G.</td>
<td>Good Samaritan Hospital, Portland</td>
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<td>BASTIN, CATHERINE SYLVIA</td>
<td>University of Oregon, Oregon Building, Portland</td>
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<tr>
<td>BERGQUIST, EDITH A.</td>
<td>600 Commercial Street, Portland</td>
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<tr>
<td>BLAKELEY, GLENDOIRA</td>
<td>816 Oregon Building, Portland</td>
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THIRTY-SEVENTH ANNUAL CONVENTION

CAMPBELL, MARY C. 1001 Public Service Building, Portland
CROWE, MARION G. Fitzpatrick Building, Portland
DAVIS, CAROLYN E. Good Samaritan Hospital, Portland
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DwyER, MAE M. 334 Harrison Street, Portland
EGERS, JOHANNA 805 10th Street, Portland
Gavin, JANE D. 403 Mayer Building, Portland
Hicks, MAUD AGNES 295 14th Street, Portland
JohnSon, VENNA 724 Everett Street, Portland
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osborn, HarriEtT Edna St. Vincent’s Hospital, Portland
Pfenninger, LILLIAN Good Samaritan Hospital, Portland
Phelps, grace Doernbecher Memorial Hospital, Portland
Sister AGNETA St. Elizabeth’s Hospital, Baker
Sister Genevieve St. Vincent’s Hospital, Portland
Sister petronila St. Vincent’s Hospital, Portland
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Boober, Nina MILICENT Presbyterian Hospital, Philadelphia
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Braun, Eva M. Suburban General Hospital, Bellevue
Brigman, Mary AGNES Philadelphia General Hospital, Philadelphia
Brown, Katharine Jeannes Hospital, Fox Chase
Butcher, Mildred S. Chestnut Hill Hospital, Philadelphia
Campbell, C. Mabel Butler County General Hospital, Butler
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<td>Chubb, Alice N.</td>
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<td>Cochran, Mary Lucile</td>
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<td>Connell, Edith Stewart</td>
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<td>Coucheur, Jean Morrison</td>
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<td>Crossland, Nellie F. W.</td>
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<td>Dager, Ethel</td>
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<td>Daley, Sara</td>
<td>161 Wyoming Avenue, Wyoming</td>
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<td>Darling, Lotta A.</td>
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<td>Dundas, Ethel B.</td>
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<td>Durand, Bertha</td>
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<td>Earling, Hannah T.</td>
<td>Unionsown Hospital Association, Unionsown</td>
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<td>Presbyterian Hospital, Philadelphia</td>
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<td>Edgar, Helen Marie</td>
<td>State Hospital, Allentown</td>
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<td>Eicher, Ruth</td>
<td>Columbia Hospital, Wilkinsburg</td>
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<td>Elmer, Harriet Seely</td>
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<td>Eppley, Carrie E.</td>
<td>A and Luzerne Streets, Philadelphia</td>
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<td>Erdmann, Anna H.</td>
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<td>Erkleben, Marguerite</td>
<td>Children's Hospital, Philadelphia</td>
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<td>Essig, Anna K.</td>
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<td>Feamster, Ophelia M.</td>
<td>140 North 15th Street, Philadelphia</td>
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<td>Ferree, Dorothy May</td>
<td>Philadelphia Orthopedic Hospital, Philadelphia</td>
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<td>Fillobrown, Rebecca Miller</td>
<td>Hospital of University of Pennsylvania, Philadelphia</td>
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<td>Findlay, Elizabeth</td>
<td>Elizabeth Steel Magee Hospital, Pittsburgh</td>
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<tr>
<td>Ford, Netta</td>
<td>218 East Market Street, York</td>
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<tr>
<td>Fowler, Margaret Estelle</td>
<td>Methodist Episcopal Hospital, Philadelphia</td>
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<tr>
<td>Francis, Mary L.</td>
<td>Reading Hospital, Reading</td>
</tr>
</tbody>
</table>
FRANCIS, SUSAN C. 18th and Bainbridge Streets, Philadelphia
FRIEND, HARRIET L. P. Temple University, Philadelphia
FROST, HARRIETT 1340 Lombard Street, Philadelphia
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HARRIS, EMILY P. Babies Hospital, Philadelphia
HARRIS, MARY KIRKPATRICK McKeesport Hospital, McKeesport
HARRIS, SARAH E. Philadelphia General Hospital, Philadelphia
HARVEY, EDITH ESTHER Lynnewood Lodge, Elkin Park, Philadelphia
HAYES, MINNIE R. 501 Parker Avenue, Collingdale
HEATLEY, GERTRUDE L. Southside Hospital, Pittsburgh
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HUISMAN, MACHETED Ashland State Hospital, Ashland
HUNTER, NAOMI B. R. R. No. 8, Lancaster
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JACKSON, MARGARET Memorial Hospital, Roxborough
JOHNSON, LORETTA M. Philadelphia General Hospital, Philadelphia
JONES, JEANETTE L. Southside Hospital, Pittsburgh
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KEARNEY, ISABELLE MARIE St. Joseph's Hospital, Pittsburgh
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Lamiden, Sallie Elizabeth ..... Abington Memorial Hospital, Abington
Lambie, Jeanie Smith ......... Allegheny General Hospital, Pittsburgh
Landis, Kathryn E. ......... Polyclinic Hospital, Harrisburg
Lau, Mary Rachel .......... 115 South Front Street, Harrisburg
Laubenstein, Nancy Esther ... Westmoreland Hospital, Greensburg
Laubenthal, Frances E. ..... Philadelphia General Hospital, Philadelphia
Leece, Elizabeth ........... Mercer Sanitarium, Mercer
Lehman, Laura Letitia ........ Elizabeth Steel Magee Hospital, Pittsburgh
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Loftus, Frances Louise ...... Mt. Sinai Hospital, Philadelphia
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MacLaren, Amy F. .......... State Hospital, Nanticke
MacNeil, Lillian Frances ..... Shriners Hospital, Philadelphia
Maloy, Catherine Margaret ... University of Pennsylvania Hospital, Philadelphia
Manly, Jennie .............. Homestead Hospital, Homestead
Martin, Anna Kelly ......... Brownsville General Hospital, Brownsville
Martin, Mary M. .......... Stetson Hospital, Philadelphia
Masten, Lucy .............. University Hospital, Philadelphia
Meier, Anna ............ Presbyterian Hospital, Philadelphia
Melville, Clara .......... Jefferson Hospital, Philadelphia
Miller, Adele .......... Allentown Hospital, Allentown
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Miller, Esther K. ........ Mt. Sinai Hospital, Philadelphia
Miller, Hannah N. ........ Box No. 3, Woodlyn, Delaware County
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Milligan, Diana G. ......... Rochester General Hospital, Rochester
Moore, M. Elizabeth ...... Chester County Hospital, West Chester
Moore, Winifred L. ........ Visiting Nurse Association, York
Mulherin, Loretta .......... St. Joseph's Hospital, Carbondale
Murray, Sara M. .......... Riverview Manor, Harrisburg
Myers, Edna G. .......... Bryn Mawr Hospital, Bryn Mawr
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Newton, Rowena Morris .... Children's Hospital, Pittsburgh
Nicholson, Grace .......... 7th and Delancy Streets, Philadelphia
Nicolai, Elsie ........... 3400 Pine Street, Philadelphia
Nudell, Ida ................ Good Samaritan Hospital, Lebanon
Ogden, Hannah B. ........... 3400 Pine Street, Philadelphia
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PARRISH, Ida M. ..........Nesbitt Memorial Hospital, Kingston
PARRISH, Lola CATHERINE ....Moses Taylor Hospital, Scranton
PAUL, Laura ELIZABETH ....University of Pennsylvania Hospital, Philadel-
phia
PERCIVAL, CONSTANCE ..........Abington Memorial Hospital, Abington
PFIEFFER, NELLA ............Women's Homeopathic Hospital, Philadelphia
PIERCE, Clara AGNES ..........University of Pennsylvania Hospital, Philadel-
phia
PILCHER, Caroline LOUISE ....Western Pennsylvania Hospital, Pittsburgh
POLL, Adele M. ............St. Margaret Memorial Hospital, Pittsburgh
PRATT, Helen ............Western Pennsylvania Hospital, Pittsburgh
PRITCHARD, Dorothea IDA ....Presbyterian Hospital, Pittsburgh
QUAY, Anna M. ..........Pottstown Hospital, Pottstown
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SISTER Edith E. BUBE ....Lankenau Hospital, Philadelphia
SISTER ISIDORE BOYCE ..........Pittsburgh Hospital, Pittsburgh
SISTER MARIE KOENEKE ..........Lankenau Hospital, Philadelphia
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SISTER Mary Baptista JoCHUM ..St. John's General Hospital, Pittsburgh
SISTER Mary Carlotta VanvoY ......Mercy Hospital, Pittsburgh
SISTER Mary Carmella ....DuBois Hospital, DuBois
SISTER Mary Geraldine ..........St. Joseph's Hospital, Reading
SISTER Mary Gonzales Cummings-St. Joseph's Hospital, Pittsburgh
SISTER Mary Joanilla ..........St. Joseph's Hospital, Lancaster
SISTER Mary JOHN EVANS ......St. Francis Hospital, Pittsburgh
SISTER Mary laurentine ..........St. Francis Hospital, Pittsburgh
SISTER Mary Martina Helm-
stetter ..........New Castle Hospital, New Castle
SISTER Mary Mechthilde Gase ...Mercy Hospital, Pittsburgh
SISTER Mary Monica ........Misericordia Hospital, Philadelphia
SISTER Mary Rose ..........Mercy Hospital, Pittsburgh
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<td>Sister Mary Stephen-Cusick</td>
<td>Pittsburgh Hospital, Pittsburgh</td>
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<td>St. John's General Hospital, Pittsburgh</td>
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<td>Slicer, Martha J.</td>
<td>Harrisburg, Hospital, Harrisburg</td>
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<td>Smitten, Florence Elna</td>
<td>2805 West Liberty Avenue, Pittsburgh</td>
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<td>Sneedaker, Lida</td>
<td>Washington Hospital, Washington</td>
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<td>Snyder, Louise M.</td>
<td>306 Claster Building, Harrisburg</td>
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<td>Spare, Mary E.</td>
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<td>Stevens, Helen V.</td>
<td>Public Health Nursing Association, Pittsburgh</td>
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<td>Stewart, Alice</td>
<td>Tuberculosis League, Pittsburgh</td>
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<td>Taylor, Katherine G.</td>
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<td>Jewish Hospital, Philadelphia</td>
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<td>Van Thuyne, Marie Louise</td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<td>Warlick, Lula Gertrude</td>
<td>5000 Woodland Avenue, Philadelphia</td>
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<td>Wege, Ethline Romaine</td>
<td>University of Pennsylvania Hospital, Philadelphia</td>
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<td>Weitzel, Jane K.</td>
<td>Chester County Hospital, West Chester</td>
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<td>West, Roberta M.</td>
<td>6812 Franklin Street, Oak Lane, Philadelphia</td>
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<td>Weston, Mary Lucinda</td>
<td>State Teachers' College, California</td>
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<td>White, Martha</td>
<td>Joseph Price Hospital, Philadelphia</td>
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<td>Whitney, Mary L.</td>
<td>Mercy Hospital, Altoona</td>
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<td>Williams, Sara E.</td>
<td>421 North Webster Avenue, Scranton</td>
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<td>Wilson, Laura B.</td>
<td>Children's Hospital, Pittsburgh</td>
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<td>Wilson, Mary Blythe</td>
<td>Pittsburgh Home for Babies, Ingram</td>
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<td>Wray, Anna C.</td>
<td>306 Claster Building, Harrisburg</td>
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<td>Wuertthner, Almena Emma</td>
<td>Philadelphia General Hospital, Philadelphia</td>
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<tr>
<td>Yingst, Edith E.</td>
<td>Harrisburg Hospital, Harrisburg</td>
</tr>
<tr>
<td>Young, Harriet F.</td>
<td>616 Coal Exchange Building, Wilkes-Barre</td>
</tr>
<tr>
<td>Zufall, Nora Llwellyn</td>
<td>2039 Cherry Street, Philadelphia</td>
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</table>
## RHODE ISLAND — 39 Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>ALMY, HELEN MURIEL</td>
<td>Rhode Island Hospital, Providence</td>
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<tr>
<td>AVERY, L. M. BELLE</td>
<td>Rhode Island Hospital, Providence</td>
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<tr>
<td>AYERS, LUCY C.</td>
<td>459 Carrington Avenue, Woonsocket</td>
</tr>
<tr>
<td>BARRY, ELIZABETH</td>
<td>State Hospital, Howard</td>
</tr>
<tr>
<td>BARRY, SARAH C.</td>
<td>City Hospital, Providence</td>
</tr>
<tr>
<td>BOWLY, ALICE MARION</td>
<td>Rhode Island Hospital, Providence</td>
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<tr>
<td>CARROLL, SARA A.</td>
<td>District Nursing Association, Providence</td>
</tr>
<tr>
<td>CHAPIN, WILMA BIXBY</td>
<td>825 Chalkstone Avenue, Providence</td>
</tr>
<tr>
<td>COE, LILIAN F.</td>
<td>District Nursing Association, Providence</td>
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<td>COX, ALICE ELIZABETH</td>
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<tr>
<td>CRANSTON, MARGARET LOUISE</td>
<td>825 Chalkstone Avenue, Providence</td>
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<tr>
<td>DAILY, MARGARET MARY</td>
<td>Butler Hospital, Providence</td>
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<tr>
<td>DENICO, MAUD FOLSON</td>
<td>South County Hospital, Wakefield</td>
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<tr>
<td>DESISLES, MARY S.</td>
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<td>DILLON, NELLIE R.</td>
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<td>DOCKHAM, CLARA O.</td>
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<tr>
<td>DUNN, EMMA L.</td>
<td>Crawford Allen Memorial Hospital, East Greenwich</td>
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<td>ERICSON, MAUDE</td>
<td>825 Chalkstone Avenue, Providence</td>
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<td>FALVEY, HELEN</td>
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<td>FITZPATRICK, WINIFRED L.</td>
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<td>FLEMING, ELIZABETH F.</td>
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<tr>
<td>GOODNOW, MINNIE</td>
<td>Newport Hospital, Newport</td>
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<tr>
<td>GROVES, BARBARA</td>
<td>Memorial Hospital, Pawtucket</td>
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<tr>
<td>HOMAN, MARION</td>
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<td>JUTRAS, BERTHA E.</td>
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<td>MCGIBBON, ANNA KATHERINE</td>
<td>Butler Hospital, Providence</td>
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<tr>
<td>MOREAU, ALEXINA O.</td>
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<tr>
<td>OLIVER, CHRISTY ROSS</td>
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<tr>
<td>O'NEILL, CATHERINE G.</td>
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<tr>
<td>POTTER, HELEN OSBORNE</td>
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<tr>
<td>SCHROEDER, MADELEINE M.</td>
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<td>SHERMAN, ELIZABETH FRANCES</td>
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## SOUTH CAROLINA — 7 Members

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<tr>
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<tr>
<td>ANDELL, MARGUERITE</td>
<td>Roper Hospital, Charleston</td>
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<tr>
<td>COMM, ALICE B.</td>
<td>McLeod Infirmary, Florence</td>
</tr>
<tr>
<td>DOMINICK, FANNIE ELIZABETH</td>
<td>General Hospital, Spartanburg</td>
</tr>
<tr>
<td>ENGELBERG, MEYERAL</td>
<td>Roper Hospital, Charleston</td>
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<tr>
<td>McALISTER, MARY C.</td>
<td>Tuomey Hospital, Sumter</td>
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*Thirtieth Annual Convention*
MEMBERS

STEELL, GRACE ....................... Greenville City Hospital, Greenville
WELSH, MARGUERITE J. .......... Columbia Hospital, Columbia

SOUTH DAKOTA—3 Members

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KELLER, LYDIA H. ................. Methodist Deaconess Hospital, Rapid City
WOODS, MABEL O. ................. Methodist Episcopal Hospital, Mitchell

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WESTON, ALICE A. ................. Vanderbilt Hospital, Nashville
WHITE, MARY W. ................. General Hospital, Knoxville

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BURLINGAME, NELL PEARL ........ Robert B. Green Hospital, San Antonio
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DREIS, JOSEPHINE B. ............. Cameron Hospital, Cameron
ELLIOTT, LAURA ................. Scott and White Hospital, Temple
ENGBLAD, GRACE ................. 2017 La Branch Street, Houston
<table>
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<td>Erickson, Rena Esther</td>
<td>Baylor University Hospital, Dallas</td>
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<td>Fahey, Mollie</td>
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<td>Flowers, Jessie Ardelia</td>
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<tr>
<td>Haquist, Alma Katherine</td>
<td>State Department of Health, Austin</td>
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<td>Hanna, Alyce R.</td>
<td>1001 East Nevada Street, El Paso</td>
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<td>Harris, Effie Lillian</td>
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<td>Harris, Homer C.</td>
<td>Robert B. Green Memorial Hospital, San Antonio</td>
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<td>Hogg, Sarah Agnes</td>
<td>Paris Sanitarium, Paris</td>
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<td>Huck, Edith Marie</td>
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<td>Jackson, Frances</td>
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<td>Johnson, Pearl Veleta</td>
<td>215 Camden Street, San Antonio</td>
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<td>Kane, Audrey Ellen</td>
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<td>Kasmeier, Julia C.</td>
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<td>Kennedy, Mary</td>
<td>2710 Albany Street, Houston</td>
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<td>Kinzy, Stella E.</td>
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<td>Kirven, Sarah</td>
<td>Torbett Sanitarium, Marlin</td>
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<td>Lang, Selma A.</td>
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<td>Lehmann, Helen Holiday</td>
<td>3910 Shenandoah Street, Dallas</td>
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<td>Lorenz, Angelina</td>
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<td>Lorenz, Marie E.</td>
<td>Cameron Hospital, Cameron</td>
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<td>Luckey, Gladys</td>
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<td>Mccanelly, Zora K.</td>
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<td>Newhill, Josephine</td>
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<td>Nisbet, Jane Harris</td>
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<td>Perry, Melanie</td>
<td>803 Holman Avenue, Houston</td>
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<td>Petrie, Nina Edith</td>
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<td>Pope, Emma</td>
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<td>Ripperton, Clara</td>
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<td>Roach, Elizabeth C.</td>
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<td>Roberson, Martha P.</td>
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<td>Scholes, Alma E.</td>
<td>718 Avenue C, Galveston</td>
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<tr>
<td>Sister Anna Joseph</td>
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<tr>
<td>Sister Anna Marie</td>
<td>.711 North Polk Street, Amarillo</td>
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<tr>
<td>Name</td>
<td>Institution</td>
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<tr>
<td>Sister Antonio O'Donoghue</td>
<td>St. Paul's Hospital, Dallas</td>
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<td>Sister Mary Albert</td>
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<td>Sister Mary Andrew</td>
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<td>Sister Mary Arcadius</td>
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<td>Sister Mary Fidelia</td>
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<td>Sister Mary Saucier</td>
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<td>Sister Philip Neri</td>
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<td>Sister Zoe Schieswohl</td>
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<td>Sizer, Mrs. Ed R.</td>
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<tr>
<td>Smith, Ann Brown</td>
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<td>Smith, Ethel May</td>
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<td>Smith, May Forstor</td>
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<td>Taylor, Wilmoth B.</td>
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<td>Thomas, Lena B.</td>
<td>Cantrell Hospital, Greenville</td>
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<tr>
<td>Wade, Eunice</td>
<td>911 North Polk Street, Amarillo</td>
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<tr>
<td>Wilson, Jessie</td>
<td>Northwest Texas Hospital, Amarillo</td>
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<tr>
<td>Wright, Clara Louise</td>
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**UTAH—6 Members**

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<tbody>
<tr>
<td>Conover, ELLA H.</td>
<td>306 East Broadway, Salt Lake City</td>
</tr>
<tr>
<td>Glasscock, Oetta Browning</td>
<td>Hotel Roberts, Salt Lake City</td>
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<tr>
<td>Johnson, MARIA</td>
<td>Latter-Day Saints Hospital, Salt Lake City</td>
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<tr>
<td>Mckay, Mary ELIZABETH</td>
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<tr>
<td>Madsen, Erma LA Vera</td>
<td>Dee Memorial Hospital, Ogden</td>
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<tr>
<td>Wicklund, ELLA M.</td>
<td>Holy Cross Hospital, Salt Lake City</td>
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**VERMONT—2 Members**

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<tr>
<td>Baker, Mary A.</td>
<td>Putnam Memorial Hospital, Bennington</td>
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<tr>
<td>Brian, CELIA E.</td>
<td>Brattleboro Memorial Hospital, Brattleboro</td>
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**VIRGINIA—13 Members**

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<th>Name</th>
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<tbody>
<tr>
<td>Baylor, Martha V.</td>
<td>Roanoke Hospital, Roanoke</td>
</tr>
<tr>
<td>COLE, ANNA I.</td>
<td>U. S. Naval Hospital, Portsmouth</td>
</tr>
<tr>
<td>Mayo, ADELAIDE Adelia</td>
<td>10 Oakhurst Circle, University</td>
</tr>
<tr>
<td>Mew, Geraldine Hugger</td>
<td>Hospital of St. Vincent de Paul, Richmond</td>
</tr>
<tr>
<td>Oates, Louise</td>
<td>Cabaniss Memorial School of Nursing Education, University</td>
</tr>
<tr>
<td>Pfeiffer, Charlotte</td>
<td>Stuart Circle Hospital, Richmond</td>
</tr>
<tr>
<td>Powell, LOUISE M.</td>
<td>337 East Beverly Street, Staunton</td>
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### THIRTY-SEVENTH ANNUAL CONVENTION

<table>
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<th>Name</th>
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<tr>
<td>Stilwell, Mary Ona</td>
<td>Roanoke Hospital, Roanoke</td>
</tr>
<tr>
<td>Van Vort, Rose Z</td>
<td>3216 Monument Avenue, Richmond</td>
</tr>
<tr>
<td>Victor, Laura M.</td>
<td>P. O. Box 555, Richmond</td>
</tr>
<tr>
<td>Wayne, Montez</td>
<td>Petersburg Hospital, Petersburg</td>
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<tr>
<td>Wolf, Lulu Kathryn</td>
<td>Cabaniss Hall, Richmond</td>
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<tr>
<td>Zeigler, Frances H.</td>
<td>Cabaniss Hall, Medical College of Virginia,</td>
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<td></td>
<td>Richmond</td>
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### *WASHINGTON—46 Members*

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<tr>
<td>Adams, Henrietta M.</td>
<td>Harborview Hospital, Seattle</td>
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<td>Anderson, Doris Ruth</td>
<td>315 S. K. Street, Tacoma</td>
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<tr>
<td>Ball, BelvaH</td>
<td>4336 11th Street, N. E., Seattle</td>
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<tr>
<td>Brown, Nell F.</td>
<td>809 5th Avenue, Seattle</td>
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<tr>
<td>Buob, Mary Barbara</td>
<td>Deaconess Hospital, Spokane</td>
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<tr>
<td>Coffman, Grace M.</td>
<td>Third and Tacoma Avenues, Tacoma</td>
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<td>Gillespie, Cora E.</td>
<td>327 Cobb Building, Seattle</td>
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<tr>
<td>Grant, Evelyn F.</td>
<td>Columbus Hospital, Seattle</td>
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<td>Mercer Island, Seattle</td>
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<td>McKenzie, Irene</td>
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<tr>
<td>Martin, Grace Glee</td>
<td>809 Fifth Avenue, Seattle</td>
</tr>
<tr>
<td>Morris, Marie Blodgett</td>
<td>322 White Building, Seattle</td>
</tr>
<tr>
<td>Parker, Minnie L.</td>
<td>809 Fifth Avenue, Seattle</td>
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<td>Sawby, Annetta</td>
<td>Tacoma General Hospital, Tacoma</td>
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<td>Senger, Nellie Marie</td>
<td>Swedish Hospital, Seattle</td>
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<td>Sister Henrietta</td>
<td>Mt. St. Vincent, Seattle</td>
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<td>Sister John Gabriel</td>
<td>St. Elizabeth Hospital, Yakima</td>
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<td>Sister John of The Cross</td>
<td>St. Mary's Hospital, Walla Walla</td>
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<td>Sister Mary</td>
<td>Sacred Heart School of Nursing, Spokane</td>
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<td>Sister Mary Christina</td>
<td>St. Ignatius Hospital, Colfax</td>
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<td>Sister Mary Magna</td>
<td>Providence Hospital, Seattle</td>
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<td>Soule, Elizabeth Sterling</td>
<td>University of Washington, Seattle</td>
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<tr>
<td>Spry, Cecile Tracy</td>
<td>General Hospital, Everett</td>
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<tr>
<td>Stanley, Anna</td>
<td>733 Fourth Avenue, Spokane</td>
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WOLD, Signe Christine ................... Tacoma General Hospital, Tacoma
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Sister Magdaline Krebs
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Stearns, Dorothy E. .......... Prairie du Chien Sanitarium, Prairie du Chien
Stolpe, Hilma ................ Mt. Sinai Hospital, Milwaukee
Sturm, Beatrice K. .......... Milwaukee County Hospital, Wauwatosa
Swan, Mae .................... St. Francis Hospital, La Crosse
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Zilley, Marion L. ............. Wisconsin General Hospital, Madison

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Total Membership ........................................................2738

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Names from 1893 to 1929 are given in previous reports. The names of members who have died since January first, 1929, are:

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JEAN BEVERIDGE GIFFEN ........................................Died January 21, 1929
KATE A. EWING ..................................................Died February 14, 1929
ANNA COTTER DAVIE .............................................Died February 16, 1929
MARY JULIA PUTTS ..................................................Died May 8, 1929
ANNA FRANCES COON .............................................Died June 3, 1929
MARY K. SMITH ..................................................Died July 22, 1929
MARGUERITE C. KELLY ..........................................Died September 17, 1929
KATHERINE E. HOLKHOUSE ....................................Died September 23, 1929
MARY E. SHUTT ..................................................Died October 12, 1929
MARY MACQUARRIE ..............................................Died October 13, 1929
AMY ALLISON ..................................................Died February 27, 1930
JESSIE BREEZE ..................................................Died March 23, 1930
ELSA SCHMIDT ..................................................Died April 5, 1930
S. LILLIAN CLAYTON .............................................Died May 2, 1930
SISTER M. DOLORES .............................................Died June 4, 1930
CAROLINE GARNSEY WADE ..................................Died August 4, 1930
OLIVE GRACE DENJORD ......................................Died January 7, 1931
FRANCES L. LURKINS ............................................Died February 13, 1931
EMMA L. PARMELEE .............................................Died March 2, 1931
CAROLINE TRENTOLM BURNET ................................Died March 3, 1931
FLORENCE A. BISHOP ............................................Died April 19, 1931
LUCIA LAVINIA JACQUITH ..................................Died May 10, 1931

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