PROCEEDINGS

of the

Thirty-eighth Annual Convention

of the

National League of Nursing Education

SAN ANTONIO, TEXAS
April 11-15, 1932

NATIONAL HEADQUARTERS
450 Seventh Avenue
New York, N. Y.
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Dean Emeritus, College of Physicians and Surgeons, Columbia University, 180 Fort Washington Ave., New York, N. Y.
WINFRED H. SMITH, M.D.
Director, The Johns Hopkins Hospital, Baltimore, Md.
NATHAN B. VAN ETEN, M.D.
General Practitioner, 300 East Tremont Ave., New York, N. Y.
Director:

MAY AYRES BURGESS, Ph.D., 450 Seventh Ave., New York, N. Y.

Nurse Associate:

ETHEL JOHNS, R. N., 450 Seventh Ave., New York, N. Y.

Nurse Consultants:

MARY M. ROBERTS, R. N., Editor, American Journal of Nursing, 450 Seventh Avenue, New York, N. Y.

STELLA GOOSTRAY, R. N., Superintendent of Nurses, The Children's Hospital, Boston, Mass.
AMERICAN SOCIETY OF SUPERINTENDENTS
OF TRAINING SCHOOLS FOR NURSES

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

Anna L. Alston, President
Louise Darche, Secretary
Lucy L. Drown, Treasurer

Officers for years following have been:

1894 New York, N. Y., January 10, 11.
   President, Anna L. Alston; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

1895 Boston, Mass., February 13, 14.
   President, Linda Richards; Secretary, Louise Darche; Treasurer, Lucy L. Drown.

1896 Philadelphia, Pa., February 11, 12, 13, 14.
   President, M. E. P. Davis; Secretary, Mary S. Littlefield; Treasurer, Lucy L. Drown.

1897 Baltimore, Md., February 10, 11, 12.
   President, M. Adelaide Nutting; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1898 Toronto, February 10, 11, 12.
   President, Mary Agnes Snively; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1899 New York, N. Y., May 5, 6.
   President, Isabel McIsaac; Secretary, Lavinia L. Dock; Treasurer, Lucy L. Drown.

1900 New York, N. Y., April 30, May 1, 2.
   President, Isabel Merritt; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1901 Buffalo, N. Y., September 16, 17.
   President, Emma J. Keating; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1902 Detroit, Mich., September 9, 10, 11.
   President, Lystra E. Grettter; Secretary, Lavinia L. Dock; Treasurer, Anna L. Alline.

1903 Pittsburgh, Pa., October 7, 8, 9.
   President, Ida F. Giles; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1905 Washington, D. C., May 1, 2, 3.
   President, Georgia M. Nevins; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.

1906 New York, N. Y., April 25, 26, 27.
   President, Annie W. Goodrich; Secretary, M. Adelaide Nutting; Treasurer, Anna L. Alline.
1907 Philadelphia, Pa., May 8, 9, 10.
   President, Maude Banfield; Secretary, Georgia M. Nevins; Treasurer,
   Anna L. Alline.
1908 Cincinnati, Ohio, April 22, 23, 24.
   President, Mary Hamer Greenwood; Secretary, Georgia M. Nevins;
   Treasurer, Anna L. Alline.
1909 St. Paul, Minn., June 7, 8.
   President, Isabel Hampton Robb; Secretary, Georgia M. Nevins; Treas-
   urer, Anna L. Alline.
1910 New York, N. Y., May 16, 17.
   President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treas-
   urer, Anna L. Alline.
   President, Mary M. Riddle; Secretary, M. Helena McMillan; Treasurer,
   Mary W. McKechnie.
1912 Chicago, Ill., June 3, 5.
   President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer,
   Mary W. McKechnie.

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

1913 Atlantic City, N. J., June 23, 24, 25.
   President, Mary C. Wheeler; Secretary, Jessie E. Catton; Treasurer,
   Mary W. McKechnie.
1914 St. Louis, Mo., April 23 to April 29.
   President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer,
   Mary W. McKechnie.
   President, Clara D. Noyes; Secretary, Sara E. Parsons; Treasurer,
   Mary W. McKechnie.
1916 New Orleans, La., April 27 to May 3.
   President, Clara D. Noyes; Secretary, Isabel M. Stewart; Treasurer,
   Mary W. McKechnie.
1917 Philadelphia, Pa., April 26 to May 2.
   President, Sara E. Parsons; Secretary, Effie J. Taylor; Treasurer, Mary
   W. McKechnie.
1918 Cleveland, Ohio, May 7 to May 11.
   President, S. Lillian Clayton; Secretary, Effie J. Taylor; Treasurer, M.
   Helena McMillan.
1919 Chicago, Ill., June 24 to June 28.
   President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer,
   M. Helena McMillan.
1920 Atlanta, Ga., April 12 to April 17.
   President, S. Lillian Clayton; Secretary, Laura R. Logan; Treasurer,
   M. Helena McMillan.
1921 Kansas City, Mo., April 11 to April 14.
   President, Anna C. Jammé; Secretary, (Mrs.) Alice H. Flash; Treas-
   urer, Bena M. Henderson.
1922  Seattle, Wash., June 25 to July 1.
      President, Anna C. Jamme; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson.
1923  Swampscott, Mass., June 18 to June 25.
      President, Laura R. Logan; Secretary, Martha M. Russell; Treasurer, Bena M. Henderson; Executive Secretary, Effie J. Taylor.
1924  Detroit, Mich., June 16 to June 21.
      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.
1932  San Antonio, Tex., April 11 to April 15.
      President, Elizabeth C. Burgess; Secretary, Stella Goosnay; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

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.
Proceedings

Of the

Thirty-eighth Annual Convention

Of the

National League of Nursing Education

San Antonio, Texas, April 11 to 15, 1932

Opening Business Session

Monday, April 11, 9.15 a.m.

The meeting was called to order by the President, Elizabeth C. Burgess. Representatives from twenty-one states responded to the roll call, fifteen being required by the By-laws.¹

Report of the Secretary

Immediately following the Atlanta Convention the newly elected officers and Board of Directors met for the appointment of the committees to direct the League's activities for the year.

On September 1st Miss Nina D. Gage, who has served the League as Executive Secretary for the past three years, resigned to become Director of the School of Nursing at Hampton Institute. By arrangement with the American Nurses' Association Miss Ella Best became Acting Executive Secretary from September 1st to February 1st, when Miss Claribel A. Wheeler was appointed as Executive Secretary.

The Board met again in New York in January. All members but one were present for all or part of the week's meetings. There probably have been few meetings of the Board of Directors of the National League of Nursing Education concerned with as many important problems as this January meeting.

The position of Director of Studies at League Headquarters was created, and Miss Blanche Pfefferkorn was appointed to the position. A Committee on Studies was appointed to be advisory to the Director of Studies.

The Board approved a recommendation that mental health education and the mental hygiene point of view should be integrated into all

¹ By-Laws, Article XI, Section 3: "Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention."
curriculum subjects in the school of nursing and nursing services, and not taught only as a separate subject. The Board also approved a recommendation that a special committee representing the national nursing and mental hygiene organizations be appointed to outline a plan for making a study of the present status of mental health education in schools of nursing.

Growing out of the report of the Committee on Functions was a recommendation that "in order to bring about close relationship between the National League of Nursing Education and the American Nurses' Association, the American Nurses' Association be requested to consider the possibility of making the National League of Nursing Education its Department of Education." This resolution was passed by the Board and later was brought before the American Nurses' Association with the following explanatory memorandum.

"If such an arrangement were made, it is understood that the N. L. N. E. would retain its present organization and autonomy.

"The Executive Secretary of the N. L. N. E., when functioning in relation to the A. N. A., would function as Educational Secretary of the A. N. A. This would give her a recognized place at A. N. A. staff and other conferences, especially at those having a bearing on educational problems and policies.

"The Board of the National League of Nursing Education at its annual meetings January 19 to January 22, 1932, has given most careful consideration to the report of its Functions Committee and to the unparalleled difficulties which American nurses are experiencing during the current economic depression.

"Studies of unemployment and the studies of the Grading Committee give factual basis for the belief that the condition of unemployment is rooted in the economic unsoundness of our schools. This in turn leads to the inevitable conclusion that programs of graduate education are needed for the poorly prepared nurses who expect to remain in nursing. State Boards of Nurse Examiners are the key to any very general improvement in the schools but at present there is no machinery set up by means of which the National League of Nursing Education can aid these boards which have a direct relationship to the A. N. A.

"Faulty distribution, stressed by the Grading Committee and by the A. N. A.'s studies, is an outstanding weakness. This weakness is even more apparent in the ranks of nurses prepared for or aspiring to positions in schools of nursing than in private duty. It is, none the less, a problem for the whole profession.

"The need in local situations for assistance from our national headquarters is very much greater than existing staffs can meet. The Board of the N. L. N. E. believes, however, that by a pooling of resources, our present staffs can greatly extend their usefulness.

"In proposing the change in organization covered by the minute: 'In order to bring about closer working relationship between the National League of
Nursing Education and the American Nurses' Association, especially in the field of education, it is recommended that the A. N. A. be requested to consider the possibility of making the N. L. N. E. its department of Education. The N. L. N. E. is not proposing to relinquish its autonomy nor to alter its existing organization in any way. It is proposing what appears to be the simplest possible arrangement whereby the joint interests of the N. L. N. E. and the A. N. A. may be discussed around the A. N. A. conference table and swift action secured.

"Some of the points emphasized by the Board of the N. L. N. E. as seeming desirable are as follows:

1. A change in the letterhead of each organization to indicate the new relationship.

2. Utilization of A. N. A. publicity resources in promoting educational activities approved by the N. L. N. E.

3. Infusion into programs proposed by the A. N. A. for its component organizations materials of an educational nature with due regard, however, for the more specific functions of the local Leagues of Nursing Education.

4. A sharing of information which would make it possible for field workers on either staff to speak with authority on the work of both organizations. The American Journal of Nursing is not a separate activity but should not be overlooked in relation to such efforts.

5. Joint effort to work out substantial programs designed to aid the Boards of Nurse Examiners.

6. In the discussions of the Board of the N. L. N. E., it was felt that discussion of financial adjustments might wait until the new cooperative relationship had been tried out.

7. The N. L. N. E. has expanded its Headquarters Staff by the addition of a Director of Studies. It plans also to put on a membership drive in order to bring the largest possible body of nurses concerned primarily with nursing education into effective action.

"In other words, the N. L. N. E. is prepared vigorously to move forward with the A. N. A. on these proposals."

The Board of the American Nurses' Association voted favorably on this proposal. As the call to the Convention indicated the members of the League will be asked to vote upon this proposed organization. It will not at the present time involve any change in the by-laws of the League.

During the year 3 members were admitted into associate membership and 35 into active membership. The Arkansas League of Nursing Education and the North Dakota League of Nursing Education were also admitted into membership.

Next year marks the fortieth anniversary of the National League of Nursing Education. In anticipation of this event and the tremendous work lying before the profession in the field of nursing education your
Board voted to conduct a membership campaign. The League has a membership of 2,885 for the year 1932.

During the year the following members have died:

May L. Love  
Sister Philip Neri  
Neil W. Goody  
E. Lelia Smith  
Minnie P. Macmillan  
Roberta West  
Bessie Henderson

Respectfully submitted,

Stella Goosray, 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 book of the Treasurer of the National League of Nursing Education for the year ended December 31, 1931, and present attached hereto the following Statement of Cash Receipts and Disbursements of the Treasurer's account for the year ended December 31, 1931.

In accordance with your request I am also presenting attached hereto the following Condensed Statement of Cash Receipts and Disbursements of the Dispensary Development Committee for the years 1927 to 1931 inclusive.

Very truly yours,

Frederick Fischer, Jr.


STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS OF THE TREASURER'S ACCOUNT FOR THE YEAR ENDED DECEMBER 31, 1931

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

Receipts

Contributions ................................................. $45.00

Membership dues:

State .................................................. $8,053.50

Individual ................................................. 920.00

Individual with application ......................... 173.00

Total Receipts ............................................... 9,146.50
Sales:

Calendars .................................................. $9,373.15
Engagement pad calendars ............................... 565.70
Photographs ................................................. 473.75
Slides ...................................................... 1,367.00
State League Supplies .................................... 32.72
Publication—Curriculum .................................. 1,340.60
Publications—Sundry National League of Nursing Education publications ........... 784.82
List of Accredited Nursing Schools ..................... 829.95

$14,767.69

Registration fees—Convention ......................... 365.00
Income from securities ................................... 550.00
Interest on bank balances ............................... 72.15
Dispensary Development Committee ...................... 700.00
Royalty on publication ................................... 11.45

Refunds:

On advances to Headquarters—Unexpended balance 1930 ........... 186.06
On advances to 1932 Biennial Exhibit ..................... 600.00
On Convention expense ................................... 11.43
On Presidents' expense ................................... 24.45
On Officers' expense ..................................... 22.47

$44.41

Total Receipts .............................................. $26,502.20

Total .......................................................... $30,985.50

In addition to the above balance, December 31, 1931, there are funds invested as follows:

<table>
<thead>
<tr>
<th>Par Value</th>
<th>Rate of Interest</th>
<th>Due Date</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000</td>
<td>5½%</td>
<td>Dec. 15, 1931</td>
<td>$5,000.00</td>
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<tr>
<td>5,000</td>
<td>5½%</td>
<td>June 30, 1932</td>
<td>5,000.00</td>
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<tr>
<td>5,000</td>
<td>4%</td>
<td>1934</td>
<td>4,951.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(April and Oct., 1931 coupons attached)</td>
<td></td>
</tr>
</tbody>
</table>

Total Invested Funds ........................................ $14,951.00
Disbursements

Expenses:

Board of Directors' meetings .............................................. $13.33
Dues paid to other organizations ........................................... 55.00
Directors' expenses .......................................................... 341.22
Premium on Treasurer's bond ............................................... 12.50
Auditing .............................................................................. 50.00
President's expense ............................................................. 211.29
Officers' expense ............................................................... 676.81
Stationery ............................................................................ 236.44
Reporting convention ........................................................... 133.00
Printing annual report ......................................................... 1,703.26
Convention expense 1931 ....................................................... 153.14
Settlement of suit 1928 Biennial Exhibit—1/3rd ...................... 155.00
Education Committee ............................................................ 79.87
Program Committee ............................................................. 294.81
Joint Committee on Distribution of Nursing Service .................. 157.04
Committee for the Study of Nursing Education in Colleges and Universities .................................................. 42.10
Committee on Nominations ..................................................... 16.45

$4,331.26

Printing and other costs of publications etc., for sale:

Calendars .............................................................................. 1,795.18
Engagement pad calendars .................................................... 1,051.00
Photographs ........................................................................ 290.50
Slides ................................................................................. 479.66
Sundry National League of Nursing Education publications .......... $331.63
List of Accredited Nursing Schools ......................................... 2,053.88

6,001.85

Advances for Headquarters budget expenses ............................... 10,970.60
Advance for 1932 Biennial Exhibit ........................................... 600.00
Committee on Grading of Nursing Schools ................................. 1,000.00
Dispensary Development Committee ........................................ 908.29
Invested—$5,000 par bonds of Chicago, Rock Island and Pacific R. R. Co. 4/1934 ........................................ 4,951.00
Accrued interest purchased on $5,000 Chicago, Rock Island and Pacific R. R. Co. 4/1934 ........................................ 68.33

Total Disbursements ............................................................ $28,831.33

Balance, December 31, 1931 .................................................. 2,154.17

Total .................................................................................... $30,985.50
THIRTY-EIGHTH ANNUAL CONVENTION

CONDENSED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS OF THE DISPENSARY DEVELOPMENT COMMITTEE FOR THE YEARS 1927 TO 1931 INCLUSIVELY

Receipts
Year 1927 ....................................................... $3,000.00
Year 1928 ....................................................... 1,500.00
Year 1929 ....................................................... 500.00
Year 1930 ....................................................... 1,000.00
Year 1931 ....................................................... 700.00

Total Receipts ................................................. $6,700.00

Disbursements
Year 1927 ....................................................... $37.70
Year 1928 ....................................................... 1,500.00
Year 1929 ....................................................... 2,076.75
Year 1930 ....................................................... 2,245.95
Year 1931 ....................................................... 908.29

Total Disbursements ........................................... 6,568.69

Balance, December 31, 1931 .................................. $131.31

FINANCIAL REPORT
(January to April 1, 1932)

Balance, December 31, 1931 .................................. $2,154.17

Receipts
List of Schools of Nursing .................................. $191.10
Curriculum ..................................................... 293.65
Publications .................................................... 158.80
Nursing Saints Calendar ..................................... 4,312.30
Appointment Pad Calendar .................................. 1,951.00
Photographs .................................................... 63.50
Slides ............................................................ 91.50
State League Supplies ....................................... 12.35
Dues:
State .......................................................... 1,542.00
Individual ..................................................... 248.00
Individual with application ................................ 46.00
Refund from Headquarters ................................... 105.18
Dispensary Development Committee ......................... 267.00
Contribution ................................................... 225.00
Interest on Bank Balance ................................... 7.77
Interest on Mortgage Certificates .......................... 200.00

Total Receipts ................................................ 9,715.15

Total .......................................................... $11,869.32
Disbursements

Headquarters Budget .............................................. $3,562.14
Officers' Expense ................................................. 1,160.97
Miscellaneous ...................................................... 40.94
Education Committee .............................................. 45.82
1932 Calendar Pads .............................................. 102.50
Auditing Books .................................................... 50.00
Photographs ......................................................... 63.75
Slides ............................................................... 45.33
Committee on the Distribution of Nursing Service ............. 16.02
Nomination Committee ............................................ 26.29
Directors' Expenses ............................................... 219.46
Stationery ......................................................... 96.56
Publications ....................................................... 19.25
Convention Expenses ............................................. 211.00
Curriculum ......................................................... 65.25
Director of Studies .............................................. 558.80
Premium on Treasurer's Bond ................................... 12.50

Total Disbursements .............................................. $6,096.58
Balance in Bank, April 1, 1932 ................................ 5,772.74

Total ............................................................... $11,869.32

REPORT OF EXECUTIVE SECRETARY

THE EXECUTIVE SECRETARY

The resignation of the Executive Secretary, Miss Nina Gage, on September 1st, was occasioned by her acceptance of the position of Director of the School of Nursing at Hampton Institute, Hampton, Virginia. Those who had been privileged to work with Miss Gage were sorry to have her leave the Headquarters group, and their best wishes go with her.

At the September Board meeting of the American Nurses’ Association a request was granted which had been presented by the President of the National League of Nursing Education, namely, that the Field Secretary of the American Nurses’ Association, Miss Ella Best, be loaned to the National League of Nursing Education until such time as the permanent appointment for the office of Executive Secretary could be made.

As certain work, for which plans had already been made, would have to be supervised, it was not possible for the Director at American Nurses’ Association Headquarters to release entirely the Field Secretary from those commitments which had been previously arranged. Those obligations in the main were associated with a continuation of
the registry study and the fulfillment of speaking engagements for fall meetings.

The League was fortunate in securing Miss Best during the interval. She met the situation in the spirit which is so characteristic of her, and carried a very heavy program until the appointment of the new Executive Secretary on February 1st, remaining with the organization until the 15th of February.

DIRECTOR OF STUDIES

One of the most important developments of the League this year is the appointment in March of Miss Blanche Pfefferkorn as Director of Studies. The creation of this office fills a need long felt by the profession generally and by our organization particularly. An office for Miss Pfefferkorn has been partitioned off within the large office at Headquarters.

HEADQUARTERS ADVISORY COMMITTEE

A Committee with whom the Executive Secretary may confer on matters pertaining to Headquarters during the intervals between Board meetings has been created.

FIELD TRIPS

Between the dates of October 19th and 31st Miss Best attended the annual meetings of five State Associations and one District, including Indiana, Wisconsin, Minnesota, Arkansas, Mississippi, and Missouri. The groups addressed were as follows: State Leagues, State Nurses' Associations, Public Health and Private Duty Sections, and a Rotary Club Luncheon. One of the greatest satisfactions to be derived from work in a National office is the opportunity which is afforded for meeting with groups and individuals in an effort to assist them with their problems. The eagerness with which any fragment of helpful information is accepted makes one realize how utterly untiring should be the effort of the National Organizations to meet the need of their constituents, either as groups or as individuals. This need for a close association with the real problems in the field is mentioned by members of the various Headquarters staffs in all the National offices each time they return from speaking trips. The work of the Grading Committee and the Joint Committee on the Distribution of Nursing Service has increased the opportunity for developing such programs.

PUBLICATIONS

One of the major functions of our office at Headquarters consists in editing the various publications sponsored by the League, such as the Convention proceedings, Curriculum, calendar, etc. This kind of work
is time consuming, and often calls for additional clerical assistance. The annual sale of the calendar is continued, as the profits for the last six years provided the League with 25 per cent of its income. A detailed report of our publications activities will be given under the report of the Publications Committee.

**State Leagues**

The Arkansas League of Nursing Education was accepted into membership at the January Board meeting, and the North Dakota League was accepted at the Board meeting held on April 10th. Thirty-one states have now organized State Leagues. It is hoped that within the next year we can make a much closer contact with our State Leagues than we have in the past, as the work of our organization can be made effective only as it meets the needs of every State League and of the individuals who make up these Leagues.

**Correspondence**

Eighteen thousand seven hundred and sixty-two letters were sent out during 1931, 8,793 of them circular letters. Nine thousand, nine hundred and seventeen letters were received. The total volume of correspondence at League Headquarters is represented by incoming and outgoing mail amounting to 28,679 letters, as compared with 23,442 of last year, or an increase of 18 per cent over last year.

The wide range of subjects on which information is sought through the medium of the written request is illustrated in the following list representing all types of groups and individuals, and indicates ramifications of growth in nursing education and allied problems:

1. By-laws for Training School Committees.
2. Lesson outlines for senior students on the N. L. N. E.
3. Pre-nursing courses in high school curricula.
4. Bibliographical data on "nursing leaders," obscure and renowned, in the United States and other countries.
5. Charging tuition fees for student nurses.
6. Entrance examinations and pre-nursing tests including aptitude tests for prospective students in the school of nursing.
7. Letters from prospective nurse students seeking advice on status of nursing schools in this country and abroad.
8. Evaluation of nursing school credits for an academic degree.
9. Postgraduate courses—academic and professional programs.
10. Hospitals considering closing schools of nursing desiring information on the use of the graduate staff and cost analysis of same.
11. Duties of the state educational director.
12. An alumnae association seeking advice on the problem of securing registration in New York State.
13. Inquiries for applicants and positions.
All requests point to the fact that nurses are turning to League Headquarters for assistance and advice. Answers to these requests require special study and reports in order adequately to meet this responsibility.

Office Interviews

There have been 780 interviews this year, as compared with 501 for 1930. Visitors never fail to comment on the beautiful location of the League offices. This, we are glad to note, contributes much to the pleasure of receiving guests. Since the last report was presented, 16 student groups have visited League Headquarters.

Joint Staff Conferences

Growing out of a suggestion made by Miss Tucker which was approved by the various groups at Headquarters, it was decided that, when possible, there be held once a month a Joint Staff Conference, at which time representatives of the nursing organizations at 450 Seventh Avenue would come together for the purpose of learning something of the program of each other's organization. This information will be very helpful, especially when one finds herself in the field being called upon to speak of the other nursing organizations and the American Journal of Nursing as well as the organization which one officially represents.

Convention Activities

Because of the Biennial this year the Headquarters Arrangements Committee, with Miss Katharine Tucker as Chairman, has been unusually active, as there are so many details to be looked after in connection with a big Convention. This Committee has been responsible for the program for the Joint sessions, while each organization has looked after its own program.

Conclusion

The new Executive Secretary feels that she has much to be thankful for in being able to come into an office so well organized under the capable administration of Miss Gage, and so well carried on by Miss Best. She is especially grateful to Miss Best, to the secretary, Miss Vedder, and the bookkeeper, Miss Palmer, for the assistance and cooperation which they have so cheerfully given to a newcomer. She is also appreciative of the confidence which the Board of Directors have placed in her, and will try to do everything possible to justify that trust. The profession of nursing is facing serious and perplexing problems at the present time. If nursing is a sick profession, as several feel it is, a
cure must be found, and the League will meet this challenge as it has met others in times past.

Respectfully submitted,

CLARIBEL A. WHEELER, Executive Secretary.

REPORT OF THE COMMITTEE ON PROGRAM

The Committee on Program submits as result of its work, the completed program for the League meeting to be held in San Antonio, April 11 to 15, 1932.

The Committee is appreciative of suggestions and help given by the various states, the various committee chairmen, the National and State League officers, and the Executive Secretary.

Respectfully submitted,

OLGA M. BREIHAN (Texas),
MARY MARVIN WAYLAND (California),
ANNA D. WOLF (New York),
KATHARINE J. DENSFORD (Minnesota), Chairman.

REPORT OF THE COMMITTEE ON EDUCATION

There has been one general meeting of the Education Committee, held January 17th-18th in New York, and several meetings of the Chairmen of Subcommittees held in New York and Boston.

Our main energies during the past year have been devoted to three projects:

1. The winding up of the experiment at Vanderbilt Clinic and the Presbyterian Hospital School of Nursing, New York, which has centered on the teaching of student nurses in the Out-patient Department. Miss Amelia Grant is Chairman of this Subcommittee, and Miss Louise Knapp has been in charge of the experiment. This report will be published within the next few weeks and will be handled by the N. L. N. E. office. It is hoped that the report will be helpful to schools which are interested in broadening and enriching their teaching programs and in introducing more of the social and public health element into the curriculum.

2. Another project which has been continued over a period of several years and which is now being wound up, is that dealing with the duties, qualifications, and preparation of the faculty of the nursing school. Reports have been given from time to time by the Chairmen of the various Subcommittees and published in the League Proceedings: Mrs. Mary Marvin Wayland on Head Nurses and Supervisors; Miss Stella
Goostray on Instructors and Educational Directors; and Miss Effie Taylor on Administrators.

Much new material will be included in the final report, which we hope to have ready this summer in the form of a substantial pamphlet. The Education Committee feels that this question of the faculty, its selection and preparation, is a crucial one at the present time and that the report now in preparation should play a helpful part in the setting of standards for the staffs of nursing schools and in the development of suitable provisions for the education of faculty members including head nurses.

3. The third important project this year has been in relation to the reprinting of the League Curriculum. It was decided not to revise the Curriculum at this time, but to make some minor changes which would bring references and content a little more up-to-date. This material is now in the hands of the printer. The section on illustrative materials has been rounded out by Miss Gladys Sellew, who is Chairman of the Subcommittee on this subject, and a mimeographed list of films and other materials will be available in addition for teachers and others who are interested.

The Chairman of the Education Committee serves as an ex officio member of the Committees on Publications and of Studies of the N. L. N. E., and also works closely with the Library Committee of the League. The Education Committee has a number of other activities which are carried on in coöperation with other associations.

It keeps closely in touch with the N. O. P. H. N. through its Chairman and the Chairman of the Subcommittee on Social and Health Subjects, Miss Grant, both of whom are members of the N. O. P. H. N. Education Committee.

It has been actively associated in child health activities through Miss Stella Goostray, who took an important part in the White House Child Health Conference and is also Chairman of our Subcommittee on Pediatrics.

Miss Effie Taylor keeps us in touch with the mental hygiene activities of the A. N. A. and also with the National Committee for Mental Hygiene, with which she is closely associated.

Miss Amelia Grant and the Chairman have been working closely with the American Social Hygiene Association in trying to develop more interest in social hygiene and a better plan for incorporating the teaching of social hygiene into the curriculum of nursing schools. Last fall a series of lectures was arranged in coöperation with the New York City League and Teachers College, Columbia University, for the purpose
of determining what kind of subject matter should be included in the basic nursing course. Some conclusions have been reached, but we believe that much more study is needed and that a nurse-specialist in social hygiene should be prepared to carry such a plan when it is prepared into the field.

A new joint committee has been formed recently composed of representatives of the Education Committees of the N. O. P. H. N., the Association of Hospital Social Workers, and the N. L. N. E. This is for the purpose of discussing the part which hospital social workers should play in the education of the student nurse, and the preparation of the graduate nurse who wishes to enter the field of hospital social work.

Miss Ella Best represents the Instructors’ Section of the N. L. N. E., which is working with the Education Committee on the talking picture project, which she will present later at this meeting.

The plans for next year are not yet completed but there seems to be a general agreement that what is most urgently needed is a study of postgraduate courses, with the hope of establishing better standards for such courses and opening up more opportunities for specialized training at this time. Emphasis will be laid on the clinical and technical courses which are usually conducted by hospitals. It is hoped that we may be able to work closely with the Committee on Distribution of Nursing Service of the A. N. A. in this study of postgraduate courses.

Respectfully submitted,

ISABEL M. STEWART, Chairman.

REPORT OF THE COMMITTEE ON ELIGIBILITY

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

Active Members

Benson, Minnie C., 152 North Church Street, Tucson, Arizona.
Brown, Edith Lucille, Box 928, Helena, Montana.
Bardens, Amey Elizabeth, Western Reserve University, Cleveland, Ohio.
Campbell, Winifred Claire, Youngstown Hospital Association, Youngstown, Ohio.
Carter, Esther Mayfield, Hampton Institute School of Nursing, Hampton, Virginia.
Crowdis, Eva Anne, 37 Jefferson Street, Hartford, Connecticut.
Davis, Willie Lee, Matty Hersee Hospital, Meridian, Mississippi.
Frederick, Phileda, 2103 Adelbert Road, Cleveland, Ohio.
Gillin, Susan K., Augusta General Hospital, Augusta, Maine.
Goff, Hazel Avis, Boston, Massachusetts.
THIRTY-EIGHTH ANNUAL CONVENTION

Hardin, Martha, St. Mark’s Hospital, Salt Lake City, Utah.
Harriman, Marguerite Rachel, 2101 Adelbert Road, Cleveland, Ohio.
Howard, Alice Gallaudet, Hampton Institute School of Nursing, Hampton, Virginia.
Jones, Bertie G., Sanatorium, Mississippi.
Jones, Florence Mabel, Hampton Institute, Hampton, Virginia.
Lohman, Emma Laura, 11311 Shaker Boulevard, Cleveland, Ohio.
Lovell, Iva W., Meridian Sanitarium, Meridian, Mississippi.
Malley, Mary Frances, Bergen Pines Hospital, Ridgewood, New Jersey.
Martin, Helen Gladys, Ohio Valley Hospital, Steubenville, Ohio.
Meader, Alice Gertrude, C. M. G. Hospital, Lewiston, Maine.
Ohlson, Agnes Katherine, Robbins Street, Waterbury, Connecticut.
Parker, Priscilla, Ohio Valley Hospital, Steubenville, Ohio.
Schraedt, Hilda Theresa, St. Thomas Nurses’ Home, Akron, Ohio.
Sister Marie Louise Meredith, St. Vincent’s Hospital, Norfolk, Virginia.
Sister Mary Christina Coyne, St. Mary’s Hospital, Tucson, Arizona.
Sister Mary DeLellis, St. Joseph’s Hospital, Lorain, Ohio.
Sister Mary Germaine, St. Elizabeth’s Hospital, Youngstown, Ohio.
Sister Mary Evangelista Weyand, St. Mary’s Hospital, Tucson, Arizona.
Sister Renie Hunt, St. Vincent’s Hospital, Norfolk, Virginia.
Speedling, Nellie Frances, Wilmington General Hospital, Wilmington, Delaware.
Smith, Nellie C., Ohio Valley Hospital, Steubenville, Ohio.
Stack, Margaret K., 175 Broad Street, Hartford, Connecticut.
Thorson, Myrtle O., 1252 Springhill, Mobile, Alabama.
Whitehead, Laurie B., Greenwich Hospital Association, Greenwich, Connecticut.
Willett, Lela Blanche, Latter-Day Saints Hospital, Salt Lake City, Utah.

Associate Members

Kellogg, Gertrude B., Fenchow Hospital, Fenchow, Shansi, China.
Whiteside, Faye, Peiping Union Medical College, Peiping, China.
Wyne, Margaret Ruth, Peiping Union Medical College, Peiping, China.

Respectfully submitted,

Charlotte Burgess,
Ellen Daly,
Elizabeth Melby, Chairman.

REPORT OF THE COMMITTEE ON FINANCE

The Committee on Finance begs to submit the budget for 1932 for your consideration.

In March of 1931, the League purchased a Bond for $5,000 of the Chicago, Rock Island & Pacific 1st and Ref. 4s, 1934, so that there is now a nest egg of $15,000. Although the calendars and publications did not bring as great a return as in former years, the year 1931 closed with a substantial balance in the treasury.
If a Research Worker is to be added to the League’s Headquarters Staff with necessary clerical assistance, some of our securities will have to be sold in order to finance the project. Perhaps this research worker may be instrumental in adding something to the League’s resources.

We have purposely estimated a much lower income in the Budget, because of the present economic situation, but we hope that the income will be a little better than here indicated.

**NATIONAL LEAGUE OF NURSING EDUCATION**  
1932 BUDGET

**Estimated Receipts**

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**Estimated Expenses**

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<td>(f) Maternal Care</td>
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3
(g) Nominating ........................................... $15.00
(h) Revision ............................................... 5.00

Convention:
(a) Miscellaneous ........................................ 130.00
(b) Officers’ Expenses ................................... 1,000.00
(c) Program and Speakers ............................... 400.00
(d) Reporting ............................................... 150.00

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

Grading Committee ....................................... 1,000.00
Headquarters Budget ..................................... 11,841.40
Miscellaneous ........................................... 100.00
Portraits .................................................. 300.00
President’s Traveling Expenses ......................... 200.00
Publications ............................................. 400.00
Refunds ................................................... 50.00
Slides ..................................................... 500.00
Stationery and Supplies ................................. 200.00
Treasurer’s Bond ......................................... 12.50
Research Worker ......................................... 4,000.00
Clerical Assistant ....................................... 1,620.00

$28,746.90

HEADQUARTERS BUDGET FOR 1932

Salaries ................................................... $7,800.00
Rent ........................................................ 1,391.40
Telephone ............................................... 105.00
Special Office Care ..................................... 25.00
Supplies .................................................. 125.00
Shipping Service ....................................... 275.00
Postage and Express Charges (Including Calendars) . 700.00
Telegrams .................................................. 50.00
Letter Service—Multigraphing and Mimeographing (Including Calendars) ..................................... 250.00
Packing Service (Calendar) ................................ 50.00
Extra Stenographic Service .............................. 300.00
Emergency Fund .......................................... 200.00
National Health Council Library Service .............. 120.00
Entertainment Fund ..................................... 50.00
Miscellaneous (Includes auditing books, bonding headquarters disbursing officer, repairing, and other incidental expenses not listed in above headings) .................................. 250.00
New Equipment:
Adding Machine .......................................... 150.00

$11,841.40

Respectfully submitted,

MINNIE JORDAN,
MARIAN ROTTMAN,
MARIE LOUIS, Chairman.
REPORT OF THE COMMITTEE ON NOMINATIONS

The Nominating Committee begs leave to submit the following report:
It has not been possible to hold meetings of the Nominating Committee and, therefore, the work of this Committee has, of necessity, been done by correspondence.

The following nominees have allowed their names to appear on the ballot:

President: Effie J. Taylor, New Haven, Conn.
Daisy Dean Urch, Oakland, Calif.
First Vice President: Nellie X. Hawkinson, Cleveland, Ohio.
Second Vice President: Gladys Sellew, Chicago, Ill.
Julie C. Tebo, New Orleans, La.
Secretary: Lorraine Demhardt, New York, N. Y.
Stella Goosmary, Boston, Mass.
Treasurer: Marie Louis, Plainfield, N. J.
Marian Rottman, New York, N. Y.


I wish to take this opportunity to express my personal appreciation to the various members of the Nominating Committee who have been untiring in their efforts and unfailing in their cooperation.

Respectfully submitted,

CELIA CRANZ, Akron, Ohio.
ELIZABETH ODELL, Evanston, Ill.
CAROLINE M. RANKIELLOR, St. Paul, Minn.
JESSIE M. MURDOCH, Jersey City, N. J.
BLANCHE A. BLACKMAN, Springfield, Mass.,
Chairman.

Miss Evelyn Wood and Miss Zora McAnelly were nominated from the floor for the office of First Vice President.

REPORT OF COMMITTEE ON PUBLICATIONS

Immediately following the annual meeting in Atlanta, the work of publishing the Proceedings for 1931 was begun. On August 20th, 2,723 copies were sent to the members. Only 58 were returned because of incorrect address, and of these 32 have been resent to correct addresses, which were obtained from the subscription department of the
American Journal of Nursing and by office correspondence. Several of the members have expressed appreciation for having received the Proceedings at such an early date. It has been noted that failure to receive the Proceedings has served as an important reminder of unpaid dues.

The final details of preparation for the publication of the "List of Schools of Nursing Meeting Minimum Requirements Set by Law" were complete early in the summer, the list coming from the press in July.

Since the present Secretary took no part in the publication of this information, it is appropriate that favorable comment be made on the truly difficult task of collecting and tabulating the material as well as the long hours of proofreading and editing required in the preparation of such a publication. To date, 768 copies have been sold. We wish to suggest that the members of the National League of Nursing Education assist in giving publicity to this pamphlet by speaking of it at meetings of local and state Leagues as well as encouraging its use by prevocational schools and public libraries.

There will be a reprinting of the Curriculum this summer. This must not be confused with the revision which is now in the hands of the Education Committee and which will not be ready for two years or more. The reprinting will include a few minor changes and the bibliography will be brought up to date. We have sold since May, 1931, 621 copies of the Curriculum.

The work of gathering material for and the printing of the Calendars is yearly delegated to the Publications Committee. This year it was decided to print two Calendars—a desk pad and a Nursing Saints Calendar. Excellent coöperation was manifested on the part of the magazines which announced the sale of the Calendars, and by the nurses throughout the states, who demonstrated their loyal support of the project. The desk pad Calendars were quite popular, as evidenced by the number sold. There is, however, less profit in printing two types of calendar, and for that reason the Committee has decided to use only one next year.

The 1933 Calendar will not relate especially to nursing, but will have a very attractive cover and will be designed so that it will be appropriate for any group.

The Calendar sales up to date show that we have sold 8,071 Nursing Saints Calendars and 6,555 desk pad Calendars. These sales have amounted to $9,152.75, with a net profit of $5,723.37. The Michigan State Nurses’ Association sent a check for $225 in lieu of selling Calendars in that state.

So many requests have come to the office at Headquarters for lists
of schools giving graduate courses that we have had planographic copies made from our List of Schools of Nursing Meeting Minimum Requirements, which can be mailed out to those desiring such information.

The Publications Committee realizes that many of our reprints are out of date, and that there is great need for a new supply of material on the various problems in nursing education. A careful analysis of our needs will be made in the very near future and every effort will be made to collect and to have on hand for distribution reprints which will be helpful to the nurses of the country.

Respectfully submitted,

HELEN W. MUNSON,
ALMA H. SCOTT,
ISABEL M. STEWART,
CLARIBEL A. WHEELER, Chairman.

REPORT OF COMMITTEE ON REVISIONS

The Committee on Revisions begs to submit the following report of work for the past year.

The Constitutions and By-laws of the Arkansas and the North Dakota Leagues of Nursing Education were approved; and a copy of the Constitution and By-laws of the Tennessee League, which had been previously approved by the Committee, was received. A revision in the By-laws of the New Jersey League has also been approved. The following amendment to the By-laws of the Rhode Island League was approved:

The officers of this organization shall be a President, a Vice President, a Secretary, a Treasurer, and three Directors. These seven officers, with the President of the Rhode Island State Nurses’ Association and the President of the Rhode Island State Organization for Public Health Nursing shall constitute a Board of Directors.

Although the question of a change in the National By-laws on associate membership had been suggested, the Committee did not feel that a change was necessary. This view was also held by the Board of Directors.

As the Board of Directors voted in May, 1931, to discontinue the Committee for the Study of Nursing Education in Colleges and Universities, the Committee on Revisions recommends that Article VII, Section 1 be amended to read as follows:

Section 1. Standing Committees shall consist of at least three members and shall be appointed by the Board of Directors unless otherwise provided for, and shall be as follows:
a. Convention Arrangements.
b. Education.
c. Eligibility.
d. Finance.
e. Nominations.
f. Program.
g. Publications.
Section 9 to be omitted, and Section 10 to be renumbered Section 9.

M. Anna Gillis,
Marion G. Howell,
Laura M. Grant, Chairman.

REPORT OF COMMITTEE TO STUDY RELATION OF NURSING TO MATERNAL CARE

Miss Hazel Corbin, Chairman, reminded the meeting that when this Committee had last reported it had decided, because of the proposed development of a national midwifery committee, to continue, but to have no activity unless it were necessary to further the cause. The national midwifery committee has been formed, and the Chairman of the Committee on Maternal Care represents the National League of Nursing Education on the national committee.

Miss Corbin then read a progress report from the Association for the Promotion and Standardization of Midwifery, Inc., to the Committee to Study the Relation of Nursing to Maternal Care, which had been prepared by Miss Hattie Hemschemeyer, Executive Secretary of the Association, as follows:

PROGRESS REPORT FROM THE ASSOCIATION FOR THE PROMOTION AND STANDARDIZATION OF MIDWIFERY, INC., TO THE COMMITTEE TO STUDY THE RELATION OF NURSING TO MATERNAL CARE.

For the past twenty years there has been a growing interest in the development of training schools for nurse-midwives in the United States. In 1931 The Association for the Promotion and Standardization of Midwifery was incorporated with the following Board of Trustees: George W. Kosmak, M.D., Benjamin P. Watson, M.D., Miss Hazel Corbin, R.N., Shepard Krech, M.D., Mrs. Mary Breckinridge, R.N., Mrs. E. Marshall Field, James A. Harrar, M.D., Miss Lillian Hudson, R.N., Linsly R. Williams, M.D., George Gray Ward, M.D., and George L. Brodhead, M.D.

A training school has been organized by this Association as a memorial to Ralph Waldo Lohenstine, M.D. It is financed for a three-year
period by a group of sixty women under the leadership of Mrs. E. Marshall Field. The course in midwifery covers a period of ten months. The first four months includes instruction, supervision, and practice in the general field of public health nursing with special emphasis on supervision. This work is given under the supervision of the Department of Nursing Education, Teachers College, Columbia University. The remaining six months in midwifery includes: lectures and demonstrations by obstetricians and nurse-midwives, observation and instruction in cooperating maternity hospitals, observation of as many confinements as possible, and the responsibility for the prenatal, delivery, and postpartum care of as many cases as are available under the supervision of the resident obstetrician or certified nurse-midwife.

The practice field for the student midwives is affiliated with The Lobenstein Midwifery Clinic, Inc. The clinic is located in a congested district in the city of New York where the birth rate is high, where poverty is common, and where the customs of the people favor the services of midwives. The clinic patient is given a careful medical examination and if found to be normal, free from disease, and without a contracted pelvis, she is assigned to the midwife service for home confinement with the understanding that the prenatal, delivery, and postpartum care is given by the midwife under medical supervision. The patient who is found by medical examination to have abnormal conditions is referred to cooperating maternity hospitals for care.

The requirements for admission to the course are: four years of high school or an accepted equivalent, the diploma of an accredited school of nursing, registration in one of the States of the United States, and two years of professional experience, one of which has been spent with a recognized public health organization. The applicant must be eligible for university matriculation. Exceptions to these requirements will be made for applicants whose professional accomplishments justify special consideration and for those who are referred by organizations which are training local personnel for midwife supervisors.

Preference will be given to applicants from states where the practice of midwifery is more common and where the individual applicant has the endorsement of the State Health Commissioner or Director of the Bureau of Child Hygiene.

Respectfully submitted, Hazel Corbin, Chairman.
COMMITTEE ON THE USE OF LIBRARY FACILITIES

The Committee on the Use of Library Facilities makes a progress report only. It has held several meetings in New York City and there has been a number of conferences with interested persons. The project occupying the consideration of the Committee is a special study of library facilities for nurses: a survey of the needs and problems and the possible preparation of standards for libraries of schools of nursing and other nursing groups.

Representatives of the American Library Association, the Carnegie Foundation Committee on Scholarships and Grants, the School of Library Service of Columbia University, the American Medical Library Association, and others have been consulted.

Considerable interest has been shown in the proposition by all of these people and cooperation has been assured. The Committee hopes to secure the name of a promising student of a Library School into whose hands will be placed an outline of the study desired and for whom it is hoped to secure a fellowship large enough to finance a year's comprehensive work on the plan or a "Grant in Aid."

The Committee has been told that the idea of a member of one profession making a study for the benefit of another profession is particularly interesting to the organizations consulted.

In order, however, that the plan may have further weight with the organizations cooperating the Committee took the following formal action:

It was voted that this Committee present to the National League of Nursing Education Board of Directors a resolution that an effort be made to secure a qualified person to make a study of nursing libraries, including a general survey of needs and possible standards, with the idea that this person apply for a year's fellowship or grant, from the Carnegie Foundation; and that the Boards of Directors of the American Nurses' Association and the National Organization for Public Health Nursing be asked for their endorsement of the project. These endorsements of the three associations were later granted by formal action of the Boards of Directors.

A careful outline of the study desired has been prepared by Miss Stewart and was discussed by the Committee.

At the meeting of the Committee on January 16th it was voted that this Committee present to the Board of Directors of the National League of Nursing Education a resolution that an effort be made to secure a qualified person to make a study of nursing libraries including a general survey of the needs and possible standards, with the idea that
this person apply for a year’s fellowship from the Carnegie Foundation; and that the Boards of Directors of the American Nurses’ Association and the National Organization for Public Health Nursing be asked for their endorsement of the project.

Julia C. Stimson, Chairman.

REPORT OF THE FUNCTIONS COMMITTEE

At the Atlanta Convention the Board voted “that a committee be appointed to make a comprehensive study of a means of reorganizing our organizations, giving consideration to all functions, and especially to our own place in such an organization, and that on acceptance of their plan by the Board of the National League of Nursing Education it be presented to the Board of the American Nurses’ Association.”

In accordance with that minute the Functions Committee, to which the task was assigned, proceeded as follows:

A meeting of the members residing in New York was held on November 17, 1931, and the whole Committee met at the time of the January Board meeting.

The earlier work of the Committee was reviewed. This consisted of an analysis of the functions and interrelations of the American Nurses’ Association and the National League of Nursing Education and of certain functions of the National Organization for Public Health Nursing, such as the work of the Education Committee. Earlier studies of certain other national organizations were reviewed and the Chairman reported on more recent interviews with representatives of the American Medical Association and the National Education Association, in which the respective and complex organizations were discussed. In both these interviews the representatives placed great emphasis on selection of personnel once a clear objective had been stated rather than on form of organization, believing that carefully chosen and well-qualified people, given the privilege of frequent conference, can accomplish more than can ever be brought about by detail of organization.

The Board made the report of this Committee a part of the business of a special meeting of the Board on January 19, 1932. A tentative report was presented and there was free discussion. At that meeting the Committee proposed that, in order to facilitate the work of the profession, the N. L. N. E. be made the Education Department of the A. N. A. without changing in any way the organization or autonomy of the League. If adopted this would mean that the executive secretary of the N. L. N. E. when functioning in relation to the A. N. A. would function as educational secretary of the A. N. A., a position
which does not now exist. This would give her a recognized place at the A. N. A. staff and other conferences, especially at those having a bearing on educational problems and policies.

This plan is based on the highly successful organization of the N. E. A. in which the Society of Superintendents, an autonomous body with its own electorate and its own officers, has become the Department of Superintendence of the N. E. A. All members of the Department are required to be members of the N. E. A., a requirement causing us no concern because the League already requires A. N. A. membership as a prerequisite for membership.

After very careful consideration, the League Board voted (1) to accept the report, and (2) to request the A. N. A. Board to meet with it for informal conference on the matter. This was done. The Chairman of this Committee presented the report with some elaboration and it was most favorably received. Following this the Chairman of this Committee was empowered by the League Board to transmit to the A. N. A. Board the following memorandum and minute:

_The Memorandum._—The Board of the National League of Nursing Education at its annual meetings January 19 to January 22, 1932, has given most careful consideration to the report of its Functions Committee and to the unparalleled difficulties which American nurses are experiencing during the current economic depression.

Studies of unemployment and the studies of the Grading Committee give factual basis for the belief that the condition of unemployment is rooted in the economic unsoundness of our schools. This in turn leads to the inevitable conclusion that programs of graduate education are needed for the poorly prepared nurses who expect to remain in nursing. State boards of nurse examiners are the key to any very general improvement in the schools but at the present there is no machinery set up by means of which the League can aid these boards which have a direct relationship to the A. N. A.

Faulty distribution, stressed by the Grading Committee and by the A. N. A.'s studies, is an outstanding weakness. This weakness is even more apparent in the ranks of the nurses prepared for or aspiring to positions in schools of nursing than in private duty. It is, none the less, a problem for the whole profession.

The need in local situations for assistance from our national headquarters is very much greater than existing staffs can meet. The Board of the N. L. N. E. believes, however, that by a pooling of resources, our present staffs can greatly extend their usefulness.

In proposing the change in organization covered by the minute: "In order to bring about closer working relationship between the National League of Nursing Education and the American Nurses' Association, especially in the field of education, it is recommended that the A. N. A. be requested to consider the possibility of making the N. L. N. E. its Department of Education"; the N. L. N. E. is not proposing to relinquish its autonomy nor to alter its existing organization in any way. It is proposing what appears to be the simplest arrangement whereby the joint interests of the N. L. N. E. and the
A. N. A. may be discussed around the A. N. A. conference table and swift action secured.

Some of the points emphasized by the Board of the League as seeming desirable are as follows:

1. A change in the letterhead of each organization to indicate the new relationship.
2. Utilization of A. N. A. publicity resources in promoting educational activities approved by the N. L. N. E.
3. Infusion into programs proposed by the A. N. A. for its component organizations material of an educational nature with due regard, however, for the more specific functions of the local Leagues of Nursing Education.
4. A sharing of information which would make it possible for field workers on either staff to speak with authority on the work of both organizations. The American Journal of Nursing is not a separate activity but should not be overlooked in relation to such efforts.
5. Joint effort to work out substantial programs designed to aid the boards of nurse examiners.
6. In the discussions of the Board of the N. L. N. E., it was felt that discussion of financial adjustments might wait until the new cooperative relationship had been tried out.
7. The N. L. N. E. has expanded its headquarters staff by the addition of a director of studies. It plans also to put on a membership drive in order to bring the largest possible body of nurses concerned primarily with nursing education into effective action.

In other words, the N. L. N. E. is prepared vigorously to move forward with the A. N. A. on these proposals.

The Minute.—The Board of the National League of Nursing Education, at a meeting on January 22, 1932, moved and voted the following motion:

In order to bring about closer working relationships between the National League of Nursing Education and the American Nurses' Association, especially in the field of education, it is recommended that the A. N. A. be requested to consider the possibility of making the N. L. N. E. its Department of Education.

If such an arrangement were made, it is understood that the N. L. N. E. would retain its present organization and autonomy.

The executive secretary of the N. L. N. E., when functioning in relation to the A. N. A. would function as educational secretary of the A. N. A. This would give her a recognized place at A. N. A. staff and other conferences, especially at those having a bearing on educational problems and policies.

Respectfully submitted,

Carolyn Gray,
Adda Eldredge,
M. Helena McMillan,
Daisy Dean Urch,
Helen Hansen,
Laura Logan,
Anna D. Wolf,
Nina D. Gage,
Mary M. Roberts, Chairman.
REPORT OF HEADQUARTERS COMMITTEE

At the Board meeting held on January 22, 1932, it was voted to create a Committee on Headquarters, on whom the Executive Secretary could call for advice, and that the members of the Board living in New York should constitute this Committee until after the next election.

One meeting of the Committee was held, February 18, 1932, with Miss Burgess, our President, presiding, and all members present.

Estimates on partitioning off and furnishing an office within the outer Headquarters office for Miss Pfefferkorn, the new Director of Studies, were presented and approved.

The Executive Secretary presented a plan for the membership drive which was favorably considered. It was decided that the Headquarters Committee should act as a committee on the drive, and that the details of this plan should be included in the League President’s letter which goes out to the State Leagues each year before the convention, so that there could be a full discussion of the campaign at the Advisory Council meeting in San Antonio.

A request from a secretary of one of the State Boards of Nurse Examiners asking for a conference of State Boards of Nurse Examiners at the biennial meeting, was read and discussed. It was the unanimous opinion of the Committee that the League, in conjunction with the A. N. A., should sponsor and arrange for such a conference.

Respectfully submitted,

CLARIABEL A. WHEELER, Secretary.

REPORT OF THE COMMITTEE ON STUDIES

It is my pleasure to report that all nurses nominated by the Board of Directors for the Committee on Studies accepted the appointments. It is further my pleasure to report that March 7th Miss Blanche Pfefferkorn took office as Director of Studies.

The first meeting of the Committee was held on February 29th. It was possible for only those members living in and near New York City to be present. Suggestions from all members were solicited for the meeting. The discussion of the meeting centered on the type of study which should first be undertaken by the Director of Studies. No action was taken.

On March 18th a second meeting was held. The Director of Studies presented a program of suggestion, which included (1) a comprehensive time study, which could examine quality of nursing as well as quantity; (2) an analysis of student performance to disclose (a) supervision provided, (b) types of duties performed, i.e., those of a purely service
nature and those which are identical; (3) morbidity study, to find out types of patient (diagnoses) which should be represented on a teaching service; (4) clinical content, to disclose the nursing care peculiar to different types of patients on a service. These and other studies suggested by the Committee were discussed.

The Committee was of the opinion that the first study should be a fairly short one. The subject decided upon was “The Use of the Graduate Nurse,” the plan for the study to be developed by the Director of Studies.

The Committee further agreed that it would be desirable to collect, as far as possible, all studies which have been made in the field of nursing, both published and unpublished.

The Director of Studies submitted a report of the information she had gathered on charges for field studies made by other national educational associations.

A special meeting was called on March 24th to consider the request of a State Board of Nurse Examiners for a special nursing study. This request received favorable action.

This, so far, is the report of the Committee. The Director of Studies has begun the study of The Use of the Graduate Nurse. She is also endeavoring to collect either a record of or a copy of all studies which have been made.

The Committee asks your assistance in gathering this material. When the organization meets again the Committee hopes to be able to report the accomplishment of projects which should be of benefit to the school. We believe that, with Miss Pfefferkorn as Director of Studies, we shall.

Respectfully submitted,

MARIAN ROTTMAN, Chairman.

REPORT OF THE NURSES’ COMMITTEE FOR FINANCING GRADING PLAN

The total subscriptions received by the Committee for Financing the Grading Plan to March 31, 1932, were $112,666.40. Of this amount $104,933.86 has actually been paid; $7,732.54 is still due on pledges. As soon as the outstanding pledges are paid the Committee’s work will be completed.

An extraordinarily large sum has been raised during a period of unusual pressure. The Committee’s success in raising that sum has been entirely due to the cooperation of the nurses throughout the country. Since it seems likely that this report will be the last report rendered to a Biennial Meeting, the Committee wishes to express its profound
appreciation and also that of the Boards of Directors of the three National Nursing Associations, for the fine response and generous assistance which has been given by the nurses, both as individuals and as members of state organizations.

Respectfully submitted,

CARRIE M. HALL, Chairman.

REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

This Committee begs to report that the usual business has been transacted. Last spring thirty-one applications for scholarships were received and six were awarded. Two of those who received them gave them up and their places were taken by the first two on the list of alternates. Another used the scholarship for one half the course and returned the balance as unforeseen circumstances compelled her to give up the work. This year at this date, thirty applications have been received. The six scholarships presented were awarded as follows:

Nina M. Levering, Lakeside Hospital, Cleveland, Ohio.
Jessie E. Stephens, Good Samaritan Hospital, Portland, Ore.
Helen L. Woodworth, Army School, Washington, D. C.
Mildred A. Richardson, Connecticut Training School, New Haven, Conn.
M. Margaret Davies, Hackensack Hospital, Hackensack, N. J.
Mabel S. Campbell, Children’s Memorial Hospital, Chicago, Ill.

At the annual meeting held in January, Miss Noyes’ resignation was presented. This was accepted with much regret and Miss Ella C. Best was appointed to fill the vacancy thus created. Also resignations from the executive committee were received from Miss Riddle and Miss DeWitt. Miss Riddle and Miss DeWitt have been since the organization of the committee Treasurer and Secretary and have by these years of interest and support been largely instrumental in making the fund what it is today. It has been a privilege to work with them and I cannot adequately express the appreciation that we all feel for their splendid contribution.

The Executive Committee was appointed as follows: Miss Dines, Mrs. Eden, Miss Best, Miss Laura Grant and Miss Lawler. Miss Lawler was reappointed Chairman. Mrs. Eden was appointed to succeed Miss Riddle as Treasurer and Miss Best to succeed Miss DeWitt as Secretary in December.

It was voted to award this year six scholarships of $300.

The Treasurer’s report shows that for the year of 1931 the contributions to this fund amounted to $1,163.60 and interest on investments to $1,137.50.
McIsaac Fund

Thirteen loans were made from this fund during the year and eight have been repaid. Three applications have been refused. At the end of the year we had $7,755 outstanding in loans with a balance in bank of about $600. The gifts during the year amounted to $1,021.61.

The Secretary was instructed to send out the announcements as usual and, while the Committee felt that this was not the time to make any appeals for funds, a little later definite plans should be made to interest the alumnae associations to make annual contributions, no matter how small, and also to urge the state associations to consider these national funds when preparing their budgets.

Respectfully submitted,

E. M. Lawler, Chairman.

The President appointed the following committees:

Committee on Resolutions: Miss Nina D. Gage, Virginia, chairman; Miss Daisy Dean Urch, California; Miss Juliet George, Michigan.

Tellers: Miss Irene Murchison, Colorado, chairman; Miss Amy Leger, Missouri; Miss Ruth Colestock, Colorado; Miss Nona Barcus, Texas.

Inspectors of Election: Miss Louise Muller, Texas, chairman; Miss Mary Helen Pittman, Missouri; Miss Clare Brook, Indiana.

The Chair declared the meeting adjourned.
Joint Opening Session

American Nurses' Association

National League of Nursing Education

National Organization for Public Health Nursing

Monday, April 11, 8 p.m.


The invocation was given by the Right Reverend W. T. Capers, D.D., of San Antonio, and welcomes extended by Mrs. Jane Y. McCallum, Secretary of State, Texas; Mayor C. M. Chambers of San Antonio; Miss Ellen Louise Brient, R.N., President of the Texas Graduate Nurses' Association; and Dr. J. C. Anderson, State Health Officer, Texas.

Address—Nursing Comes of Age

Elnora E. Thomson, R.N.

President, American Nurses' Association

Published in the American Journal of Nursing, May, 1932, page 497

What Are Nurses Going to Do About It?

Elizabeth C. Burgess, R.N.

Associate Professor of Nursing Education, Teachers College, Columbia University, New York, New York, and President, National League of Nursing Education

We have recently been hearing from various sources the criticism that the nursing organizations and those known as nursing leaders have done nothing toward remedying the ills of the nursing profession, and a like complaint from many nurses themselves that the profession is taking no constructive steps to remedy the evils of overproduction and unemployment. While it is possible that this may seem to be the case to those who are uninformed, there has probably been much ill-considered speech and unjustified criticism during these difficult times. I do not agree with those who make these criticisms.

I heartily agree with those who state that nursing is sick. It is and has been seriously sick for a long period. Its illness is in a large measure caused by the medical and hospital care which it has received.
Such an illness requires a long period of convalescence before full recovery can take place.

The illness of the nursing profession began in its infancy, when almost immediately after its birth as a new profession for women it was adopted, we might even say kidnapped, and became the stepchild of a busy and well-meaning family, which, bent on fulfilling its special function of the care of the sick, saw in this infant, money and service value.

The hospital and its ally, the medical profession, has practically controlled the education of nurses in this country for nearly sixty years. The results of this control we know only too well. The entire program of this convention deals with it, and with the activities of our organizations and of our friends, who are many in the medical, hospital, and other fields, in combatting, controlling, and curing our ills.

What have nurses done about it? I can but briefly review some of the outstanding events of the past, but at the opening of this great conference I think it well, especially for the group who are dealing particularly with the field of nursing education, to have them in mind.

Nearly forty years ago, thirty-nine to be exact, this association of which I have the honor of being president was brought into being because of the need that something be done. Its first efforts were turned toward setting up standards by which the worth of the nurse training given by the hospital schools might be evaluated, and which would aid in a more uniform preparation of those who were to serve the community as graduate nurses.

The young society openly condemned the evils which were then in existence and which were constantly arising from the establishment of so-called schools of nursing in hospitals quite unable to give a proper course of training and the established practice of hospitals in opening schools of nursing for their own gain.

Partial remedy was seen in the establishment of a national nurses' association which would work through state societies to secure state laws for the regulations of schools. At the same time constructive efforts were made to improve instruction and make it possible for at least a few graduate nurses to prepare themselves for the administrative and teaching duties which are as inherent in the conduct of a school of nursing as they are in the conduct of any school. The course at Teachers College, Columbia, was one of the first tangible results. Other efforts extending over the years have led to the approved curriculum, to steadily improved conditions of work, putting the hospital school on a better basis, and to the establishment of undergraduate courses in nursing in colleges and universities.
At the seventh annual meeting of this society, in 1900, the increasing need for state protection was emphasized when it became necessary for a memorial to be drawn up and sent to the College of Physicians of Philadelphia, and to the Philadelphia Medical Society, protesting against the action of 304 members of the College of Physicians lending their names to a project under the name of the Philadelphia Nurse Supply Association, which had as its object the education of women as nurses in a course of but ten weeks in length.

At that time Mrs. Hunter Robb said, "The only way to distinguish between the graduates of such bogus institutions and graduates from good training schools is to have legal registration." Such opinions accelerated the coming into existence of the American Nurses' Association and the state societies which at once proceeded to approach the legislatures of various states to secure, one after the other through years of effort and almost unbelievable difficulties, the laws which now govern to at least a degree the practice of nursing. Opposition to the passage of the laws and to incorporating into them any but, in most cases, the most meager provisions and standards came in the beginning and continues to come from hospitals large and small, from organized medicine, and from individual physicians. Many nurses, as well, have held back progress through their apathy, their lack of understanding, and because of their long domination by hospital interests they have come to be unable to think in terms of education. What a vicious circle, with the poor hospital school continuing to swell our ranks with a stream of the incompetent!

What do nurses do about it? They continue to approach the legislatures of our states and struggle for better laws and better enforcement.

The Great War came—what did nurses do about it? They volunteered for service by thousands, first through the nursing service of the American Red Cross and later directly with the Army and Navy. They served in home relief in the U. S. Public Health Service, they kept the hospital nursing services alive at home and they served in war relief work which went on for years.

After the war and largely as the result of the great demand for public health nurses and because of their functioning so largely in a preventive, social, and educational program, the question was raised whether preparation for the field required the same fundamental course as was given to those who were to function more particularly in the care of those who are sick. As a result the Study of Nursing and Nursing Education in the United States was financed and so made possible by the Rockefeller Foundation.

Nurses as a whole have been so busy all these years meeting every-
day problems, carrying on in hospitals in the care of the sick, nursing the sick in their homes, which has often been a twenty-four-hour-a-day job, tramping the streets and climbing the stairs with their bags, putting their efforts into social service of all kinds, that it has been but a comparative few who have appreciated the drift toward overproduction. Quantity has been emphasized by hospitals, by doctors, and by public health services.

The realization, therefore, has come rather suddenly to the majority that there is overproduction, that quantity has been emphasized and quality has been greatly neglected, that unemployment of nurses while at present a part of a great national, even international problem, extends beyond the present serious economic situation. We now know that if the production of nurses continues as in the past, unemployment will not cease, and unless the quality of the nurse from the standpoint of both general and professional education is raised, we are retrogressing.

What have nurses done about it? The association saw "the writing on the wall" and for years has sought means for a study of the situation. The great foundations were approached as early as 1911 with the hope that we could secure for nursing the same type of help as had been given to medicine. Getting no aid from these sources (aside from the Rockefeller study already mentioned) we decided that if we were to secure help we must help ourselves. The Committee for the Grading of Nursing Schools was the result, an independent committee, bringing together the thought of many groups, but inaugurated through the efforts of the N. L. N. E. and, as you know, financed principally through the gifts of individual nurses and the nursing associations. This Committee has been at work gathering facts, many of them not new to those who have for years been concerned in the education of nurses and with nursing practice. But the facts have been scientifically gathered and have been presented to the public. The sins of hospitals in the name of education have been laid bare. The economic situation of nurses is known, the great overproduction of the unqualified is a known fact. The system of noneducation carried on by hospitals has produced unwarranted numbers, it has failed to produce quality.

What are nurses going to do about it? That is the question nurses are gathered here to answer. Some economists hold the theory that if full information regarding all professions were provided and if all barriers to all occupations were removed, in a sufficient period of time correct occupational distribution could be brought about simply through the choice of the occupation entered upon,—a long process.

Dr. Harold F. Clark, a student of economic theory, especially as it
is related to education, advocates a state commission which shall con-
stantly redistribute the number of persons to be trained for any occupa-
tion, a theory probably too remote to meet our immediate needs.¹

Let us enumerate: There are more nurses already in the field than
are employed. Hospitals are continuing to take in students and turn
them out to swell these numbers. At the same time the sick are going
without nursing care. Nursing positions, both in institutions and in
the public health field, which require persons of special preparation and
ability are going unfilled. The mentally ill are on the increase. Preven-
tive methods, hygiene, and nutrition need to be taught. Public schools
in our great cities are woefully lacking in nursing service. Patients in
many hospitals are not receiving sufficient nursing care. Many rural
areas have no nurses.

As a matter of fact physicians, hospitals, and many nurses continue
to think regarding both the preparation and employment of nurses in
terms of a half century ago. There are many things that might be
done and some of them must be done.

Among them I will suggest that the time has come for (1) nursing
schools to be set up as independent organizations with the education
of the nurse as their aim. Our hospitals would continue to furnish
abundant clinical experience for the students. (2) Every hospital which
cannot show that it is justified in conducting a school on the grounds
of education should cease to conduct a school and employ the now
unemployed graduate. (3) We should secure the interest of the state
in the preparation of nurses. It is as much a state function as is the
preparation of teachers. (4) Students of nursing should pay for their
education in money. Exchange of service for a diploma should cease,
but it should be real education for which they pay. (5) Far higher
and better qualifications for the practice of nursing should be set up—
higher personal qualifications, higher general and professional educa-
tion. The medical profession need have no fear; it is not the well
educated nurse who attempts to usurp the function of the physician.
If we had wished to be physicians we would have entered the medical
school. (6) Colleges and universities must be approached and urged to
assume their responsibility in the preparation of nurses as they have
assumed it in the preparation of teachers, dietitians, social service work-
ers, librarians, and many other groups. (7) All persons who nurse
for hire should be licensed by the state. (8) We must continue to find
employment for those unemployed at the present time, but we would
warn those who desire to continue to meet the increasing demands for

¹Clark, Harold F.: Economic Theory and Correct Occupational Distribution, Bureau of
Publications, Teachers College, Columbia University, New York, 1931.
nursing that they must continuously seek further preparation. This is no more than the world demands of all individuals.

I cannot conclude without a word to our hospital family, which may think we have little sympathy with them in the hard times which are upon us all, especially when they find themselves accused of being our abductors and taskmasters.

As a matter of fact our sympathy and our understanding of the hospital needs are so great, and our relationship so close that it makes our own program doubly difficult. We believe a plan can be worked out which will be mutually beneficial. As for the medical profession, we have many friends among them, we have from our cradles been brought up to be loyal to them as a group and as individuals we now ask the medical profession to be loyal to nursing.

A response and address was given by Miss Sophie C. Nelson, R.N., President of the National Organization for Public Health Nursing, and the greetings of the American Red Cross Nursing Service were presented by Miss Clara D. Noyes, R.N., Director.

The meeting adjourned.

Joint Session

American Nurses' Association

National League of Nursing Education

National Organization for Public Health Nursing

Tuesday, April 12, 9 a.m.

Presiding: Elizabeth C. Burgess, President, National League of Nursing Education.

Subject: Nursing at the Crossroads.

Implications for Nursing in the Findings of the Grading Committee

William Darrach, M.D., Sc.D., LL.D.

Chairman, Committee on the Grading of Nursing Schools,

New York, New York

During the last five years I have had the opportunity of working with two national committees which have been dealing with related subjects. The Committee on the Costs of Medical Care has studied the conditions under which the people of the United States do and may obtain adequate care in time of illness or disability. The Committee
on the Grading of Nursing Schools has confined its efforts to studies of the problems of nursing care. I am not speaking to you today on behalf of either of these Committees, but merely as an individual who has seen the work of both. Certain conditions have been brought to light which previously I did not appreciate.

A good deal of factual data has been collected which should correct or emphasize existing emotional impressions. Our pleasure or disappointment is very apt to color our conclusions unless we keep an open mind. Sometimes we feel that there are few cards in the pack above a nine spot, although we know there are as many kings and aces as there are twos and threes. If most of our friends want the Eighteenth Amendment repealed, we are apt to claim that the country is ninety per cent wet. When a doctor in a given locality has difficulty in getting just the nurse he wants, he preaches the shortage of nurses. When he reads some state nursing examination papers, he decries the over-education of nurses. When a doctor finds he is only seeing a fraction of the patients he might see and his investment account remains stationary, or ceases to exist, he believes there are too many doctors. It is only by a study of the collected facts from different parts of the country, from different levels of living, from different times and different conditions that we can get a fair picture of what is going on.

It is acknowledged that adequate medical care is not at present being obtained at a bearable cost. Many different groups of people are involved in this problem. First, there is the army of people trying to supply the service directly, which includes doctors, dentists, nurses, hospital personnel, pharmacists, social service workers, physiotherapists, etc., in addition to midwives and laboratory workers, as well as osteopaths, chiropractors, Christian Science workers, and other cultists. Second, there is the group of people who are giving money to enable this army to supply service to those who cannot pay for it. And finally, there are the people themselves who need adequate medical care either as prevention, alleviation, or cure. If any attempts to improve conditions are to succeed, they must enlist the wise coöperative efforts of all groups concerned, and if these efforts are to be wise and coöperative, they should be founded on as thorough an understanding of actual facts as can be obtained. I believe that the studies of these two Committees will accomplish a great deal in clarifying the pictures which each of us has in mind as to how adequate medical care may be obtained by the people of this country. If the different groups concerned will study these results, each will understand better the problems of the other and will plan more wisely for their solution. You nurses and especially those of you who are at the head of schools of nursing, can
accomplish a great deal in broadcasting the results of the studies of these two Committees. Thanks to the splendid work which the American Journal of Nursing has done, you have available, in readable printed form, much of this information. Talk about it to your trustees, to your medical staff, and to your patients. See that they learn it and appreciate it. They may question the facts and doubt the conclusions, but make them think about it!

The share which nurses must assume in providing adequate medical care, is a large one and a very important one. So the problems of nursing education, of nursing employment, and of nursing remuneration become objects well worthy of study. Each one of you is and should be deeply interested in nursing education, employment, and remuneration, but I would urge that you bear in mind that behind all your thinking and planning and action should be the basic idea of how we may provide adequate nursing care to the people of the United States at a cost that can be borne. You believe that schools of nursing should be primarily educational, that a nurse on graduation should be able to obtain sufficient work to do and that in return for her services she should have an adequate financial return. It is hoped that you will lend every effort to bring such conditions about, but let us both bear in mind, as nurses and doctors always have, that our primary object is to render adequate service to the sick.

One of the most striking results of the study of the Grading Committee is the picture of overproduction. If we look at the figures and study the rate of increase and realize the present situation, we cannot help worrying about the future. If there are already more individuals in the nursing world than the public is using and if each year we are graduating many times the number required for replacements or new demands, it is evident that overproduction not only exists but is rapidly getting worse. I know of only two ways of meeting such a situation; by decreasing the supply, or by increasing the consumption. Both methods seem to be indicated. If too many nurses are being graduated each year, it is easy to say reduce the number of schools and reduce the size of the classes. Undoubtedly both of these measures will be adopted. They must be carried out with wisdom, though, because these student nurses are now providing a considerable proportion of the nursing service in the hospitals of the country at a low cost. As these students are decreased in numbers their work will have to be done by others. Replacement by graduate nurses means more employment,—increasing consumption, but, except among the religious orders, graduate nurses require salaries as well as maintenance. This in turn increases the cost of nursing care.
I think we can assume that too many women are going into nursing and that many of them are insufficiently qualified. Raising the entrance requirements would seem an excellent method of both diminishing the supply and improving its quality, yet experience has shown that raising requirements is sometimes followed by increasing applications, and raising standards of personnel may also increase the cost of service.

Means of increasing the consumption of the yearly product of training schools are being developed and others will undoubtedly occur. We have already referred to the replacement in many hospitals of the student nurses by graduates either where the schools are given up or the classes reduced. It is believed that considerably larger numbers of graduate nurses can and will be utilized with the further development of community health centers and public health units. In hospital care of patients the nurse today is attending to many details formerly carried out by the physician. If methods of distributing the cost can be evolved, similar sharing of medical care can be carried out in the home in addition to the greater amount of the type of purely nursing service now rendered by the public health and visiting nurse. Another suggestion has been made for making greater use of nursing services, namely in the field of mental work. It may be possible to increase the share the nurses assume in the care of the mentally sick who occupy such a large percentage of hospital beds throughout the country.

It is disappointing that more attempts have not been made to work out plans for group nursing, both in the private rooms of hospitals and in the homes. It would seem that a good deal of success has crowned many of the efforts that have been made and the plan is worthy of further trial. Many patients in the hospital and in the home need no more hours of nursing care than the ward patients do. The enforced idleness of special nurses is not only a waste of time but distressing and demoralizing to the nurse. The plan by which the private patients in the hospital may receive and pay for the nursing service they actually need and no more, has been proved successful and should be put into effect on a much larger scale.

The problem of auxiliary forms of nursing service is a difficult one. In the face of the present conditions of oversupply and unemployment among registered nurses, the mere suggestion that there is a place for women with less background and shorter training in the field of nursing, may arouse opposition. Nevertheless, I believe that there is a real need for such people. It is time that nurses, doctors and the public realized that nurses vary in their abilities and in their value to the patient and the doctor. It is realized in institutional work where salaries are regulated only in part by the position held. It is recognized by
doctors in regard to their office staff. But in private duty work the wage seems to depend only on the rate current in any given community. The recent graduate with minimum background, training, personality and abilities, commands the same financial return as the unusually skillful college graduate with years of experience. This does not seem right or fair. I believe it is true that a considerable percentage of the nurses now in training are only qualified to be among the second grade whether you call them attendant nurses, trained attendants, practicals, or by some other term. Moreover, much of the nursing service needed by sick people, irrespective of their ability to pay, can be adequately provided by this auxiliary group. It is possible that were such service available at the lower rate it deserved, more use would be made of it. Of course, such nursing service would require regulation and supervision, but I believe that with proper licensing and with the development of the registry into a more carefully supervising machine that the dangers can be safeguarded. We all realize that there are many women today posing as registered nurses and getting full rates for their work, who have not earned or received the R.N. The great objection to the auxiliary nurse is that she assumes the rights and privileges of the registered nurse and the public is fooled. Of course, this is wrong but it is preventable. The studies made by the Committee on the Costs of Medical Care in Brattleboro have been most illuminating. They have proved that by a group payment plan and a supervising organization, a community can be supplied with adequate nursing service of both higher and lower types at a very moderate cost, with a satisfactory return to the nurse. It is simpler to work out such a plan for providing both more and less expert nursing service by R.N.’s and trained attendants in smaller communities than in large cities, but even there I believe it can be arranged. In the smaller communities where everyone is known, it is easier to avoid the less adequately trained individual’s assuming responsibilities she is not qualified for.

If adequate nursing service is to be supplied to the public, the technique of adjusting supply to individual demand must be improved. At present, when patients need nursing care they either send for someone they know or one whom their friends recommend, or ask the doctor to get one. The latter may have a list of his own of those whose qualities and abilities he knows. More often, he calls up the special registry of the hospital he is associated with. He may describe the particular conditions clearly enough to enable the person in charge to select the most suitable nurse. More often, I am afraid, the nurse at the top of the list is the one sent. Much has already been accomplished by the better registries to improve their methods, but much more work is
necessary. County and state medical societies, state registration bureaus, and various committees both local and general, are working on the problem and getting results. They have made it more difficult for the unregistered and unqualified nurse to assume responsibilities and receive remuneration which she has not earned, but much remains to be done in this field.

Interesting advances are being made in the teaching of the undergraduate nurse. Most hospital authorities now recognize that nurses should know something of the basic sciences as related to nursing. They realize that time should be allowed for the student nurses to learn at least the fundamentals of anatomy, physiology, chemistry and dietetics. Most schools have provided for a preliminary period of three or four months so that most of this theoretical instruction can be "got out of the way." I am afraid, though, that a good many of those who decide these questions are thinking of them in terms of hours of teaching rather than as to what the student nurse shall learn. They are more concerned with how long she is off the ward than they are with her ultimate intelligence. It is of great importance that sufficient time be allowed for the theoretical instruction of the nurse, but it is of even greater importance that the time allowed be used to the best advantage. So it is encouraging to see instructors appointed whose sole or main duty is to teach. Even if they have to teach from twelve to eighteen different subjects, it is better than having all the teaching done by people already overburdened with other non-teaching duties. The time may come when more than half dozen schools will have this teaching done by people who really know their subjects and are interested in them. I hope and expect to see the time when various types of central schools shall be established, whether as parts of a university or not, with a staff of qualified and interested full-time teachers, meeting the teaching needs not only of one hospital but of many of the hospitals in their vicinity. Minneapolis and Cleveland and a few others are showing that this plan can work. It is hoped that the various types of centralized teaching by experts will be experimented with and more highly developed throughout the land.

At present, the very large majority of schools of nursing are under the direct control and management of the hospital with which they are associated. This control is usually in the hands of the board of trustees or managers and is exercised through the superintendent of the hospital. The administration of the school and the character of the teaching are often largely influenced by the medical staff or by one or more of its members. We all feel strongly that any school, whether of nursing or in any other field, primarily should be educational. The students who
enter that school and follow its course should obtain in orderly fashion not only the desired theoretical instruction but the opportunity for practical experience so essential in this field of endeavor. Heads of training schools are not as a rule bothered much by the hospital authorities as to what they teach their students. They have a pretty free rein in deciding on the subject matter of the theoretical instruction, both in general and in detail. Nor are they hampered much in the techniques they teach in the wards and other parts of the hospital. Their main difficulty lies in the hours allowed them for teaching purposes. The reason for this is that their students are needed to carry on the nursing service of the hospital.

The nursing service of the hospital is a definite responsibility of the school of nursing and the authorities of the school must meet this responsibility. We often hear discussions as to this dual responsibility of the school of nursing and the difficulties connected therewith. We often hear the Bible quoted as to impossibility of serving two masters. But we have found in medical education that things are apt to go more smoothly when the dual responsibility for teaching and care of the sick is vested in one individual. In the teaching hospitals the same individual is director of medical service in the hospital and head of that department in the medical school. The individual can adjust the varying and different needs and proportions better than if two separate people had to discuss and decide these questions. So it seems quite possible for the head of a training school for nurses to arrange her educational requirements to fit in with her duties as director of nursing service of the hospital.

I see one difference in her case, however, which does not seem to have had the attention it deserves. Her duty is a triple one rather than a double one. She must not only meet the educational needs and satisfy the demands of the medical staff for the nursing of their patients, but she also must attend to countless administrative details of housekeeping for which the superintendent holds her responsible. This triple duty holds all down the line from the head of the training school to the head nurse and the individual student or floor duty nurse. As a matter of fact, hospital nursing and home nursing and public health nursing all have this triple side—education, professional care and routine administration.

It therefore seems evident that if the affairs of schools of nursing are to be administered wisely, some form of organization should be arranged whereby the different elements of this joint enterprise are all represented. Whether it is called a Board or a Committee is not important. The main purpose is to have the various groups who are work-
ing for the same end, meeting together, understanding each other's problems and difficulties, and sympathetically coöperating each with the other. The final power will usually lie with the individuals who supply the best nursing care to the patient.

The Grading Committee has been working on minimum standards for schools of nursing. Most of us have pretty clear cut ideas as to the fundamental principles we should like to see schools of nursing built upon. But in drawing up definite statements as to where the line should be drawn, between what is acceptable and what is not acceptable, there is opportunity for discussion. At first, one is apt to think of the standards we should like to see universally accepted and adopted. We paint pictures of what we should like at least the majority of the schools to measure up to, something to point to with pride and satisfaction, something for the schools to work towards. But those are not minimum standards. By the latter term we mean the lowest permissible qualifications. So, from this point of view we must start afresh and consider each item from the point at which a school is really failing even to be decent. The first tentative list drawn up that way seemed pretty modest, but when it was applied to the results of the first grading, it was found that if it were applied strictly there would be no schools at all. So the standards have had to be modified a good deal in order that they shall be practical in their application. I should predict that after ten years we shall look back on this list as ridiculously low compared to the standards of that year. It is hoped that these standards will be accepted by the various national organizations either as they are or with amendments, and enforced. Should this be done, a long step in the right direction will have been taken, but it will be only a step. The march of progress will have to go on.

HOSPITAL NURSING COSTS, AND HOW THEY ARE TO BE MET

Paul H. Fesler

President, American Hospital Association

Published in the American Journal of Nursing, June, 1932, p. 637

PARTNERSHIP WITH THE PUBLIC

May Ayres Burgess, Ph.D.

Director, Committee on the Grading of Nursing Schools, New York, New York

It is just six years since I first had the privilege of representing the Grading Committee at one of your biennial conventions. Much has
happened in those six years; but never have we had a more stimulating prospect than that we are facing now. The future of nursing may perhaps be decided by what happens from 1932 to 1935.

Nursing is at the crossroads. The profession is facing many problems; but the most serious fact for nursing today is that it is an overcrowded profession. There will be graduated from the schools this year something like 25,000 young women for whom there is no work. Next year there will be another 25,000, and the year after that, still another. Between every presidential election we add 100,000 new nurses to the ranks of the nursing profession.

Through the courtesy of the United States Census Bureau, we have been given, for your use at this convention, an advance statement concerning the numbers of nurses in this country, in the 1930 Census. Within the past 10 years—since 1920—the population of the United States has increased 16%. The number of trained nurses has increased 97%. The Census gives, for 1930, a total of 294,268 trained nurses. There is in the United States today one nurse, trained or untrained, for every 67 families. There are 36 states in which there are less than 100 families per nurse. Figures for the individual states will be published in the May number of the American Journal of Nursing.¹

To most of us, the year 1910 does not seem so very long ago. Twenty years passes quickly. Ten biennial conventions—and the 20 years are gone. But conditions can change quickly in 20 years.

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In 1928, the Grading Committee prepared a chart showing the numbers of trained nurses for every 5,000 people. The chart predicted what would happen, if nothing was done about it, by 1945 and 1965. People did not believe those estimates. They criticized the Committee’s figures as being unreasonable, sensational, absurd. The criticism was so severe that the chart was finally withdrawn from public view. It is now time to bring that chart to light again.

The chart was made as follows: Assuming that all the people of the United States were evenly divided into cities of 5,000 each, and that all the trained nurses were evenly divided, so that every city had the

¹American Journal of Nursing, May, 1932, p. 517.
same number as every other, how many nurses would there be in each city, and how many people would there be to pay each nurse's salary? The chart predicted that by 1945 there would be one trained nurse for every 365 people, and by 1965 there would be one to 229.

There are in the United States today 14 states, including the District of Columbia, which have reached or exceeded the estimate for 1945, and two of these have reached or exceeded the estimate for 1965. If we take all nurses, trained and untrained, there are 32 states which have reached or exceeded the estimate for 1945, and 14 which have exceeded the estimate for 1965. These figures are for 1930. It is now 1932.

There is no other problem in nursing which is so important as the one of overproduction. If every school of nursing in the United States today were giving as good training as is now given by the best schools in the country, there would still be unemployment, and discouragement, and criticism, and distress. It would still be difficult to get into the schools enough women of the right kind; and it would still be difficult to find nurses with the proper training for the higher positions. No matter what the schools are like, women of intelligence and breeding will not enter the nursing profession in any considerable numbers if they know that they cannot hope to earn a satisfactory living by practising the nursing profession.

Overproduction means unemployment. It means dissatisfaction. It means a widespread, irretrievable breakdown in professional morale. It means that the public begins to sense that something is wrong; to lose its respect for nursing; that intelligent, conscientious mothers and fathers begin to say, "We don't want our daughters to go into nursing." It is this result which is most dangerous.

When anything is wrong in a profession there is one essential element for making things right. It is not money, or standards, or independence. It is intelligence. No amount of money will make a good school unless there is a high class brain to control the use of that money. No standards or curriculum, however well devised, can remake the quality of teaching in the school of nursing unless that school is possessed of intelligent teachers. No degree of independent control would be of value unless there were highly intelligent people to exercise that control wisely. The one essential for curing the ills of any profession is intelligence; and the worst thing which can happen to a profession is to have the intelligent mothers and fathers of the community decide that that profession is undesirable for their daughters.

Overproduction is bad, because it means unemployment and distress to the present generation of nurses. It is even more serious because it means a sharply curtailed supply of intelligent young nurses for the
future. Moreover, unemployment and its resulting unhappiness cannot be concealed. Prospective students judge the profession not from the newspapers, but from the nurses they already know. If the picture those nurses paint is not attractive, the intelligent girl will not enter. In the long run the only way to attract students of the right quality is to demonstrate, through the happiness and success of the women who already belong, that the profession is a desirable one to enter. That is why the most important task for nursing today is to reduce the numbers of new nurses entering the field, and to make it possible for every qualified nurse to earn a satisfactory living.

This is a truly difficult task. Most people agree that many schools ought to be closed, but hardly any one believes that his own school ought to be closed. Superintendents of hospitals and superintendents of nurses alike sincerely believe that their schools are better than others and that their graduates are needed in increasing numbers, even though there is unemployment among their alumnae at the present time. Closing the schools will not come soon as a purely voluntary measure. The nurses need help. They need an effective working partnership with the public.

At the present time nurses are not, most of them, very closely in touch with the general public. They have not thought very much about the importance of getting close to people; and they have no centralized machinery for doing so. There are some fortunate cities in which the nurses have learned to work closely together; but in most of them, perhaps, they are not so organized. There are many different groups. The private duty nurses are in one, the institutional nurses in another, the public health nurses in a third. They think of themselves as belonging to separate groups, with separate interests. In every town there are married nurses who have left the profession and who feel as though they hardly belonged anywhere. The district association has its own membership, but there are many nurses who do not belong to the district. There are as many different alumnae associations as there are schools of nursing.

In such a city there is an enormous amount of conscientious and devoted service being done for the profession. The better nurses belong on several committees apiece, and each is often working on several different projects, for the city, or state, or national organizations. The amount of devoted service which is being given is very large, but it represents dispersed energy. The nurses are working on different projects, in different ways. The effectiveness of their work is often lost because it is so scattered. If it were possible to postpone temporarily most of the committee activities in most of the nursing organizations,
and to turn the released energy upon a single carefully thought out campaign, upon which all the nurses would be working together, they could, without too great sacrifice, bring about an enormous change in the conditions in nursing. There is plenty of potential power, but it needs to be organized, to be directed into a single channel, and carried forward towards a single objective.

To "get together" is at the basis of the American tradition. "United we stand!" Our nation was founded upon that concept. Persuading the members of a profession to stand unitedly together is an easy matter when it has to do with a few great nationally promulgated principles, but it is a very difficult thing to do when it implies the steady, energetic cooperation of local groups. The closer people live together, the more difficult it sometimes is to forget their differences and work towards their common needs. Yet if it were possible to persuade all of the local nurses in every city to concentrate their united energies towards a few outstanding objectives, quick progress could be made towards solving nursing problems.

The process of securing such united action would probably involve, first, calling in all nurses from all the different groups and bringing clearly into their consciousness the necessity for coordinated action and the opportunities for nursing which such coordinated action might secure. Such leadership might come through the District Association, or—better still—through the Community Nursing Council or through any other community group which is organized to help meet the nursing needs of the community.

The next step would be to elect a small, strong, planning committee to lay out the work, and then to give it every possible support. Such a committee should be young, energetic, intelligent, courageous. Its duties should be to organize group action, to coordinate group activity. It would be like the general staff of the army, planning the campaign and laying out for each division the particular sector along which advance is to be made. The committee would seek to assign a task to every nurse in town, to get the nurses all working together at the same time and for the same purpose. Such a campaign cannot be carried through in any half-hearted spirit. It can only be successful if the nurses realize how much success matters. They need the campaign spirit. Nurses have demonstrated that they can work together in an emergency. It may be that they will realize that the emergency is here.

What could the District or the Community Council do? A basic fact to remember is that there is safety in numbers. In nursing this is a fundamental concept which must not be lost sight of. If one nurse, or twenty nurses, or a few hundred nurses seek as individuals to preach
against the evils in nursing and to urge corrective measures, each one
must meet the opposition of all of those who do not agree with her. It
is dangerous to be a solitary reformer. It is especially dangerous when
one's own livelihood is jeopardized. The group, however, can speak
with perfect freedom. The larger and more coordinated the group, the
greater safety there is in urging reforms and in seeking to secure public
pressure for carrying them through. There is safety in numbers.

The first project should be organized publicity, to bring the facts
about overproduction into public thinking; and also, to make sure that
high school principals and teachers realize what the conditions are in
nursing. No second rate high school student stands a decent chance of
being self-supporting in nursing today. High school teachers and prin-
cipals ought to be made aware of that fact. Only the best students in
the graduating class should be encouraged to go into nursing, because
they are the only ones who stand a fair chance of being successful in
this overcrowded and highly competitive field. The parents of daughters
in every community ought to know these facts. No matter how much
the hospitals may want their services, it is not fair to encourage young
women to enter the training schools if upon graduation they will find
themselves unable to earn a living. The community should be told that
there is room in nursing today only for the abler women.

The nurses employed in any given hospital may well hesitate to say
these things, because they might lose their positions were they too vig-
orously and openly to warn parents against sending their daughters into
the school unless those daughters are particularly bright; but the nurses
of the community need not hesitate. There is no danger that they will
all be asked to tender their resignations. No matter how unpleasant
the facts may be, if the nurses can prove that they are telling the truth
and that they are being fair to all the different groups concerned, and
if they get together so that they all share the responsibility for what is
said, they can speak without fear and with some hope of securing a
hearing. There is strength in numbers. There is also safety.

The first task, then, for such a local project would be to get the facts
of overproduction clearly and emphatically into the thinking of the local
people. Those facts are that mediocre students should not enter nursing;
that if they do, they are practically certain to face future unemploy-
ment; that there is room in nursing for a few able young women with
good background and with good training; but there is room only for
women of this sort.

The second task is that of making friends. Nurses have had long
experience with their own legislative committees. The technique which
helps to get good laws upon the statute books is closely similar to the
technique of getting community support. Having brought the nurses together, the District or the Council would do as the legislative committee does, analyze its own membership and discover what contacts it already has with the people whose support is needed.

Public health nurses are closely in touch with other welfare organizations. They have their boards of trustees with whom they work closely and frankly. They can furnish certain avenues of approach to the community which are often closed to nurses in other groups. Institutional nurses are close to the medical staffs of their hospitals. They have their boards, with some of which they work closely. They often have patients under their roofs, for days on end, with whom they could talk about nursing problems. Private duty nurses go into the homes and have long hours of uninterrupted intimacy with members of the community whose opinions matter. School nurses go into the schools and reach the parents through the children. Married nurses often have opportunities to do intensive home missionary work with husbands and relatives and friends. If the membership of the local profession is analyzed, it will be found that practically every member has some avenue of approach to the community, in which she can render especially helpful service.

Following the technique of the legislative committee, these openings should be listed, and each nurse given her assignment, which calls for getting in touch with the people to whom she has access and talking with them about nursing problems. Much of the time, that is the only thing which needs to be done. It is not an aggressive thing. It is a wholly friendly thing, but it is more important perhaps than any other element in the whole campaign. The chief difficulty which nurses face is the degree to which other people are uninformed about their problems.

Many physicians are quite unaware of the difficulties under which nursing is struggling. They do not believe the stories of unemployment. They do not realize the degree to which the hospital depends upon students for nursing service; and when they are annoyed at some of the nurses who work with them on their cases, they do not know that the occasional unfortunate incident in nursing is often directly attributable to the fact that nurses cannot control the sorts of women who are admitted to their profession. Your most important task in every community is to get the people of the city aware of the problems nursing is facing; and this can best be done by individual contacts of nurse with patient, of nurse with doctor, of nurse with citizen.

Nurses can, and should, exert enormous group pressure in the health field. Nurses working together could enter into the community life, striving energetically to encourage projects for the public health, projects of benefit to graduate nurses and to their patients, and striving with
equal energy to discourage continued overproduction in their profession. If the nurses work together pressure can be brought to bear in special instances with very great effect.

If, for example, one of the local hospitals is trying to raise money in the community to build a new hospital wing, it would be entirely proper if the professional nursing groups of the community should at once, openly, and with every emphasis at their command, ask how the hospital plans to provide the nursing service for that new wing. If there is reason to believe that the hospital plans to increase its numbers of student nurses in order to secure cheap labor for staffing the new wing, the graduate nurses of the community have the right to protest. Overproduction and unemployment mean steady deterioration in the quality of nursing service for that community. In the long run, not only the nurses, but the patients, suffer. If one nurse only protests against such a plan and urges citizens not to contribute towards it, she may be severely penalized; but if all the nurses of the community join together to protest the plan and give their reasons, their protest will be heard and respected.

On the other hand, if the hospital, instead of planning to nurse its new wing with students, announces its intention of providing a high grade nursing service without students, on a graduate basis, there again the nursing groups of the community may render a genuine public service by cooperating with the hospital authorities in a friendly and energetic campaign to help raise the necessary funds.

It would be a mistake for nurses to organize merely to fight the opening of new schools or the enlarging of old ones. It is a safe rule for every organization to try to please two people every time it has to offend one. The nursing groups in the community need to be on the alert for every opportunity in which they can legitimately render public service by supporting plans which make for community welfare. Nurses have enormous power. There are many community projects in which the help of the nursing group would be most welcome. If the nurses in every community through their local organizations were to take an active interest in what the community is trying to do, they would soon find cordial community support for the things that the nurses are trying to do.

The methods for securing a working partnership with the public are not particularly complicated. They call, first, for getting all the nurses together, in spirit as well as in theory; and persuading them to defer for the time being every project except those few which are of immediate importance. They call for a strong and vigorous executive committee, which is given complete support. They imply a specific campaign
with work for every nurse, and methods of seeing to it that that work is done.

Securing a working partnership with the public really involves four tasks. The first is to give full publicity to the facts about overproduction and the necessity for choosing new students with the utmost care. The second is to secure close personal contact with influential citizens, so that those who shape public opinion may become interested and informed concerning nursing problems. The third is for the local nursing organization to be on the alert for opportunities to work with the public on the side of desirable public health movements, so that community leaders will learn to look to the nursing organizations for cooperation. And fourth, having secured an enlightened public opinion and the confidence and gratitude of the community, nursing should then be in a position to wage an effective campaign against any attempt to continue or increase the overproduction of nurses in that community, and in favor of every project for enlarging the opportunities for more and better graduate nursing service.

Nurses have a right to be heard. If they present their case with professional clearness and with professional dignity, they will be able to secure a hearing. A unanimous, vigorous, courageous campaign for better graduate nursing service in the community would be the most effective way of curing overproduction, and of securing the partnership of the public to make nursing the great profession it ought to be.

The meeting adjourned.

**Session Conducted by Instructors’ Section**

*Tuesday, April 12, 11 a.m.*

Presiding: Ella Best, Chairman.
Subject: Visual Education.

**Visual Aids in Nursing Education**

**Harriet Davis, R.N.**

_Instructor, Indiana University School of Nursing, Indianapolis, Ind._

Today we face increasingly perplexing problems in the field of nursing education. Medical science is making great strides. If we maintain our cherished positions as coworkers with the doctors it becomes necessary to achieve an astounding body of knowledge and master a constantly enlarging volume of technic.

We, who hold ourselves responsible for educating nurses, know that the time allotted for presenting all this new material and teaching the
many new skills, has been but little increased. We must, therefore, be on the alert for better and more efficient methods, and we must even be ready to discard some of the traditional ones to which we cling so gallantly.

In most respects we are keeping pace with educational methods in other fields. We are applying to the best of our ability principles gleaned from conscientious study of philosophy of education, psychology of the learning process, and principles of teaching. We are proud of our well-equipped laboratories and of our well-organized lecture courses. We are eager to use the newest in methods of instruction, if it can be demonstrated that they are efficient and applicable to our needs.

Within the past few years much attention has been paid to the use of illustrative material. It is not by any means a new idea. Illustrative material has been used and abused wherever there have been efforts in formal teaching, but we have long regarded our visual aids as indispensable supplementary devices, and are unfamiliar with them as organized systems of instruction. Although yet in its infancy, there are already college courses offered in the science of visual instruction and numerous textbooks written on the subject.

Before proceeding further, perhaps we should have a clear interpretation of the meaning of our subject. I quote from a textbook entitled "Visual Instruction in the Public Schools," by Anna V. Dorris of State Teachers' College, San Francisco, California. Says Miss Dorris: "Broadly speaking, visual instruction is not, of course, a separate subject nor even a new procedure in the teaching process. It is rather merely a means to an end. Visual instruction simply means the presentation of knowledge to be gained through the 'seeing experience.' The 'seeing experience' has always been man's simplest and most natural means of gaining information. Objects, pictures, illustrations, maps and charts, have played an important part in teaching for centuries, and have long been recognized by progressive teachers as not only valuable but indispensable. ... The new materials used in visual instruction which have caused such widespread interest and such enthusiastic and possibly extravagant claims, are the natural outgrowth of marvelous developments in the art of photography."

As we study the list of devices which are considered agents in visual instruction, we are comforted to find that we have long made extensive use of all the important ones, with the probable exception of one of the latest perfected: the motion picture film.

First comes active demonstrations, and here, indeed, is one of our most valuable and widely used methods of teaching purely nursing subjects. Then are listed models, blackboards, graphs, charts, and posters,
all familiar to us and recognized as highly necessary. Excursions are spoken of as probably the original visual aid. No doubt all good nursing schools have taken advantage of invitations from commercial firms such as dairies, biological laboratories, drug firms, and bakeries, to show their students something about the production of these commodities. Social agencies have much to offer in inspection trips through state and city institutions. Exhibits have been used in various and sundry projects. Slides and stereographs are not new to us, and many schools are fortunate in owning projection lanterns and valued sets of slides. The newest and last visual aid, the motion picture film, introduces us to a novel and highly promising teaching device, and leads us into interesting speculation as to its use in nursing education.

Our attention is drawn to the extensive use and the educational power of motion pictures outside our own field. We find the elementary schools and many industrial and commercial organizations already well aware of their teaching value, and counting them as efficient devices whose possibilities as yet they have only begun to test. Naturally, in the face of all this enthusiasm, the conservative educator pauses to analyze the undertaking.

Under advantages, Professor Hugh Norman of the Department of Visual Instruction of Indiana University, lists the following fundamental reasons underlying Visual Education. These, of course, apply to all visual aids, but are of chief interest in this discussion in their connection with films.

First, "A greater per cent of persons see alike than hear alike or read alike." In other words, the interpretation of a visual image is much more likely to be exactly what the producer intended to convey than information gathered from lectures, or the printed page, because of the wide variety of distracting associations we have with familiar words.

Second, "Learning is generally mentally recorded as pictures." If we consider the learning processes of the young child we realize this clearly. The child learns by associating words with objects he can see.

Third, "We think our thoughts largely in terms visual." If someone says "I am going down town to buy a blouse," a quick series of images flash through our minds. We see a counter, a saleswoman, a customer, and a blouse, and unless another thought intrudes to distract we see the transaction briefly completed.

Fourth, "More impressions are gained through the eye in a given length of time than through all other senses." This we realize when we consider the time necessary to describe successfully even a very simple picture to a blind person.
Five, "We can visualize or learn correctly only through comparison made possible through past experiences." Thus, if someone describing an unfamiliar animal says, "It is about the size of a large cat, has a head that looks something like a rat's, has soft brown fur, hind feet webbed like a duck's, and a broad flat tail," we have a fair mental picture of a beaver. Each item in the description calls up an image. If the speaker had compared the beaver's size with an entirely unfamiliar animal the effect produced would have been confusing and indefinite. In the textbook mentioned above is shown a tiny picture of a hippopotamus standing quite alone against a background which reveals no other object. We can see at a glance that a child gaining his first impression of a hippopotamus from this picture would gather no conception of its size, since there is no tree nor man nor familiar object near for comparison. In fact, it looks like a pig with an ungainly head.

Six, "Pictures help clarify distorted conceptions." "They are a substitute for real experiences." "They arouse interest and bring realism." How many of us who have never seen locks in a ship canal have any very clear idea of how they operate? Most of us, unless interested for some special reason, would never take the time to investigate the scientific literature on the subject. And with a moving picture film in twenty minutes we gain the vicarious experience of having seen the Gatun locks in the Panama Canal in operation.

Seven, "Economic reasons," and here we must attempt to decide whether the motion picture film is the time, labor, and material saving device which we hope for.

Under disadvantages, Professor Norman lists fifteen criticisms which have come to him. Some of these bear careful consideration.

One, "Eyestrain." There is some opportunity for argument here. A number of medical men consulted are of the opinion that with the modern smooth running, nonflickering film there is probably little more strain put upon the eyes than there would be in watching any active demonstration. We all know that in the old days, when the screen was apt to be a mass of dazzling, dancing dots and confusing shadows, the effect upon the eyes may have been anything but restful.

Two, "There are too many mechanical difficulties." This in itself is hardly a reasonable criticism. One is amazed at the simplicity of the apparatus required. There are very satisfactory small portable projecting machines that are no more difficult to carry around than a suitcase. Neither do they get out of order easily if intelligently handled. A silver screen is desirable, but a sheet tacked up smoothly is a good substitute. It is, of course, necessary to be able to darken the room and to have an
electrical connection with the proper current. On the whole, however, the mechanical difficulties are not great.

Three, "Element of fire hazard." This was for a time a really serious objection. Today practically all the educational films made are noninflammable. In most states, fire laws control the use of inflammable films, making it compulsory to use booths for the projection apparatus if these are shown.

Four, "Cost is still somewhat prohibitive." The production of the film itself entails a considerable outlay. Only a well-trained person can direct the filming of any procedure to advantage. The process of exposing and finishing a film is expensive. The projection apparatus, screen, etc., are somewhat costly. While this objection perhaps places this teaching device outside the reach of individuals, it does not make it impossible for organized groups to use it profitably.

Five, "Films make superficial thinkers." This is a point which might well be debated. If it is true, we do not wish to adopt films as teaching aids. If it is partly true, we must bear in mind the hazard, and test our results frequently and thoroughly.

Six, "Films reduce reading." Here is another debatable point. The student, after all, reads to learn and to form mental habits which will be an asset to him throughout life. If a given amount of material can be effectively presented to him by other methods which require much less time, is the time saved or wasted? The answer depends first upon a comparison of results by testing how much has been retained with each method, and secondly upon the use that is made of the spare time.

Seven, "Films destroy the sense of perfection in language." Probably this objection is being overcome by the introduction of the sound device along with the picture.

Eight, "They dull the imagination." It is difficult to see any real grounds for this criticism, though perhaps it, too, is a debatable point.

Nine, "The introduction of films into the lesson causes distraction." This objection has undoubtedly come from instructors in elementary schools. With very young students the problem of keeping attention focused is probably increased by the mechanical disturbance of darkening the room or perhaps changing to another room and switching to films. With the better disciplined minds of adult students this is not such an important objection. The distraction in any event should not be great if managed by a capable instructor.

Ten, "Films tend to replace the technical method of teaching." This is no serious objection. We are reminded by leaders in this work that "visual aids are intended only as a supplement to other teaching methods."
Eleven, "Still pictures are better." This criticism seems to be based on the belief that still pictures leave more time for analysis and reflection than do films.

Twelve, "Proper films are not available." This is still a serious drawback to their general use. In the nursing field we find ourselves practically without material, except as we borrow from the fields of medicine and hygiene.

Thirteen, "Films are too rapid." We mentioned a moment ago the possible disadvantage that the motion picture allows little time for analysis and reflection. It is possible, however, to show a film once, discuss it, and then show it again to clarify first impressions.

Fourteen, "Benefits to be derived are uncertain and unproved." This is true, but most of us feel that the results are promising enough to be regarded as a challenge.

Fifteen, "No established method of using films for teaching purposes has been worked out." This is also true, but we are as yet only on the threshold of opportunity. By careful experimentation we can fit our methods to our needs.

The motion picture has come to us from the field of entertainment. This fact alone is sufficient to cause many to look upon it with distrust as a teaching adjunct. Is the student merely diverted and given a pleasant twenty or thirty minutes requiring little or no concentration on his part? Does he retain what he gains by this method as well as that which has been presented in other ways? The consensus of opinion of those who have studied the problem carefully seems to be that as much depends upon the ability of the instructor who guides the student in this as in any other mode of presentation. We cannot then see our way clear to dispense with instructors, at least in the near future.

The following systems of using films which bring out new subject matter have been suggested. The first is to show the film before there has been any discussion, though assigned readings may have been prepared. The students are told to be ready to discuss any or all details after it has been run. The instructor leads the discussion in order that it may be carried out to best advantage. After the discussion the film is run again to clear up doubts and vague impressions.

Another suggestion is that the subject be discussed from all desirable angles and the film shown last. This is probably just as satisfactory for older or adult students.

Still another promising use is in review work. It seems that here we might find films on nursing subjects most valuable and time-saving aids. Some experiments have been carried out in elementary schools to test the efficiency of teaching by means of films. In a Detroit school a class
was divided into two groups. The orange industry was the topic presented. In one group a good teacher presented the subject in thirty minutes. In the other a picture took seventeen and a half minutes. In a test later the latter group averaged two-tenths above the first. A similar experiment was used in a physiology class. In a test the group which had had the work presented orally in fifty-five minutes ranked sixty-one and five-tenths per cent, while the group to whom a ten-minute film had been shown twice ranked sixty-four and seventy-six hundredths per cent, a difference of three and twenty-six hundredths per cent in favor of the film presentation.

Proving the nationwide interest in the new method of instruction, a series of tests was conducted at George Washington University in Washington, D.C., in July, 1931. An impressive number of city and state superintendents of schools requested the president to lend his good offices to the organization of a test of the purpose and place of sound films in public school instruction. The Office of Education invited representatives from the Washington city schools, from the National Education Association, and from George Washington University, to help formulate the plan and conduct the experiment. Briefly stated, the following procedure took place. The Fox Film Corporation, from whose report I am quoting, was requested to provide all the facilities for the demonstration, including the new sound motion pictures, which were used as a basis for the test. Some ninety-seven school children, fifty boys and forty-seven girls, delegates from nearly every state, were assembled. Sound pictures on nature and historical subjects were chosen, the pictures being accompanied by comments and explanations. The children were first given tests over the subjects covered, the sound pictures were shown, and the tests repeated. I quote a concluding paragraph from the report.

"It is interesting to note that very good improvement was made by the pupils even in fields in which eighth grade graduates may usually be expected to have had definite instruction. For instance, boys and girls who had presumably studied glaciers, volcanoes, and river valleys, gained 42.5 per cent, 79.8 per cent, and 156.3 per cent over their first scores in these subjects respectively. In the field of science, which is less extensively taught in elementary schools than is geography, exceptionally high gains were made. These facts indicate a strong supplementary value in sound motion pictures."

All this may not be conclusive evidence, but it seems to indicate that motion pictures including sound pictures may be efficient time saving aids in the hands of capable instructors. It does not mean that there will be less need for highly trained teachers, but rather an opportunity
for these teachers to widen the curriculum. In nursing it should make possible the review of procedures demanding special skills at appropriate times, a step nearer the perfect correlation of theory with practice to which we aspire.

At Indiana University, Professor Norman has compiled a list\(^1\) of some twenty-two agencies located in various parts of the United States which supply films to be purchased, loaned or rented. Some of these are commercial corporations. He has himself assembled a rental library of films on hundreds of subjects which are lent to schools and civic groups at small cost. Indiana University School for Nurses has made use of numbers of these films on personal and public hygiene. Students here in their senior year have also profited by the privilege of attending seminars at the Medical School, at which many films of medical and surgical interest have been shown.

I should like to offer the following suggestions for the use of motion pictures in Nursing Education. The subject of hygiene has been mentioned. There are already many films available on this subject which there is not time to list. The ones on physiology are probably of considerable value, depending upon the laboratory facilities of the individual schools. In the Principles of Nursing course, I believe that well planned films would prove of great value, not as a substitute for demonstrations, but in review work as a time-saving device. Small schools where an abundance of clinical material in such services as pediatrics and orthopedics, etc., is not available, could probably use films on these subjects to good advantage, never of course as a substitute for essential experience. I might add certain phases of medical and surgical nursing, care of the newborn and technic in communicable disease nursing, to the list of subjects which could be covered with much benefit to the student.

There is undoubtedly a place for this type of instruction in the preparation of public health nurses and also in the field of private duty. Indeed we can only speculate as to the wide range of possibilities this device offers as we begin to work out suitable films.

In conclusion I should like to quote some comments by Glenn Frank relative to our subject. Regarding this agent of Visual Instruction he cites the following advantages.

"It is a useful supplement to textbook and teacher. It brings the textbook to life. It gives the teacher more time to deal with individual pupils."

\(^1\) A list of the agencies from which films may be purchased, loaned, or rented, may be secured from Prof. Hugh Norman, Bureau of Visual Instruction, Indiana University, Bloomington, Ind.
“It improves the quality of instruction.”
“It makes possible frequent repetition of materials.”
“It makes possible widening of the curriculum.”
“Pupils learn through eyes and ears.”
“It standardizes instruction.”
“It is economical.”

**DISCUSSION**

**AVAILABLE ILLUSTRATIVE MATERIAL FOR USE IN SCHOOLS OF NURSING**

**CLADYS SELLEW, R.N.**

*Assistant Dean, Cook County School of Nursing, Chicago, Illinois*

There is much available illustrative material for use in schools of nursing. Often, we do not appreciate its use, or realize that it could be used for classes in more than one subject. Some of this material is free, and for some a slight charge is made. Much of it, as we know to our sorrow, is very expensive. I believe that it would help instructors of nursing considerably, if they knew the sources from which the material could be drawn and something about the cost.

As you know, in the Curriculum, there is a list of available sources of material that is free or can be obtained for a slight cost. Illustrative material may be grouped under several headings:

- **Charts**
- **Models**
- **Samples of Material**
- **Pictures & Slides**

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<th>Charts</th>
<th>Microscopic Slides</th>
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<td>Moving Pictures</td>
<td>and Lantern Slides</td>
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Charts and models help to clarify the lecture. Actual samples of drugs or materials under discussion are always helpful. Microscopic slides substitute seeing the specimen for building up a more or less inaccurate mental image from pictures and discussions. Moving pictures and lantern slides can reproduce procedures and methods of nursing. This is especially valuable if it is not possible actually to show that type of case or treatment. The film of “Rabies,” put out by the Eastman Teaching Films, Inc., and made at Cook County Hospital, is an example. The voice will add to the effective use of the movie since the lecturer may be chosen for his especial knowledge of the subject.

Some of this material is excellent, but some is of little, if any, value. When writing for something which we have not seen, it is difficult to know whether it will meet our need or not. Lists soon become old and out-of-date, and time is lost in writing for material which cannot be had. For this reason, the Committee on Illustrative Material, a sub-
committee of the Education Committee of the National League of Nursing Education, has attempted to prepare a list of available material on the different courses taught in schools of nursing.

Illustrative material has been used in the teaching of practical nursing, especially in the preliminary period, and in the teaching of Anatomy and Physiology, Materia Medica, etc., but its value has not been generally recognized in the teaching of advanced nursing nor special types of nursing. Its application to the social sciences is even less frequently made.

May I illustrate this point: The charts frequently used in Anatomy and Physiology could be used again in teaching, let us take, for example, Contagious Disease Nursing. We use the normal Anatomy and Physiology as the basis for our discussion of the pathological condition. We would also draw from the material used in the courses in Bacteriology. The available material for the teaching of Tuberculosis Nursing illustrates the same point. There are many inexpensive pamphlets on these subjects which are easily obtained, as are charts, models, microscopic slides, etc.

In the teaching of the social sciences, movies, lantern slides, pictures and pamphlets are available.

SURVEY OF TRAINING SCHOOLS FOR EVALUATING THE TALKING MOTION PICTURE AS A TEACHING ACCESSORY

P. H. ARLINGHAUS
Manager, Medical Division, Electrical Research Products, Inc., New York, New York

PURPOSE OF INVESTIGATION

The purposes for making this particular investigation were to determine:

1. What subjects taught by schools of nursing could be presented best by the aid of talking pictures.
2. What, if any, order of importance of these subjects could be established.
3. What topics taught as part of these subjects most needed the aid of talking pictures.
4. What institutions were considered preferable sources for whatever information was wanted.
5. What action is necessary to make available comprehensive talking pictures of the subjects and topics selected.

It was not entirely assumed that the talking motion picture would be a valuable adjunct to the already established methods of teaching. Rather, it is based upon conclusions reached from applications made in
academic fields. Results from experimentation in this field were so marked by careful test and measurement that it prompted this survey of professional studies.

**QUANTITY AND DISTRIBUTION OF REPLIES**

The Atlanta Convention provided 52 returns, the National Survey provided 300 replies, giving us an aggregate total of information from 352 sources. It is rather difficult to determine the exact distribution of these replies so as to measure the location of interest intensity, for the reason that approximately 60 of the replies were incompletely identified. Expressing the number of schools replying as a percentage of the number of nursing schools reported by the states, we find better than average interest manifested from California, Connecticut, Idaho, Indiana, Kansas, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, New York, Ohio, Pennsylvania, Rhode Island, Virginia and Wyoming.

It might be interesting, if possible, to come to some opinion as to whether the replies were expressed by the large or small school of nursing. To secure this information the following procedure was followed: The total number of replies fully identified was exactly 16% of the total number of schools of nursing. The total number of student nurses reported to the schools which replied was 22.9% of the total number of students reporting to all schools. From this it was deduced that the average school replying to the questionnaire was larger than average from a standpoint of students enrolled, and it appears that the large school is manifestly interested in the application of talking pictures to their teaching methods. The basis of selection agreed upon for the evaluation and grading of this list was as follows:

1. The topic should be one of outstanding significance to nurses—something they really need and want.

2. It should have as wide an appeal as possible among nurses, both undergraduates and graduates, and if it could be used effectively with mothers' clubs or high school and college groups as well, this would be a distinct advantage.

3. It should be a topic which needs special emphasis at the present time or one which is inadequately presented in the rank and file of nursing schools, with their present facilities.

4. It should not be too controversial a topic—one which would likely be widely challenged by sectional groups or by different schools, or medical or nursing practice.

5. It should not deal with a subject which is undergoing such rapid evolution that the picture would very soon be out of date.

6. Material presented should be of the type which is not readily available for presentation by any other medium such as books, charts, lectures, etc.
Outstanding Significances

As a result of this investigation, the subjects taught by the average school of nursing have been arranged in the order as shown on the list, this arrangement being based upon the criteria for evaluating the talking motion picture as a teaching accessory.

It will be interesting to report some of the outstanding suggestions made under each of the subjects measured. In selecting these subjects, we resorted solely to the number of times the suggestion was made. As a result we find the following:

Personal Hygiene and Sanitary Sciences: Housing problems and their solution, also the pasteurization and production of certified milk. Frequent suggestions were made also on the topics of proper clothing; oral hygiene; care of, exercise, and proper shoes for the feet; and a knowledge of proper diet.

Anatomy and Physiology: The suggestions pertained mostly to various systems of the human anatomy and especially to the digestive, respiratory, reproduction and glandular systems.

Pediatric Nursing: Here we found that the preparation of and the feeding of infant formulae were most frequently suggested. Next were recommended that pictures be made concerning the play, play-things and psychology of children.

Medical Nursing: Under this subject the technique of the oxygen tent and the methods of properly handling the apparatus when required was the outstanding suggestion of the group, followed by more or less general requests for the latest methods and instruments for diagnosis.

Emergency Nursing and First Aid: Suggestions predominant under this subject pertained to artificial respiration and resuscitation.

Modern Social and Health Movements: Here the suggestion most frequently made concerned the type of public health agencies in this country, including their plan of operation and scope of activities.

Obstetric Nursing: The technique and preparation for home deliveries was the leading suggestion of those made under this subject.

Bacteriology: Here it was suggested most frequently that pictures presenting the preparation of sera and vaccines be made.

Surgical Nursing: Of the various suggestions made under this subject, it seems that if any emphasis be made, it should treat specifically the topic of operating room preparation.

Pathology: Under this subject a rather persistent suggestion was made
that the pictures present information concerning cancer, carcinoma, tuberculosis, tumors, and tissue changes.

*Psychiatric Nursing:* The suggestions most frequently occurring under this heading were those of the need of modern facilities and different viewpoints to handle psychiatric patients; also pictures covering the border-line symptoms.

*History and Ethics of Nursing:* Here it was suggested that there be presented by talking pictures, information on the field of nursing in the United States and nursing practices in foreign countries.

*Nutrition—Dietotherapy:* Under this heading many suggestions were made, all of which pertained to the general subject of diet. They covered phases from fundamental food equations and balance of diets, to the preparation of special diets for various diseases and disorders.

*Eye, Ear, Nose and Throat Nursing:* Apparently, a picture on the subject of the common cold is most desirable as part of this subject, followed closely by the topic of care of the eye, ear, nose and throat in health.

*Psychology and Mental Hygiene:* The suggestion of highest occurrence under this subject pertained to mental adjustment as a social factor and self correction.

*Chemistry:* Here, urine analysis appeared most desired of all suggestions made.

*Materia Medica:* The predominant suggestion pertained to the source, preparation, administration, and effects of drugs on the human system.

As a result of the compilation of suggested teaching institutions, we found a certain group most frequently mentioned. There is little difference in the actual number of times a suggestion of each institution was made, but to proceed in a purely mechanical fashion, the following order would be established: Yale University and Western Reserve Schools of Nursing, were tied for first place, followed by Johns Hopkins; Cook County Hospital; New York Medical Center; Philadelphia General Hospital; Teachers College, Columbia University; Bellevue Hospital; Massachusetts General Hospital; Chicago Lying-in Hospital; St. Mary's Hospital of Rochester, Minn.; and the University of Minnesota.

**Conclusions and Recommendations**

In making some specific applications of the talking motion picture to the academic fields of education certain pictures were prepared for
experimental purposes. These pictures are being used to ascertain to what extent, if any, the talking picture is more effective than other teaching aids.

In preliminary studies growing out of the present experimentation now under way, the results of one of the talking picture units in the project indicate that the group using the picture made a 30% higher gain than groups using any other teaching aids. This per cent gain represents the results of the first of eight units of instruction now being utilized in the experiment.

From this experience, it would seem that our assumptions regarding the attributes of the talking motion picture were correct. The distinct advantage that the talking motion picture has, in addition to those possessed by the silent picture, is one of greater control over the observations made by the audience. By using the talking motion picture, it is possible for the author of the picture to direct very specifically the attention of his audience to definite observations, and the result of such control more frequently attains the objective of the picture.

This advantage of the talking picture overcomes the objections made in some quarters that motion pictures are regarded as a form of entertainment rather than a teaching medium and that too high a percentage of distraction exists during their showing.

But to proceed with our thoughts, we are certain that the success of the talking picture in the academic field can be just as comprehensive when applied to purposes of nurse training. Assuming that similar advantages are possible from such an application, the material result would be a distinct rise in level of nursing knowledge causing a corresponding increase in level of practice. The talking motion picture also will make possible the assistance of master teachers of specific subjects to the instructors in schools with limited facilities for complete presentation of certain subject material.

Present day efforts of nursing educators are directed in part to the standardization of the curricula of the country’s schools of nursing. Very valuable assistance to this program can be given in the form of properly planned and executed talking motion pictures.

**Election of Officers of Section**

The following officers of the Section were elected to serve for the coming year:

*Chairman:* Lucille Petry, University of Minnesota School of Nursing, Minneapolis, Minnesota.
*Secretary:* Katherine Dick, St. Joseph’s Hospital, Houston, Texas.

The meeting adjourned.
Open Session Conducted by Advisory Council

Tuesday, April 12, 2:30 p.m.

Presiding: Elizabeth C. Burgess, President.

Twenty-seven State Leagues were represented at this session,¹ and reports were given by thirty State Leagues as follows:

Arkansas: The Arkansas League of Nursing Education is still in its infancy, as it has been only three months since it was accepted as a member of the National League of Nursing Education.

At the present time there are only a few members, but there are to be several new members soon, as their applications have been received.

It may be that the membership will not increase as rapidly as in other States, on account of not having many large schools.

California: The California League of Nursing Education has 182 members, 126 in the northern section and 56 in the southern section. Regular monthly meetings have been held in both sections, featured by interesting programs and good attendance.

Both sections have had the opportunity of participating in Institutes, held in Los Angeles and San Francisco, at which Miss Annie Goodrich was the guest speaker. The inspiration which has come to us from Miss Goodrich’s discussion on “Nursing: A Community Responsibility,” cannot help but be reflected in our work in the community.

Two major educational projects have been sponsored by the League during the past year. One of these, the opening of the state hospitals for advanced and postgraduate courses seems about to be completed. Four state hospitals, two in the northern and two in the southern part of the state, have been chosen for the experiment. The management of the Department of Institutions is most favorable to the plan, the details of which are being worked out at the present time. More than 300 applications for the course have already been received from nurses throughout the state.

The second project is the sponsoring of a plan whereby a uniform pre-nursing course of one year is being arranged with the junior colleges of the state. Students completing this year of junior college work will receive the three-year diploma at the end of the 28 months basic course, as well as 32 units of college credit, which may be applied toward a degree, if desired.

The investigation of the science courses basic to nursing as taught

¹ By-Laws, Article XI, Section 2. A quorum of the Advisory Council shall be ten members other than the officers.
in the junior colleges, high schools and schools of nursing, sponsored by the Home Economics Department of the University of California and the League, is nearing completion. The findings of these surveys will be published in magazines reaching both the teaching and nursing professions.

The C. L. N. E. is holding its seventeenth annual convention, in conjunction with the other nursing organizations, at Santa Cruz, June 13th.

**Colorado:** The Colorado League of Nursing Education has a membership for 1931 of forty-five, of which only five members do not belong to the local Denver League. Our League activities, therefore, are mainly those of the local League. We have sponsored the nursing courses given at State Teachers College, Greeley, Colorado, and have also acted in an advisory capacity to the director of nursing education there. We are trying to stimulate interest in both the northern and southern part of the state to start local Leagues of their own, but without much success. At present we are trying to interest head nurses and ward supervisors in becoming League members.

**District of Columbia:** The District of Columbia League of Nursing Education met regularly every month with a good attendance of members.

The Program Committee had in mind so to formulate the discussions in their monthly meetings that a unity of purpose and continuity of thought would emerge. The scheme was developed around the education of the student, and an endeavor was made to get a perspective of the academic, social, and professional aspects as a whole. The first discussion revealed the findings of the Grading Committee, and thus we were able to visualize where we were strong and where our future emphasis should be placed so as to move toward higher professional achievements. Among other topics discussed were, "Newer Careers for Women"; "Time and Space for the Social Program"; "The Trend of University Affiliation for our Students"; "The Resident Life of Our Students as Part of Our Educational Scheme"; "Records and Their Significance." The criteria for evaluating the success of this year's program might be in terms of individual response. Do we feel the great responsibility which is ours of so formulating the objections of our student life in order that each individual may be equipped with those human values and needs necessary in a democratic society? Is our professional attitude meaningful? Are our standards intrinsic?

There were eight new members accepted into the League during the
year, and two members transferred from other states, making a total membership of seventy-nine at present.

There were one hundred and eighty calendars and two hundred and seventy-nine calendar pads sold for the National League.

The Central School of Nursing began its eighth year on October 1, 1931, with an enrollment of two hundred and nine preliminary students from six of the local hospitals. The curriculum includes chemistry, bacteriology, histo-anatomy, personal hygiene, pathology, and psychology. These subjects are taught during the first four months of the preliminary period. The George Washington University School of Nursing and the Army School of Nursing have been discontinued during the past year. Due to reorganization of the George Washington University Medical School, the Central School will be transferred to the Department of Medicine, Georgetown University, in October, 1932. Three senior courses are given: survey of the nursing field, public sanitation, and psychiatry. The survey of the nursing field was attended by two hundred and sixty students from ten schools; sanitation by one hundred and eighty students from eight schools; and psychiatry by one hundred and five students from four schools.

**Florida:** The Florida League of Nursing Education met in annual convention at Orlando, Florida, November 2, 1931, preceding the meetings of the State Nurses’ Association and the Southern Division.

The theme discussed throughout the sessions was “Problems of the Educational Committee.” It was voted that the Curriculum which had been adopted for the State of Florida be rescinded, as it was a minimum curriculum, and that the Educational Committee draft a new curriculum covering more than the minimum amount of work required, this committee to use the National League “Curriculum for Schools of Nursing” as their guide. Work is being done toward a new curriculum.

It was decided that sectional meetings be held throughout the state during the year.

Three new members have been added during the year, and one member transferred to the New Jersey State League.

**Georgia:** The Georgia League of Nursing Education and the Georgia State Nurses’ Association were hosts to the National League of Nursing Education in 1931, when the 37th annual convention of the National League was held in Atlanta.

We are reaping the benefit of the many contacts made during the convention, and hope to continue to improve our organization and
increase its scope and usefulness through the many new ideas gleaned from that convention.

The Georgia League has lost several members through nonpayment of dues and one by death during the year. There are to date 32 active members and about $150.00 in our treasury.

The Educational Committee is instituting several new methods of contacts, among which are: the appointment of subcommittees in the various sections, with a definite outline of work to be accomplished by each.

One of these subchairmen has been making packages of material which may be loaned to schools of nursing and hospitals, which will aid them in adjusting to the conditions as met at the present time.

The subject matter of some of these packages is: Costs and budgets of schools of nursing; the adjustment of the small hospital which has or is contemplating closing its school and using graduate service; material regarding special diseases, as for instance, tuberculosis, etc.

While the above is in its infancy, it has already created a demand for such helps, and requests are coming in from physicians who are managing the small hospital, as well as from schools of nursing.

Other committees are at work obtaining various forms of material and information which we hope will be an aid to nursing throughout the state.

Within the last few years 22 Georgia schools of nursing have closed or are in the process of closing.

A membership campaign is on our list, but after receiving the letter from headquarters in regard to such a campaign, we decided to wait until we had the action of this convention on the matter.

The Georgia League disposed of 200 Nursing Saints calendars and 125 desk pads throughout the state.

The Georgia League acts as the Educational Committee of the Georgia State Nurses’ Association, and through this connection the G. L. N. E. has been able to get splendid cooperation, through the District Associations. Active educational work is being commenced in several new districts.

Our motto is “Where there is a will there will be a way provided.”

Illinois: Although the financial status of the State of Illinois, Cook County particularly, is in a distressing state, the League at present does not share that distress, but has a substantial bank balance. It has a membership of 212 this year, a slight decrease from last year, but expects to have more paid-up memberships before the end of the year.

The University of Chicago is offering again this summer several
courses to graduate nurses—Public Health Nursing, Supervision in Public Health Nursing, and Administration for Instructors. The League is offering a scholarship of $200 for the latter course.

Meetings have been held regularly, with a number of interesting programs. These have been of a practical nature, such as programs to do with the grading of the ward practice of student nurses and the use of the library facilities of the American Hospital Association. We have a talking picture to present at our next meeting which has been prepared by Dr. DeLee at the Lying-In Hospital.

We have had other meetings which have taken up nursing procedures. We are also emphasizing this year the teaching of tuberculosis nursing. The Committee on Tuberculosis Nursing in the State Association and in the League are combining their efforts in that respect and are suggesting programs which are to be given by alumnae associations and by the various other nursing organizations in the state.

Because of our interest in nursing education and because we feel that the attacks directed against the Cook County School of Nursing and its policies have been a direct attack on nursing education, the Illinois League has sent letters of protest to the organizations concerned in that particular controversy.

Indiana: The Indiana League of Nursing Education held a joint meeting with the Indiana State Nurses’ Association in October, 1931, at Gary, Indiana.

The League program included beside reports of various activities during the year an address by Miss Ella Best, Field Secretary, American Nurses’ Association, New York City, on “The Importance of Careful Selection of Students from the Standpoint of the Schools and of the Profession.” Professor Hugh Norman of the Bureau of Visual Instruction, Indiana University, illustrated an address on the use of Visual Aids in Education with two motion picture films. Miss Beatrice Short, Superintendent of Public Health Nursing Association, Indianapolis, spoke on “Importance of Additional Preparation for the Graduate Nurse in Her Own Field.”

The programs for the meeting during the year have been largely concerned with recent developments in the medical and nursing fields such as the use of “oxygen rooms” and also with methods of grading students in the hope of arriving at some uniform system of grading throughout the state.

One hundred six appointment pads and thirty-eight League calendars were sold by the Calendar Committee.

The League hopes during the coming year to encourage closer coöp-
eration between instructors and other teaching supervisors throughout the state by appointing a chairman in each district to present a résumé of the general programs to members unable to attend.

The League in cooperation with the State Board of Examiners is emphasizing better preparation for instructors and head nurses. A report from the Educational Director states that a majority of instructors throughout Indiana have had advanced work or are continuing their work through extension and summer school.

Head nurses, lay and sister instructors are realizing this need, and in many of our schools 40% of our head nurses are taking advanced preparation in their fields. Three of our schools have university affiliation: Indiana University, Indianapolis Methodist Hospital with Depauw University, and the Indianapolis City Hospital with Butler University.

A graduate course leading to a B.S. degree in Nursing Education is listed in the Indiana University Bulletin as follows: “The School of Education of Indiana University grants the Bachelor of Science degree in Education with a major in Nursing Education. Candidates for this degree must first complete the curricula of the Indiana University Training School for Nurses or some other school having substantially the same standards for graduation as a registered nurse. In addition to this there is an additional two years' work which includes the minimum amount of academic and professional work required for a first grade regular high school teacher's license in health (physiology, hygiene) and one other field in which a teaching license is desired. The detailed requirements for this degree are listed in the Bulletin of the School of Education under the requirements for the B.S. degree in Education under Option ‘K.’ Further information may be obtained by writing Dean H. L. Smith of the School of Education.”

There are thirty-one accredited schools in Indiana. Since the fall of 1931 all schools require high school education. Many head nurses have made up high school work. We are happy to report that a few hospitals are taking on general duty nurses.

An earnest endeavor is being made to increase membership. The Educational Director of the Board of Examiners, Miss Mary T. Walsh, is chairman of that committee and we are already able to see results. We have added ten new members this year.

Iowa: The Iowa League of Nursing Education held its annual meeting at Des Moines, Iowa, October 5, 1931. The attendance was large. We were fortunate in having on our program Miss Mary Roberts, Editor, American Journal of Nursing, Miss Ruth Ingram, Director, School of Nursing, Washington University, St. Louis, Miss Edith
Countryman, Director of Public Health Nursing in Iowa, Dr. Kate Daum, Assistant Professor and Head of the Department of Nutrition, University of Iowa, and Dr. Milford Barnes, Professor and Head of the Department of Hygiene and Preventive Medicine, University of Iowa.

The Advisory Committee to the State Board of Nurse Examiners convened regularly during the year.

In 1921, 444 nurses registered in Iowa by examination, and 16 registered by reciprocity, whereas in 1931, 577 registered by examination and 69 by reciprocity, an increase of 186.

November 1, 1931, there were 46 accredited Schools of Nursing in Iowa. Six of that number are in the process of discontinuing. November 1, 1930, there were 2,247 students enrolled in the above schools in comparison to 2,059 November 1, 1931, a decrease of 188.

The State University of Iowa Hospital has an arrangement whereby a limited number of graduate nurses registered in Iowa may do general staff nursing three hours daily, for which they receive full maintenance, which includes single room, board and laundry. This enables them to take a full schedule in the College of Liberal Arts. Sixteen are now pursuing this course of study.

With the kind cooperation of the Iowa State Association of Registered Nurses 85 calendars and 265 desk pads were sold. Due to an inadequate supply of desk pads there were 46 orders not filled.

At the moment the financial status of the League is most distressing:

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Amount</th>
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The present paid membership is 44, plus 11 applications. The 1932 meeting will be held October 24th at Iowa City, Iowa.

Kansas: A very pleasant and instructive midyear meeting of the Kansas League was held at the State Hospital in Wichita. Twenty-five from that district attended, and with instructors and superintendents of hospitals in Wichita there was a total attendance of fifty. Another local meeting was held in Topeka.

Kentucky: On April 1, 1932, the Kentucky League of Nursing Education had 68 paid-up members. During the past year we have ad-
mitted 12 new members, and have lost 16. Death claimed two of these, and the other 14 either left the state or resigned from the organization.

We hold meetings each month from September to June, and these have been well attended. Until this year we have met only in Louisville, but at the request of members who live in remote parts of Kentucky, we decided to hold two of the regular meetings in different parts of the state. This experiment has proved successful. It has awakened interest in those members who find it difficult to come to Louisville, and has enabled them to contribute to the programs. Our annual meeting is held in conjunction with the State Association of Registered Nurses, and this year will take place in June.

The League coöperates very closely with the State Board of Nurse Examiners. As a result the number of nursing schools has been reduced to 28, and all of the schools require high school graduation as one of their entrance requirements.

Our institute is always the chief event of the year. It was held on March 29th, 30th, and 31st, and we were fortunate in having for our guest speaker, Mrs. Nellie S. Parks of the Babies' and Children's Hospital in Cleveland. Because of the rich background and knowledge she brought to us, almost the entire program was devoted to the study of providing practical experience for our student nurses in communicable disease training.

The Calendar Committee sold 57 calendars and 12 desk pads.

*Louisiana:* The Louisiana League of Nursing Education has spent the year in consolidating the gains of last year, and in a campaign for new members. We have 51 new members to report, making a total of 93. Two of our schools can report one hundred per cent membership of their teaching staff.

There are 17 schools in Louisiana, but one will close in June, which will leave only 16. The hospital trustees are beginning to realize that a good school, when all factors are considered, is a more expensive nursing service than graduate nurses.

Beside our increase in members, in support of the National League we sold 50 nursing saints calendars and 29 appointment pads.

The League coöperated with the Louisiana State University in the course in Nursing Education given at New Orleans Charity Hospital last summer, and conducted by Mrs. Holmstedt. Seventy-five members were enrolled. This summer the course will cover nine weeks, and we will again coöperate with the University.

Our annual Institute will be held this year in May, led by Mrs. Mary Powers Holmstedt. As it will be for only two days, we decided
to concentrate our thoughts on one definite point on which we need help. We shall therefore spend those two days discussing the teaching of the course in Survey of the Nursing Field and Professional Problems.

Our main studies during the coming year will be centered on how the League members can help in the work of the Distribution of Nursing Service Committee, and on the use of the Journal in schools of nursing.

We shall try to unify state efforts by exchange between city groups of gists of discussion, sent after each monthly meeting. In this way, we can all share in the general State League work, even though we do not live very near together.

Maryland: The Maryland League is happy to present a rather better report than last year. We now have a membership of 81 and since January 1, 1931, we have admitted 35 new members, reinstated 1, accepted 1 transfer from another state and lost 3 members through transfer.

We have held seven executive meetings and four general meetings. The topics discussed at these meetings were: The work and future program of the Grading Committee; teaching of psychiatric nursing; urological nursing; pediatric nursing; conference with Dr. David Weiglein, Superintendent of Baltimore Public Schools and some members of his staff, in an endeavor to obtain assistance in some of our teaching problems and to discuss the question of a better preparation for our future students.

These meetings were all well attended, and unusual interest was shown in the various topics. Special interest was taken by the younger members. The outstanding event in the year was an Institute that was held in conjunction with the State Association. The subject selected was "Teaching Aspects of Medical Nursing." Six sessions were held, and those who participated were doctors, nurses and an educator. Methods of teaching, outline of course, ward teaching and supervision, case studies, discussion of the newer drugs, nursing demonstrations to illustrate the latest treatment for pneumonia and diabetes, and a demonstration of the Drinker Respirator, comprised the program. It was most enthusiastically received, the average attendance being 210, with over 300 attending some of the sessions. We plan to arrange for another Institute this coming year and hope it will be equally successful.

Massachusetts: The Massachusetts League of Nursing Education has held regular meetings both of the Board and of the League throughout the year. At present there are 170 members with 6 applications pending. In previous years the League has underwritten the summer session
of Simmons College. As this has ceased to be necessary the League
assumed responsibility for a series of lectures in educational psychology
and principles of teaching to be given by Dr. Durell of Boston Uni-
versity. The course of lectures covered two semesters. So much
interest was manifested by the nurses in the eastern part of the State
that it was possible to have the course given in Springfield for the
nurses in the western part of the State, the League assuming the re-
sponsibility of making good any deficit incurred in these courses. How-
ever, the enrollment has been such that this has not been necessary.

An Institute was held in Boston January 22d and 23d with an at-
tendance of 472. The Institute program dealt chiefly with the subject
of "Effective Ward Teaching." So keen was the interest and enthu-
siasm in the program that the League had made copies of the various
papers presented at the Institute and these copies are to be distributed
to all members who request them.

Plans are going forward for the Seventh Students' Night, which is
to be held in Boston on April 29th, at which time Miss Mary C.
Gardner will address the meeting.

During the coming year the League looks forward to the organiza-
tion of district sections in the State. There is a very definite desire
for closer contact with League activities, which we hope may be met
in this way.

Michigan: The membership of the Michigan League increased slight-
ly this last year and numbered 94 on March 31st.

For the past two years the Michigan League and the Michigan State
Nurses' Association, through a joint committee, have been studying the
advisability of reorganizing the League as a section of the State Asso-
ciation. This committee has recently recommended that the League
should continue as an independent organization for the present but
should unify its activities with the State Association as far as possible.

The manuscript of the History of Nursing in Michigan is now in the
hands of the editing committee with Olive Sewell, General Secretary of
the State Association as chairman.

Publicity material concerning the League calendar and appointment
pad was distributed to all the schools of nursing in the state, and Miss
Germain of Harper Hospital, Detroit, was appointed to receive and
place orders. The response was disappointing. To meet Michigan's
obligation to the National League, the State Association voted to send
the National League a check for $225.00, a sum equal to five cents per
capita for the State Association membership.

The treasurer of the Michigan League for the last four years,
Josephine Nichols, accepted a position in Dallas, Texas, in January of this year. Her resignation and transfer of membership were a decided loss to the League.

A major activity of the League this past year was an Institute held in Detroit March 11th and 12th. The theme of the Institute was "Supervision." Each session was initiated by a paper prepared by Effie J. Taylor and ably presented by her assistant, Elizabeth Melby. These papers were entitled "The Philosophy of Supervision," "The Psychology of Supervision," and "The Value of Supervision," respectively. Representatives from the fields of institutional, private duty, and public health work contributed to the program from their practical experiences, and a lively interest was manifested. The attendance at each session averaged 300, and the League has received many requests to make the holding of an Institute an annual project. The Education Committee under the resourceful chairmanship of June Ramsay, Harper Hospital, Detroit, gave a real impetus to nursing thought in Michigan through this carefully planned and well executed Institute.

The President of the one local League in Michigan, Mabel McNeal, reports that the Detroit League of Nursing Education has to date held two executive meetings and five general meetings, three of which were combined with the District Association.

The first meeting of the year was held in October. The program consisted of the presentation of "Some New Aspects of the Teaching of Principles and Practice of Nursing" by Miss Lucy Germain of Harper Hospital. Miss Grace Ross gave a report of the meeting of the Midwest Division of the American Nurses' Association, which was held in Toronto. The League joined the District Association meeting in November in their Open Forum, "The Changing Order in Nursing." In December they also joined the District in the Private Duty Section program, "Lecture with Demonstration—Communicable Diseases." In February, the League was represented with the District Association in the luncheon and evening meetings at which Miss Mary Roberts was the speaker, her subjects being "Changing Order in Nursing," and "Modern Nursing in Europe." In March, the program of the League was presented by the Dietetic Association of Detroit. The subject was "The Teaching of Dietetics to Student Nurses." At the April meeting, reports and discussions of subjects presented at the biennial convention in San Antonio, Texas, will be discussed. The program of the May meeting will be "Mental Hygiene," with presentation of papers on different types of mental testing and reports of the annual meeting of the Mental Hygiene Association. The annual meeting will be held in June. Reports and discussion of the meetings of the State Association
and elections will constitute the program. In addition, the League supplied a speaker for the program of vocational education in one high school, Mabel L. McNeal, President, Detroit League of Nursing Education.

The Michigan League and the State Association are holding their annual meetings jointly on May 5th, 6th and 7th in Saginaw. A unified program is being prepared.

Minnesota: The Minnesota League has at the present time 76 members. Since May 1, 1931, 7 new members have been accepted, 2 members received by transfer from other states, 2 members reinstated, and 1 transferred to another state. From May 1, 1931, until April 1, 1932, we have held seven Executive Board meetings and six regular meetings and were responsible for one day's program at the convention of the three state nursing organizations held at Fergus Falls, Minnesota, last September 24th, 25th and 26th. The Executive Board sets the dates and determines the number of meetings to be held by this League each year. Since May 1, 1931, the schedule has been as follows: May 30, 1931, Rochester, Minnesota; September 24, 1931, Fergus Falls, Minnesota; October 16, 1931, St. Paul, Minnesota; January 9, 1932, St. Mary's Hospital, Minneapolis, Minnesota; February 27, 1932, Ancker Hospital, St. Paul, Minnesota; the April 30th meeting is to be held at Winona, Minnesota, and the Annual meeting in October at the time of the State Convention.

Programs are the responsibility of the Program Committee, which in Minnesota consists of five members from four different points about the state, in the hope of securing programs of interest and profit to different sections. Through the assistance of Miss Katharine Densford, Director of the University School, this Committee has secured speakers from the University of Minnesota for two programs: Mr. William H. Spead, Professor in Economics, on "Economics and Depression," and Miss Elizabeth Gardiner, Associate Professor of Sociology and Medical Social Service Department on "Convalescent Nursing Homes in England." We have experienced less difficulty in securing Committee Chairmen this year than in the past and to date there have been no resignations among those who have consented to serve; also, we have lost no Board members either through transfer to other states or through resignation.

The Convention of the three nursing organizations was held at Fergus Falls, which is on the extreme western side of the state. Therefore, the number attending was less than usual, but those able to attend were keenly interested. We were markedly fortunate in securing for our
speakers Sister Domitilla of St. Mary's Hospital, Rochester, Minnesota, who needs no introduction to any of the League members, who, although unable to attend, furnished a remarkably interesting paper with graphs on the "Grading of Schools of Nursing," and Miss Georgia Lommen, Director of Training School, Teachers College, Moorhead, Minnesota, an old friend of the Minnesota League, who gave an illustrated paper on "Some recent Changes in the Methods of Instruction." A reprint of this address is to appear shortly in the Minnesota Registered Nurse. I feel sure anyone who was privileged to hear Miss Lommen's paper could not throughout the year lose the inspiration gained, and even those who read the reprint in the magazine cannot but carry away with them and into their work, in a measure, its force and appeal.

As is usual, the student group was given a place at the Convention. This time a luncheon meeting was sponsored by the League and as guests of 7th District, 43 students and a member of the State Board of Examiners of Nurses attended.

As some of the League members have shown an interest in holding an Institute this year, a questionnaire was sent to each member to ascertain her interest. In all, seventy-six questionnaires were sent out and from this number a return of twenty-five in favor of an Institute and seven opposing an Institute was received by the Secretary. It was decided, after considerable discussion at the February meeting, to hold an Institute at about the same time as the Annual Convention. Your best wishes and suggestions in this connection will be cordially welcomed.

Through the combined efforts of the members and their friends, 400 engagement pads and 286 calendars were sold. We have received varied and somewhat conflicting reports regarding the ease and difficulty encountered by the members endeavoring to secure sales. Some state it is very easy to sell engagement pads, others that calendars were preferred. As usual, many of the calendar sales were handled through the Minnesota State Registered Nurses' Association, and much credit rightfully belongs to Miss Caroline Rankielour, the General Secretary of this organization and a member of our League.

*Missouri:* The Missouri League of Nursing Education has at the present time 96 active members. This represents 18 new members that have been added this year and the loss of several members by transfer. The Missouri League feels keenly the loss of our President, Miss Claribel Wheeler, who during her term of office was called to National Headquarters as Executive Secretary. We are happy to see this opportunity for larger service come to Miss Wheeler.

The annual meeting of the Missouri League of Nursing Education
with the State Nurses' Association was held in St. Louis October 29th-
31st, at which time a stimulating program was given. The guest
speaker was Miss Gladys Sellew, Assistant Dean, Cook County School
of Nursing, Chicago.

The Educational Committee has carried out the greatest activity for
the League during the past year. This committee conducted a state-
wide Essay Contest, the subject of which was "The Value of Nursing
Organizations." All senior students in Missouri schools of nursing
were eligible to enter the contest. The first elimination occurred in the
schools, after which one essay from each ten senior students, or, if
less, one paper from each school, was then submitted to the committee
appointed for the state elimination. An active interest was shown
throughout the state and culminated in the presentation of awards to
the three winning students at the time of the annual meeting. The first
award of $25 was made possible by the St. Louis League. The second
award of $15 and the third award of $5 were given by the Kansas City
League of Nursing Education. Sufficient interest was shown in this
contest to justify the committee to conduct a similar contest this year.

As a means of securing better equipped students as candidates for
the schools of nursing, the committee has furthered their investigation
and revised a suggested curriculum for students in high schools who
contemplate entering the field of nursing.

The work of the Educational Committee has been made possible by
the splendid cooperation of the Finance Committee. This committee
increased the facilities of the League by contributing to the treasury
from musicale teas, benefit bridge parties, and similar entertainments.

As a continuation of the campaign to familiarize the public with the
trends of nursing education, articles have appeared in newspapers and
current magazines of statewide circulation.

This year the Missouri League has become a member of the Mis-
souri Federation of Women's Clubs. We feel this will give a stimu-
lating interest and will be a means of valuable contacts outside of our
profession.

There are two very active local Leagues in the state. The western
section in Kansas City reports monthly meetings, at which time lec-
tures, reviews of important articles in current magazines, a pageant
depicting the history of nursing for the past fifty years and its present-
day accomplishments given by students in the Research School of Nurs-
ing, and a marionette show by the Kansas City Tuberculosis Association,
were given. A six weeks' summer course in public health and asso-
ciated courses were supported by the Kansas City League during the
summer of 1931. Another special feature of their work has been the
making of subject bibliographies of material found in the Nurses' Club Library and the binding of yearly numbers of the *American Journal of Nursing*.

The eastern section of the League in St. Louis reports interesting discussions of outstanding subjects, as "Staff Education," "The Nurse Executive," and similar topics, at their regular monthly meetings. Other topics of unusual interest were "Hospital Construction," by Father Schwitalla, President of the Catholic Hospital Association, and a "Report of the Gold Star Mothers' Pilgrimage to France," given by Mrs. Elsbeth Vaughan, Assistant National Director of the American Red Cross Nursing Service.

The St. Louis League sponsored a five-day institute of unusual interest, which was conducted by Mrs. Mary Marvin Wayland, formerly of Teachers College, Columbia University. The institute was well attended and proved to be instructive and inspirational, as well as a financial success.

**Nebraska:** The Nebraska League of Nursing Education has a membership of 58. Twenty-seven are members of the Lincoln League, 27 of the Omaha League, and 4 are individual members.

The Lincoln League has recently had a membership drive resulting in 10 new members. The Program Committee has taken as their material, "The Hospital Personnel," and each month one particular phase has been discussed, bringing out new ideas to all interested in this work.

The Omaha League has held interesting and valuable meetings. Local doctors have contributed in talks on "Responsibility of the Nurse to the Thyroid Patient," "The Diabetic Patient," and "Strong and Weak Points in the Present-Day Education of the Nurse from the Standpoint of the Doctor." An excellent paper on "Staff Conferences, Their Value, and Methods of Conducting Them," was given by Dr. Kock of the Nebraska University. Other topics of vital interest have appeared on the program.

The Nebraska League held its first Institute in Lincoln, April, 1931. The attendance and interest shown were splendid. The Institute this year will be held in Omaha, April 28th, 29th, 30th. We anticipate even greater response.

We have received valuable help with our programs during the year from our Educational Director, Miss Carol Martin, and we appreciate the work she has done with the schools. Through her efforts one new hospital abandoned its plan of opening a school. A few schools have been discontinued and there has been a marked reduction in the number of students. Many schools are admitting only one class a year. We
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of high school work still stands on the statute books, no school in the state accepts applicants with so little preparation, and forty-four of the fifty-one approved schools require the completion of a four-year course. All schools have extended the course to three years and, in many cases, added affiliated courses. Over fifty per cent of the schools now affiliate for communicable diseases, and many for psychiatric nursing. Cultural courses and other extra-curricular activities are being developed in several schools.

Our calendar sale in 1931 amounted to 1,409, and our membership today is 94.


The Educational Department of New York State is revising the State curriculum and has appointed a committee of six members of the League to confer with representatives from the State Department. It is hoped that the new curriculum will be ready by June, 1932. In order to expedite the arrangement of details, the State League decided to engage a full-time worker for three months. Miss Lenora Bradley was appointed.

We are pleased to hear that the Grading Committee is continuing its work.

We find that the efforts of the membership drive have brought the number of members up to $427 + 14 = 441$.

Seven schools were closed during this last year. No new schools have been opened this year.

New York State minimum requirement for entrance to schools of nursing has been raised to high school graduation, taking effect September, 1932.

North Carolina: The amendment to the North Carolina nursing law passed in 1931 requiring high school graduation as a minimum entrance requirement, has worked no hardship on the training schools in this state, since the students already enrolled were at least high school graduates. Raising our educational requirements, the activities of the Standardization Board, and the contribution of the Grading Committee have been of inestimable value in our efforts to further advance nursing education standards in North Carolina. More instructors and supervisors are being employed, and greater emphasis is being placed on a broader and more thorough training for the student nurse.
The League of Nursing Education is cooperating in the movement in this state to close training schools where the hospital is not sufficiently large to provide adequate clinical material for the proper training of nurses. About fourteen of the small schools in North Carolina have been closed within the past two years, thereby creating a greater demand for graduate nurses. The League is emphasizing the idea that a competent, well-trained teaching staff and abundant clinical material will aid greatly in attracting to our training schools young women with a better academic and cultural background, and those with an earnest desire to meet the challenges offered in the various fields of the nursing profession. In a further effort to meet the over-production problem, a large percentage of the schools in North Carolina are this year taking in only one class. There is a decided tendency to reduce the number of students in all of our training schools.

Other League efforts this year have been confined to organized activities within the various districts. Instead of statewide or eastern and western institutes, we have endeavored to have an institute in each of the nine districts, in which vital nursing education problems were discussed. This was done to meet in a small way the economic situation, and the results have been most gratifying. These institute programs have been rich in content, and unusual interest and enthusiasm have been manifested. Some of the topics discussed were "The Proper Selection and Training of Student Nurses," "The Relation of Physical Exercise and Recreation to Mental Hygiene," "The Nurse as an Educator," "The Nurse as a Social Factor in the Community," and "Registry Problems."

Our next annual League meeting is to be held in Raleigh in October, 1932. A most interesting and instructive program is being planned. At this meeting we will have a summary of the results of the various district institutes which we feel will be most helpful in outlining definite plans for increased improvement in the standards of nursing education in North Carolina.

Oklahoma: The Oklahoma League of Nursing Education has at present 21 active members and meets semiannually, one of the meetings being held in joint session with the State Nurses' Association and its Private Duty Section, and the Oklahoma Organization for Public Health Nursing. There are no local Leagues in Oklahoma, but intense interest is shown at our state meetings.

The Executive Board met in the usual business sessions during the annual meeting of the Oklahoma League of Nursing Education at Tulsa, October 28-30, 1931. Miss Sheridan of Vanderbilt University
conducted an inspiring round table as well as aroused interest by her talks on community service.

The League considers that a most urgent need in our state is to acquaint the public with some of the problems in regard to nursing education and the distribution of nursing service as a basis for future constructive work in the way of raising standards and eliminating the poorly prepared student. The publicity committee with Miss Minnie A. Thomas as chairman was appointed with this in mind, for the League is taking the purpose of its organization seriously, seeking to improve nursing education.

We are especially stressing membership this year for all superintendents of nurses and instructors, and trust we will succeed in recruiting all persons eligible for membership in the League. In pursuance of this policy all nonmembers among the groups were urgently invited to be present at the open sessions of the League.

An institute was proposed for the spring season of 1932, but has been indefinitely postponed to encourage the attendance of all nurses of Oklahoma at the Biennial Convention in San Antonio.

Oregon: The Oregon League has six members in attendance at the convention. It has twenty-five paid members to date this year. Since the beginning of the year we have tried a new plan at our monthly meetings. We meet at the different hospitals, and invite all staff nurses to attend, the entertaining hospital putting on a demonstration of some piece of work being done there. At our last meeting, at Emanuel Hospital, the nurses were grouped according to their work, in order that staff members from the different hospitals engaged in the same type of work might become acquainted with each other. This seemed a helpful plan from which we hope to obtain some new members.

The Oregon League is sponsoring a five-day psychiatric institute to be held in May, at the joint annual meeting of the Oregon State Graduate Nurses' Association, the Oregon Organization for Public Health Nursing, and the Oregon League of Nursing Education. The institute, which is to be conducted by Miss May Kennedy of Chicago, is being sponsored by the League, but we have inveigled the other organizations into paying the bill. We are looking forward with a great deal of interest to this institute, as it is our major attempt at nursing education.

Pennsylvania: Following is the report of the Pennsylvania League of Nursing Education for the year ending March, 1932:

The two local Leagues, the Philadelphia League and the Pittsburgh League, have sponsored interesting programs. The Philadelphia League
of Nursing Education has carried out an educational project in conjunction with the Directory Committee of District 1 of the Pennsylvania State Nurses’ Association. Demonstrations have been held at the various hospitals for the benefit of the private duty nurses registering with the Directory. The Program Committee arranged helpful lectures. Outstanding were “Professional Responsibilities” by Miss Carrie M. Hall, “Broader Aspects of the Parent Organization” by Miss Elizabeth C. Burgess, and “Nursing Education” by Miss Ruth Hubbard. The Pittsburgh League of Nursing Education has also held instructive meetings. Outstanding were lectures entitled “Principles of Nursing in Orthopedics” by Dr. Paul Steele, “Larval Therapy” by Dr. Grover C. Weil, and “Allowances in Schools of Nursing” by Miss Mae Hinchey.

A third local League is in the process of formation in District 3. Miss Ida M. Gailey, who has been an individual member of the Pennsylvania League of Nursing Education, has been elected President.

The Pennsylvania League of Nursing Education held its annual institute in Philadelphia, in May, 1931. The program included clinics arranged in the various Philadelphia hospitals and a series of lectures entitled: “Whither Nursing” by Miss Martha Ruth Smith and “Mental Hygiene” by Dr. Grace McConoghey.

The annual convention of the Pennsylvania League of Nursing Education met in conjunction with the Pennsylvania State Nurses’ Association and the Pennsylvania Organization for Public Health Nursing in Pittsburgh, October, 1931. Speakers of national and international reputation led large audiences in the consideration of timely nursing and health problems. The following lectures were most enlightening: “Trends in Education” by Dr. Charles Watkins, Assistant to the President, Carnegie Institute of Technology, and Chairman of the Faculty, Margaret Morrison Carnegie College; “The Selection of Personnel for Professional Training” by Dr. Quincy A. W. Rohrbach, Instructor and Head of Department of History and Principles of Education, University of Pittsburgh; and “An Interpretation of the Work of the Grading Committee” by Dr. May Ayres Burgess. A noteworthy accomplishment of the Pennsylvania League of Nursing Education during the past year was the organization of a Mental Hygiene Section. Miss K. Frances Cleave was appointed Chairman. This section is making a thorough study of the materials in the State which may be utilized for the affiliation of schools of nursing and postgraduate courses in psychiatric nursing.

The proposed program for the coming year includes two projects: one, “A Survey of the Hospitals Caring for Communicable Diseases and How This Material May Be Utilized to Advantage in the Educa-
tion of Nurses in Pennsylvania," under the direction of Miss Florence Ambler; and the other, "A Study of Pre-Professional Requirements for Students Entering Schools of Nursing," Miss Gertrude Sutherland, Chairman. The Committee is working under the guidance of Dr. Walter B. Jones, Director of Research and Higher Education, University of Pittsburgh, and Dr. A. M. Goldberger, Professor of Education, University of Pittsburgh.

Rhode Island: The present membership is 35, a decrease of 3 from last year. I think that the principal reason for this small membership is the high dues. It is difficult to interest the young graduates in the League to the extent of $5.00.

Four meetings have been held during the year, one of which was a joint meeting with the State Association and the Public Health Nursing Organization.

The two especial accomplishments of the year have been:

A. A course of six lectures in public health given by the staff of the Providence District Nurses' Association, for senior students. Two schools sent students, and it is hoped next year that more schools can join the group.

B. A two-day institute sponsored by the League, contributed to and attended by both the State Association and the Public Health Nursing Organization. The program included ward teaching, staff education, registries, hourly nursing, dietetics, and mental hygiene. Five hundred members attended one or more sessions, and the total attendance for the six sessions was over a thousand.

The Rhode Island League sent a delegate to the 1931 Convention of the National League in Atlanta. It has also printed and distributed to high schools a list of the educational qualifications required for nursing.

This organization approves the suggestion that the National League become a department of the American Nurses' Association and hopes if it is accomplished that some adjustment will be made in the dues. Our program for next year will be influenced by the decision of the National League in this matter.

Tennessee: The Tennessee League of Nursing Education attained a membership of twenty-two for 1931. Since the first of the year 1932, ten new members have been added.

At the annual meeting last October, the League held round tables on standardization of entrance requirements, and State Board of Nurse Examiners, which created much interest.

The League has been cooperating with the Tennessee Hospital Asso-
ciation in nursing education problems. At the approaching Southern Hospital Association meeting the League will have members appearing on the program, and the local group will assist in entertaining the guests.

The local educational section's round tables are increasing in interest and attendance. The Memphis group is planning a public health study course for student nurses, and for all the schools in the city a joint lecture course. Three schools have students in the field already. This course is under the direction of the superintendent of nurses of the Memphis Public Health Department. The request has come for one of these students to appear on the program at the annual meeting, next October.

There were 56 nursing calendars and 38 appointment pads sold in the state last year.

**Texas:** The Texas League of Nursing Education has a paid-up membership of 100 to date. The census of the 1932 membership:

<table>
<thead>
<tr>
<th>Membership May, 1931</th>
<th>96</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members who moved to other states without paying 1932 dues and without transfers</td>
<td>7</td>
</tr>
<tr>
<td>Members lost by death</td>
<td>2</td>
</tr>
<tr>
<td>1931 members who are in the state but who have not paid 1932 dues</td>
<td>13</td>
</tr>
<tr>
<td>New members added</td>
<td>15</td>
</tr>
</tbody>
</table>

There are 66 accredited nursing schools in Texas, 4 schools having been discontinued during the year.

| Number of schools whose director belongs to the State League | 39 |
| Number of schools whose full-time instructor belongs to the State League | 20 |
| (Note: All schools do not have full-time instructors) |
| Sixteen of the accredited nursing schools are directed by Sisters. The membership among the Sisters who are associated with schools is | 21 |

The League held its Annual State Meeting in Fort Worth, May 16, 1931. The topics discussed at this meeting were: "Nursing Education from the Viewpoint of the Educator and of the Lay Person," "Mental Traits and Success in the Profession," and "Extra-Curricular Activities in Nursing Schools." There was also a splendid Educational Exhibit from the nursing schools in the state.

The League demonstrated its continued interest in the Grading Program by making its annual contribution of seventy-five dollars toward the work of the Committee.

The League, with the financial assistance coming from the Texas
Graduate Nurses' Association, again sponsored a course in Nursing Education at the University of Texas, Austin, in the 1931 summer session, with Elsie M. Maurer in charge. Two majors were offered:
1. Supervision and Administration in Schools of Nursing.
2. Teaching in Schools of Nursing.

Twenty-five nurses were enrolled. Nursing Education courses will be given again this summer by Miss Maurer and an assistant.

The League bought in 1931 about one hundred dollars worth of reference books for the Nursing Education courses, in addition to those provided by the University of Texas. The League also kept the American Journal of Nursing in the reading room of the Library.

The calendar sale was not so successful this year as it has been in the past.

The Executive Board has held two business meetings during the year.

The Annual Institute was dispensed with in 1931, due to the fact that the National League will meet in Texas this year and the State League thought it better to devote all the time and effort this year to the success of the National meeting.

The 1932 Institute will be held in Austin in November. The program will concentrate on the principles and methods of teaching in schools of nursing.

The Texas League considers it a great privilege to have the National League of Nursing Education meet in Texas this year.

Washington: The outstanding accomplishment of the Washington League of Nursing Education for the past year is probably the appointment of a State Advisor. Last September the necessity for such a person was discussed at our regular meeting of the western division, and a committee appointed to present the idea at the annual meeting to be held in Yakima in October.

An attempt had been made the year before to pass an amendment to the State law providing for (1) high school graduation or its equivalent for entrance to schools of nursing; (2) yearly registration, (3) to secure members on the State Board of Examiners who were actively engaged in nursing education, (4) to provide for an inspector. This failed, and it was felt by the Legislative Committee that the failure was due to a lack of material evidence to prove the necessity for improvement of the present laws. This perhaps stimulated the immediate appointment of a committee to investigate the possibility of a state advisor.

A hearty approval and ready support was offered by all nursing organizations throughout the State as well as the League, and in February
Mrs. Cecile Spry, of Everett, was appointed State Advisor, with Sister John Gabriel and Mrs. Virginia Boyer Miller as her assistants. These people are to work part time. The work started March first.

The salary of the State Advisor is provided by voluntary personal contribution of one dollar per nurse of Washington State. Recognizing the hardship which this plan might bring upon those deprived of earning, those who were earning volunteered to carry five or more members to make it unanimous.

The work of the State Advisor as outlined is: Attempt uniformity and enrichment of curriculum, give true vision to leaders in the more remote districts, make contacts with hospital board and influential lay people that they may act intelligently relative to our desired legislation, and last but not least, give such direction to young women seeking to enter the field that they may be led to educational nursing schools and taught to visualize the value of the nursing field as their future field of achievement, social, professional, and economic.

Within the last few months attention has been called to the possibility of hospitals, special in type, establishing training schools. The Educational Committee drew up a resolution of protest and, after approval of the organization, it was sent to the State Department of Licenses in Olympia. This resolution stated that hospitals which were not general in type did not present sufficient clinical material to give a student basic knowledge of general nursing. Affiliation with well organized and well equipped schools was requested by the League for these proposed schools. The resolution was accepted very kindly by the department, with an assurance that they would cooperate with the League in every way possible, for the betterment of nursing education.

The Washington League has had meetings every month throughout the year with the exception of July and August. The Eastern and Western Branches keep in close contact by exchanging of minutes of each meeting. The Eastern Branch report very interesting meetings; their last topic was “The Cost and Prevention of the Dismissal of Students.” They have been active in their support of the State Advisor movement.

There are 41 active members throughout the State. Some of our speakers for the year were: Dr. Swift on “Surgery of the Sympathetic Nervous System”; Dr. Hoffstadt, of the University of Washington, on her visit to Europe and Pasteur Institute; a talk on “Christmas Traditions” by Mrs. K. Fisken; “My Trip Through Eastern Hospitals” by Miss Wold, of Tacoma; and one by the “Vagabond Teacher,” Miss Blanche Weimer on “Typhoons and Bahoons.” In September
the Eli Lilly Company showed a motion picture on "The Romance of Drugs." We have used the Journal for discussion on many programs.

The subject for discussion at this meeting was "Methods of Ward Teaching," presented in the form of a round table, Miss Anne Radford, of Seattle, and Mrs. Virginia Miller, of Wenatchee, opening the discussion.

The members of the Washington League of Nursing Education feel that in spite of the many difficulties the present economic situation presents, the past year has been most profitable in the advancement of nursing education in the State of Washington.

Wisconsin: The Wisconsin League of Nursing Education has at present a membership of 97, a slight decrease from the previous report.

There are five organized district leagues which hold monthly and bi-monthly meetings. The programs comprise speakers on education, demonstrations of nursing procedures, and general discussions.

June 22-27, 1931, the education committee of the Wisconsin League of Nursing Education, under the direction of Miss Adda Eldredge, sponsored an Institute. The Institute was underwritten by Fourth and Fifth District and Milwaukee League, and was held at St. Mary's School of Nursing Auditorium. The institutes are planned especially for supervisors. Fifty-nine nurses attended full course; 19 nurses attended half course; 63 nurses attended one day; 133 nurses registered for single lectures.

The annual meeting was held in Wausau, October 19-21, 1931, with a very interesting program.

The State League with the assistance of the State Nurses' Association sold 193 calendars and 150 desk pads.

Following a ruling of the Attorney General, the Committee of Nursing Education made a ruling that after July 1, 1933, no school should take a student with less than a full high school course, or fifteen units as approved by the authority passing upon high school credits for the department.

During the year three Board of Directors meetings have been held.

At the annual meeting, the treasurer reported cash on hand $454.89, plus $228.23 Institute fund.

Arrangements are being made for an Institute to be held in Madison this coming June.

A membership drive has been started with some response to date.

Section on Education, Ohio: The Section on Nursing Education of the Ohio State Nurses' Association has 422 members, of whom 78 are also members of the National League of Nursing Education.
The State Committee were asked to plan their work for the year according to the following outlines:

1. Program Committee:
   (a) To secure and offer program suggestions to the District Sections.
   (b) To keep the Committee on Publicity informed of the programs to be presented at various local institutes in order that near-by Districts might be notified in time to attend.
   (c) To prepare and present a program for the annual state meeting and district and state institutes.

2. Publicity Committee:
   (a) To sponsor the sale of League Calendars.
   (b) To stimulate membership in both the National League of Nursing Education and in the State Section on Nursing Education.
   (c) To keep the individual Districts informed of the programs to be presented in the various local institutes.
   (d) To sponsor the placing of the American Journal of Nursing in the public libraries.

3. Nominating Committee:
   To prepare and present a ticket for new officers to be voted on at the annual meeting.

4. Special Committee:
   To continue the study of the cost of nursing schools.

The Section also asked the Districts to continue to study the possibility of introducing early into the curriculum of schools of nursing, a course in Mental Hygiene.

It sent out questionnaires concerning the following to local Sections, Districts, and Schools of Nursing:

(a) Were the students given practical experience in the care of tuberculous patients?
   1. What available fields did they have for this experience?
   2. Did they consider it advisable to include this experience?

(b) Did they consider experience in care of communicable diseases essential? How much of it did they give?

(c) Was practical experience in the care of psychiatric patients given? What fields were available for this experience?

Reports from these questionnaires and a report of the study of the cost of nursing schools are to be given at the state annual meeting in May.

The Section reports that 539 League Calendars and 342 Desk Pads were sold this year.

Section on Education, Connecticut: The Educational Section in Connecticut is so organized that it functions, not as an independent State League of Nursing Education closely affiliated with the National League
of Nursing Education, but as the educational section of the Connecticut State Nurses’ Association with practically no connection with the National League of Nursing Education.

Requirements for membership in the section are liberal; any nurse engaged in work of an educational nature may enroll if she so desires. There are at present some two hundred members. The aim of the section is to have all nurses participating in work of an educational nature become members. To further this end the application blank has been revised and it is believed that the simple form recently adopted will effect a considerable increase in membership. There are no dues except those required for membership in the State Nurses’ Association. The section itself is financed by a budget recommended by the Governing Board of the section and authorized by the Board of Directors of the State Association.

During the past year the activities of the section comprised five meetings of the Governing Board, three meetings of the section, and one two-day Institute.

The program of the first meeting was devoted to a survey of the physical condition of the student nurses, presented through charts and graphs prepared by the secretary of the State Board of Nurse Examiners, to show the illness trends in the schools of Connecticut. The second meeting was devoted to a timely study of the medical and nursing aspects of poliomyelitis, the dread disease then epidemic in the State. The last meeting was in connection with the annual meeting of the State Association, and consisted of a program devoted entirely to demonstrations of the more advanced techniques in nursing; a series of eight studies were given and each repeated, thus making available sixteen demonstrations.

The Institute, on educational aims in schools of nursing and in student discipline, was under the leadership of Dean Amos of the University of Pittsburgh. The Institute was one of inspiration and its teachings were deeply appreciated by all nurses in attendance. At the meeting on the second day three clinical demonstrations were arranged to illustrate methods of teaching. The attendance at the two-day session was 550. Expenses were cleared by funds raised for the purpose of holding the Institute.

In order to provide the closest correlation possible between the Educational Section and the schools of nursing, the functional units of the State, a permanent committee has been organized consisting of instructors of nursing from each of the schools, whose function it is to assist in carrying out the project of the inter-school visits plan, and, in addition, to study nursing techniques and through demonstrations arrange
for the proper interpretation of such as may in their judgment seem of worth-while interest.

Membership in the Educational Section does not qualify the candidate for membership in the National League. It will be noted, however, that according to the 1931 report of the National League of Nursing Education, there are twenty-seven individual members of that organization in the State of Connecticut. The same report indicates that 21 of the States of the Union have 27 or less members in the National League of Nursing Education. In view of this fact it is needless to state that particularly that group of the Educational Section of the State are sincerely and deeply interested in the perfection of some type of organization whereby relationship, however slight, may be secured with the National League of Nursing Education.

It is believed also that in Connecticut, where the educational section is very active and where the individual membership in the National League of Nursing Education compares so favorably with other States in the Union, that much might be accomplished in increasing membership in the national organization.

The President asked Miss Wheeler to present the plan for the membership drive for discussion by the Advisory Council.

A plan for the membership drive was then outlined by the Executive Secretary. After discussion, it was decided that the campaign would begin on June 15, 1932, and end on June 15, 1933, the fortieth anniversary of the League. Each state will develop the drive in accordance with local conditions. Either the present membership committee will act or a new committee will be appointed for the purpose. No quotas will be assigned, but the goal to be reached will be 4,000 members. It was suggested by some of the states that new members coming in between the beginning of the campaign and December, 1932, shall not be required to pay dues for that period, their initial dues being used to cover the year 1933.

Miss Burgess then asked Miss Stewart to present a matter relating to publicity which had been discussed at the Board of Directors' meeting, stating that the Board desired the opinion and assistance of the states.

MISS STEWART: I may say that this discussion at the Board Meeting took place Sunday night so that it anticipated the address that Dr. Burgess gave this morning, and I was very glad to hear her reënforce practically all the arguments we brought forward on Sunday night.

In the present crucial situation in nursing education, it seems particularly important that we should all work together as intelligently and
effectively as possible in securing a better understanding of our problems and a better support for our standards on the part of the general public, and the members of other professional groups. This question of educating public opinion is something on which we need expert advice and direction. Amateurs cannot hope to get results working in a haphazard and spasmodic way; even working in a very whole-hearted and continuous way I doubt if we could get very good results without having expert guidance.

We need to have first a careful diagnosis of the present state of public opinion in regard to the whole question of nursing education. We should know, for instance, what resistances we shall have to meet in various groups and the basis of these resistances as far as it is possible to discover them. We should also know what potential sources of assistance and support there are in various groups.

Then we need help in outlining methods for utilizing or overcoming the forces that are now against us and of utilizing to the full the forces which are ready and waiting to assist us. Such a plan must then be translated into action. It must be interpreted to our own group first and then passed on through our own group and through other available avenues of public information to the individuals and groups that we want to reach.

This program is slightly different from the one which the general body of nurses is working on and it seems to some of the members of the League that besides coöperating in the A. N. A. program we need to have a parallel program of public education which focuses especially on the nursing school and its work and which is directed by the National League of Nursing Education. Such a program requires financial support, and such support cannot come from the regular budget of the League. It is proposed, therefore, that this matter should be presented to the State Leagues with the suggestion that if they agree with the general proposition outlined, they might be willing to contribute to a special fund which would be devoted to a six months' trial program to be initiated as soon as it is possible to get the work under way. We understand that a preliminary study could be made and a program could be outlined and begun on a budget of approximately $1,000. This would not require a very large immediate contribution for the State Leagues. It would be possible to determine later whether or not we shall continue the plan and what we would need in the way of further support for it.

The members present expressed a desire to be of assistance in this project. Several State League presidents stated that they thought their
Leagues could be depended upon for the sum of at least $100; others in less prosperous states felt that they could help with smaller sums. The meeting adjourned.

**Joint Session**

**American Nurses' Association**

**National League of Nursing Education**

**National Organization for Public Health Nursing**

**Wednesday, April 13, 9.00 a.m.**

Presiding: Annie W. Goodrich, Dean, Yale University School of Nursing, New Haven, Connecticut.

Subject: Next Steps for Nursing.

**HOW SHALL WE SELECT AND PREPARE THE UNDERGRADUATE NURSE**

**Katharine J. Densford, R.N.**

*Director, University of Minnesota School of Nursing, Minneapolis, Minnesota*

Published in the *American Journal of Nursing*, May, 1932, p. 557

**HOW SHALL WE SELECT AND PREPARE THE GRADUATE NURSE**

**Elizabeth S. Soule, R.N.**

*Head, Department of Nursing Education, University of Washington, Seattle, Washington*

Published in the *American Journal of Nursing*, May, 1932, p. 567

**HOW SHALL WE DISTRIBUTE NURSING SERVICE EQUITABLY**

**Anne L. Hansen, R.N.**

*Chairman, Committee on Distribution of Nursing Service, American Nurses’ Association*

The meeting adjourned.

**General Session**

**Wednesday, April 13, 11.00 a.m.**

Presiding: Elizabeth C. Burgess, President.

Subject: The Financing of Professional Education.
SYSTEMS OF FINANCING PROFESSIONAL EDUCATION

B. F. PITTENGER, PH.D.

Dean, School of Education, University of Texas, Austin, Texas

I have not been a beneficiary of nursing often, but I do recall one period some twenty-five or thirty years ago, and I suspect I would not have been here today had it not been for the attention of the ladies wearing the garb of the three who sit in front of me this morning. (Indicating an order of nuns.) I realize that while nursing is not the whole thing in the handling of serious cases of illness, yet recovery from them is almost impossible without the services of nursing.

I agreed to come to speak today on condition that I wouldn't have to write a paper. I felt that I could get together the few ideas I had and present them much more readily if I did not have to sit down and put them into formal shape.

My subject is, "Systems of Financing Professional Education," and I suppose, being a pedagogue, I should start off in pedantic fashion and ask—what is professional education?

We usually attempt to distinguish professional education from what we call cultural education on the one hand and vocational education on the other. Necessarily these things overlap. There is no hard and fast line to be drawn between them. The distinction between definitely professional and general cultural education is, I think, so obvious that you can state it as well as I. The difference between professional and vocational education is less easily stated. In a sense, professional education is a form of vocational education, but in our pedagogical language we have come to differentiate between the two and to speak of vocational education as something apart from the professional field.

By professional education in general we mean, first, education on a college or graduate level; that is, on a post-high school level, and secondly, education for professional service. And that raises the question as to what is professional service.

It seems to me perhaps we could express it thus: A vocational activity becomes a profession when it is distinguished by a large body of definite items of knowledge and skills, sufficiently large and intricate so that their possessor is set apart from other people, really distinguished from other people by the possession of that knowledge and those skills. A profession is also marked by a somewhat different vocational attitude from that which runs through other lines of vocational endeavor; particularly, perhaps, by a devotion to the service of humanity as a large part of the objective of the profession. In other words, the spirit of professionalism is not fundamentally financial, but is fundamentally a
spirit of service. It is education of this sort, higher education toward vocational objectives where a high degree of knowledge or a high attainment of skill is essential, and toward vocational fields where human service is a necessary objective, that I mean when I talk about professional education.

In general, there have been about four principal movements in the organization and support of professional education in this country, and I can illustrate them from a field that is rather closely related to your own; that is, the profession of medicine.

Medical education and other professional education began in this country on the apprenticeship plan; a would-be doctor, for example, simply apprenticed himself to another physician, read medical books in his office, practiced pharmacetics or the beginnings of pharmacy, by mixing medicines and drugs in his office, perhaps studied anatomy under the direction of the physician or sometimes in anatomy classes, which, I think, represent the first sort of class organization in the education of physicians, and then "walked the wards" with the physician; that is, went with the physician in the course of his diagnosing and medicating and picked up what he could. There were no examinations. He started out and began to practice for himself as soon as the physician gave him his approval.

Fees varied. The theory was that fees should be charged only to cover the actual cost to the physician of the education of this pupil, but unfortunately some financially-minded physicians raised fees considerably beyond that level.

The next stage I am describing as the profiteering movement. It is an unfortunate term. It has a connotation that is bad, and yet it describes what I mean. This was the development of what we might call private schools, very often in hospitals, organized and directed by the hospital staff, or sometimes in towns and villages by the doctors in the town or village, who organized a school which was operated for profit, not merely on the self-sustaining basis. That sort of thing was fairly representative of medical education in this country down to 1875, and a really serious attack upon profiteering schools in the medical field did not get well under way until 1890. Since that time we have had a splendid development toward real professional medical education. But these two movements, the apprenticeship movement and the profiteering movement, pretty largely held the field through the first three-quarters of the past century in America.

Then came the philanthropic movement; that is, the bringing of private wealth to bear to improve the situation in medical education. Around 1890 a number of investigations of medical schools were
financed by philanthropy which was interested in the fact that medical education was still upon so generally low a level. And from 1890 on until even the present day, the whole movement has been toward a reduction in the number of medical schools in the country and the increase in the standards of those which remain, until finally we have arrived at a point where we have real professional standards in training for the medical profession.

Following these investigations came the endowment of research in the medical field, and of professorships; and then the endowment even of whole schools of medicine, usually in connection with established institutions of higher learning, either private or public. Fellowships, scholarships, and loan funds for the benefit of would-be physicians also came from philanthropic sources.

Now we come to the movement toward what we may call public support of professional education, with particular reference, of course, to medical education. (I may say that these movements are not necessarily successive stages. In fact we have examples of all of them with us today.) The movement toward public support of professional education began very early in the nineteenth century in this country. We had medical schools and law schools and other professional schools from 1790 on, but the movement was of slow growth and of minor importance practically throughout the nineteenth century. It grew out of the recognized need of the public for doctors and lawyers and other servants. It also grew out of the desire to provide opportunity for able and ambitious young men (young men were thought about at that time primarily) to advance in these professional fields of work. These were the two large motives for public support.

Today, the emphasis is given in professional education to a combination of public and philanthropic support. We have purely public institutions; we have purely philanthropic or private institutions; and we have a large number of public institutions which enjoy the advantages gained by additions from philanthropic or private funds.

I was a little puzzled by the word "Systems" of financing professional education in the topic given me. The nearest approach I can make, I think, would be to contrast what I might call the European system of financing professional education with the American system.

The European system may be described as a dual system, a system which sets the masses of people apart from the classes. The best example, perhaps, is found in pre-war Germany. You are all familiar with the fact, I take it, that elementary education was organized in one separate educational department in Germany, with an outlet only into trade and vocational schools. Secondary education was a thing
entirely apart from elementary education in Germany, intended for an entirely different class of people, the junker, or official class, and its outlet was into the university or the professional school. On the one hand you had the *volkschule*, extending on into the continuation or trade schools, open to the masses of people. On the other hand, you had the gymnasium, the typical secondary school, receiving children at the age of twelve and holding them until about eighteen, preceded by a pre-school of about three years and that preceded by home instruction. And then at eighteen the young man emerged (it was a young man in pre-war days) from the gymnasium into the university or the professional school. Only the people who belonged to the junker or official class could send children to this system of secondary and higher education.

Germany did gradually make provision for the transfer by scholarships of selected individuals from the *volkschule* into the beginning years of the gymnasium, and thus provide opportunity for a few children of the masses of people to achieve entrance into the professional classes. But in general it was a dual system, and professional education and opportunity were reserved for the so-called superior classes.

Our American theory has been the opposite of the European theory. We have sought to establish what we have called a unit system of education, and have used the analogy of a ladder reaching from the kindergarten to the graduate school of the University to describe our plan. The philosophy of our educational system has been that opportunity shall be provided for the advancement of all who display the ability to advance, just as far through that educational system as their ambitions and their abilities permit. That philosophy, though, I think has reached a practical breakdown in the field of higher and professional education. In other words, there are several variants in the working out of this American theoretical ladder system of education.

In the first place, the ladder itself has developed in a very one-sided way. Education beyond the secondary school has provided outlets for only people of a limited number of vocational prospects, chiefly professional. Even our so-called cultural schools, that is, our colleges of arts and sciences, are largely patronized by people who are expecting to use the knowledge thus gained in a vocational or semi-professional way in teaching, and those who go on into our schools of business administration, law, medicine, etc., either with a background of two or four years in college or directly from high school, have definitely professionalized aims in view. But these opportunities are very limited as compared with the numerous vocational outlets which are available to all of our citizens. In other words, our elementary schools can and
do serve the purposes of all as far as they go. Our secondary schools are being liberalized sufficiently in their curricula so that everybody, no matter what his vocational objective, can still find benefit in them. But our higher institutions provide very unequal amounts of benefit for people of different vocational prospects, and it is chiefly professional people who can benefit from them to the fullest extent.

What I am trying to say is that that ladder system of ours is not working itself out completely for one reason because the higher rungs of the ladder meet fully the needs of relatively few people and of relatively few vocations in life.

Another way in which we have failed as yet to arrive at the complete working out of the ladder system is the large place of philanthropy still in higher education. For this there is an historical reason.

Higher education started in this country on the philanthropic basis. Harvard University was the first college established, and it was strictly a philanthropic enterprise started by John Harvard for the training of ministers. Our secondary schools, for that matter, were begun in the same way. Down to 1800 there was, practically speaking, not a single public institution of higher education in the country. Everything was on a philanthropic basis.

During the period from 1800 to 1900 came the great public movement in the development first of state normal schools, then of state universities and state agricultural and mechanical colleges. But even today, at least 50% of the students in higher education are being educated in non-public institutions. So this ladder system from the kindergarten on through to the graduate school of the university is only half realized on the uppermost level.

The third variant is in the matter of fees. The public elementary schools charge no fees of any sort. The public secondary schools in general charge no fees. But the moment the student passes from the secondary school into a higher institution of learning, public or private, he begins to pay fees. If he is going into the professional divisions, he frequently pays larger fees than if he is going into the general cultural schools, and if he is going into the schools preparing for the professions where the economic outlets are best, he pays correspondingly higher fees.

The reason, I think, is also an historical one. As I said a few moments ago, all these professional lines of education began on the apprenticeship or what I have called the profiteering plan, in which fees entered as a large factor in every case, at least sufficient to pay the cost involved and in many cases sufficient to pay a profit. The taking
over of that work by higher institutions, whether public or private, has meant the taking over of the fee idea along with it, and while we have decreased the quantity of fees, still the amount of fees which are paid for higher education, and particularly for higher education in professional fields, represents a considerable part of the cost of such education in the country today.

In these ways then, I say, our American unitary ladder system has failed to be worked out perfectly, and shows suggestions of the European dual system of education.

The fee question is a very important and difficult question in the financing of higher education. There are movements in both directions. Some of our higher institutions are moving in the direction of increased fees. I think that is probably the most general movement. A few of them, like the University of Texas, have been moving temporarily at least in the direction of decreased fees. But the question of whether or not fees should be paid by attendants at public, higher institutions is a serious problem.

On the one hand, there is a very definite philosophy abroad in the land that they should, and these are the arguments: First we are told that higher education and especially professional education is not analogous to elementary and secondary education, and that the arguments which justify free elementary and secondary education do not apply to the higher and especially the professional fields; that the common schools are intended for all and that a graduate from an elementary school today, and to some extent a graduate from high school, is not differentiated from the rest of the citizenry; that all are expected to be graduates of elementary and high schools, so that there is no peculiar social or economic advantage or gain in prestige of one individual over another. But higher education is patronized by a limited number and by people in the main who already have advantage so far as native ability goes over those who do not patronize these institutions; in other words, the higher institutions tend to select the more capable of the children from the elementary and secondary schools and then give them additional advantages, social and economic, over the rest of the people. Consequently, the students in these institutions should be expected to pay at least in part for those superior advantages.

Again we are told that the institutions are able to provide better facilities if fees are charged; that is, that Legislatures look with rather a jealous eye upon the money which is spent in these higher educational institutions; that they are continually forced to the paring down of appropriations, and that neither the facilities nor the quality of instruction can be kept upon the proper plane unless the income from
the State is supplemented by income from other sources, particularly fees.

In the third place we are told that fees are necessary to preserve the self-respect of the students; that individuals who go through an educational system from bottom to top and who finally emerge completely equipped for the pursuit of a paying profession, but who have never been required to contribute to the cost of that education, have not the same basis for self-respect and consequently not the same self-respect as those who have really participated in the costs of their education.

Finally, there is the argument of overcrowded professions; that under the relatively free system our professions of law and medicine particularly, and engineering increasingly, are being overcrowded, and that one of the best ways to reduce this overcrowding is to set a rather stiff fee at the door of admission to each profession.

On the other hand it is argued, first, that the charging of fees in higher institutions is utterly inconsistent with the ladder or unit theory of education adopted in this country; that it is just as improper to charge a medical student in a state medical school a fee for his instruction as it is to charge a first grade student in an elementary school a fee for his instruction; that it is unAmerican and undemocratic; that it partakes of the dual or caste system of European education.

The second argument relates to the poor boy problem, which ought to be extended now to include the poor girl problem; that is, the problem of equity of opportunity. It is the responsibility of the State to provide an equity of educational opportunity not only on the elementary level but on the higher educational level as well; and this is inconsistent with the theory of fees.

In the third place, while it is true that a medical education, for example, does confer upon its recipient economic and social advantage and prestige, it is also true that society is vastly benefited by the fact that an individual possesses the proper training of a medical man, or of a lawyer or engineer.

These are the chief arguments, I take it, on the different sides of the fee question.

It seems to me, to summarize, that the indications are that for some time at least the American system of professional education from the point of view of financial support will be a hybrid system. It will involve the cooperation of public support, of philanthropy, and of fees. Public support will be given in order to express society’s interest in professional education and its appreciation of the benefits derived, and in order to make tangible its right to control professional education. Unless the public participates in the cost of turning out professional
men and women, it can have no real voice in determining the standards which shall be required of professional men and women.

I believe that philanthropy will continue to have its place in the training of professional people. Research in the different professional fields must in large measure continue to be fostered by private funds. Legislatures are much more readily interested in money for instructing the youth in knowledge already known than they are in extending the boundaries of human knowledge, especially when such extension calls for many expensive and frequently unproductive experiments. Take, for example, the research into cures for cancer today. One is astonished at the millions of dollars which have been spent in an effort to find a remedy for cancer, and while perhaps we are farther along the road today now than we were ten years ago, we all know that that goal has not yet been successfully achieved. It would be futile to expect legislatures or congresses to appropriate funds to pursue research in such uncertain fields. But it is possible to interest philanthropy. So I say I think the field of research in the professions will have to continue pretty largely for a long time upon a philanthropic basis.

Philanthropy is also needed for stimulating new movements, new kinds of medical treatment and the like, and for education and training in these newer fields. The public is rather definitely devoted to things that are traditional and certain. The new and the uncertain will have to be sustained by philanthropic funds.

I am also of the opinion that fees are going to have to be considered, whatever the theory in the matter, largely for practical reasons. I do not believe that at the present time enough funds can be expected by public institutions from either public or philanthropic sources for instruction, equipment, and personnel so that these institutions can offer the highest kind of instruction in the professional fields. If professional students choose not to pay fees, they will thereby choose an inferior level of professional education. To the extent to which the professional student is willing to participate in the cost of his instruction, to that extent he can expect to improve its quality. The highest level of professional training, for a generation at least, I think, will require participation by students in the form of fees. And I confess personally that the argument that professional education on the higher level adds prestige, both social and economic, to its recipients, seems to me a strong argument for such participation.

In the development of fees, however, two things always must be recognized. In the first place, some professional lines of activity are much more productive economically than others. There is a difference, for example, between the income of a physician and the income of a
nurse, and between the income of a lawyer and that of a school teacher, although they are all professional lines of endeavor, and these differences must be recognized in this matter of fees.

Also, I think, there is the problem of the poor boy and the poor girl to be met. The only solution that I can see if the fee system continues and increases as it threatens today to do, is through the provision by philanthropic means, first, of scholarships for the more able students, and second, of loans for those without funds who are not able to win scholarships but who do have ability to justify their attempting to secure a professional education, loans which are to be paid back at a very low rate of interest and with a long term to run.

That is the gist of what I have to say. I know it doesn't bear very definitely on nursing education. That is a misfortune from your standpoint and a great good fortune from mine, because I know very little about that subject. But possibly you will be able to orient the question of nursing education somewhere in this field.

Miss Burgess stated that in the endeavors to have nursing education become a part of the education offered by universities, the necessity for immediately furnishing endowment before such union could take place has arisen, as well as the question of the means of securing appropriations for the beginning of such nursing education in state institutions.

**Dr. Pittenger**: The last biennial legislative appropriation for the University of Texas was, if I remember correctly, about $14,000 less per year than the biennial appropriation six years ago. In other words, it is not merely a problem of finding money to add a professional school of nursing to the University, but it is a problem of finding money to maintain what was existing eight years ago at the University of Texas, and taking care of the increased demands by students for those same services. I am sure there is every sympathy at the University in both the Board and Administrative offices, with the idea of the State's participating in the education of nurses. I do not believe there is any question on that at all.

Again, I do not think that the Legislature is desirous of cutting the appropriations for education in Texas or of reducing education in Texas to a lower level, but it is faced with the fact that during the past eight years the requests from the different institutions and departments of the State for appropriations have amounted to more than twice as much as the income of the State which is available from the existing system of taxation. The only possibility, I think, that the State of
Texas has for supporting its higher institutions of learning or any other public service on a higher level than today is to improve its system of taxation. But the moment an attempt is made to improve the system of taxation, the Legislature is descended upon by hordes of lobbyists. The protective instincts of business men are much stronger apparently than the educational instincts of educators and others who are interested in public enterprises, and the Legislature is simply overwhelmed with opposition. At some time or other, and the sooner the better, there must come a break in the organization of the taxation machinery of Texas. When that time comes there may be some hope for expansion in educational and other public services. I don't believe there is any until that time comes.

**TO WHAT EXTENT SHOULD HOSPITALS FINANCE NURSING EDUCATION**

**Lucius R. Wilson, M.D.**

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It is to be hoped that there is no one in the audience who expects a definite answer to this problem. I do not have it and believe it will not be found for many years, as nursing education, its cost, and standards, are just beginning to receive the attention they merit. There are, however, many considerations on this subject that I would like to present.

First, what is nursing education? If we are going to say nursing education is that education given a nurse, we immediately let down the barrier and take in the so-called training schools run in connection with a hospital for the hospital's benefit, affording it a kind of cheap labor and giving the person in training very little for her services, together with the higher type of educational unit better known as schools of nursing in which adequate educational opportunity is the prime consideration.

In order to arrive at an understanding, let us define nursing education in its strictest sense as the study, offered the undergraduate, of the basic preparation necessary to the most intelligent nursing care of the sick, following a curriculum of constantly widening scope and based on an organized plan founded on sound educational principles. In its larger sense it is a search for mental enrichments and constantly increasing opportunity of service by which the nursing profession can contribute to the individual, community, and national health.

Those schools of nursing which cut to a minimum the courses offered students, fail to secure qualified instructors, hold classes at impossible
hours, preventing regular attendance, put students on duty for long hours, even on special duty, in which case the hospital collects for their services, and in many other ways exploit student nurses for the financial gain of the hospital, will not be found among those meeting the educational requirements we have set, and are thereby eliminated from our considerations.

Any school undertaking to educate groups of individuals to become useful members of society has financial responsibilities. This is as true for schools of nursing as it is for colleges and universities. There is, however, this difference: nearly every school of nursing looks to a hospital for a goodly part, if not all, of its appropriations, while the other professional and academic schools obtain money to meet their finances from tuition, fees, endowment, taxes, special gifts, and other sources. We know there are very few adequately financed hospitals; and if the hospital is compelled to pay for nursing education, the inevitable must happen—the school of nursing will receive a limited financial allotment.

This is unfortunate, and perhaps has contributed more to the retardation of nursing education than any one factor. I do not mean by this that the administrators of hospitals are unmindful of the value of high educational standards, for next in importance to the medical staff of the hospital comes the nursing care of hospital patients. Without well informed nurses, the good work of the doctors is greatly handicapped. The administrator has only a definite amount of money to spend on all the departments of the hospital, and cannot give the school of nursing the lion’s share. Every hospital superintendent likes to consider himself as most coöperative with the school of nursing, and he is, until the hospital’s pocketbook is involved. When the directress of nursing develops a plan to improve nursing education and presents it to the hospital superintendent, he immediately acquiesces, provided no increase in expense is involved. If this change involves money, the superintendent is forced to ponder and see if the increased cost will show a return to the hospital. If so, he, of course, is agreeable. If it proves to be only higher education with no immediate return, his lack of enthusiasm is difficult to overcome. Such an attitude is his only recourse and is the result of the present financial arrangement of most schools of nursing. Another element entering into this problem is the directress of nursing, who is often quite unmindful of the financial responsibility, and develops an educational program out of all proportion in value to its cost, and then feels that the hospital is niggardly because the administration does not share her zeal. There is a middle ground of advancement in nursing education, which is worth to the hospital
what it costs; and if the directress of nursing will stay on this ground as long as the school is connected with the hospital's pocketbook, a slow but steady growth will result. The hospital cannot be expected to meet the expense of radical ideas of a research nature in education. Perhaps the time will come when special gifts and endowments will be available for such purposes.

Let us briefly consider what costs are involved in nursing education. The first and largest item is maintenance of the student nurses. The cost of food per nurse is from twenty-five to thirty dollars per month. The cost of her room varies with the kind of quarters provided, but is larger than usually suspected. The figure usually seen in this connection is fifteen or twenty dollars a month. In establishing such a low figure, the interest and depreciation on the residence is most likely ignored. The estimated cost per student per month in the Rebecca Sealy Nurses' Residence, built by the Sealy and Smith Foundation for the John Sealy Hospital, is nearly thirty dollars, and is obtained by figuring the interest and depreciation on the four-hundred-thousand-dollar structure and the interest and depreciation on the furniture, costing forty thousand dollars, together with the cost of heat, light, power, maid and janitor service, telephone, repairs, insurance, and incidentals. There are some who would say why add interest and depreciation in estimating the room cost, but is it not an overhead item in a school of nursing the same as in any business? Most certainly if the hospital did not provide it, more money would be available for general hospital use. Laundry costs approximately six dollars per month for personal clothing, uniforms, and room linens.

The cost of educational facilities is a very large item. The staff of the school of nursing, which also supervises the nursing service in the hospital, must be much larger than is needed to meet the hospital's requirements. The directress of nursing, who is also the superintendent of nursing in the hospital, must spend a large part of her time on the education program, and a proportionate part of her salary is directly chargeable to nursing education. In most cases it is necessary to secure additional assistants for the directress because too many demands are made on her time for one person to meet satisfactorily. This is an increased cost, and for the most part is chargeable to the school of nursing. All full-time instructors, who do no work in the hospital, are one hundred per cent educational expenses. All nursing supervisors and head nurses in the hospital spend much of their time in the education of the student nurse, with the result that more are needed properly to supervise the care of the patients, with the resultant increased hospital expense. The expense of all the laboratories for the student nurse
is another item chargeable to education and not to the care of patients. In this connection, should we not consider the services of the doctors who lecture to the students, as an educational expense? True the hospital rarely pays them for this service; or if so, the salary is not at all commensurate with the position. The result is that only the most zealous are careful properly to prepare lectures, and the school of nursing suffers the consequences. These men should be paid the same as in a school of medicine; and if they were paid, the school of nursing could demand worth-while service from them, and proportionately benefit.

The hospital usually carries the full expense of sickness in the student body, but should it do this any more than it should care free of charge for any other student? Hospitals connected with universities usually are reimbursed for their services to the student body of that university from a fund accumulated through a sick fee charged each student. The time most likely will come when such an arrangement will be established for schools of nursing.

The student who fails in her studies and is dismissed from the school, represents an expense that must be charged to the school of nursing. A sizeable percentage of the preliminary class never become freshmen; some stay a few days and others a few months, and the money spent on them is a total loss. The student who advances farther but never finishes, represents a greater loss, for it is only during the senior year, if at all, that a student nurse’s service is worth to the hospital the cost of her education.

So far we have considered nursing education in the debit column. Let us now turn to the credit side. The hospital having a school of nursing has many advantages. It fulfills an obligation to the community by educating individuals to care for the sick and aid in public welfare. It receives prestige from the fact that it is contributing to the advancement of education. Most likely the nursing care of its patients is better because the faculty of the school of nursing has a definite interest in seeing that only the best of nursing procedures are followed in the care of patients, in order that the students can benefit from the observation of work well done. Furthermore, the presence of student nurses adds an incentive to all graduate nurses to do well the task before them. The school of nursing adds materially in standardization of work and supplies, thereby effecting an economy in hospital operation. These are intangible assets and cannot be figured in dollars and cents, yet they have value.

There is, though, one advantage to the hospital that can be figured, and that is the service of the student nurse. Her service increases as
her education and experience progress, and her value increases in proportion. The hospital should pay for her time on a graduated scale.

In all colleges and universities many students can be found who are earning through various lines of work a part or all of the expense of their education. Why not consider the student nurse in the same way? To do this, the school of nursing should be separated from the hospital's purse and have its own budget. The directress of nursing should be the dean of the school of nursing, and develop its educational program and be responsible for its finances. The hospital should pay into the school of nursing only that money which is earned by the students, and this money should be applied on the cost of operation of the school. The school of nursing should in turn meet all expenses connected with nursing education. To do this, an accurate bookkeeping arrangement will be required to prorate the charges to the hospital and to the school of nursing.

The income from student service will not meet all the expenses of the school of nursing, which have been previously discussed. The resultant deficit will have to be met from endowment, gifts, taxes and similar sources, just as any other educational unit meets its responsibilities.

In working out such an arrangement, the administration of the hospital should have representation in the executive body of the school, and absolute coöperation should exist between both the hospital and the school. The hospital is the workshop for student nurses, and the school of nursing furnishes the nursing care for the patients. Neither can work independently of the other.

To summarize, I believe the ideal arrangement would be for the school of nursing to have an endowment sufficient to take care of its needs, and the hospital also to have an endowment sufficient to care for its needs. The school of nursing could then develop its educational program on its own budget, which would include, with endowment income, the money paid by the hospital for the services of the student nurses, figured at a fair value, and tuition fees somewhat commensurate with the instruction they receive. So far as we can see at the present time, this would greatly simplify many problems, though undoubtedly it would bring up others. Very few schools and hospitals will attain this goal in the near future, so for the present it is necessary for them to be certain that the hospital gives the student nurses good value for their services, and vice versa—that the students give the hospital good service.
THIRTY-EIGHTH ANNUAL CONVENTION

HOW SHALL SCHOOLS OF NURSING BE FINANCED?
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How shall schools of nursing be financed? What a hopeless optimist is that misguided person who, in this year of our Lord 1932, ventures to raise such a question, much less to offer any plan for its solution.

It would appear that practically every logical or possible plan for such financing of our profession has already been suggested and discussed by those best qualified to do so.

In October, 1916, at an address given before the New York State Nurses' Association the following statement was made by Miss Adelaide Nutting:

"The more carefully I study the work of schools of nursing, the more convinced I am that failure to recognize the great and involved cost of such education is at the bottom of the present difficult situation. Adequate funds are just as necessary for the maintenance of our schools of nursing as they are for medical, engineering, or any other professional schools. No equitable or stable adjustment can be made between hospitals and schools of nursing until this fact is understood and accepted, and until some plan for financing schools of nursing either by endowment or by State funds be evolved."

In 1923, in the published report of the study made by the Rockefeller Committee we find the following statement:

"The school of nursing, primarily an educational organization, is dominated by the hospital, primarily an organization for the care of the sick: because of the stress of carrying on hospital work, the educational needs of the school are entirely overshadowed.

"The failure of the school is at the bottom a financial one, and is the worst failure of which any educational institution can be guilty,—its failure to teach. The cause of this failure is primarily the lack of funds, without which the wisest educational program must be frustrated."

In 1925, at a meeting of the National League of Nursing Education, the following statement was made by Miss Goodrich:

"I am convinced that not until the hospital squarely faces the fact that the care of the sick is a business, that it is the community's business, and that a budget must be provided which will fairly and squarely meet all the costs, shall we really solve the problems of nursing education."

In 1928, the Grading Committee went on record in its publication, Nurses, Patients and Pocketbooks as holding strictly to the principle that
"No hospital should be expected to bear the cost of nursing education out of funds collected for the care of the sick. The education of nurses is a public responsibility."

Expressions of opinion such as these, voiced by outstanding authorities on the subject, clearly indicate that it is not the responsibility of any single individual, group or organization to develop or initiate such a program. The successful financing of nursing education calls for concerted support and action on the part of all individuals and groups concerned with the physical welfare of the nation, because of the need of the public for properly prepared nurses. The educational and economic needs of nursing are so interrelated that consideration of one necessitates consideration of both subjects.

Dr. C.-E. A. Winslow, Professor of Public Health at Yale University, states that all the studies made by the National League of Nursing Education, the Goldmark Committee, and the Grading Committee lead up to one point, and that is, that the training of nurses is a serious educational business which must be attacked by those primarily interested in nursing education.

Dean Russell, of Columbia University, in a recent address before the New York State Nurses' Association, described our present method as "an antiquated and inadequate educational system based on an outgrown apprenticeship system," which for many reasons nurses seem unable to abandon at the present time.

Dr. E. P. Lyon, Dean of the Medical School of the University of Minnesota, points to the significant fact that nurses themselves are not permitted to control nursing education, but that it is largely controlled by hospitals interested in retaining such control, since the school of nursing, under existing conditions, is a source of profit in conducting the nursing service of the hospital.

The Grading Committee stresses the fact that according to figures submitted by the group of 1,458 hospitals participating in its first study, 93% of their nursing service was carried by the student nurse body.

The nursing profession itself is greatly alarmed at the overproduction of graduate nurses as the inevitable result of the present unrestricted system which permits a school of nursing to be conducted in practically any and every hospital, regardless of its ability properly to prepare nurses to meet community needs.

There is a tragic amount of unemployment which gives every indication of increasing by leaps and bounds, even in the face of the anticipated economic improvement in the next few years, unless some decided step is taken to control the enormous annual output. It is estimated that 30,000 nurses were graduated in 1931, and 88,000 more, now in schools
of nursing, will soon be adding further complications to the present situation. Dr. Burgess' recently published census study shows an alarming proportion of nurses in relation to the amount of nursing work available, and justifies the plea for fewer and better prepared nurses.

In September, 1931, Dean Lyon gave voice to the following opinions and arguments: (I quote)

"Schools of nursing are not in the hospitals because the hospitals have a high sense of educational responsibility, but because they have patients to be cared for, and can secure this nursing care more cheaply by having training schools than they can without.

"A hospital recognizes as its primary function the care of the sick and if, incidentally, the hospital can aid education it is willing to do so, provided it does not cost the hospital anything. Schools of nursing are adjuncts of hospitals, and few of them have any relation to other types of organized education. Medical schools are also organized in relation to hospitals, and depend upon hospitals for indispensable facilities, but with a most significant and crucial difference. Doctors control schools of medicine, nurses do not control schools of nursing. These two facts—that nurses do not control their own educational institutions, and that hospitals do control them and run them to save money, are at the basis of nearly all that is wrong with nursing and nursing education.

"To this fact of profit taking, I lay the enormous number of schools of nursing—perhaps ten times as many as the country needs. I maintain that this number of schools will not be materially lessened until the profits are squeezed out of the educational process. I hold further that the unsatisfactory curriculum, the retaining in the school and final graduation of a certain percentage of incompetents, the low cultural average, the generally inadequate laboratory facilities and poor science teaching in nursing schools, the excessive hours of service, detrimental alike to health and education, all are traceable to this element of profit. Get the profit, all the profit, out of nursing education, and a new era will be inaugurated."

At practically the same time that Dr. Lyon was exhorting the nursing profession in this fashion, Dr. Lewis A. Sexton, the President of the American Hospital Association, at the annual meeting of that group in Toronto, was expressing a totally different view of the nursing situation in no uncertain terms. I quote from his address:

"Tied up inseparably with the work and development of hospitals, is the nursing profession. They have come down through the years, each dependent upon the other. There exists in the minds of some people the idea that the nursing profession can be divorced from the hospitals. There is a wide difference between the training or education of the nurse from a pedagogic point of view. Those of us upon whom the final responsibility rests for the nursing of patients and the support of the schools find ourselves wondering what the nurse of the future will be like, and just where in the scheme of things her place will be. Each year sees its additions to the curricula of our schools until they are bulging with desirable courses for general education, but
crowding out, I fear, the essentials upon which the profession was founded. There has grown up among us the feeling that unless we train our nurses out of the menial sphere of caring for the sick we are not doing our duty. I am old-fashioned enough to believe that you can educate a people beyond their sphere of usefulness. More than one empire has toppled because of the weight of its own greatness.

"To those who are familiar with conditions in the rural districts and smaller hospitals, no warning is needed, but to others let me leave one thought, and that is a plea for the training of nurses who enter the profession for the love of the work and the good they may do. Theory in nursing training is desirable and essential, but the man or woman whose needs call for the gentle touch that soothes an aching brow, cares little for the solubility of salicylic acid, or the atomic weight of sulphur."

It is impossible to say whether Dr. Sexton intended to voice personal opinions or whether he was expressing the general sentiment of the organization he represents. In either case, adverse public criticism of this type, coming from the President of an organization supposed by the nursing profession to be understanding, sympathetic, and friendly, was something of a blow, and certainly gave food for thought.

Dean Lyon stresses the fact that members of the American Hospital Association, largely doctors and hospital superintendents, are our friends. But he also points out that they too are the victims of tradition, just as are the nurses themselves; that they are responsible to trustees and to political influences, and that naturally none of these groups relish the prospect of having to wrest from none too prolific sources the money needed for what the student nurses furnish. The nursing profession has, indeed, many staunch friends among hospital trustees and superintendents, ready at all times with understanding, and help, but neither the American Hospital Association nor the nursing organizations can afford to forget that both groups must work intelligently and cooperatively, side by side, if they are to overcome successfully obsolete traditions which at the present time hamper and restrict both groups.

The tradition of free service will, as Dean Lyon says, be a hard one to break down, and yet, if the hospitals of the country were in a position to face the actual facts by correctly estimated cost studies, they would find in many cases that they were frightening themselves with an imaginary bugaboo, for those conversant with the real facts are convinced that an efficient and stable nursing service with graduates and a good subsidiary nursing group might, in many cases, be introduced at no greater actual cost than that of the present system, with a school of nursing, if such school is being properly conducted and fairly treated.

The constantly mounting cost of nursing service falls heavily on all hospitals, but those of small or moderate size may not find it too costly to make this change and undoubtedly some of them can effect an actual
saving by doing so. On the other hand, hospitals desiring to continue their schools of nursing must face the fact that each year will certainly bring additional financial burdens through the development and strengthening of the curriculum and through the need of a greatly increased supplementary nursing group.

In 1923, following reports of special committees on the subject of Budgets in Schools of Nursing, the National League of Nursing Education and the American Hospital Association each passed a resolution that hospitals and schools of nursing throughout the country be urged to unite in a determined effort to bring about the adoption of a separate budgetary system in connection with every school of nursing. Both organizations were apparently solidly in favor of the plan, but what happened? Did they all go home and work out budgets? Ask Dr. Burgess. She will tell you that only 13% of the schools included in the Grading Committee report state that they are functioning on a separate budget and are in a position to state nursing and educational costs. Eleven per cent more state that they believe they know the cost of their school of nursing, while 34% state they could probably figure it. It would be interesting, indeed, if these schools were called upon to furnish such figures. The Grading Committee should offer the services of their statisticians to such hospitals and see how many would be called for.

Over 42% of the hospitals reporting frankly admitted that they did not know the cost of the school because under present conditions it was impossible to separate nursing figures from other hospital costs.

On March 1st of this year, only 202 of the 1,458 cost studies sent out to schools of nursing had been returned to the Grading Committee. Of these hospital returns, 18% stated that they would save money by closing their school, 82% that they would lose money by doing so. An interesting feature is that in each case about 50% of the schools represented were connected with hospitals of less than 100 beds, and the other 50% with hospitals of 100 beds or over.

It would be timely and helpful to those interested in this subject if a group of good schools of nursing in a position to produce accurate figures, would join in a study as to the actual cost of student nurse education when separated from all other costs.

During the past eight years the total cost to the hospital of the student nurse has been variously estimated at from $700 to $1,400 per year; the cost of student nursing service has been estimated at from $.35 to $.62 per hour. The cost of graduate nurse bedside nursing service has been similarly estimated as ranging from $1,500 to $1,900 per year and from $.58 to $.82 per hour.

Undoubtedly in each case such estimates were made and offered in all sincerity, but the variation in the figures furnished tells its own
story. Costs must naturally vary greatly according to the return the hospital is making in education, maintenance, recreation, etc., also as to the length of the day or night in nursing service, the vacation and sick time allowed, etc. There are many other important factors which call for special study and consideration whether the cost of graduate or student nurse service is being studied. Snapshot conclusions in regard to such costs should be carefully avoided.

Dr. Burgess urges us to look at this subject of nursing costs from a different angle. She says:

"The basic question is how much more (or less) would it cost to give as good nursing service to our patients as we are giving now, if we had not the student nurse? The answer gives the cost of nursing education."

Dean Goodrich, of the Yale School of Nursing, suggests that the following method be used in estimating such costs:

(a) Estimate the cost of nursing service on the basis of an entire graduate staff;
(b) Determine how much more or less it would cost to project student nurses into the situation.

At the present time recommendations as to the best plan or plans for financing schools of nursing can be made only when there is an understanding as to the type of school that would be considered satisfactory as a general training field.

This need not necessarily be a university school for, while under the right conditions the university school does and should rate first and best, there are few real schools of this type as yet in existence. Therefore, since it is a well-recognized fact that many of the schools of nursing without university connection are doing a better, broader piece of educational work than that conducted in certain so-called university schools, the school selected as a satisfactory type in which to carry on nursing education, should be one attached to a general hospital, large or small, with or without university connection.

The hospital selected should be in a position to offer a well-balanced educational and clinical program, one which will prepare student nurses to meet intelligently and satisfactorily the nursing needs of the community. The nursing education given should be of a type to serve as a stable foundation upon which advanced or specialized work may later be built, and an adequate and well-qualified force of experienced instructors and head nurses should be provided at all times.

In order to prevent any sacrifice or diversion of the educational program of the school to the nursing needs of the hospital, the department of nursing should have its separate budget,—one that makes possible
stable and efficient nursing service through the employment of a sufficient number of graduate nurses, nurses' helpers, or aids.

Provision should be made to house the student nurse group comfortably and suitably, in a manner which will meet all educational, social, and physical needs.

The size of the student body should be determined and regulated, not by the number of beds or daily average of patients, but by the actual educational facilities and clinical experience which the hospital itself has to offer. It has been suggested that the number of students admitted should not exceed the number that can be put through the smallest service unit of the hospital in the year.

The hospital conducting such school has every right to expect a reasonable amount of return service from the student receiving her nursing education. It must, however, avoid the error of exacting too high a return in labor. It is reasonable and legitimate to expect that each student shall be impressed with her responsibility of making a fair return for her nursing education, as she would for any other professional education, in terms either of money or of labor.

The hospital should feel it incumbent to stress the fact that the school of nursing is actually an educational organization, not merely an industrial apprenticeship.

Some standard of appraisal of education being conducted by the hospital for its students should be determined. It might be safe to say that any school that is profiting to a large extent on its student nurse service should be made to submit to examination and analysis by outside authorities, to ascertain whether or not a sufficient return is being accorded the students. On the other hand, a hospital which found it was expending more for its school than would be the case if graduates were employed, in view of the present overproduction and unemployment of graduate nurses, should seriously consider closing its school.

A possible source for securing a certain amount of educational funds in the case of hospitals now making a monthly allowance to student nurses, would be through the discontinuance of this practice, if the school of nursing can have definite assurance that such funds will be turned over to improve the educational work of the school, not for one year or two years, or until the superintendent of nurses making such an arrangement leaves, but turned over permanently, and protected.

A second possible source of funds might be obtained by charging a moderate registration fee. There is a certain element of danger in this plan, however, in that this might develop into an exorbitant demand in the case of popular or well-known schools. Such funds should also be permanently protected for the exclusive educational use of the school.
It has been predicted that in time schools of nursing will charge for tuition, but because of the present prevailing system of requiring a stated amount of nursing service from each student this idea has not as yet been much stressed.

The first result of these proposed plans would certainly be the reduction of the number of applicants for admission. Possibly the quality of students entering the schools might be improved, as the chances are that students entering under such conditions might have a somewhat better home background.

If it is decided to abolish the allowance or to charge an entrance fee, arrangements should also be made for generous scholarships to be provided in order to meet the need of desirable students who could not otherwise finance themselves. However, even should both these plans be adopted by any school, the total annual amount of financial support received would be too small to do more than supplement what should be a much larger general educational fund.

For the larger and more substantial fund required, ordinarily the most promising plan would be by means of special endowment. Unfortunately, the prospect of such help for the next few years is decidedly problematical, because of the present distressing economic situation.

The two outstanding examples in this country of schools with special endowments are the Yale School of Nursing, and the Western Reserve University School. Such schools are indeed fortunate in being happy exceptions to the painfully restricted financial situation with which most schools, and hospitals too, are struggling at present.

The well-known superintendent of a school of nursing raised the question a few weeks ago as to how public or private funds subscribed for the care of the sick in hospitals could logically be used to meet the expense of supporting a swimming pool or gymnasium. Dean Lyon, of course, accuses us of using this as "bait," and it is safe to say that this charge is more or less true.

The schools of nursing in the Department of Hospitals, New York City, eight in number, under the able direction of Miss Rottman, present a concrete example of the excellent work that can be done when public funds are available for the support of a program of nursing service and education. In this department, a splendid type of centralized preliminary instruction has been developed, a decided educational advantage for all students concerned.

We are receiving advice from many sources to make a determined effort to secure State funds for the support of nursing education. Advocates of improvement in nursing education are asking, if normal or teacher training schools have an admitted right to State support, why
schools of nursing have not also a legitimate claim on such funds, since the public needs properly prepared nurses and public health workers almost as much as teachers.

For a helpful expression of opinion in regard to this most important question, I beg to quote from an address made by Dean William G. Russell, of Teachers College, at the meeting of the New York State Nurses' Association, last October, in New York City (I quote):

"Is there a possibility that we can interest one of the great foundations in the training of the nurse? It is closely akin to the philanthropic sympathy of many generous donors. Men of wealth like to give to hospitals, to medical schools, and to research. Could they be interested in the education of the nurse? Here is a golden opportunity for a foundation in search of a job. . . .

"What we need is a system of State subsidy for nursing education. Let the hospitals have the student nurses for two years, but let special institutions have one year, either before or after, exclusively devoted to the training of nurses, without hospital work required during that period. Let us have proper equipment and a well-trained faculty. In other words, let us inaugurate a campaign to lift nursing education out of the stage of medieval apprenticeship."

Dr. C.-E. A. Winslow, Professor of Public Health, Yale University, states:

"Nursing education will always owe a great debt to what the hospitals have done during the past fifty years. The community will always owe a great debt to the hospitals for having done it. Yet, we must face the fact that the hospital is not primarily an educational institution. It is an institution for caring for the sick. Its funds were given to it to care for the sick. It has, perhaps, little legal right to divert those funds for the purpose of educating nurses, although in many cases it has undoubtedly done so.

"The university cannot solve the problem of nursing education in its entirety. It was a great misfortune that when endowments were given to university schools, of nursing other experiments were not initiated. We need an endowed school of nursing in connection with a well-managed large municipal hospital. We need a school of nursing that will serve as a central school for a number of small hospitals in a community or even in a rural area. Many of the small hospitals that are now running poor schools would prove to be satisfactory training grounds for the clinical experience of pupil nurses if they had adequate supervision and control from a primarily educational body.

"I firmly believe that the time will yet come when some part of the great flood of wealth that is coming to education and to social service will flow into the channel of nursing education. Let us put this subject of securing endowment for nursing education first and foremost in our social program. I believe there is no other single thing in the whole field of education that so much needs to be done."

Dr. Winslow places before us a wonderful ideal and hope for the future.

On the other hand, Dean Lyon, that newly found friend of our pro-
fession (who has thrilled us all by talking "right out in meeting" and then having the temerity to publish his utter heresy in the *Modern Hospital* magazine), tells us most emphatically that much of the present situation is our own fault. But, in spite of the fact that we have played our cards (poor cards, he says, mostly) very badly, the remedy still lies right in our own hands, as by absolutely refusing to carry the burden as it is at the present time we could bring about an immediate, permanent, and much-needed reorganization. Probably the Dean is right—but the remedy he proposes is fairly heroic, and the spirit of the early pioneer nurse dies hard,—even in 1932.

Old traditions, old customs, and the spirit of service and loyalty on which our profession was founded, and upon which we were all carefully reared, constitute bonds and ties from which we find it difficult to break away, lest we tear down in ruthless haste much that is of value, which was built up slowly and by painful effort, and lest in so doing we harm organizations and groups that made it possible for nurses in earlier years to bring into existence the profession we so dearly love, whose future we are today trying to safeguard.

Should funds for nursing education become available there would certainly have to be a nationwide reorganization of schools of nursing. A creditable number of hospitals are at the present time conducting a fairly good type of nursing education. There is a much larger number in which the attempt to do so is unjustifiable, unnecessary, and undesirable. For this reason, another important step required in bringing about improved conditions will have to be the enactment of better and more stringent laws for the control of nursing education,—laws which will make it possible to abolish schools in undesirable situations.

When such steps become necessary, the nursing profession must be prepared to meet a somewhat dangerous situation which will immediately be created by the introduction of a large subsidiary nursing group. It is not too early to be considering the development of some program which will serve to protect patients, hospitals, and the public alike when the occasion arises.

Sixteen years have elapsed since the various plans for financing nursing education as presented, were first suggested by Miss Adelaide Nutting. Since then no newer, better, or easier plan has been suggested for the economic salvation of our profession. How much progress have we made, if any, toward the fulfillment of such an idea? At first it does not seem that much has been accomplished, but as we study the picture we begin to realize that an astonishing amount of progress has really been made in the face of almost unsurmountable difficulties.

First, we have succeeded in securing the interest, understanding, and
in some cases the financial assistance of a large group of influential friends and allies in medical, educational, and public health circles. Combined with this group are a small but powerful group of lay people who have shown their faith in our cause by substantial personal contributions.

Second, within the past ten years two great and important studies or surveys of nursing have been made, the results of which have been published, studied, and applied in every part of this country and in many parts of Europe.

These studies are of inestimable value to all interested in the advancement of nursing education, as they furnish a foundation of indisputable facts and knowledge on which plans for future work may with safety be built. The recently published report of the Survey of Nursing in Canada, under the Canadian Nurses' Association and the Canadian Medical Association, contributes a third study of value.

Possibly the most significant symptom of recent progress is to be found in the latest hail from Dr. Burgess that as a result of the publicity of the findings of the Grading Committee and in order to better meet today's economic situation, 200 hospitals, large and small, during the past year have closed their schools of nursing and are using graduates for their nursing service. Hundreds of other schools are carefully reducing the number of their student nurse group, replacing them by a general duty graduate nursing staff.

So we realize that gradually and almost imperceptibly, as a result of all this study, discussion, information, and publicity, we are moving in the direction of the desired goal. Any definite or concrete plan for the financing of nursing education still seems to be in the far distance,—to most of us it seems as though only a miracle could bring it to pass. It is fairly safe, however, to predict that a profession whose first half-century has experienced the rapid expansion and development of plan and purpose that has been ours, has every reason to expect that long before the end of its second half-century nursing will have emerged from its present obscurity and instability to a position where it will have acquired economic and educational independence, with the privilege of shaping its own policies along the lines of those followed by other recognized professions. We are even bold enough to believe that sometimes nursing may have its little share in helping to lead the way.

In the meantime, under capable constructive generalship we plan to move forward, with clear vision, with faith and courage, in order to bring about successfully this desirable consummation at the earliest possible moment.

So long as nursing continues to maintain the ideals that for so many
years have dominated the minds and hearts of those splendid leaders
who have pointed the way, we can be sure that we are fulfilling the pur-
purpose for which our profession was founded, and we can carry on with
the firm conviction in our hearts that

"God's in His Heaven
All's right with the world."

The meeting adjourned.

Joint Session

American Nurses' Association
National League of Nursing Education
National Organization for Public Health Nursing
Wednesday, April 13, 2.30 p.m.

Presiding: Elnora E. Thomson, President, American Nurses’ Asso-
ciation.
Subject: Mental Hygiene.

THE GROWTH OF MENTAL HYGIENE
C. M. Hincks, M.D.

General Director, National Committee for Mental Hygiene,
New York, New York

A MENTAL HYGIENE POINT OF VIEW IN NURSING
Effie J. Taylor, R.N.

Chairman, Mental Hygiene Section, American Nurses' Association
Published in the American Journal of Nursing, July, 1932

The meeting adjourned.

Joint Session

American Nurses' Association
National League of Nursing Education
National Organization for Public Health Nursing
Wednesday, April 13, 8.00 p.m.

Presiding: Sophie C. Nelson, President, National Organization for
Public Health Nursing.

THE KING THAT WAS A KING
Annie W. Goodrich, R.N.
Dean, Yale University School of Nursing, New Haven, Connecticut

The meeting adjourned.
Methods of Research and Study

Edith S. Bryan, R.N., Ph.D.

Assistant Professor, University of California, Berkeley, California

In presenting the subject of methods of research and study, I have a great appreciation of the responsibility placed upon me. This responsibility raises the necessity of considering the different phases of research as they are advanced and affect the aims, procedures, and accomplishments of nursing. The complexity of the nursing service and the great number of branches into which it is being carried calls for the development of research in the realm of pure science with the experimental delving into the workings of nature guided by the conviction of the unity of natural forces. It challenges the interest of those who, with full appreciation for practical objectives, can turn from the contemplation of pure science to devote themselves to the immediate skillful consideration of applied science. These two avenues of research, broad, deep, and comprehensive as they are, do not cover the field in which the nurse is called to serve. Though she should investigate the fundamental principles of the sciences which touch or control nursing to their greatest depth and highest aim, and though she should devote a genius to the immediate practical reality of her scientific duties, there would be much of evil as well as good in the ultimate result if she failed to seek to understand the complexity of her problem as revealed by a study of the social sciences.

The professional service of nursing has in it, as we thus see, three realms for research. They are the fields of pure science, applied science, and social science. No one of these scientific divisions of nursing is complete or free from distortion unless the other two are taken into consideration.

In more recent years we have been seeing a gradual change in view concerning the relations between pure and applied science. We are even now watching the gradually changing attitude of the student of pure science and the student in applied science toward the social sciences. In former years the man seeking out the truths in pure science was
frequently little concerned with the practical applications of the truths once determined. Now, though he may not himself take part in their development, he is generally much interested in the use to which his findings may be put for the conservation and improvement of human life and in the practical inventions which arise as the unexpected by-products of his own discoveries. Indeed, very frequently the research student, though actually working in the field of pure science, keeps before his mind throughout his study the possibility of the applications to be made. In like manner there has been a change in the attitude of the men interested in the truths of pure science and those interested in the practice of applied science, to the searching of the philosopher in social science.

In more remote days Faraday concerned himself with the connection between the natural forces, such as chemical action, light, and electricity. More recently others have studied how these could be put to the service of mankind in many practical inventions. At present some of our great students are bending every effort to see how these marvellous inventions may be so used and controlled as to prevent their wrecking the social and economic structure of the life of mankind. Expressed more concretely, the students of pure science discovered the magic powers of steam, gas, and electricity. Following close on their observations the students of applied science found means of harnessing this power to machines which could serve mankind. Now our social scientists are seeking every means so to control this power of the machines that through them it shall not destroy our economic, social, moral, and spiritual values, by a resultant unemployment, and the horrors of war.

The very term science denotes systematic observation and reasoning. Professor Cecil Desch, of the University of Sheffield, has said that “in science international barriers have disappeared, or are reduced now to the minor obstacles due to differences in language.” It is equally true that there are no international barriers in nursing. Recognizing this, we should seek, more and more, to bring into our profession those who are already trained to employ scientific methods in observation and reasoning. With equal zeal we should encourage the young of our number, already trained in nursing, to go on into the work in pure science in order that later they may bring that knowledge and training into the field of pure scientific nursing. If we are to develop the pure science of nursing as opposed to the applied science of nursing, we shall need to rearrange some of our old ideas and clarify our minds as to the field which can be turned over to the student who is interested in the pure science and not the practice of nursing. The applied science
or the practice of nursing must, necessarily, remain under the guidance and control of the staff supervisor and the physician.

The research worker in the field of the pure science of nursing must at times be free from the restraint of service. When we realize that our definition of science declared it to be "systematic observation and reasoning" we can readily see that there need be no menace here to the proper control of the practice of nursing. Our great need is that we shall recognize the worth and dignity of the nurse who without practicing nursing, gives her time to a thorough study of the scientific practice of nursing. She may give her time wholly to her research, or she may do as many research students in other professions do in giving one portion of her time to the study and another portion to the practice of her profession.

The student in the pure science of nursing may seem to have comparatively little to oppose the progress in her work save those forces in nature which she is studying, and those elusive qualities which so often seem most characteristic of nature when we seek to probe her secrets. This seeming will not always be the fact for nursing always presupposes the patient, and this leads inevitably to the need for understanding, consideration, and adjustment to the patient. The research student in chemistry, physics, or astronomy need have no fear that his manipulation or scrutiny will affect the forces of nature. The nurse cannot feel this freedom, for she must either work in a substitute biological field, or be hampered by the idiosyncracies of human personalities. This limitation is equally true in the research in the applied science of nursing and in the social sciences, as the nurse deals with far more complex phenomena than any in the physical or biological sciences.

In order to understand more clearly the methods of research and study, it is well to consider what in nursing calls for research. First, there are the physical or biological findings of the patient's condition. Second, there is the technic of nursing, which must be as careful and exact as in the chemistry laboratory. Finally, there is the psychological reaction of the patient to these biological findings, and to the technic of the care. These interrelating factors with their overlapping influences all cry out for exact, continued study and at the same time constitute the great difficulty in that study. Medicine will never reach the heights of success which is possible until hundreds of nurses are ready and eager to carry on thousands of tests with the same exactness of technic and result in the hospital ward as in the research laboratory. No one but the nurse will ever have the time and entrée to observe and record the intimate details of the patient's condition and the progress
of disease. The doctor is too busy to be present for continuous observation and the members of the patient's family are emotionally not in condition to give accurate reports on conditions present. The nurse is constantly present and emotionally calm. I can give an illustration here, from my own research work with the newborn babies in the maternity wards of many hospitals. I have stood beside the table in the delivery room of the hospital hundreds of times, with no other work in mind than to make careful scientific observations of the condition of the infant at birth and the relation of this condition to the length and manner of the process of birth. I have followed most carefully every reaction of the newborn infant for two hours after birth and then twice daily for ten days. Parents, doctors, and nurses have always known why I was there and the helpful cooperation of doctors, nurses, and even of the mother in her pain, has been strengthening and stirring. When we consider that one-half of the baby heart has not been beating and the lungs have not expanded until that birth cry, when we reflect that all of the sense organs are either being pressed upon for the first time or are more strongly assailed by stimuli than ever before, we know that there is still much in the biological findings to call for careful research. This being true, we may well give renewed thought to the efficiency of some of our nursing technic, and to the psychological effect of our methods of handling the newborn. Every act of nursing could well bear renewed study, and each new procedure set up on the strength of new medical findings should have the same careful consideration of this threefold aspect of biology, technic and psychology.

The form of the nurse's training has done much to prepare her for good method in research work. The very exact observation and accurate reporting of findings which are prerequisite in good nursing technic, are also the foundation for successful research. Three years of training with the attempt to achieve exactness in this should achieve much in making the nurse a reliable research student. On the other hand, there are certain qualities in our training which may prove a stumbling-block in the path of research. The research worker cannot be poured into a mold. He can do his best work if he is left unfettered, free to choose his own path, for the love of scientific discovery. Instead of looking on such a student in our profession as uninterested in nursing as such, we should consider the possibility of her service in furnishing nursing with new tools of efficiency.

In research in the natural sciences the research worker must repeatedly set up with great exactness identical conditions in order to determine the surety of expected results. The nurse working constantly with one physician or in one hospital is able to approximate this exact-
ness very closely. On the other hand, the research worker determines
the dependence of the expected result on the exactness of the pre-
requisite cause. He should also determine if unusual prearranged con-
ditions may bring about identical results. Thus the nurse working with
different physicians will see whether the same results may not be
achieved with quite different methods.

Many nurses have noted and commented on the relationship of cer-
tain results to their supposed or real causes. If we are to develop the
science of nursing to its greatest achievement, we must accord the sci-
entific research worker in nursing a position of increasing dignity,
honor, and power in the profession. We must exact from her a thor-
oughness and soundness of preparation which will give us confidence
in presenting her findings to all other sciences as sound and able to be
duplicated. If we demand as much in scientific preparation for her
work as is demanded of the students in other fields of science, we can
well claim the same respect and credence for her findings.

Our profession, through some of its leaders and other members, has
shown its right to claim a place for its work in the realms of pure sci-
ence, in applied science, and in the social sciences. The complexity of
nursing service demands that we make ourselves familiar with many
related sciences. If we develop a constructively critical attitude toward
the methods of research set up in our profession and, at the same time,
an understanding tolerance toward the attitude of the worker, we shall
go far toward finding for ourselves a place among the recognized scien-
tists and of proclaiming our work a science.

THE APPLICATION OF SCIENCE TO NURSING

ELsie M. MAUERB, R.N.
Assistant to the Dean, Cook County School of Nursing, Chicago, Illinois

I have been asked to give a report on a survey of nursing methods
which is nearing completion in the Cook County School of Nursing
in Chicago.

Early last year Dean Logan outlined a plan for the complete revision
of all nursing methods taught in the undergraduate and graduate schools
of the Cook County School of Nursing.

The ultimate plan was to weigh carefully and determine the absolute
value of each nursing procedure, its adherence to principles, and its
acceptability to the patient. This finished and approved method of
procedure was to be carried through to its ultimate publication by the
committee, for use in its school.

The need for such an extensive survey became a necessity with the
ever-increasing number of postgraduate students entering the school each quarter, for further study in all departments. Each graduate in the graduate school, to be sure, was well grounded in her own school method of bedside care, and each graduate, to be sure, had a different method.

The necessity of presenting scientifically proven best methods was paramount, and to do so we had to choose two best methods, both based upon principle, an ideal method and a second best method, in order that uniformity might be established throughout our many departments.

Accordingly three mornings a week were set aside and the instructor in elementary nursing procedures began her demonstrations to the teaching faculty. With the completion of her course she was followed by the teaching supervisors, each of whom demonstrated the methods taught in her particular department.

To the teaching faculty of 22, graduates of many different schools, this complete review of what was being taught in all departments presented a number of interesting and enlightening problems, even more than we had expected to find. In looking at the complete picture, as we were privileged to do, we were able to evaluate in a larger scale and to work toward a well defined goal.

As each method of procedure was presented, it was judged according to the following criteria:

1. Was the procedure based upon a scientific principle?
2. How had the decision that this was a best method been arrived at?
3. Was the comfort of the patient considered?
4. Was there a waste of time, energy, and equipment?
5. Was aesthetic appreciation implied that students may early learn to combine beauty and art in all nursing?

With the teaching faculty as judges, no part of the procedure remained uncriticized nor was any detail too trivial to be considered. Notes were taken at each demonstration and a committee on revision appointed, to work with the secretary until a method was proven, and each detail completed and approved. When the unanimous approval of the teaching faculty was obtained, the revised procedure was then demonstrated to the entire group of supervisors and head nurses (about 150 in number), and two mornings a week were set aside for this demonstration. This group of staff nurses, who were to apply the procedure to ward practice, gave us some of our best criticisms and revisions. When finally voted a best method according to their standards of judging and checking, (and it could be relied upon to be practical), all notes, criticisms, and corrections, together with the original method,
were passed to a committee whose duty it was to rewrite it in detail in the imperative, using short and clear sentences. This finished written procedure gives detailed instructions how to perform first the ideal method and a second best method, which is to be followed when the situation justifies the second method. In both methods the principle upon which the procedure is founded is clearly stated and is the same principle for both methods. No negative instruction is written into either procedure. The approximate length of time in which a given procedure may be completed is also stated for each method. For example: In the demonstration of bed-making, first, the ideal method is presented in detail with the linen draped at the side, and a corner neatly boxed at the foot, and its general appearance as to its beauty of line and order emphasized. Second, a second best method and the one used largely in Cook County Hospital wards is described, wherein all the bed linen is tucked under the mattress on both sides, and the advantages of such a process are pointed out: its practical value in a large ward, from the standpoint of time, security, and comfort for the patient; less contamination than draped linen; and the next best for beauty of line and uniformity, when all linen, blankets, and spreads are not to be had of equal width and length. Mimeographed copies of instruction of these two methods were made and presented together to the students, and a copy filed in the procedure book on each ward. Following these two methods, adaptations of bed-making are given, with methods of adapting the original method to special surgical wards, to medical specialties, and certain conditions.

To carry through each nursing procedure in this exact method is a great undertaking, and the ultimate revision and completion of all methods involved eight months of earnest working together, and included nearly a hundred procedures in elementary nursing, medicine, surgical nursing, obstetrical and gynecological nursing. As to special branches of nursing with the presentation of two best methods, there are also adaptations of these methods for use in some special departments. For example, the method of restraining patients in our psychopathic hospital is written in detail with emphasis on the principal factors considered in restraint. Presented to the student with this procedure is an adaptation of this method of restraint for use in the general hospital, where patients and equipment are essentially of a different type, but where the same principles apply.

Again, in our communicable disease hospital the method of procedure for lumbar puncture is formulated. The principles that govern the choice of the procedure are clearly stated and an adaptation of this method also written for its use in the general hospital, where again the
type of patient and equipment is essentially different. Many more examples may be cited, as you will readily see.

As the program progressed and we reviewed each demonstration, the following problems confronted us:

1. Some methods in use were inherited traditions only and had no claim upon science, never having been checked scientifically.

2. Many methods were mainly classroom demonstrations and could not be applied to all hospital wards where equipment and types of patients demanded a different method, which presented the problem of what adaptation or what second best method to use when the ideal could not be followed.

3. That the amount of time necessary to perform stated tasks could not be estimated without a careful time study, which presented the problem of how to make a time study.

4. That substitutes could often be used to replaced expensive equipment which proved to give even better results with less financial cost, and presenting a problem of economy to be solved in the purchase of equipment.

5. And last and by no means the least important, that textbooks in nursing principles or practice of nursing methods frequently failed to give either a principle involved or a scientific fact to support its choice for a best method. Frequently a text will tell merely what not to do, with no direct statement of what to do or why to do it. This presented the important problem of what authority to rely on and how that authority arrived at a conclusion and choice.

In solving our first and greatest problem, No. 1—“that of our inherited traditions for doing things in a certain way” (and it is amazing how many inherited ways we have of doing bedside nursing), it was imperative that we apply science to nursing to answer the why. Why have we inherited customs for doing things that belong to one hospital in particular and become known as that hospital method? Many times our postgraduate students could not answer this question—a proof for a best method had not been given them, and their reply to such a question was a rationalized reply. The answer is undoubtedly because we have not done enough proving of facts and have not permitted students to ask the all scientific question “Why” when the method was presented. Or if those less timid students did ask the “why” they were told “that in this hospital we always did this particular thing in this particular way” and the student went on doing it in that way—which is no stimulus to scientific attitude. Or if the student persisted in raising a question, the instructor might judge her to be unadaptable and aggressive and, to use a not unheard of expression, the instructor would “put her in her place”! To prove best methods, the instructor must get away from lectures and demonstrations and go into the laboratory taking her class with her, for a period of experimentation with accurate means of laboratory facilities—with which all hospitals are
equipped. To permit an inquiry and a scientific attitude, and to prove best methods with scientific measurements, will stimulate and hold interest and develop technical skills in student groups as nothing else can do. A lack of interest and imagination on the part of students is a thing we often deplore without realizing why or knowing where to place the blame. The method a student resorts to in an emergency or in a new situation where equipment is markedly limited is more often a reflection on the instructor than the student. It was not thought important that she be told what to do under different circumstances, and what she does is sometimes wondered at.

Instead of the eternal note-copying of the verbatim sentence as uttered by the instructor (which is too often our approach to new subject matter in nursing methods for new students), there should be a series of tests made in the bacteriology laboratory which will enable the student to discover for herself the reason such methods are best and why they are used in her hospital. If her interest is to be maintained and skillful technique acquired, she should know exactly which disinfectant of what strength will sterilize certain utensils in given periods of time; or why we isolate upper respiratory diseases in a particular way, etc., etc. By accurate checking in the laboratory and a laboratory study made of findings, the discovery of principles will be a guide to further application, and further discovery, and future interest. Science is exact knowledge.

The scientific method applied to nursing is a method of solving problems, and the prerequisite to solving a problem is first to see a problem. With no problem raised and no knowledge of the why, our students follow custom blindly. It is our undoing.

To give one example of our choice of a certain method in particular: The sterilization of thermometers and the best equipment to use could be determined only by a detailed laboratory experiment, set up by the graduate nurse instructor in bacteriology. This experiment was written in detail by the instructor in bacteriology, Mrs. Virginia Miller, and published in the February, 1932, number of the American Journal of Nursing. Many more experiments are being carried on in a similar manner, and will continue to be carried on until we can decide on a best method for each procedure now in revision. We are proving our choice by laboratory experimentation, which takes time but which will give us exact results. The disinfecting of rubber, the sterilization of the ward bath tub, the contamination of medicine glasses in a best method for administering medicines, and scores of other detailed procedures, have already been subjected to testing in the laboratory in this same method, and the result presented as evidence for our choice at the time.
the demonstration is given. Many other tests than these mentioned here are awaiting complete results by retests.

To put in the hands of a student the scientific proof for a method means that along with the procedure is the reason for its choice, and with the presentation of both at the same time, skill and accuracy must develop. To explain "why" in classes in nursing methods stimulates a student to ask "why" in other subjects besides nursing methods, and the habit of obtaining knowledge that is scientific, in all subjects, will develop. If we would make it a habit to prove all methods we adopt, in this scientific way, the results of such teaching would be gratifying.

Such a method as I am describing in the solution of our problems here presented would help us in three ways.

First—good teaching methods which are absolutely sound will disseminate throughout the wards.

Second—enthusiasm and interest which follows will develop individual skills, and, what is even more important, an adherence to principle as a guide in any situation.

Third—it would be the means of bringing all departments together for discussion and study, and with this interchange of experience will come new ideas.

A cure for the deficiencies of science is more science. Rationalization belongs to the pre-scientific method. An instructor who is giving scientific rather than empirical knowledge must give knowledge which is free from personal bias. It must be exact, and it must be verifiable. She can have no claim on science if she sticks to one custom only, because it has always been a custom in that hospital! Since science does not determine truth unmistakably and for all time, she must be able to discard old methods and work out new ones based on scientific facts. Many principles which the world has held as true have long since been discarded by scientific proof, and what we hold true today may be wrong tomorrow in the light of new discovery. Because of this, an instructor may lose patience with science, and not like to feel that she must continually keep up with something. Rather she may take the attitude that a truth is a truth once and for all and go no further. And for this attitude science is apt to brush her aside.

Our second problem was what other method to choose beside the ideal, and what adaptations to make of a scientifically sound procedure for use in other departments. To this also we applied science for a solution, to determine what method should be followed when the ideal may not be. By choosing a second method, the student is not left to her own devices, nor is she negatively taught what not to do, but imperatively told what to do when time and equipment may not permit
following the ideal method. There is a great advantage in teaching several best methods which have been proven. For adaptations for a procedure, several department heads conferred together to determine just what part of the original should be closely followed in special situations.

Our third problem presented that of a time study. Before an estimation of time could be stated which a certain procedure would require, it was necessary to choose a group of students (10 or 12), and begin a time study. Some were chosen who were slow workers, some who were slow and accurate and some who were rapid and accurate. This chosen group was set to work on the same procedure. By totaling the number of minutes for each and dividing it by the number of workers, we were able to present an average number of minutes as a working basis. The head nurse should find such a study to be of value in student assignment on the wards as well as a working knowledge of how much she could expect from her group in a certain period of time. Such a study is of great help in ward management and also from the point of judging students' ability. A stated time will, however, only be of value in application to that one method, and would not be a criterion for judging or estimating the length of time for the many varying methods now in use in different schools. A time study may help greatly in the choosing of a method, however, since we often expect too much of students in ward practice in a given length of time, and expect with this allotted time a complete adherence to one ideal method, instead of an adaptation of a method based also on principle and carried through with exactness. We would give our head nurses better methods for judging students' ability were more time studies made and more methods of adaptations checked. The approximate time required for the procedure we have mimeographed with the procedure, for the individual nurse to estimate her own progress in skillful manipulation.

Our fourth problem was one of economics. How expensive is our equipment? For the comparative cost of equipment a committee was appointed to evaluate each article as to cost price and substitution price, in order that a saving may be effected in installing and maintaining equipment. We reached no conclusion, however, without each substitute being put through a test by laboratory experiment to prove that such a choice had a place in the best methods to be used, and that its use was scientifically sound.

I will cite one example—there are many others—the old custom of the use of the whiskbroom at the bedside. Is it scientific and economical? Put through a set of laboratory experiments to prove how
best it could be cleansed, or whether it would always carry bacteria from patient to patient, and what was its cost, it was discarded entirely from the list and replaced by a roll of soft crépe paper, a few squares of which, when crumpled, make an excellent medium for brushing crumbs, and which can be discarded and a fresh piece used for each patient. This substitution was adopted at a much less cost than the whiskbroom previously used. Many other articles were considered and are still being tested in the same manner, the glass drinking tube, jars and cans with lids. In fact, all inherited articles on the dressing carriage, and all inherited articles in use for morning and evening care we found must be proven to be best before they were again installed, and in many instances they were replaced entirely.

Our fifih problem was that of the variance in “opinions”—given in the textbooks on nursing methods now in use. To find out just what was being presented in textbooks, a comparative study was made of the exact information given for certain procedures in all textbooks available. The results were discouraging. Our texts should be authoritative and should compile only accurate and scientific facts. An appeal to authority which proves to be an appeal to opinion only, with no proof or stated method of how such a choice was arrived at, develops a loosely organized body of knowledge and a loosely organized body of workers! “Custom” is not scientific knowledge, and the thing which has been done will continue to be done unless we raise a question of “Why is this method adopted”? It is the method of the acquisition of knowledge which in science is by far the most important thing about it. Where did the author get her knowledge? How did she arrive at her conclusion that what she quotes is a good method? Is it a proven fact, and can she present an experiment which will prove it? Do our textbooks show why a certain chemical of a certain strength will render a certain article sterile in a certain period of time, or why a solution of a certain temperature is more quickly absorbable than one of less temperature, etc., etc. Concerning important details, such as these are, all texts vary with no experiments cited. Are the texts, and subsequently the instructors teaching from them, quoting worn-out customs and personal or institutional bias and waiving all claims to science by a threadbare statement that “in our hospital or in the text used, we do thus and so, therefore, do it so; because we said so!” or can we say “here is proof—prove it also for yourself, and learn to acquire skill in its exactness?”

If texts on nursing methods are following inexact and unverifiable knowledge and our instructors are referring to these texts as authority, we will continue to train, not to educate, a group of followers who are
at a loss to know how to proceed when particularly chosen material is not available, and when one method only is presented and no principle adhered to or no choice of method proven. There are several best methods for every procedure, and it is our obligation to get these methods across with scientific proof, or make a claim for empirical knowledge only, with an apology for lack of scientific proof.

Reviewing, criticizing, and proving all our methods in the way described, there also arose the constant problem of aesthetic appreciation in all bedside nursing, and the necessity for individual interpretation, or the expression of beauty, by the individual nurse to be combined with scientific proof for the finished work, if such work commands the admiration and respect of those qualified to judge. This quality of beauty cannot be overlooked if we combine the art with the science which is all important in the development of the skilled worker and of finished work. To arrive at or ever approximate perfection in nursing care, the patient must be considered an individual and must be treated with both the science and the art of nursing if our skills are to produce desired results.

This most interesting study which Cook County School of Nursing is now completing will, we believe, be a means of stimulating still further application of science to present nursing subjects. Our ultimate proof for each chosen procedure is not ready for printing, but we hope to make it available in the near future for our own students as well as those who are interested in the results for comparison in their own work.

Such a thorough method takes time, but we are endeavoring to prove facts concerning nearly a hundred nursing procedures, and are finding it extremely worth while. This program, to be sure, can be carried out in any school and conclusions reached which are enlightening to all of us. A stimulus to such an endeavor is the earnest desire of the head of the school and the teaching staff to work together for the best interest of the patient and the scientific education of the nurse.

With science applied to nursing methods in this manner and only scientific methods taught in our schools, our finished product, the graduate nurse, would more quickly adapt herself to new hospital environment, assimilate new ideas more quickly in all situations, be more nearly ready to face new problems and solve them, and show better self-direction than when following methods not scientifically sound, which have left her to acquire a mediocre technique through a trial and error method. With more application of science to our major subject, we would have a new claim on leadership.

To apply science to nursing methods is a longer method than fol-
lowing custom, but science can be relied upon to get results that are far-reaching, and in the end labor saving, since to produce a self-reliant, self-respecting, earnest and devoted worker by pointing the way to clearer understanding, is our ultimate aim in her education.

THE APPLICATION OF SCIENTIFIC STUDIES TO HOSPITAL SUPERVISION

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Dr. W. H. Burton, in addressing this association some two years ago, emphasized the fact that all supervision is educational, defining supervision as inspection, training, guidance, and research, and saying, "Supervision today rests upon a planned program of objectives and means of attainment."

In the University of Washington, Harborview Division, School of Nursing, the teaching supervisor instructs, guides, inspects, and evaluates the work of head nurses, general duty nurses, supervisory, and basic students, carrying also the responsibility of teaching and supervision of auxiliary ward personnel.

Graduate nurses possessing the required qualifications are admitted to the course in supervision, and given thorough instruction in principles and methods of supervision, with an opportunity to make immediate application of the knowledge acquired in the wards of the hospital.

I have, therefore, selected for my topic, as one phase of scientific studies in hospital supervision:

THE APPLICATION OF THE SCIENTIFIC METHOD OF STUDY TO NURSE EDUCATION ON THE WARD

A. THE SCIENTIFIC METHOD IN GENERAL EDUCATION—Review

"The excellence of any scientific activity may be judged by the rigor with which the scientific method of study has been applied." 1

In reviewing the work already accomplished on this subject, it is seen that this has been found so true in scientific teaching that the method—the means to the objective—has been applied in general education with most satisfactory results. For many hundred years men have been working with their minds more or less effectively; gradually more efficient methods have been selected, less efficient dropped; until from its introduction in the latter part of the 19th century, the scientific method

1 Kelley, Trumbull Lee, "The Scientific Method," Ohio State University Press, Columbus, Ohio.
has been proved to offer greater opportunity for the development of the
student in general, as it has in technical, education.

In the teaching of science, textbook teaching with occasional experi-
ment was the earlier method, after which followed individual laboratory
work with a manual, the student carrying out assigned experiments
under guidance. The next step was the formulation of generalizations
by the teacher, to be applied by the student in his laboratory exercises;
and finally the problem arising from the student's own experience
brought in to be solved in the laboratory.

Thus in the scientific method in use today, the problem is the central
unit, the various teaching methods and devices being grouped about the
problem, not based upon the textbook. Lecture, demonstration, confer-
ence or discussion, and laboratory exercises are all brought to bear upon
the student problem, and contribute to the student need in arriving at
conclusions. Generalizations do not precede but follow laboratory ob-
servation, the experimental findings being used to solve and to test the
solution of the problem. The student is guided to arrive at a solution
by correct scientific thinking and experiment; not passively accepting,
without testing, facts and judgments presented by the teacher.

It is this attitude of the student—his own active participation in sci-
cific investigation—that determines whether the work of the instructor
is real scientific teaching and whether the scientific method of study has
been correctly applied.

In evaluation of the method employed, we should know whether the
student has received a certain fund of knowledge; has acquired some
technical skill; has developed the ability to apply the knowledge gained;
and possesses a vital interest in the problem to be solved.

The scientific method requires students with adequate preparation;
provision for the presentation of accurate knowledge, with an oppor-
tunity to make observations before proceeding to generalizations; a
definite increase in difficulty and widening of the course as the subject
is developed, with the use of the laboratory method for introducing the
student to an understanding of the scientific method.

The basic principles of the scientific method are:

1. The student can be trained into efficient habits of thinking only by
   thinking under guidance.
2. The problems must be within range of the student's need and powers of
   observation.
3. Command of technique is gained only by practice, not by memorizing
   the products of more experienced minds.
4. Concept of method is developed by direction of attention to method
   and the common elements of various methods.
5. Knowledge of a certain amount of content should be sought by the stu-
   dent for application in the solution of the problem.
6. Ability to recall and apply knowledge will be in proportion to the number of associations formed.
7. New knowledge should be assimilated with old and organized in frequent summary.

The objective of all teaching is to produce certain desirable changes in the student. By the use of the scientific method certain valuable educational results should follow. The student should have formed specific habits; have acquired a store of useful knowledge and high ideals; should have attained a certain facility in the use of facts for the solution of problems; developed appreciations and the scientific attitude of mind.

B. APPLICATION OF THE SCIENTIFIC METHOD OF STUDY TO NURSE EDUCATION

The Lecture: In nurse education the lecture has been the method employed for the presentation of facts, which may be used to throw light on the problem engaging the student’s attention—the care of the patient and his rapid restoration to health and usefulness in the community. The problem is vast, having its humanitarian, economic, social, and scientific aspect. The nurse must be familiar with causes, symptoms, and progress of disease, with prognosis, with methods and end results of treatment. She must be in a position to apply her previous knowledge of bacteriology, pathology, nutrition, chemistry, pharmacology to the immediate study of the problem in hand.

The lecture possesses the advantage of providing facts relative to a particular department, and developing the appreciation of the student; of presenting the accumulated knowledge of the subject, modified by the experience and personal research of the lecturer, covering much ground in a short space of time. The lecture will secure a favorable mental attitude on the part of the student, and gives the keynote of the course.

The lecture to be in conformity with the scientific method of study, must be amplified and supplemented by demonstration, clinical assignment and study, by drill, and by free discussion in conference. The student must be taught to think under guidance; to apply facts acquired to the solution of her problems; to learn how to care for patients by doing under supervision; to make accurate observations, and to test out results.

This is our way of applying the scientific method of study and learning.

Demonstration: In order to acquire the necessary skills, the nurse must be given a thorough training in methods. The presentation of the perfect pattern must be given in its natural setting by the teaching super-
visor, accurate in every detail, with proper explanation as to purpose, and warning against possible error. A demonstration back to the teacher and the class by each student will enable each member of the group to compare her own execution with that of others and to appreciate the need of careful attention to detail, deepening the impression received. An immediate clinical application of the method will impress both fact and method more firmly in her mind, successive drills under supervision being continued until skill, execution, and method become firmly fixed.

*Conference* rather than recitation describes the meeting of student and teacher for discussion and solution of the problem. The teacher’s function is not to hear a repetition of a memorized section of the textbook; but to guide and control discussion of a subject of vital interest to all, each member of the group taking active part. The teacher is not there to display knowledge, accurate and extensive as it must necessarily be, but to stimulate, to direct the thought of the student, to guide the activity into purposeful channels. “The frequency and significance of the questions asked by the pupils are the measure of the efficiency of the class conference as a part of the process of scientific training.”

*Clinical experience:* The characteristic feature of the laboratory is the presence of facilities for observation and experimentation, of the necessary apparatus and equipment, proper books for reference, charts, models and specimens.

It is the place where observations are made, experiments are carried out, the facts of the problem are tested, and conclusions are reached. The work is done with some definite aim for the purpose of finding out a particular fact. The student is in the laboratory to find by observation at first hand facts which he needs in the study of his problem. The teacher’s method should be so adjusted to the student need that new facts will become a personal possession, found by his own effort in investigation, not read in a book, or received from the teacher. The teacher is the leader, inspirer, guide, making suggestions, drawing attention to unusual phenomena, noting error or satisfactory performance.

Similar procedure is carried out in the hospital ward where the student applies knowledge under guidance, acquires technical skill, investigates, observes, tests out her findings, and learns by doing.

### C. Application of the Scientific Method in University, Harborview Division, School of Nursing

In the arrangement of the courses for graduate nurses and basic students in the Harborview Division of the Department of Nursing, University of Washington, a careful survey was first made of the methods
in use in general education, with particular study of the advantages and disadvantages of advanced courses in nursing education available in the whole country.

Content of courses and methods of teaching were grouped and analyzed during the period of preparation. The basic objectives guided the selection of subject matter and the establishment of effective methods of presentation.

The curriculum was constructed after determination of ideals and activities, analysis of the situation to obtain working units, arrangement of subject matter in proper instructional order, determination of number in relation to time allotted, with selection of the best methods of practical application.

As adequate preparation is a basic requirement for the establishment of highly specialized professional work, the basic student must have completed four terms of required work in the University—grade C or better in all subjects—before being permitted to enter upon her course of training in the hospital.

The graduate student is equally carefully selected on the basis of her general ability, previous experience, and ability to pass College of Science entrance requirements—classified in the upper third of her high school class.

Strict application is made of the scientific method of study in building the course around the unit of the problem, and in correlation of lecture, demonstration, student conference, and clinical assignment to the special problem under consideration. Problems are arranged in the curriculum in sequence in order of difficulty.

In ward teaching, an outline of the subject matter for lecture-demonstration is prepared by the teaching supervisor of each division for each term. Lectures by the attending staff, demonstrations of nursing practice by the supervisor, elaborated further by free discussion in conference, with provision for definite correlated clinical experience by rotation within the service and within the unit, afford continuity of theory and practice.

The case assignment method for clinical experience is arranged by supervisor and head nurse in conference, so that correct balance of practical experience may be obtained.

Studies testing the efficiency of distribution in student assignment are appended, material having been obtained from the supervisory student's own experience record.

Clinical instruction is given to individual students in case assignment by head nurse, to groups at morning conference, by interne on regular visits, by attending staff during morning rounds, and by specially arranged clinics upon a selected group of cases. This amplifies and en-
riches student experience, also aids in method of observation and application of theory.

An opportunity for research is provided by the requirement of case studies from each student in bimonthly periods. This involves selection of typical cases, observation of facts under guidance, reference reading, study of clinical findings, of social and medical history, and organization of material into proper form. This method stimulates and holds the interest of the student, centering thought upon the patient, not upon the problem; calls for increased observation; gives a clearer picture of disease; and permits practical application of knowledge gained.

Special problems in research are selected or arranged for the supervisory student which call for the application of method, observation, and collection of facts, careful testing of results, and conclusions based on experimental findings. The results of these investigations are reported back to the group for discussion and final judgment. For example:

Study of rubber gloves to determine durability under dry and wet sterilization.

Study of materials for sterile dressings.

Study of perineal technique to determine economy, efficiency, and safety of hand versus forceps technique, with bacterial check.

In the University of Washington, Harborview Division, School of Nursing, the scientific method of study is thus applied to the training of the basic student in correct habits of thinking and methods of working. The method is applied in the special course in supervision given to graduate nurses as preparation for the work of administration, teaching, and supervision.

The scientific method requiring close association of supervision and instruction calls for the investment of both teaching and administrative responsibilities, in one individual. These combined duties are entrusted to the teaching supervisor in each department of the Harborview Division, School of Nursing.

The adaptation of the scientific method to hospital supervision encourages observation and investigation, aids in the assimilation of new knowledge to old, gives correlation of theory and practice, and has proved an effective method of securing the interest and participation of hospital personnel in all activities.

The Harborview plan is still in the experimental stages. Its arrangement permits of modification as the result of experience. Its experimental findings may be used as a test of the rigor with which the scientific method has been employed and the efficiency and competence of the selected methods of hospital supervision.
EVALUATION OF A NURSING SERVICE

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The organization of a nursing service is a synthetic procedure, whereas an evaluation of a nursing service is exactly the reverse. In the organization process parts are put together to make an effective, workable whole. In an evaluation, the whole is broken up into its component parts, in order to find out what those parts are like and their effect upon the whole.

A nursing service exists to care for patients. Broadly stated, the object of an evaluation of a nursing service is to determine the quality of nursing which the patient receives. Observation may readily disclose imperfections in nursing, but the value of a survey is that it seeks to disclose the causes underlying these imperfections and to make recommendations for their correction.

The criteria for judging the quality of nursing may vary widely. One which has been suggested is the speed with which the patient recovers. If nursing were the only factor involved in patient improvement, it is conceivable that such a measuring rod might be established. Other conditions, however, entirely outside the control and province of nursing, are equally potent factors in promoting the recovery of patients. But even did such a criterion exist, the question of fundamental causes would still remain: why in some instances nursing hastened recovery and why, in some others, nursing retarded it.

In any institution the nursing service rendered is the product of the activities of the total nursing personnel in that institution. An inclusive evaluation should therefore consider the activities of each member of that personnel to discover their influence upon the nursing which the patient receives. But, because a description of the technique employed in this type of evaluation cannot be compassed in a time limit of twenty to twenty-five minutes, this discussion will be restricted to an account of one simple and effective method for appraising the nursing service through a study of the bedside nursing staff.

If the bedside nursing staff is composed entirely or largely of graduate nurses, the methods used in the evaluation will vary somewhat from those employed where the main body of the bedside group consists of student nurses, for the reason that in the second instance the situation is complicated by the inequalities of the skills and the abilities of the workers. In the evaluation of a student bedside nursing staff, it is important, therefore, to make use of techniques, which will determine
whether the administration of the service is such that it protects the patient against the possible errors of an immature staff with uneven experience. Further, as it will become evident, an appraisal of a student bedside service is, in effect, a critical examination of the nursing school program.

There are two methods for making a survey: (1) the method of collecting information by a questionnaire; (2) the method of personal observation and the assembling of all data by the person conducting the survey. It is a well-known fact that a nursing service may be a very poor service indeed, and yet make an excellent showing upon the basis of information gathered in a paper report. This is not to the discredit of the questionnaire method, which may be of great value in certain types of studies, especially those of a broad national scope. But the distinctive value of the personal survey is, that direct observation of the nursing care given to the patients will either validate or invalidate the evidence secured through any other means.

Assumed that the service to be examined is a student service and the method to be employed the direct personal method, what are the facts which the study should aim to set forth? One very important factor is the nursing load assigned in relation to the nursing hours available; another is the preparation of the student for the duties delegated to her, i.e., the type of patient, from the standpoint of difficulty of care, assigned to the freshman, junior and senior student; a third is the kind and amount of supervision provided for the care of the patients; and fourth, the judicious use of nursing time.

Considerable evidence, of a circumstantial character, may be gathered from the records, particularly if the records are the original working records and not summarized records. The objection to summarized records is that, in most instances, the information is massed, and the details which are important to a satisfactory interpretation are not given. For example, it is not sufficient to know that a student had three months of pediatrics, two months of communicable disease nursing, and two months of out-patient department experience in her third year. It is equally important to know the order of this experience; whether or not pediatric nursing preceded nursing in communicable diseases, and whether both pediatric and communicable diseases preceded the out-patient assignment. Moreover, an experience of three months in pediatrics given in one continuous period is more desirable than an experience spread over two, three, or four broken periods, as sometimes occurs. One of the most certain indications of a poor nursing service and a weak educational program is a record disclosure of short, uneven student assignments. From the standpoint of the nursing service the
frequent projection of new students on the service is disorganizing, and the time required for their orientation uneconomical. From the standpoint of the students, the important opportunity is lost of caring for patients throughout the course of their disease. The data from the students' records should therefore be gathered so as to show: (1) Length of experience in services, (2) whether experience was obtained in one continuous period or in a number of broken periods, (3) the sequence of the different experiences in the three-year course, (4) equalities or inequalities of experience of different students on the same service.

A somewhat similar analysis is then made of the class instruction in order to disclose the time occurrence of each clinical subject in the entire course. This analysis should be combined in a single table with the analysis of ward experience to show the time correlation of theory and practice. Much stress has been placed upon correlation as an important factor in the educational program, but has its importance been emphasized sufficiently as a necessary measure to protect the patient against the lack of intelligence of an unprepared worker? If a student is sent to the pediatric service before she receives pediatric lectures and pediatric nursing demonstration, she cannot be expected to give intelligent and safe nursing care to these patients. Yet this does happen.

A preliminary analysis of records, such as here described, of a representative number of students, will provide a fairly reliable index of the quality of the nursing service. If the findings indicate a sequence of practice and instruction educationally sound, good nursing may be expected and generally will be found to prevail. If the findings indicate the reverse, in all probability the nursing service is poorly organized and poorly administered.

The second step in a survey is the validation or invalidation of the record findings through actual observation of the nursing in the wards. In the writer's experience, the most satisfactory way to examine bedside nursing is by observation of one student at a time, i.e., by making a job analysis of the activities of a particular student through a given period. The students for this study, about six or seven in number, should be chosen from the first, second, and third year groups; the job analysis should be made both during the day and at night, and on as many different services as possible. If the attention of the observer is concentrated on the nursing activities of one student nurse, and the reaction of the patients for whom that student is caring, she will discover much that is vital to an accurate interpretation of the kind of nursing given in that institution. She will find out not only if two pneumonia and three cardiac patients are assigned to a particular first year student, but the condition of these patients, whether critically or mildly ill, and
whether that student is prepared to give the care these patients need. She will be able to judge whether the load delegated to the student is a reasonable load for the hours the student is in the ward, or whether six hours of accomplishment is expected in three hours of time. She will find out if the service is administered on the old job assignment plan, or if the case method assignment is practiced, and how effectively it functions. She will have considerable information at the end of the day or night on the nursing techniques of the student, whether good or bad, and their obvious and possible effects on the patients. She will also find out if the supervision is adequate, a factor which is so essential to the proper care of patients on a service operated by a student staff, particularly at night. Incidentally, she will discover the facts concerning the physical arrangements of the ward; the actual, not posted, hours which the students are on duty; and the adequacy of equipment and supplies, utility room, etc.

There is a second advantage in observing one student only through a given period. Under these conditions it is possible to record the beginning and ending of each activity, and thus secure definite information on the time spent in the different activities. A study of this character will show if the time of the bedside staff is utilized to the best advantage of the patient and the student, or if an undue number of hours are spent in housekeeping and clerical functions. We may think that the students spend too much time in those duties which properly should be delegated to maids and orderlies, but if it can be shown that three hours out of a period of eight are given to such activities, our thinking and arguments are supported by the strength of factual evidence. If it is found that a student who has been in the school less than a year receives five minutes of direct bedside supervision during the day, and, extraordinary though it may seem, even less at night, a basic cause is disclosed which, in all probability, will explain why the nursing in that institution is what it is. The value of a time analysis is that it provides evidence of a convincing factual nature upon which to base recommendations.

To summarize: In evaluating a nursing service the two facts of importance which it is necessary to know are: (1) The preparation of the bedside workers for the jobs they are doing; and, (2) how the workers actually function in the field. When the workers are student nurses, an examination of their records, practice, and class work, will indicate whether or not they are qualified for the responsibilities of the nursing service to which they are assigned. If the records show irregularities in the experiences of different students, and lack of correlation of theory and practice, it is very likely that poor nursing prevails. On the other hand, indications of an ordered, educationally progressive plan of ex-
perience, accompanied by the proper classroom instruction, forecast with a reasonable certainty a good nursing service. The conclusive and convincing evidence, however, is that which is obtained from an analysis of student performance through personal observation. This analysis will disclose the supervisory and physical conditions under which the student nurses have their ward experience, and whether or not they are functioning as effective members of the nursing service staff.

The meeting adjourned.

General Session

Thursday, April 14, 11.00 a.m.

Presiding: Elizabeth C. Burgess, President.
Subject: Nursing Education: Next Steps.

If I Were King

E. P. Lyon, Ph.D.

Dean, Medical School, University of Minnesota, Minneapolis, Minnesota

In the fifteenth century there lived in Paris a swashbuckling, drunken poet named Francois Villon. To this romantic and in large degree legendary figure has turned more than one literary man of our own age, notably Stevenson and more recently Justin McCarthy. It was around Villon that the latter built his play, "If I Were King," which many of you have doubtless enjoyed.

In this play McCarthy puts into the mouth of his hero the rousing verses bearing the title of this paper:

All French folk, whereso'er ye be,
Who love your country, soil and sand,
From Paris to the Breton Sea,
And back again to Norman strand,
Forsooth ye seem a silly band,
Sheep without shepherd, left to chance—
Far otherwise our Fatherland
If Villon were the King of France!

The kind of king McCarthy was thinking about when he wrote these verses was all powerful—the absolute monarch. This type of ruler is now outdated on this planet. About the only real kings left are Stalin, Mussolini, and the racketeers. Now, what I wish to be is the Al Capone of nursing. There is big money in the nursing racket if rightly organized.

How much money, no one knows. I have made various guesses
founded partly on our Minneapolis experience, partly on statements of such men as Dr. Doane, of Philadelphia, who is a hospital man familiar with conditions in the East. You recall that Dr. Doane says that on the average a graduate costs the hospital about $1,800 a year and a student $900 to $1,000 a year. He says further, that one graduate is worth one and one-third to one and a half students, which is another guess and as good as any I can find. If you calculate the annual saving or profit per student on these figures, it comes out $200 to $450, depending on whether you take his low or his high estimates. This corresponds well enough with our Minnesota calculations.

The study of nursing school costs at the Massachusetts General Hospital, published in the April, 1932, number of the *Bulletin of the American Hospital Association* shows a saving or profit on the nursing school of $116,458.03. Omitting from the student total those absent on affiliation, we find a profit per student of $440. Or, if interest, depreciation, and insurance be charged, a profit of $408 per student. In this school a tuition fee of $50 is charged. This increases the profit by $7,100 a year above what it otherwise would be. They charge the students for the privilege of being exploited. We do the same thing by indirection at the University of Minnesota. The kidnappers of the Lindbergh baby could not do better.

Let us take the lowest of Dr. Doane's figures and call the average profit $200 per student. There are 80,000 nursing students. Therefore, the total profit is $16,000,000 a year. Possibly it is twice that amount.

Sixteen million dollars is 4 per cent interest on $400,000,000 or 5 per cent on $320,000,000. Therefore, the unpaid labor of nursing students is equivalent to an endowment of our hospitals in such sum. This is more than three-fourths as great as the total existing capital endowment of all these institutions as given by Rorem. Looked at another way, $16,000,000 will support about 12,000 beds. That is what the nursing students of our country are doing in addition to earning every dollar spent for their maintenance and education during the three years they are in training. It would seem appropriate that that number of beds be inscribed "Supported by the Nursing Students of America!" If supported by some organization of philanthropic rich people, we know the name would be there in large letters.

Now if I were the Al Capone of the nursing racket, I'd take over this profit for two or three years for myself. Fifty millions ought to be enough to keep me for the rest of my life. And why shouldn't I take it? The hospitals take it without a thank you. They haven't any more fundamental right to it than I have. In fact, one might speak of present conditions as a racket with the hospitals in the rôle of racketeers.
Of course, they don't think of it that way. No one has ever thought of it that way. I don't think of it that way myself. To tell the truth, it is not so much the profit I object to as the effect of the profit. The tradition of free service has been established by long usage. It operates in more than one field. Hospital interns, for example, are exploited in the sense that they receive less than their service is worth. But I do not object to that. If the system led to the overcrowding and demoralization of the medical profession I, and every other medical educator, would object most strenuously. But the internship has no such effects. So I am content to consider it a private matter. But not so in nursing. Here the profit system or free service system leads to unwarranted recruiting, to undermining, overcrowding, and demoralizing of the whole profession. It is not a private matter. It is a social matter, a public matter. It means many poorly trained nurses, and that is a matter of great importance to sick people everywhere.

That is the reason I speak so strongly and roughly. I want the hospitals to see what is happening. I want them to recognize, not because of its immediate but because of its remote effects, that they have no moral right to the money the student nurses earn. I want them to see that this money should be used for the education of the students. I also want them to see that in the long run they would be better off if they trained the nurses better with the money the students earn. This from the educational side is the task you have before you.

After three years, if I were King or Capone, during which time the hospitals would have become accustomed to supporting themselves, I would let my naturally kindly nature assert itself. I would close all schools of nursing for a time and when I reopened them it would be under entirely different circumstances.

But alas! I am neither King Louis XI, nor Al Capone. Also, I am not a believer in magic nor do I think a miracle is about to happen. I shall, therefore, give up my role of king and ask what common sense has to suggest for the hastening of our great task. That task, as I have said on more than one occasion, is to kill off two thousand nursing schools and create, perhaps, one hundred, perhaps two hundred, good ones.

Can you as nurses and nurse educators, knowing very much more than I about this subject, see it differently? Surely you see the ruin of the profession in the rapidly rising tide of nurse graduates. Surely you do not want the condition prophesied by the Grading Committee in which there will be four or five nurses to every doctor. No, you do not wish this condition. But are you individually doing all you can to prevent it? Are you who are heads of schools advocating that they
be closed or at least very much reduced? Or are you thinking, "Oh, my school is all right and ought to stay. It's the others that ought to close."

Just how many nurses do you think will be needed? How many can the country absorb? How many can find work?

Something less than 5,000 doctors are graduated annually. Most informed people think this is plenty. Those, like myself, who have noted the struggle of the young medical man to get located and make a living are likely to think the number rather too large than too small.

Any way you try to get at the number needed is a guess. Let's say with Winslow that four times too many are being graduated. Let us assume for the moment that 6,000 be the annual crop. This number could be graduated by 100 schools having 60 students to the class or by 200 schools with an average of 30 to the class.

But my picture of the ideal nursing school is far different from the present one, belonging to a hospital and conducted by it as a service enterprise to save money. I would like to see the educational functions totally divorced from the hospitals. Hospitals in this country do not conduct medical schools. Why should they run nursing schools? The answer is, they wouldn't if it weren't for the profit in it. But we are assuming that the profit is to be gotten out and made available for nursing education.

I see my ideal school, therefore, as a fairly large one; and it will be separately chartered or better still, organized under an existing university or college which possesses a good scientific faculty and equipment. My school will be organized under a university or college because only thereby can the standards of admission, teaching, examination, and graduation found in higher education be assured; second because only by such organization can it share in existing facilities, such as laboratories, libraries, collections of illustrative material and teaching forces needed for good teaching, and which it would be wasteful for the enterprise to supply for itself; and third, because only thus can nursing education be integrated with other education. This last I think a very important desideratum. Only exceptionally, therefore, will my ideal school be separately chartered.

My ideal school will be fairly large, because I believe the instruction should be at least of junior college grade. It will be cheaper and better to have about fifty students to the class.

My ideal school must have hospital facilities. But hospitals should be selected to participate in nursing education, not abrogate that function to themselves with the resulting profit system and educational chaos.
I see the school, therefore, as the prime mover, selecting the hospitals in which it wishes its students to get their practical experience and contracting with these hospitals under an arrangement by which the hospital neither loses nor gains. I can see my school engaging with one hospital for general medicine, surgery, and out-patient service; with another for pediatrics and obstetrics; with others for contagious diseases, tuberculosis, mental disease; with proper agencies for public health experience, if this be included in the undergraduate curriculum.

In other words, the school will engage what it needs for the best educational program it can devise and will not make itself responsible for the entire nursing of one hospital nor—in many cases—do all its teaching in one hospital. Of course some large hospitals may present ample all-around facilities—no objection to that. But the principle should be to secure adequate facilities for training, rather than to care for patients in a particular institution. Of course, it will care for patients. That would be the basis of its training program and the basis also of financing its activities.

Now, what kind of a financial or contractual arrangement would enable such a plan to be put into effect? The following, it seems to me, would be one workable plan. The hospital, be it recalled, is able to support itself. It is neither to gain nor lose. Suppose the school says, "We will engage to furnish constantly twelve students for pediatrics." The hospital says, "All right. We can get along with nine less general duty nurses. We will credit you with the salaries of that number and with the maintenance of three." The hospital loses nothing. The school, if we assume that $80 is general duty monthly salary and $50 the maintenance cost, has $570 left.

The school says, "We think you ought to have a better trained teacher in charge." The hospital says, "It's all right with us. Pay her out of your $570 and pay us if we are to maintain an additional person. We will split the salary and maintenance if she works for both of us, but we do not pay for teaching."

The school says, "We would like to reduce the hours of service of these students." The hospital says, "Okay by us, as long as you supply any additional help from your $570 a month. All we ask for is that we get as good nursing for our money as if the students were not present." The school says, "We would like to have the lectures on pediatrics given by Dr. X and pay for them." The hospital says, "Go ahead. It's your money." The school says, "We would like such and such teaching equipment." The hospital says, "Why speak of it to us?"

Now I can't see why such a plan would not work in any situation. All it needs is the good will of the hospital and the honest renunciation
of the idea of partially supporting itself at the expense of the nursing students.

Another equally workable plan would involve the hospital’s paying the school a stipulated hourly wage for student service. This wage would approximate the value of the service as judged by the cost of substituted graduate nurse and maid service. If this were not done the profit motive would still prevail.

In these negotiations the hospital would always have to judge how much it would cost to carry its nursing service without using students. It should not permit any arrangement that would cost more than this. It should not take more students, pay more maintenance, nor in any way be obligated beyond the point I have indicated. On the other hand, the school should not accept an arrangement that, in its opinion, involved the profit motive. Probably in some situations an unprejudiced third party would be found useful in arriving at fair conditions. There would be no difficulty, I repeat, if both parties recognized the nature of the problems and approached the situation in good faith.

I am trying, as you all appreciate, to work out a plan by which the student nurse would get as good an education as her own earning power at current wage scales would entitle her to. I am not in favor of spending educational funds nor soliciting endowments for nursing education until it is demonstrated what can be done with the profit the hospitals are now sequestrating away from the earners of that profit. That’s why I keep reverting to the profit. As I see it the number of schools cannot be diminished nor any real betterment accomplished until the profit is taken away from the hospitals and turned to those to whom it belongs.

It is easily demonstrable, I think, that the profit or excess earnings of the students can properly be spent on nurse education without making that enterprise in any degree wasteful or extravagant. The $16,000,000 estimated profit looks enormous. But remember that it comes from an army of 80,000 pupil nurses. The sum assumed to be derived from each of these was $200 a year. Two hundred dollars a year is about four dollars a week. Four dollars a week would be consumed merely by the reduction of hours of duty by eight or ten a week. A small reduction of service and a small addition of teaching would be the most that could be financed with the amount we have assumed as the average profit per student.

If this sum approached the higher of Dr. Doane’s estimates, namely, $450 per year, more in the way of reduced service and better educational programs could be paid for; but I cannot see that even then anything can be wasted. The fact is that the present educational outlay in nurse teaching is so meager that nothing within the power of the student
nurses to produce by their own labor could bring it anywhere near in cost to medical or dental or any other form of professional education as offered in our universities at the present time.

This then, is my ideal: nursing schools owned and run by universities and colleges under a plan such that the hospitals neither gain nor lose, and so conducted that the entire earnings of the students go into their maintenance and education. I would look with favor on the payment of tuition and college grade of instruction in a college environment during the period devoted to science studies, such tuition being used for still better educational facilities. But I am not including that element as indispensable in the present stage.

It may be this is an impossible ideal. It may be idle to expect a time to arrive when the hospitals will look to other sources for perhaps 10 per cent of their budgets. In her paper read at this meeting Miss Densford makes the following point, so timely and sound that it should not be lost sight of: At present three-fifths of the hospitals of our country have no training schools and are supporting themselves without student labor. Why can't others do as well? However, let us examine the various practical steps that may be taken leading toward the realization of such plans as I have outlined. What influences do the nurses possess? What powers may they call upon for help?

First, there is the Grading Committee. A second grading has been started. It should be supported by all interested in nurse education.

On an idle Sunday I looked over the March questions. "Do students pay tuition?" "Did this money all go into the general hospital fund?" This was a new one for me. It indicated that I had by no means fathomed the graft possibilities. The fact that it was even suggested that such a question be asked shows that Al Capone has nothing on some hospital authorities when it comes to tapping springs of revenue.

However, I read further and learned that the Grading Committee does not intend to grade. I read President Capen in the March number of the American Journal of Nursing. He says no grading can be made without doing injustice to some schools. He says nothing of the injustice of permitting young women, uninformed as to what is ahead of them, to go into schools which offer no adequate facilities for training and into a profession where they cannot make a living.

The Grading Committee even says it is all right for the hospitals to profit provided they give an adequate education, what is adequate apparently to be judged by the hospital authorities. I say that as long as there is profit there will be too many schools and the nursing profession will be demoralized.

Help the Grading Committee all you can but don't expect that they
are going to work miracles. I honestly agree—spite of all the fun I have poked at them—that they could not grade the schools at the present time. I only wish they would come out stronger that nine-tenths of the schools must be closed, and name certain types that should not continue a day longer.

Next I think of the American Medical Association. I have an idea—perhaps I am wrong—that organized nursing has kept away from organized medicine on the theory that thereby it was contributing to the building up of an independent profession. It may shock those present, but I think this attitude is wrong. I think nursing should be independent, as the states of our Union are independent. But nursing should be integrated with and coöperate with the other states of the Health Union, including the Texas of them all, organized Medicine.

I have said and see no reason to unsay, that the doctors and their organizations have every reason, whether of loyalty to a faithful ally or of personal need for trained service—every reason, I repeat, for taking deep interest in nursing education. This is the point of view that was advanced before the Conference on Medical Education at Chicago in February. It was advocated that the A. M. A. should have a Council of Nursing just as it has councils on pharmacy, physical therapy, medical education and hospitals. It was suggested that the meeting at Chicago next winter be devoted to nursing education.

The strict parallelism between present conditions in nursing education and the unsavory conditions in medical education thirty years ago was pointed out. Unchallenged was the claim that the chaos in medical education then existing was due to the profit in it, and that this chaos was resolved and could only have been resolved by the power of the organized medical profession; further that nursing has neither the control of its educational machinery nor the innate power to repair the present situation. Your speaker said on that occasion that he could see no way out save through the interest and help of the A. M. A. I am told the Council on Medical Education is considering the situation in nursing right now.

I think this campaign may get somewhere. If you agree and if I may presume to advise you, I suggest that the nurse organizations adopt resolutions setting forth fundamental facts and send them to the next A. M. A. convention. Better still would be for a committee of your organizations to request the privilege of appearing before the House of Delegates of the A. M. A. That body would probably refer the matter to the Council on Medical Education. But anyhow the question would be opened up officially in the A. M. A. where, in my judgment, lies the strongest chance of an eventual solution.
You will have to work hard to sell to the medical profession your ideal of the nurse as a person trained not only technically but also scientifically, socially, and culturally. This ideal many doctors cannot see as yet. But there are many strong expressions from doctors—I have quoted some elsewhere—to the effect that the increasing complexity of medical procedures has made imperative a better scientific training for nurses. Anyway, the plan I have advocated here would not go very far toward producing an "overeducated" nurse. As we have seen, the profit is only sufficient to plug up some of the biggest holes in the present system. It would not finance an overambitious program.

To revert to what was just said—"If I Were King"—oh, amiable subjects—I would not let you adjourn until you had adopted suitable resolutions addressed to the A. M. A. or, better probably, empowered a strong committee to adopt and present a proper memorial in person to that great body.

And I would pursue the same policy as regards the American Hospital Association, Catholic Hospital Association, College of Surgeons, College of Physicians, and every similar organization. I would bring the situation so directly and personally to these bodies that only by unthinkable discourtesy could they fail to give the case full consideration. The same sort of presentation among state societies suggests itself.

You will have to enter upon a long campaign. How long did it take to get woman's suffrage? And it was obtained only by constant pressure, unremitting labor, and martyrdom—almost—on the part of certain leaders. You must cultivate the capacity of being obnoxious over a long continued period. Remember that all the stores and ammunition are on the other side, but all the right is on your side.

But do not stop with a campaign of propaganda. Try to set up some few examples of better schools. Somewhere among the hospitals and schools there should be one or more with ample facilities and finances, able and willing to experiment along the lines I have outlined. It goes without saying that any such school would stand out as a classic example, second only, I am inclined to think, to Nightingale's at St. Thomas. Perk up, some competent personality in this gathering. Gather your confidence like a militant missionary. Sell to your trustees and superintendent the advertising slogan of a hospital that does not exploit its students and has affiliated with it the best school of nursing in America. Others are sure to emulate. Nothing would help more than a few good examples—assuming of course that you think what I have described constitutes a good example.

I should also like to see more schools experiment with a four-year
curriculum—about two years of college studies including the necessary science, plus two years of nursing practice with clinical instruction, and leading to a bachelor's degree. Such a course could, manifestly, be carried by the labor of the students only in the last two years. Tuition and board would have to be paid the first two years. The laying out of such a course would need educational guidance and the intellectual content should be such as to admit holders of this degree to the graduate school. I do not hold such a curriculum before you as ideal. There is no worse fetish than the four-year course. The time element in education should be only such as is needed to fabricate the desired product. But I should like to see what such a course could produce.

As another line of effort affecting the situation, I should like to have you unitedly and personally strive to inform the young women of America as to the situation in nursing education and the nursing profession. They should know that nursing is overcrowded; they should be instructed that there are too many schools and that many of them do not give adequate training. The girls of our country should know that success in nursing demands at least high school graduation as a foundation for nursing study. They should be informed that only those of good intelligence—say, those who graduate in the upper half of their high school classes—may expect to find a satisfactory career. Young women contemplating a nursing course should be advised to consult the Grading Committee as to the standing of the schools they are contemplating entering.

I have already printed in the *Minnesota Education Journal* an article along these lines. It was intended to give high school principals and teachers, who are in a position to offer vocational guidance, such information as would enable them to give sound advice about nursing.

I believe that strong resolutions from the organizations represented here would go through the press to a wide circle of readers. I think such resolutions would be reflected in the educational journals and materially affect the deplorable situation we are facing.

The nurses do not control their educational institutions, but they can influence the flow of raw material which makes possible the continuance of the present condition. I think they should exert this influence. You owe it to the girls of America that they at least know beforehand what they are getting into.

I was told in St. Louis, Saturday, that the city is closing its teachers' college on the ground that there are already too many teachers. I could not help imagining the reaction if, instead of this wise decision, the city had said: "We will give young women a six months' preliminary course and will then send them into city schools to teach for two and a
half years to learn the art of teaching. We will give them maintenance during this period and keep a few overworked instructors to supervise them. We will discharge most of our regular teachers and thus save money."

The cry that would go up from teachers, parents, and the public generally would be heard to the uttermost borders of our country. Yet what would thus be done would be only that which goes on unnoticed, unprotested, in another profession as close as teaching to the public welfare.

Finally, there are the statutes under which the nursing profession secures legal recognition and the state boards of examiners which constitute the legal machinery through which such recognition is attained. You will pardon me when I say that both statutes and boards are weak and should be strengthened. If nursing is only "hands and feet," no preliminary education is needed. But if nursing, as I believe, is something else—something fairly understanding and scientific—then in this land of universal free education no woman should go into nursing with less than a high school education, and no school should be approved whose work does not meet such standards as I have outlined.

I anticipate you will have a long campaign ahead of you to eventuate such a reform, and that it must be accompanied by the education of the medical profession as to what nursing ought to be. However, nothing is gained by waiting. A campaign to improve the laws would be part of a campaign of education. Remember there is no Al Capone who can accomplish wonders by individual fiat. You will have to lead and find ways to take the medical profession with you.

When I reached this point and was wondering how I should close, there came to hand a copy of the just published *Survey of Nursing Education in Canada*. As yet I have only dipped into this illuminating volume, but I cannot summarize better than by brief review of some of the findings:

1. There are too many nurses in Canada. The average private duty nurse works less than thirty weeks a year. Many are only intermittently employed.

2. Many poor nurses in Canada. "Fully forty per cent of the present student nurse personnel in Canada, should not, owing to low grade intelligence, be permitted to practice...as private duty nurses." "In connection with the great majority of training schools more rigid educational and intelligence standards...should be immediately applied." "The minimum academic qualification for admission to nursing schools should be junior matriculation..." that is, the standard of admission to the universities or, as we say, completion of a four year high school course.

3. Too many schools in Canada. "Not later than January 1, 1935, no
training school for nurses should be officially recognized unless it is connected with a hospital having at least 75 beds.”

4. The profit motive exists in Canada. “The student nurse...is a distinct economic asset to certain hospital authorities who have not a very high sense of their educational responsibilities.” Methinks this is the same thought that I have expressed more vociferously but with less sting. I quote again: “Any hospital that assumes educational responsibility for conducting a training school...should be prohibited from sacrificing the educational interests of the student personnel to the economic interests of the hospital.” I haven’t noticed, by the way, that your Grading Committee has said anything like that.

5. The average student nurse in Canada is “keyed up to a high pitch of tension of twelve hours a day: namely, nine hours on nursing duty, one and one-half hours study and one and one-half hours in attending classes... No other profession would tolerate such working conditions. If the teaching profession, for instance, were confronted with such conditions there would be such an upheaval as would convulse the public mind until a satisfactory settlement had been attained.... The student nurse is entitled to as just treatment as is the day laborer, or the teacher, or any other member of society. The facts clearly show that the average student nurse in Canada is on duty too many hours in the day, both for her own educational interests and for her health.” This sounds like what I and many others have repeatedly stated regarding conditions on this side of the international boundary.

6. “The development of training schools for nurses...as an integral part of the general educational system of the province, should be made an immediate objective.” That also sounds like what I said in this address.

7. The survey recommends that legal requirements for admission to training schools and the examinations for registration be greatly strengthened.

8. The survey goes further than I have gone, by asserting that the labor of students will not finance an adequate educational program and by recommending that the state should pay an additional sum, estimated at $100 per year, for each student, on the ground that nursing education is education for public service.

I will not go further but will close with the assertion that the Canadian Survey confirms and reinforces everything that I have said here or elsewhere. I am frank to say that my method of presentation has sometimes been vociferous, exaggerated, and newspaperesque. This method has been deliberately adopted in the hope of forcing attention. By some strange streak of fate hospital authorities generally keep their eyes focused on the hospital budget and let the image of the nursing school fall on their blind spots. I am laboring to force their central vision, at least part of the time, upon their educational responsibilities. If my manner has offended, I apologize. For the facts and opinions expressed, I offer renewed assertion and no apology.
THE SCHOOL OF NURSING AND THE FUTURE

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The subject of this discussion, projected upon me the day before I left the East for participation in two institutes in the far West, with a conference of some importance on the way, was "The School of Nursing and the Future." Since the previous assignment was a discussion of Dr. Lyon's paper, the thoughts here presented are, I fear, more in the nature of a rebuttal than a forecast. For the weaknesses from either approach, I offer as apology the brief opportunities permitted for their preparation, together with the devastating effects upon an aging mind and body of rapid travel interspersed with crowded, if delightful, periods in the enterprising cities of Los Angeles and San Francisco, which even two days in the beautiful quiet of the Mission Inn at Riverside could not entirely restore to normalcy.

Dr. Lyon is entirely right in his pronouncement as to the rightful place of nursing education. Nursing should unquestionably, and long since, have taken its place in the educational system, and in those advanced departments through which, and which alone, the foundations may be assured upon which to build the professional preparation that the widening functions of nursing practice demand.

I am in complete accord with Dr. Lyon as to the exploitation of nursing with its resultant crippling of nursing efficiency, and his protest at the continued subscription by the Grading Committee and the nursing profession at large, to the present control of nursing education by the hospital. Not any more, however, than I believe in the control of the school of nursing by the hospital do I believe in its control by medicine, but, let me hasten to add, the entire separation from either would be as inconceivable as it is desirable that nursing education should find its place in the university, which is but another way of saying that it belongs where all educational expressions have been increasingly placed, and for the reason that universal knowledge is here assembled and distributed in accordance with the needs of the students, as future builders of the community.

Anatomy does not belong to medicine, nor does physiology, nor indeed any other science. They are interpretations of organic life, a knowledge of which should be, I suppose is, available to any for whom it is desirable. In short, the pure sciences, so-called, and there are those who contend for their inclusion in this category of the newer sciences, are the means through which we analyze, and the foundations upon which we construct, our program for the development and direc-
tion of animate and inanimate nature in the furtherance of civilization. Some, in the innermost recesses of the science laboratories—others in the glare of the noonday sun, both impelled by a drive, the interpretation of which still eludes the wisest. With the never-to-be-forgotten wisdom attributed by Bernard Shaw to the serpent, those concerned with science for science's sake ask only and always, "Why," while those concerned with applied science say, "I dream and say why not?"

I am somewhat at a loss to understand Dean Lyon's failure to recognize developments in nursing education which he rightly indicates as important, but which are already in various degrees in effect. Since Dean Russell of Teachers College opened the door of the university to nursing, there has been a steady development of this relationship.

We have not yet found, so far as I know, the exact balance between theory and practice. Several plans have been formulated, tried, and discarded for new and better ones. We do not yet know, or shall we say have not yet extracted, the facts that bear effectively or are needed for intelligent nursing practice from the science subjects, or the various clinical branches of medicine. An experiment of profound interest is awaited through the appointment of a recent graduate in medicine, who will give her entire time to a study of the instruction of the students in the Yale School of Nursing in pathology and clinical medicine. In order that she may have the needed close relationship to these subjects, she will receive her appointment as instructor in the two departments, pathology and clinical medicine, as well as on the faculty of the school of nursing. In obtaining the amount required to supplement the small sum available through the budget of the School of Nursing, the Dean of the Medical School, Dr. M. C. Winternitz, greatly interested in the proposition, wrote as follows:

"Any discipline, like nursing, medicine, law, etc., that is dependent upon a group of primary subjects for its practical purposes, must look forward to the determination of its content in any one of these primary subjects, through a personnel in the first instance well trained in the primary subject, and in the second instance cognizant and devoted to the adaptation of this primary subject for the ultimate purpose of the discipline it is serving. With the accretion of knowledge in any single primary subject, these have been more and more isolated, and it has become increasingly difficult for any individual to master a sufficient content of several of these primary subjects and still adapt them to the many uses for which they are required. For example, it is no longer possible in medicine to have all of the faculty of a school labeled as doctors of medicine. Even in some of the biological sciences the doctor of philosophy has replaced the doctor of medicine, and when the fields of psychology and sociology are recognized as being essential in the preparation of the physician it is obviously impossible to have such disciplines taught by doctors of medicine. On the other hand, the preparation of the physician can-
not be entrusted to the psychologist or the sociologist who is not cognizant of the needs of the physician in these particular disciplines, and it is impossible for the psychologist or the sociologist to understand the requirements of the physician unless he is thoroughly familiar with the problems of medicine in the broader fields of its service. The time will come when the faculty of a school of medicine will be much more inclusive with departments headed by sociologists, economists, psychologists, as well as representatives of the different fields more generally considered in the biological scheme.

"This example is presented because it is so clear that a development of this kind is essential for medicine. It is equally clear perhaps that the principle involved should be utilized in other practical fields where fundamental science disciplines of diverse natures are required. Among these, nursing obviously is another outstanding example. As we review briefly the history of nursing, in the first instance to improve the deplorable conditions which existed in the pest houses and hospitals, then its gradual evolution with the growth of hospitals and an increasing knowledge of prevention and treatment of disease, we come to the present state where bedside nursing is merely one phase—important though it may be—of the equipment required for the nurse. In the various fields of public health, including the community nurse, the school nurse, the visiting nurse, etc., the bedside plays a minor rôle. A broader understanding of heredity and environment, economics, and other social fundamentals, as well as psychology, must be considered together with the biological science preparation which heretofore has been the dominant feature in the nursing educational program. On the basis of present understanding, it is obvious that the ideal faculty of the school of nursing should contain representatives of all of these primary disciplines who are interested in the first instance in determining the content of their particular discipline for the best development of the nursing educational program. Perhaps it is fair to start with the biological sciences since these have been the backbone of the scientific education for the nurse, and it is also fair to say that only in exceptional cases have experts in any of the fields of biological science devoted themselves primarily to the determination of the content of their subjects to the best advantage of the educational nursing program."

Some studies have been made but by no means sufficient to determine with accuracy the amount and types of case experience required for the complexity of physical and mental disorders found in the community, changes in which are occurring overnight. What hours we formerly spent on the nursing procedures of typhoid—what hours we should spend today on the preparation of the nurse for the appalling incidence of mental diseases, and more hours even should be allocated to the prevention of both physical and mental crippling. These are but a few of the innumerable tasks, discussion of which time, or lack of time, prohibits.

The lines of demarkation that formerly obtained between action and instruction are aptly illustrated by the pronouncement of the Lancet Commission that:
"Sister Tutors shall be provided in the proportion of not less than one of every sixty nurses in training; Sister Tutors should not be required to undertake any duty other than those connected with education."

The Canadian Survey provides rather that:

"A paid full-time instructress for each fifty students or fraction thereof, should be a prerequisite to the approval of any training school for nurses. When not engaged in the classroom, the instructress should conduct clinical teaching on the wards."

The latter accords more closely with present-day conceptions in this country of the educational program and function in the professional field. The close correlation between didactic and applied instruction, between principle and practice, is increasingly in medicine and engineering, not less than in nursing, lessening the hours of didactic instruction and bringing students together in small group conferences and in ever more intimate relation to the project itself.

The patient, case, personality, requires today for diagnosis, treatment, cure, or prevention of recurrence, a series of studies, analyses, and procedures demanding not one but a group of highly specialized workers, the function of each based on a foundation that enables, with the least waste of motion, integration with all contributory factors for the best end result.

The complexity of workers recognized today as indispensable in the modern hospital presents an illustration of this fact. As recently as 1924 in an article in the Public Health Nurse discussing nurses and nutritionists, it was stated, "Not one of the least of the problems confronting the administration of this work is the question, how will these two groups of professionally trained women work together,—the nurses and the nutritionists." In many institutions today I am sure the suggestion that this was a problem would be surprising to the workers. It is indeed this steady increase in variety and number and harmoniously coördinated relationship of workers in the modern hospital, where formerly two or three types dominated the picture, that indicates the ever wider and more inclusive scope of the program of human betterment that is promoted by study and direction of a given case.

Attempting to bring the now hundreds of schools of nursing up to a minimum standard is a wasteful temporization to which today an informed community should not subscribe. Fortunately, there are already many developments which if brought into a unified plan would lift nursing out of its present morass on to a higher level. For, on the face of it, the situation is bad—over 2,000 so-called schools with the limitations and deficiencies of which we are now familiar, or can be
through that notable publication, "Nurses, Patients, and Pocketbooks," and the continuous reports of the Grading Committee—7,000 understaffed hospitals, many of them with a high average of empty beds—many hundreds of unemployed or very intermittently employed graduate nurses.

But, however dark the picture, there is another side to the shield. The hospitals, once so greatly needed, are today, large and small, increasingly beautiful of structure, well equipped, the ward patients in institution after institution receiving care not available sixty years ago, for any individual, rich or poor. If in the early development of schools of nursing, selection of the students was on the basis of maturity, culture, and ability, the graduates reached only a handful. Though the breaking down of these desirable standards is deplorable and should not have occurred, there are nevertheless not hundreds but thousands of graduates who meet an educational and professional requirement not obtainable in past years. Of the 200,000, or over, graduate nurses, a large percentage, it is true, have as an educational qualification less than four years of high school, but it is not less true, if my arithmetic is correct, that between 20,000 and 30,000, (8%), present a year or more of college in addition to their two or three years of professional education, which is more, if again my calculation is accurate, than the total number of trained nurses in the United States in 1900 (approximately 19,000).

As I see the problem of nursing education and nursing service, and here I speak to our subject as originally suggested, the Future of Nursing Education, we have three important objectives:

First—The centralization of nursing education, the important evolutionary steps of which are:

1. The provision of the required science courses through a normal school or college, with an agreement on the part of the small hospitals in the vicinity to make the completion of such courses a prerequisite for admission. It is not at all impossible to conceive that scholarships might be made available for students who could not meet the maintenance charge; many of the students undoubtedly could; in many of the now literally hundreds of normal schools and colleges the tuition fee is small, if such a fee exists at all. There is no question that the connection of the school of nursing with such institutions would attract the finer grade of students—students who perhaps would like to take, but cannot afford, a college course.

2. There is also the possibility of merging of several small schools in a locality as an independent institution.
3. The school under university jurisdiction, of which there are already a number.

The hospital is not the proper institution to carry the entire burden of a school. The program of preventive, even curative, medicine today demands such a prenursing foundation as has been indicated, and a variety of clinical experiences rarely if ever to be found in one institution. I cannot see it as very difficult to evolve a plan through which a measure of student nursing service might be available for the small hospital with distinct advantage to the students as well as to the institution.

Second—The centralization of nursing service, which demands a determination, through study and experimentation, of the desirable unit of population for each area to be served, and a central bureau locally recognized as a nursing exchange through which may be served the sickness and health needs as expressed in nursing service in all its aspects. To be explicit—the full-time, the part-time, the hourly, the visiting nurse, the institutional nurse, for full time or relief, for special or group nursing.

Third—Health Insurance, State or Federal, or, if you prefer the term, socialized medicine, which includes all present and future sickness and health service and State support supplemented by private subsidy and student fees of nursing education. Through such community organization, through such provision only, can the needs of the community be intelligently determined and efficiently met.

In closing I would like to quote from Dr. Frankwood Williams' article in a recent issue of the Survey, entitled, "Russia—A Nation of Adolescents." Describing at length the plan for medicine, Dr. Williams continues:

"Similar plans exist in nursing, teaching, housing, cooking, the so-called 'social problems,' in every activity. And these are not isolated plans, a nursing plan growing up parallel and antagonistic to a medical plan, with smiling 'coöperation' on the outside and bitterness on the inside, or a teaching plan growing side by side with other social activities but with a wall around it through which one may pass only as an intruder. Physician, nurse, educator, social worker are building Communism. Their pride is not in their person, their position, their profession, but in what as individuals, professional or non-professional, they can contribute to the one undertaking that has meaning for them all."

We do not need to accept Communism to see the wisdom of such planning—call it Communism, if you prefer, or unified social service, or what you will—some such program is what we need, what we must unceasingly struggle to achieve.
I would begin by heartily agreeing with the principles Dr. E. P. Lyon advances, reviewing them in order of their presentation.

1. "The profit in nursing education." There seems to be little doubt that a large portion of our schools of nursing are proprietary and not primarily educational. Analysis of the Grading findings gives silent testimony of the extent to which this occurs.

The N. L. N. E. and the Grading Committee have emphasized the hospital accounting system as a fundamental administrative factor which can show the status of schools. Much of the process of recognizing and removing the profit is a bookkeeping operation, and the American Hospital Association needs to be sold the idea of a proper modification of their bulletin Number 50, Expense Account Items, Number 490, Nursing Care, and Number 500, Training School, which need some balance on the "Income" side, or some adjustment.

Our racket should be to set up reliable accounting so that well meaning and honest boards of control could have a chance to recognize and adjust the profit situation.

2. "The rising tide of undereducated nurses." Here again there is no question, a limitation of production must take place or the old law of supply and demand will operate. The wise, far-seeing person seeks a profession that can be practiced.

With limitation of production we are most unwise if we do not choose this wise, far-seeing person to be the product. Begin with students well prepared to undertake a professional education. High school graduation can certainly be made a minimum entrance requirement. It is done in many schools quite simply, combined with a high school vocational guidance campaign.

The true school of nursing can accomplish this without legal support from legislation, but the lagging proprietary school needs the weight of law to bring it up to the mark.

3. "Dr. Lyon's ideal school" is very practical. University direction can be had for proper asking. The size of classes has a very definite relation to the cost of conducting courses. We have found a minimum and a point of diminishing returns. There are upper as well as lower limits to size. The financial arrangements suggested are in use in sev-
eral schools known to me and I am sure to Dr. Lyon and you. There are troublesome details which often prevent other schools from adapting a proper accounting on the credit side of the school ledger. Leadership is greatly needed in this matter.

There is one point where I think we should outracket our "Racketeer." I do not believe it is possible for the student nurse to earn during her professional education at the hospital enough to purchase a sound educational foundation in the basic sciences. General educational institutions should carry basic scientific and liberal education of a college grade before the student enters for her professional education in the hospital.

"Al Capone" must be more drastic and prohibit the school of nursing from trespassing on the prerogatives of the college, attempting to hijack the load of physics, chemistry, nutrition, bacteriology, anatomy, physiology, psychology, sociology—entirely too old and expensive brands for moonshiners in the nursing educational field to attempt.

4. "Powers to be called upon." In defense of the powers of the Grading Committee: They have reinforced for us in black and white convictions which have been faintly colored and almost invisible. They have provided talking points sorely needed.

Their has been and is the power of the philosopher and prophet rather than the king, and we in the far West have had occasion to be more than grateful.

We agree with Dr. Lyon—they have been gentle and have waited for our growth, but that is the way of philosophers.

For the power of the American Medical Association, the American Hospital Association, the College of Surgeons, the College of Physicians—we all need their help, for, as you all know, they now represent the controlling bodies of most of our schools of nursing.

In the far West there is no question—they are at once our coworkers and strongest allies, as well as our profiteers. They are anxious to help and only want to be shown the way.

At the University of Washington we have a four-year curriculum, leading to a B.S. degree in Nursing. It has been in operation in a hospital chosen for its clinical facilities for professional education. During the first year of operation the hospital has neither gained nor lost.

We need such a challenge as Dr. Lyon's to make us think and act. We need papers like Miss Goodrich's to inspire us to go on.

The meeting adjourned.
Session Conducted by the Education Committee

Thursday, April 14, 2.30 p.m.

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

Subject: What Are We Doing to Improve Nursing Practice?

1. Through Improvement of Nursing Methods

Martha Ruth Smith, R.N.
Instructor in Nursing Education, Teachers College, Columbia University, New York, New York

There are three phases to a discussion of this topic: (1) What does method contribute to nursing? (2) How are we ensuring that method does contribute what it should contribute? (3) What seem to be "next steps" in improving the practice of nursing, through the improvement of method? These points will be discussed briefly and in order.

It would seem that the first point—What does method contribute to nursing?—calls for but little discussion at this time. There are, however, a few facts basic to the whole problem that should be presented. The benefits received from nursing methods are transferred to patients through nursing methods. These benefits are essentially dependent on two factors—skill in performance, and quality of method. If either of these factors should be placed first, it is quality of method, for it is impossible to get the most effective results with a poor method, no matter how skillful and conscientious the nurse may be. With a sound method, good nursing may be done even with an indifferent performance.

"Quality of method" and "sound method" refer not to "one best method" but to a method which utilizes established scientific facts as principles governing the method of procedure. To illustrate: Various ways of sterilizing needles for hypodermics are found by surveying various nursing procedure manuals; the needles may be kept in a disinfectant continuously, or boiled just before using. Both methods of sterilizing may secure 100 per cent bacteriological efficiency. The method using alcohol may be better adapted to some situations even if it is more expensive of money, since it is less expensive in terms of patients' and nurses' time. In the boiling-to-sterilize method, a survey of twenty-two different procedures showed that in fifteen of them, one-minute boiling is required; in four of them, two-minute boiling is required; while in three of them, five-minute boiling is required. Such
variation in length of boiling time may or may not be important. If, however, bacteriological tests, scientifically carried out, provide us with the fact—as they do—that two-minute boiling is essential for 100 per cent bacteriological efficiency, such variation does become important in determining quality in method because of the utilization or non-utilization of these established scientific facts.

Confidence in the one-minute method is misplaced and quality in method is lacking in a consideration of “improving nursing practice.” To be sure, this method may have been used for years with no ill effects noted. This is because the protective mechanisms in the bodies of the patients have risen to take care of this extra hazard unwittingly perpetuated on them. In rising for such a defense, the body’s protective forces have been somewhat dissipated from the region of the initial combat.

Certain it is, that however nursing technics may differ in the way the steps are carried out, all sound methods utilize established scientific principles.

Up to this point the terms “nursing methods” and “nursing technics” have been used interrelatedly. As a matter of fact, these terms are not, in the largest sense, synonymous. In a discussion of what method contributes to nursing this larger conception which the term “method” connotes should be brought forward. Technics are the practical details of a fine art, to a large extent mechanical and, in nursing, manual as far as “technics” or “procedures” go. There are, also, however, social and intellectual technics. The word “method” means a system of procedure, or facts arranged in a rational connection as a basis for action. The term “nursing method,” then, includes a system of procedure in using these various technics that recognizes and considers the pertinent factors affecting the patient—psychological, sociological, environmental, as well as etiological, and others—and a coping with these to the benefit of all concerned. Such a conception of nursing methods is basic in the improvement of nursing practice.

If a discussion of what method contributes to nursing closed at this point, certainly it would seem that the practice of nursing would be characterized by “the gracelessness of a science rather than the graciousness of an art.” Nursing technics, so called, will always be a major means for practicing the art of nursing, but to quote from a recent article:

The real essence of nursing, as of any fine art, lies not in the mechanical details of execution, nor yet in the dexterity of the performer, but in the creative imagination, the sensitive spirit, and the intelligent understanding lying

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1 Nursing Education Bulletin, 1, 1930, p. 30.
back of these technics and skills. Without these, nursing may become a highly skilled trade but it cannot be a profession or a fine art.\(^2\)

The second phase of this discussion is concerned with this question: How are we ensuring that method does contribute to nursing what it should contribute?

A recent inquiry sent to about twenty representative hospital nursing schools and university nursing schools in various sections of this country and in Canada indicates that there is a current interest in revising nursing procedures, that there is less satisfaction with traditional methods, and a desire for certainty in relation to method.

There is a systematic study of procedures going on in every instance, but one, of the schools responding to the inquiry. In the case of that one exception, studies are made as the need arises. This systematic study is going on in hospital schools under the advice of faculty committees. The directors of these studies are nurses in all cases and the nursing practice instructor is the director most frequently mentioned. The supervisors, head nurses and postgraduate students are the groups most actively engaged in carrying out the studies. The science instructor was mentioned but once as an assistant or participant. Doctors and hospital technicians were mentioned as coöperators, though not frequently.

The methods of study that were reported as being in use were: (a) compilation of data from different sources; (b) conference of the whole nursing school faculty; (c) consultation with and advice of experts from other fields; (d) experimentation in science laboratories; (e) ward tests carefully set up; and (f) time studies.

In each case it was said that the results of studies useful to the profession at large would be available as completed, either in book form, nursing school procedure manual, pamphlet, reprint, or in one of the nursing journals. Some of them have already been published either in the American Journal of Nursing, the Pacific Coast Journal of Nursing, or the International Nursing Review. Those studies which are as yet unpublished are awaited with much anticipation because East, West, South, North, and Central States have common nursing procedure problems, apparently!

Four-fifths of these schools are seeking to revise three of the same procedures. These are hypodermoclysis, catheterization, and colonic irrigation. The results of the study of these procedures in relation to a method of keeping the hypodermoclysis solution warm by some method that is sound is to be looked for eagerly. In laboratory work in con-

 connection with the course in Comparative Nursing Methods at Teachers College last year, a group of students found in a study of fourteen hypodermoclysis technics that there were mentioned eight different ways of maintaining the temperature of the solution. In testing to find the best way to do this, the control test showed, in 25 experiments under controlled conditions and room temperature at 80 degrees F., that the average drop of temperature of solution was 30 degrees F. at the needle over a sixty-minute period. There was only one of the eight ways of maintaining temperature discovered to be valid and expedient. This test would have to be transferred to a ward situation to test and establish its complete reliability.

In the study of catheterization made by these schools, one wonders if the technic studied has to do with simplifying it so that the patient will not be kept so long in an uncomfortable position while the nurse carries out the preparation of the patient and also does a ten-minute scrub-up. If laboratory tests show that the new technic of catheterizing with instruments is bacteriologically safe, the time saved for the patient is our greatest gain, but the time saved which previously was spent nursing the equipment, so to speak, can be added to the time spent in nursing patients.

Beside the physiological and bacteriological problems specifically enumerated, there are, of course, others. In every nursing procedure some one element or other is prepotent. In improving nursing methods, an analysis to determine such elements must precede the rebuilding of a procedure. Then a study must be made to determine how to carry out most effectively a technic which will embody these principles and at the same time make most effective use of nursing time and materials.

The third, and last phase of this discussion is concerned with the following question: What seem to be “next steps” in improving nursing methods? There are eight points to be considered in answer to this question:

1. Probably the basic consideration here is that nursing schools shall analyze critically their own methods and the methods of others, evaluate them by objective measurements—scientific principles, carefully set-up laboratory tests, and the like—and reconstruct their procedures where necessary, using the most reliable facts and principles available in order that the student of today may be taught to know quality in method.

2. These studies should be directed and carried out by a scientific method of investigation—a technic that allows findings of studies made under known conditions to be analyzed and applied by others.

3. Faculty committees should be appointed with the best-prepared nurse as chairman, to analyze and test these procedures with the sci-
ence instructor and others prepared in the technic of scientific investigation as active participants.

4. Perhaps a permanent committee from such an organization as this should be formed and its Director of Studies act as adviser in the building up of a method of study of nursing technics.

5. After an establishment of sound methods, some testing of effectiveness of ways of giving treatments is needed. The hospital field is the one best field for this phase of investigations.

6. Fellowships for full-time research workers in nursing technics are badly needed both to evaluate methods in nursing and to establish a scientific method of research in nursing. One such fellowship has been provided by the Rockefeller Foundation this year for a student in the Department of Nursing Education at Teachers College, who is this semester beginning her research in nursing under the Institute of Practical Arts Research and an advisory committee from the Nursing Education Department. Every Medical Center should have one such research nurse, scientifically trained.

7. Some means of reporting studies and findings and centralizing them is needed in order that these may be made available and nursing at large may benefit.

8. And last, but not least, some study beyond this study of nursing technics is needed to establish standards of adequate nursing care and to define what adequate nursing is in terms of specific needs of specific kinds of patients in specific clinical branches.

2. THROUGH BETTER SELECTION OF STUDENTS

D. DEAN URCH, R.N.

Director, Highland Hospital School of Nursing, Oakland, California

This is not a report of what we are doing to improve practice in nursing through better selection of students, rather is it a discussion of certain trends and possibilities along this line, as well as suggestions regarding some of our obligations and responsibilities to our profession, to the public and to the young women seeking admission to our nursing ranks.

That the selection of better students and better methods for the selection of students will improve the practice of nursing goes without saying. You cannot make a "silk purse from a sow's ear," nor "bricks without straw." You cannot make a professional woman from one who has the mentality and emotionality of a child.

We cannot build up a strong, professional group by filling our ranks with the failures from high school and college. If you ask what I mean
by better students, my answer is, women who meet the commonly accepted requirements of professional practitioners, viz., cultural background for nursing with the innate capacity to learn how to solve problems, make judgments, and assume the responsibilities and risks of acting on their own judgments. Certainly they should be above average in native intelligence.

Women who come to the nursing school should have had a good, broad, general education—at least full high school and preferably one or more years in college—they should be physically and emotionally equal to the stress and strain of nursing, and should have the social background which gives poise, graciousness, refinement, courtesy, tact, and acceptability to patients, they should be women who have certain personal qualities which make it possible for them to become increasingly altruistic in motivation, viz., restraint, self-discipline, urbanity, dependability, and devotion to a cause. We now have many such women but all who enter our ranks should measure high on such a scale.

We need, also, to take into account the various types of nursing which students will do after graduation, i.e., public health, teaching, head nursing, bedside nursing, and so on. Criteria set up by which to measure efficiency in teaching do not always measure efficiency in giving bedside care to mental patients and vice versa.

I do not need to remind this audience of our well-known tendency to select and keep in our schools the students who submit to drastic discipline, who satisfy doctors, patients, head nurses, and the immediate needs of the hospitals rather than those who exhibit the qualities of leadership, who disturb the even tenor of the hospital by having ideas and opinions of their own, and whose trend is toward expressing them. The seemingly desirable submissiveness which adds to the smoothness of the hospital routine is almost sure to be a handicap in the later professional career outside or even inside the best hospital.

The two most outstanding points to consider in the selection of students are (1) that we select those who have the innate aptitude to do the nursing work that the community needs and wants, and are capable of finding happiness and satisfaction in doing it; and (2) that we develop more scientific methods of selection for prospective students, using available criteria and tests and working out such new ones as we need. We are fortunate in having experts in various fields of education who know pretty definitely whereof they speak in matters of intelligence testing, health testing, even in measuring emotional and social qualities. I am sure that every member of this audience is familiar with the work of our Grading Committee, with the various types of testing done in colleges and other schools, and with such studies as the one made by
R. Louise Metcalfe of the “Achievement of Nurses in Relation to Intelligence List Ratings,” given before this group four years ago. Some splendid work has also been reported in *Born That Way* by Joseph O'Connor, and the March, 1932, *Trained Nurse and Hospital Review* gave “Some Technics for the Selection of Students” by Dr. Rohiback, quite worthy of your consideration.

We are not alone in our attempts to find better methods of selection of students. Teachers' colleges and medical schools are experimenting in better selection of members of their profession. The University of California is trying out aptitude tests for admission to its medical school. Teachers College, Columbia University, announces a new college for 1932 which will constitute a new type of teacher-training institution. One of the outstanding characteristics of this school will be its rigid selection of students. I quote from the announcement:

Fine courses and excellent faculty avail little without the proper type of student body. It is impossible to hope for fine, inspiring young teachers if the personnel of the student body is selected from those who are mediocre in talent and personality. The best training in the world will not make a fine teacher out of inferior human material. Mediocrity is today the curse of our teaching profession. It is also important for the students in the new college, that the student body itself be of highly selected character. A student learns more from his fellows than from his teacher. The reactions of one student upon another in a very real sense is an important part of the curriculum. We might term this contact of student with student as educational living.

Rigid but sensible methods of elimination will be pursued in the selection of individuals who give promise of developing desirable leadership in the field of education. In order to secure young persons of proper qualifications, the cooperation of teachers and executives working with high school and young college students will be sought. The chief bases of selection will be sound scholarship, promise of growth in the field of education, and desirable personal qualities. These will be determined by selective entrance examinations, personal interviews, and statements from former instructors and others well acquainted with the prospective student. The student body will be chosen from a wide geographical area rather than restricted to a local area or section of the country.

Some such clearly defined plan as this could well be set up, by those controlling our nursing schools, for the selection of only those students who possess the qualities which are thought to be indicative of the successful nurse. The qualities this teacher group emphasize are “high mental ability, worth-while achievement, good character, abundant physical and mental health, sufficient energy, a pleasing personality, wide cultural interests, good habits, high ideals and sincerity of purpose.”

It is evident that no one trait is sufficient to consider. It is equally
evident that we need to use all the resources available in studies already done, in school records, and in gathering opinions of people who know the candidate and who also know the traits essential to good nursing. How many teachers in the United States are cognizant of the traits we deem essential in the individual who is capable of making a good nurse? Are we frankly facing the fact that the public teachers direct into nursing the girls who are failures? And are we doing anything about that? Local Leagues could well have conferences with public and private school teachers and get this information over to them. We could also circularize the teachers with material along this line. And furthermore we could decline to accept these lower levels in our school.

I should like to emphasize some of the available material regarding candidates we can and should secure from the school files. Most of the schools of the country have assembled for their students the I. Q.s, results of arithmetic ability tests, reading ability, number sense, extra-curricular activities, health record throughout life, muscular coordination, bodily repose, posture, endurance, responses toward novel situations, response to other problem solving ability, achievement, home influence, occupation of parents, and so on. Time spent in going over such data would undoubtedly result in the refusal of many of the misfits and would be very well spent.

My second emphasis is our obligation to supplement these investigations by tests such as health and other aptitude tests and make them before the student goes to the expense of entering the school. The I. Q. is relatively easy to get. Health examination should include an x-ray of chest, Wassermann tests, examination of the feet, throat, heart, lungs, urine, eyes, and metabolism if indicated, and an examination by a good psychologist. Aptitude tests, such as described in O'Connor's Born That Way, and others already worked out to test nursing traits, can be used. Research might well be done to develop more such tests.

Every principal of every school of nursing in the United States could, if she would, when selecting each prospective student, put to herself these questions:

Is she the type of young woman I would like to take care of me if I were ill?
Would I choose her to teach health to my daughter?
Would I be proud to have her be a member of my profession?
Would I invite her to be a guest in my home?
Has she the mental capacity necessary to learn the sciences necessary to intelligent understanding and practice of nursing?
Is she physically and emotionally equal to the stress and strain of dealing with human beings when they are at their worst?
Is she adaptable enough to adjust herself to the fifty-seven varieties of duties a nurse must perform?
Then if our principals would use all the materials available, viz., school records, health examinations, tests for intelligence, social background, emotional reactions, adaptability, and the like, to make the selection as scientific and impersonal as possible, much could be done to eliminate the waste in time, energy, and money which is spent on misfits. Approximately fifty per cent of the students who enter the nursing schools of the country do not graduate. No one knows just what percentage of those who do graduate are failures. By a failure, I mean one who is unable to earn her living doing a needed type of nursing work in a manner that is acceptable to the ones she serves, and at the same time find personal satisfaction herself in doing that work.

These misfits are not only very expensive (in time, energy, and money) to the nursing school faculty and the hospital, but to the students themselves. I am fortunate in having a member of our Committee on Admissions who repeatedly remarks (when discussing a questionable applicant), “I think we would be doing this young woman a grave injustice if we allowed her to attempt nursing. It isn’t fair to her to lead her to believe she can succeed at nursing.” This doctor expresses a point of view too frequently overlooked. I wonder how many of the unemployed nurses in this country could have been saved from nursing if they had been more carefully selected.

I quote from O’Connor’s Born That Way:

Not only does the inapt girl lose the position which depends upon her acquiring dexterity or succumb to jaded discouragement, or continue as a slow, mediocre plodder, but she may even approach a nervous breakdown because of the too great dependence of her welfare upon achieving an intangible aptness. She sees life’s conflicts approaching and overwhelming her feeble efforts more rapidly than she can pick up characteristics which others unconsciously possess…. Such a worker, ill adapted to her task, but driven to it, daily, develops not only physical signs of overfatigue, but symptoms associated with mental disorders. The misapprehensions of such a girl often differ little from those of some mentally diseased hospital inmates, who display as one of the first auguries of the impending breakdown, a suspicion that unknown persons have selected them as their particular victims. Delusions of persecution!

I said, a moment ago, that no one trait should be the determining factor. Some years ago any earnest, respectable young woman, who was willing to give good hard service seemed most acceptable. Then we began to stress intelligence. Now, if we are going to produce nurses to meet all the nursing needs of the community, will we not find it desirable to give considerable thought to the ranges of intelligence, to emotional stability, to social background, to pleasing personality, and to worthwhile interests. For many types of nursing work we unquestionably need intelligence of college level, but shall we then decline the otherwise
desirable young woman whose I. Q. is 104? Certainly she much reach 100 or over. Students of psychology tell us that many of our splendid public school teachers come from the just-above average of intelligence. What they lack in native smartness they make up in industry, application, earnestness of purpose, character, and the like.

O'Connell found that some college graduates with splendid records made dismal failures when they attempted to do office work. Would it not be better for our profession to have certain schools in which to prepare the teaching-executive groups, and others for the bedside workers? And then select, evaluate, and direct applicants into the appropriate school? We shall need for our future nurses a goodly share of the 1,500,000 especially gifted children found by the White House Conference, and many of the 38,000,000 average, but unless we look to our laurels, we will find some of the 5,630,000 handicapped on our hands—and whose fault will it be?

Professor Allen Neivins, writing of Mr. Harding in the Dictionary of American Biography, joins President Hoover in regarding that unfortunate individual as more sinned against than sinning. Sinned against by the American people. "A heavy responsibility, for his record," he declares, "falls upon the party and nation which elected a man of moderate abilities, weak judgment of character, excessive amiability, and total lack of vigilance to so exacting an office." In like manner the "unemployable and misfits" in our profession lie heavy on our consciences. Now would seem a propitious time to do something. To make hay before the sun of "economic prosperity" begins to shine. Much is being done by some schools, but as long as every misfit who is turned from or out of one school can find another school which will confer its diploma on her, we are not getting very far. We need a nation-wide drive and the understanding support of all the people—physicians, teachers, parents, and others. And particularly nurses! And still more particularly, principals of nursing schools.

All the other things discussed here today, improvement of nursing methods, more adequately prepared faculties, improvement in the educational process, improvement of educational facilities for workers in service—are of little use if we admit the "leftovers" in high school classes, those who have failed at teaching and in other fields, the people who cannot afford a college education, and those who seek a living with a small honorarium, instead of a school.

I should like to summarize my remarks as follows:

1. We should select fewer students, therefore we can select more carefully.
2. We should select our students objectively, impersonally, scientifically, without regard to getting the hospital work done.

3. We should set up appropriate, unambiguous, clean-cut criteria, by which to judge nursing traits.

4. We should select only those students who are adapted to nursing.

5. We should work out new tests with which to measure nursing traits.

6. We should use all available materials in the files of schools from which students come, and secure opinions of teachers who are informed regarding nursing traits.

7. We should consider no one point, such as intelligence. Health, wholesome personality, good disposition, earnestness of purpose, social background, and other qualities are quite as essential.

8. We should spend more time on the selection of students and thus save on trying to make nurses of the misfits.

9. We should inform the public, especially teachers and parents, the necessity of high, or above average, intelligence and other qualities essential to nursing.

10. We should secure the cooperation of physicians, hospital executives, women's organizations, teachers, parents, boards, and the general public.

3. THROUGH MORE ADEQUATELY PREPARED FACULTIES IN SCHOOLS OF NURSING

Stella Goostray, R.N.

Director, School of Nursing, Children's Hospital, Boston, Massachusetts

We are all acutely aware that we need to improve nursing practice, and I think that we all agree that one way of achieving that end is through better preparation of those who are concerned with the teaching, not only of student nurses but of graduate nurses. For the discussion of this topic the Chairman has asked me to review briefly the program which the Committee on Education is setting forth as a means of improving the preparation of the future generation of head nurses, supervisors, instructors and administrators.

Most of you, no doubt, have read the article on "Some Problems of Nursing Education," by Dean Leathers, of Vanderbilt University in the current number of the Journal. I quote from this article:

"This (that of providing adequate financial support) together with the difficulty in finding faculty personnel which possesses scholastic qualifications for teaching, affords a serious problem in nursing education. The Grading
Committee shows that 42% of teachers in schools of nursing are not even graduates of high schools and only 16% have had one or more years of college work. Obviously the teachers play an important part in formulating the curriculum and in the development of proper ideals and those personal qualities which are essential if the nurse is to render effective service after graduation. In developing a satisfactory plan of instruction, the knowledge and experience of members of the medical faculty must be utilized. The nurse must assume major responsibility for the planning and direction of the course of instruction, and in the training of students in the theory and principles of practice, and in the art of nursing."

I should like to call attention to the fact that the figures which Dean Leathers used—42% who have not had four years of high school and 16% who have had one or more years of college—covered 16 groups, including not only the group we commonly think of as the faculty—namely, superintendents of nurses, assistants, instructors, and head nurses—but anesthetists, nurse dietitians, nurses on floor duty, etc. The report of the Grading Committee gave further analysis of these figures and for the faculty group the figures are better.

**Head Nurses**
- Under four years of high school .................. 49%
- Four years of high school ............................ 42%
- One or more years of college ..................... 9%

**Supervisors**
- Under four years of high school .................. 50%
- Four years of high school ............................ 38%
- One or more years of college ..................... 12%

**Instructors**
- Under four years of high school .................. 12%
- Four years of high school ............................ 37%
- One or more years of college ..................... 51%

**Assistant Superintendents of Nurses**
- Under four years of high school .................. 26%
- Four years of high school ............................ 44%
- One or more years of college ..................... 30%

**Superintendents of Nurses**
- Under four years of high school .................. 21%
- Four years of high school ............................ 41%
- One or more years of college ..................... 38%

These figures are evidence of the need of more adequately prepared faculties in our schools of nursing from the standpoint of academic preparation.

We all know what has been happening throughout the years with regard to the appointment of people to various positions in our schools of nursing, even the important positions which were concerned with the teaching of student nurses. Not much emphasis was placed on prepara-
tion or scholarship. This was especially true in regard to the teaching of nursing practice. If a young woman had the knack of giving a finished demonstration that seemed to be all that was necessary. The science or so-called theoretical instructor might need a little bit more preparation.

Again, appointments were made because the young graduates possessed baccalaureate degrees without any reference to the content of their college courses in so far as they concerned preparation for teaching or subject matter to be taught.

We must not forget, however, some of those teachers, both in the past and present, who without formal academic preparation, through their rare gifts of intellectual ability, stimulating personality and professional experience, made such outstanding contributions to the improvement of nursing practice that they cannot be forgotten. They blazed the trail. Academic preparation is by no means the whole story.

There are many encouraging signs of improvement. In the first grading 42% of the schools had no instructor. In the second study for which the figures have come in the number of schools without instructors has decreased to 22%. Some people may say that this is not significant, that we do not know the preparation of these people. True as that may be, I think it does mean progress that in a period of 3 years there has been an increase of 20% in the schools employing a full-time instructor.

Institutes, refresher courses, and staff education programs are being conducted at the request of those now in service who feel the need of better preparation. Additional pressure is being brought by State Boards of Nurse Examiners to improve the preparation of those charged with the education of student nurses.

We are going through stages similar to those through which the teacher in the field of general education has gone. Time was when a young woman could graduate from high school and go in and teach school, or she had two years of high school and two years of normal school. Then came two years of normal school following high school graduation, and now we have seen the passing of the two year normal course into the four year course in a teachers college which is authorized to give a baccalaureate degree.

For some time now the Education Committee has been working on a study on the duties and qualifications of the head nurse, supervisor, instructor, and director of Schools of Nursing with a view to planning a program for their adequate preparation based on what they actually have to do. From time to time reports from the various subcommittees of the Committee have been made to the Convention. The Committee has
already come to definite agreement as to most of the requisites for these positions and the program to be followed, and within a short time hopes to issue the final report.

In preparing the program the Committee worked on the basis that there are three definite stages of preparation—

Stage I for Head Nurses, in charge wards and clinics.
Stage II for Instructors and Supervisors.
Stage III for Directors of Nursing Education, Principals of Schools of Nursing, or Specialists in Teaching and Research.

All programs by which those in service have sought to improve their preparation have been steps on the way to more definite, well rounded out programs of preparation. What we are hoping to see developed are well balanced organized programs of theory and practice which stand the same educational tests as do the training courses of other professional groups, and which might come fairly early in the professional career of the individual. Furthermore, it is hoped that the plan will help in more or less standardizing the courses of study now being offered throughout the country.

One of the memoranda prepared for the Committee by the Chairman, Miss Stewart, pointed out that in accordance with current thinking in the field of general education, the main divisions of subject matter in a curriculum for any of the stages designated in our professional field, should be:

"(a) Foundation of Service Subjects—Such subjects or courses may be considered as reservoirs or sources from which principles may be drawn for use in various technical courses. Example—Psychology.

"(b) Technical Subjects—These deal primarily with the problems of actual practice and the discussion of principles, techniques and ideals used in the handling of such problems. Such subjects or courses are essentially specific and practical and include as a rule some field work or practice. Example—Ward management.

"(c) Professionalized Subject-Matter Courses—These deal primarily with the subject-matter, which the individual must be prepared to teach including the clinical content of the various specialties with which head nurses and supervisors must be familiar, as well as the subject-matter usually taught in the classroom. Example—Materia Medica.

"(d) Professional Background or Viewpoint Subjects—These deal primarily with historical studies or professional surveys which may be necessary in order to get a good perspective and a broad grasp of the nursing field as a whole. Courses which are devoted especially to the development of professional ideals, attitudes and appreciations would also be included in this division. Example—History of Nursing.

"(e) General Academic or Liberal Arts Subjects—This division would include those general non-professional subjects which are usually given
to introduce the student to the cultural heritage of the race, or to those broader human interests which extend far beyond the special interests of any professional field. Some of these subjects, such as English, Philosophy, Science, etc., may be included also under Foundation or Service Subjects, Professionalized Subject-Matter Courses, and Professional Background or Viewpoint Subjects."

The Committee has agreed that as a prerequisite for any of the training programs which it is outlining the candidate must be a high school graduate with matriculation standing. She must be a graduate of a school of nursing whose standards are substantially in agreement with those outlined in the National League of Nursing Education Curriculum. She must be a registered nurse. It is recommended that before taking the course for head nurses the candidate should have six months' experience in general nursing practice or in public health nursing, and the record in the school of nursing should show that her standing was above average and that she had potential ability for teaching and executive work. To be admitted to the course for science instructors the candidate should have shown evidence of superior ability in sciences during her nursing course and given evidence of fitness for teaching. The teacher of nursing arts should have shown superior ability in nursing practice and have had six months' satisfactory experience as a head nurse. The supervisor should have a minimum of one year's successful experience as a head nurse and have completed the equivalent of the major course outlined for head nurses. She should have a superior knowledge of one major clinical branch which would supply teaching content in that subject and have given evidence of fitness for supervisory work. The specific prerequisites for the third stage have not been completely defined but in general the candidate must have completed the work of the other two stages.

The institution which offers the course should be an educational institution of college grade with a faculty qualified by experience and preparation to teach graduate students. Field work for head nurses and supervisors should be in a hospital where clinical services are segregated, where a good ward teaching program is in operation, where there are good standards of nursing care, adequate clinical facilities for specialization, good equipment and staffing of wards.

It would not be possible for us to discuss each of these main divisions of subject matter nor the course for each group in detail. We, therefore, direct our attention especially to the technical or major course which has been outlined for each group. As previously stated the major course will deal with the problems of actual practice and the discussion of principles, techniques, and ideals used in the handling of such prob-
lems. For outlining the suggested course a master list of activities was drawn up for each position and the list checked by groups of people in various parts of the country. After each master list was checked the next step was outlining the major course by asking oneself the questions, "What knowledge does one have to have in order to meet this requirement?" and "Can one learn it on the job or must one be taught it?" Those things which must be taught, therefore, must be included in the major course.

The major course for head nurses as outlined by Mrs. Wayland is to cover 60 class hours. The first part of the course on Ward Management discusses such topics as:

The Job of the Head Nurse.
What the Head Nurse Should Know about the Hospital.
Features of the Modern Hospital Ward or Floor.
What the Head Nurse should know about the School.
Responsibilities of the Head Nurse to the Hospital and School.
Factors which help determine the size of a unit which a Head Nurse can manage.
The Head Nurse as a Nursing Expert.
The Head Nurse as a Housekeeper and Sanitarian.
The Head Nurse as an Economist.
The Head Nurse as a Manager of Activities and People.

The second part of the course is devoted to Ward Teaching and covers the following subjects:

The Head Nurse as Teacher.
The Ward Teaching Program.
The Educational Values of a Clinical Unit.
Principles of Teaching Applied to the Ward.
Methods of Assigning Nursing Responsibilities.
Supervision of the Ward Activities and Personnel.
The Clinical Method of Teaching in the Ward.
The Case Study Method in Ward Teaching.
The Conference Method of Teaching in the Ward.
Equipment and Illustrative Material for Teaching in the Ward.
Ward Educational Records.
Measuring Efficiency of Personnel.
Measuring the Results of Ward Teaching.
Conditions Which Interfere with the Best Development and Operation of the Ward Teaching Program.
Qualifications and Preparation for the Efficient Head Nurse.

The program for instructors and supervisors is based on approximately two years of college work and looks toward the obtaining of the baccalaureate degree. It may, however, be necessary for the student to spend more than this period of time in order to obtain the degree. The Committee believes that the instructor should have a teaching command
of three basic subjects with supporting sciences and methods, while the supervisor should have a teaching command of two clinical subjects—such as Medical Nursing, Surgical Nursing, Obstetrics, Pediatrics, etc.—with supporting sciences and methods. The major course covers 120 class hours and is divided into two parts.

Part one aims to give the instructor and supervisor an appreciation of the development, organization and administration of schools of nursing in order that she may function more effectively in her own particular field and in interpreting the various relationships to her students. It discusses the historical background and trends and the main stages in the development of the modern school of nursing. The aims of the modern school of nursing—what they are and how they meet individual, hospital and community needs. How the aims shall be carried out and the facilities therefor. This part of the course does not discuss the details of the organization and administration of schools of nursing which rightly belong in the preparation for the director of the school.

The second part of the course deals with the principles underlying the effective teaching and supervision, techniques used in different types of classes, materials of instruction, classroom management, student adjustments, measurement and improvement of instruction, direction and utilization of the library.

The content or subject-matter courses for the instructor will depend upon what she is to teach.

The course outlined for the Director of Nursing Service, Principal or Dean of the School of Nursing, Assistants to the Director or Dean, and those who wish to qualify as Teaching Specialists or for research, is based on one academic year, it being supposed, however, that the person has covered the equivalent of the two previous stages. It is directed toward the requirements for a master's degree. Miss Taylor, the chairman of the subcommittee, has summarized the major course for this group as follows:

"It is divided into four parts arranged under the following heading:

1. The first unit of the course deals with the fundamental principles of organization and administration in schools of nursing in relation to the university, the hospital, governing boards, to other cooperating groups and to the community. It includes administrative and organization problems connected with faculty appointments; the keeping of administrative records; the making of budgets; expenditures; buildings and housing.

2. The second unit relates to the program of instruction and selection of students. It deals with principles of curriculum building; standards of measuring objectives and evaluating criteria; discussion of different schools of thought in relation to education as applied to nursing; the value and need of research and the study of nursing procedures by the scientific method. The evaluation of methods used in recording the
ability and work of students and the preparation of school bulletins and publicity.

"3. The third part of the course discusses problems and trends in nursing; professional problems; national and international relations; comparative studies in different countries; laws governing the practice of nursing; new ideals and needs.

"4. A fourth unit deals with personnel administration. The function of the executive and the various factors involved in maintaining a satisfactory and happy group relationship. This unit also includes discussions on how the principles of mental hygiene and character building can be integrated into various curriculum subjects."

We have dealt mainly with the academic preparation. The attitudes, appreciations, and ideals of the individual seeking the preparation must not be overlooked. And, finally, if we are to have properly prepared instructors in the future, we must look now to the quality of the admission standards of our schools of nursing.

4. THROUGH IMPROVEMENTS IN THE EDUCATIONAL PROCESS

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To express in a little different way the question of what we are doing to improve nursing practice through improvements in the educational process, we might ask what is being done to give the student a keener awareness and deeper understanding of the science and art of nursing. This applies to every phase of her work: observing symptoms, executing procedures, treating mental attitudes, and educating the patient. During the past ten years we have been trying to replace the "training school" with the "school of nursing." To many this has meant merely a change of name; and I sometimes wonder if this change of name should be so promiscuously encouraged. The difference is, after all, fundamental, and unless the policies of the school are such that it can offer a truly educational program, it must still be a training school. Its students through repetition learn to carry out procedures perhaps skillfully but nevertheless automatically, to execute mechanically the orders given by the doctor, but if asked by a patient what would happen if she should ignore the treatment outlined for her, the student’s answer would very likely be, "The doctor would be extremely angry." The students in the school of nursing, on the other hand, are taught the basic sciences before beginning their work with patients, and before they are allowed to apply the knowledge so gained they must fully
understand the significance of each step in the work which they are about to do.

During this brief discussion we shall not speak of the training school—whether it still be known as such or masquerading under the misleading name "school of nursing." We shall confine our thoughts to the questions of what improvements are being made in those schools which have always formed the vanguard of nursing education. What are they doing in order to assure the student a clear conception of the underlying principles of her work, thus enabling her to do the health teaching that becomes her responsibility as a nurse?

For a number of years greatest emphasis has been given to classroom instruction. More and more hours of the curriculum are being spent in acquiring the scientific knowledge which is essential to intelligent nursing, until now we find in the better schools a minimum of eight hundred and, in some schools, over fifteen hundred hours being spent in the classroom. In the practice of nursing classes the underlying principles of each procedure are discussed, and the procedure demonstrated by the instructor and by the student. On the ward, when the procedure is done for the first time, and thereafter as many times as is deemed necessary, the instructor is at the bedside to give any necessary assistance.

I use the word assistance with deliberation. The student has, during her classroom hours, learned isolated facts. For her at the time they have little significance as bearing directly upon her work as a nurse. The power of transfer of the average student nurse is no greater than that of a student of any other branch of learning. It is very limited. It is difficult for her to appreciate that she is gaining knowledge for later practical application; she is motivated far more strongly by a desire for a good grade in that one individual course. Not until she is actually caring for her patients does she organize that knowledge and use it to give meaning to her nursing. Not even then does she make a successful transfer unless she is given assistance and direction by an instructor on the ward. We are apt very glibly to say that the ward is the laboratory where the student nurse applies the theory which she has been taught in the classroom. But into what scientific laboratory would a school send its students with no other direction and assistance than the knowledge gained in the lecture hall and reference library? And yet how much more important it is for student nurses to have competent and constant instruction in their clinical experience where their laboratory material is human life! It seems to me that our attention must swing once more from the classroom to the ward. We have taken it for granted that the student will absorb every detail of knowl-
edge poured into her ears by six to a dozen instructors—knowledge entirely new to her at a time when she is perhaps making an adjustment to a completely different environment and new way of living. Not only this, but more—we have expected her to make a successful transfer of this knowledge, thus enabling her to make the best possible practical application of it in the care of her patients. The ward has been a laboratory without an instructor; the student has been left to experiment by trial and error or success, until finally after three years she has if intelligent been able to learn something perhaps of the skill of nursing.

The weakest link in the chain of educational facilities in the leading schools of nursing today is ward instruction. The head nurse on the ward is extremely busy with the duties of administration. She has no time to assist the students on the floor, no opportunity to give the valuable suggestions which would help the student so much, no time for planned personal conferences nor the correcting of written material, and no time for the study and reading which are necessary to the teaching of a science so rapidly developing and constantly changing. A ward instructor freed of all administrative responsibility is essential to the educational program of each teaching department. Miss Goodrich expresses this thought in her book, "The Social and Ethical Significance of Nursing," when she states in speaking of the educational program on the ward, "such a program as I have suggested obviously demands instructors with a comprehensive general and professional preparation and highly specialized in their subject. It entails supervision, bedside instruction, and case conferences—again a time-consuming and costly program—but of vital importance to the student and to her present and future patients."

In this new program of ward instruction the effort for improvement should be made in two phases of the work. First, the concept of supervision must be modified from that of inspection and criticism to that of direction and assistance. Is there one among us who does as good work under a critical eye as when she can be assured of a friendly spirit of cooperation between herself and the instructor? In the past we have nurtured in our students from the first the fear and awe of their supervisors. There are few students who feel that they can take their personal problems—daily joys and sorrows, questions and difficulties—to those people to whom in reality they should feel closest. Much opportunity for inspiring the student nurse with the challenge and spirit of glorious adventure in the field of nursing education is lost because of this fearful barrier between student and instructor. Supervisors and instructors should carefully analyze their jobs. What should
be their aim, and how should they set about to attain it? In what way can they do the very most for the student? In the first place they must cease to think of their work as that of detecting flaws in the work of the students, of merely checking, inspecting, reminding, and reprimanding. As soon as they themselves conceive of their duties in a different light, the student will detect the change in relationship and will be able to help them by giving them the opportunity to help her. If the student can feel assured that she will not be considered inefficient and stupid if she asks for suggestions, she will feel free to make her problem known and receive the assistance to which as a student she is entitled. She will no longer be working under the constant tension and fear which, in the opinion of one physician who has made considerable study of tuberculosis among student nurses and young graduates, are important factors in breaking down her resistance to the disease. The supervisor should inspire in her students the feeling that she has confidence and faith in their high aspirations and is anxious to help them realize their highest hopes and aims. Professor John Dewey, in speaking of the relation between teacher and pupil, says: "The philosophy of the pedagogue is eloquent about the duty of the teacher in instructing pupils; it is almost silent regarding his privilege of learning. It emphasizes the influence of intellectual environment upon the mind; it slurs over the fact that the environment involves a personal sharing in common experiences. It exaggerates beyond reason the possibilities of consciously formulated and used methods, and underestimates the rôle of vital, unconscious, attitudes. It insists upon the old, the past, and passes lightly over the operations of the genuinely novel and unforseeable. It takes, in brief, everything educational into account save its essence—vital energy seeking opportunity for effective exercise." Again, another time, he states, "It is that no thought, no idea, can possibly be conveyed as an idea from one person to another......Only by wrestling with the conditions of the problem at first hand, seeking and finding his own way out, does he think. When the parent or teacher has provided the conditions which stimulate thinking and has taken a sympathetic attitude toward the activities of the learner by entering into a common or conjoint experience, all has been done which a second party can do to instigate learning. The rest lies with the one directly concerned......We can and do supply ready-made 'ideas' by the thousand; we do not usually take much pains to see that the one learning engages in significant situations where his own activities generate, support, and clinch ideas. This does not mean that the teacher is to stand off and look on; the alternative to furnishing ready-made subject matter and listening to the accuracy with which it is reproduced is not
quiescence, but participation, sharing, in an activity. In such shared activity, the teacher is a learner, and the learner is, without knowing it, a teacher—and upon the whole, the less consciousness there is, on either side, of either giving or receiving instruction, the better.” When the student feels that instructor and student are both working together for a common end—the prevention and treatment of disease—at that time will the first step have been taken in making the ward experience the valuable adjunct to classroom teaching which it should be but at present falls far short of being.

With this attitude established, the ward instructor can carry on a program which will be truly educational. This instruction will emphasize the correlation of the knowledge already learned and its application at the bedside. I should like to say in passing that the program of study discussed in the remainder of this paper is based upon actual experience which I have had first in the Army School of Nursing, where such a program was developed and successfully carried out in each of the hospital departments, and at the present time in the University of Minnesota School of Nursing, where I am finding it of practical value on the medical service at the Minneapolis General Hospital.

A few years ago our leading educators in nursing were urging a new method of assignment of duties for the student nurse on a given ward. The advantages of the case form of assignment are no longer a theory. Those who have seen the functionings of both methods have had an opportunity to appreciate the increased interest and knowledge of the student working under the new system—none of us would for a moment consider returning to the methods of ten years ago.

The very fact, however, that in giving to the student the full responsibility of the patient we have kindled for her a keener interest in her work, requires that that interest be rewarded with new opportunity for deeper understanding through directed and correlated study. Some hospitals, in a few of their departments, have been able to make a very successful correlation between classroom lectures and ward experience. The doctors’ lectures and nursing classes have been given for only those students assigned to the service, and have been repeated as often as there has been a change of the student group. This means, of course, that some students perhaps have been caring for patients for a period before they have had the class material in those particular diseases, but this is far better than the situation existing in most schools, in which there are many instances where the student has her organized study many months after she has completed her assignment to the department where she has had her clinical experience in that subject. By planning
the program of clinical experience in such a way as to study first those diseases entailing the most scientific understanding and the most detailed nursing care, the care of the patients will be safeguarded and at the same time the student will have the advantage of caring for patients suffering from the diseases concerning which she is studying. Is there any question but that knowledge acquired at the time when the need for it is felt most keenly and when it can be immediately applied, is most easily learned and longest remembered? The fact that classes held on the individual services are conducted for only a small group of students increases their value considerably. In a small group the instructor can understand the individual differences of her students and so give more valuable assistance to each, and the students always feel much more free to take part in the discussions of the cases. This method of teaching, were it possible throughout the education of the student nurse, would place nursing education in the lead of other forms of learning. The obstacles presented to such a program are many and serious. Can they be overcome? There is the problem of the time involved in repeating the theory so frequently. If the physician who gives the lecture is paid only a nominal sum, the question is also one of money; if his services are volunteered, there is even less chance that he will be willing to take more time from his patients, no matter how interested he may be in nursing education. The answer to this problem will vary with each hospital. With thought and effort an improvement can surely be made over the existing policy. Surely some arrangement can be made whereby the classroom work will always precede or be concurrent with the clinical experience—never follow.

The question of classes in nursing should be a more simple one. Granted that on each service there is an instructor, her program should include classes in nursing for the group assigned to her, and repeated as frequently as the group changes. Whether all the students in a department should change at the same time is a debatable question and depends to a considerable degree upon the number of graduate nurses in the department who can stabilize the nursing service at such a time. In schools where the time on a service is divided into two assignments, one group of ward classes might be given for juniors and one for seniors, making their assignment of patients correspond to the class work given, the date of assignment of the two groups varying slightly in order to make an easier situation in the department. Care must be taken, however, that the assignments to services, including those in medicine and surgery, are not so short and correspondingly numerous that an organized program is made impossible.

Another problem is that of night duty. A program of classes cannot
very easily be maintained for the student who spends on night duty perhaps half of her assignment to a department. There are, however, other factors which are tending to decrease the length of time spent by students on night duty. The question of lack of constant supervision during this time is one which is making the value of night duty seriously questioned. Again the need of graduate nurses in the hospital is emphasized.

Still another obstacle which presents a serious problem is that of the number of duty hours for the student. If she is to gain most from these ward classes she must give considerable time to their preparation. These classes should not be conducted in the form of lectures—information showered upon the students by the instructor—but rather should they be a pooling and crystallizing of the ideas and observations of the entire group—those gained from clinical experience and from the reference material assigned by the instructor. They should correspond more closely to the seminars of advanced work in any phase of education, conducted by the students under the direction of the instructor. Only in this way can they be of lasting value to the student. The present heavy schedule of the student nurse, however, allows no time for such study. Her eight hours of duty should include not only the time spent in class but also some time for the study of clinical material on the ward and in the preparation of class and written assignments. This again means the employment of an increased number of graduate nurses—a very excellent way of using the profits which Dean Lyon has told us are brought by the school of nursing to the hospital. There are some who will argue that the first duty of the nurse—graduate or student—is to the patient. For this reason she should not be taken from a busy ward for a period of ward classes. But it is necessary to keep in mind that we are preparing the student for the future. If she can by spending a number of hours (an average perhaps of four hours a week) in specifically learning how to care for her patients most intelligently, is there any question but that time so spent is more valuable to patients as a group—present and future—than would be that same length of time spent in questionable care for the patients then on the service? The greatest good for the largest number must be our motivating thought.

The material for ward classes should include enough of a review in the anatomy, physiology, and pathology of the part involved to form a basis for discussion of symptoms, including any physical and laboratory findings of significance to the nurse; symptoms indicative of complications; special treatments; diet; and, most important of all, the nursing art as particularly applied to each individual disease and the pre-
ventative aspects of that disease. Wall charts, laboratory specimens, X-ray plates, and pamphlets should be used to increase the effectiveness of the material presented. Case studies and bedside clinics should always be used to make the correlation and application complete. Where the classes should be held is a matter of some importance. Psychologically the correlation is much more strongly felt if they can be held somewhere on the ward—preferably in a light airy room supplied with conference table, shelves of reference books, blackboard, and bed for demonstration purposes. It should be insisted that the students not be interrupted during class hour for ward responsibilities.

The program would necessarily vary somewhat with each department. In addition to ward classes there might well be included short topics given by instructor or student at morning circle. The value to the student giving such a topic can be considerable, but in order to be sure that the subject will be adequately covered and that the information given will be accurate it is very essential that the instructor previously confer with the student about it. Bedside clinics by the medical staff should form an important part of the program, as should also post-mortem study of cases from the department. Planned personal conferences between student and instructor should have an important place in this program. In this way the student can learn before it is time for her to leave the service of any phase of her work which needs improvement or development, and suggestions made to give her assistance in effecting the desired change. Difficulties and problems of the students may be discussed and help given to overcome them. A clear understanding of each student by the instructor is necessary for her greatest possible growth.

And so in review we see a student assigned for a definite period of time—that period to be of sufficient length to allow an organized program of class work—to a department where the atmosphere is one of coöperation between doctor and nurse, both graduate and student, all working for the ultimate welfare of the patient, the prevention and treatment of disease. There will be an instructor in the department freed of administrative responsibilities who can spend most of her time with the students giving them assistance and direction. A program of classes, clinics, and planned personal conferences, with correlated reference and written work, allows the student to appreciate the opportunity to integrate and apply the knowledge gained as isolated facts in the classroom to the intelligent care of her patients. There are many phases of the educational process which have not been even touched in this discussion. The one which has been considered is, I believe, the one least thought of in the past but one to which we must give our sincere
attention if the clinical phase of the course in nursing is to be of real value to the student.

5. THROUGH THE IMPROVEMENT OF EDUCATIONAL FACILITIES FOR WORKERS IN SERVICE

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Much is being done to improve nursing practice through the improvement of educational facilities for workers in service. This effort to improve nursing practice is carried out along two definite lines: first, those measures which will cause nursing practice to develop and advance in accordance with our ideal; second, those measures which are directly aimed at the correction of faults and defects frequently found in the nursing practice of the graduate nurse.

All the shortcomings of nursing practice are by no means due to defects in nurses. Many are due to the situation in which nursing is being carried on and not to the nursing service; improvement in the total situation would result in improvement of the nursing service. But this paper is limited to a discussion of what is being done to advance nursing practice through educational facilities for workers in service. The last words “in service” give it especial interest, for we know that few nurses are financially able to give up work while studying.

All programs for improvement are based on the deviation of the existing condition from the ideal. While the nursing practice of different workers varies greatly in kind and in degree, their shortcomings may be traced to one or more main causes. I have attempted to make a rough general classification.

1. The character of the individual
2. Lack of positive health
3. Coefficient of intelligence
4. The education of the individual
5. General education
6. Education having a direct bearing on nursing

THE CHARACTER OF THE INDIVIDUAL

Assuming certain sound fundamental character traits, important in nursing as in all professions, we may stress the need of the right “attitude” toward life. The whole effort to place nursing on a higher social plane effects the nurse’s attitude toward life. If we limit the present discussion to improvement through educational facilities, I would include in a general sense all that is being done through education. But courses
in mental hygiene as a part of staff education are directly aimed at improvement of nursing through improvement of the nurse's attitude toward life.

LACK OF POSITIVE HEALTH

It should help to clear up personality difficulties which are disturbing factors in her relation to the patient, the doctors, the community, the other nurses on the ward. Nursing practice does not consist of nursing procedures, close observation and reporting of important symptoms, or even knowing what to do in an emergency. Whether the patients like the nurse—to use a plain and homely phase—is important. The ability to work with others without friction is of equal value. A sane outlook on life affects the hours off duty. Where faulty mental hygiene exists these hours are often periods of gossip over ward trouble, and conversations with oneself in which pet ideas and theories are expounded to an imaginary and admiring audience. Hours so spent are not merely wasted. They form a basis for the attitude towards our work, and influence our acts and speech in working hours. Off duty hours spent in wholesome pleasure, study, reading, have just the opposite result. Wordsworth's lines in the poem we all learned when we were children, "The Daffodils," give in the poet's fanciful speech this psychological law. The poem shows the connection of what we do during the active life of the day and the hours we spend with ourselves. That the sum total of our activity in off duty affects our work cannot be denied.

We assume that the nurse in service measures up to a certain rather high physical standard. There is, however, a great difference between absence of definite physical defects and a state of positive health with reserve strength to meet the emergency and perfect mental poise. We nurses are perhaps too apt to blame our lack of positive health on the heavy work of our profession; we disregard rules of hygiene which we have always known and which we teach to our patients. For this reason many hospitals have introduced as a part of staff education a course in hygiene. It is not the rather cut and dried course which we had in our probationer days; it is planned to show the place of health in the life of the individual, and its relation to social and economic success, to all the contacts and achievements of life. Its precepts are not to be shelved in the long forgotten notebook, but to be lived every day. Physical health and mental health are both dealt with as interlocking aspects of a single state.

COEFFICIENT OF INTELLIGENCE

Nursing practice cannot stand still. It must keep pace with the changing practice of medicine and surgery. The work demanded of the nurse
must keep pace with the greater use of diagnostic tests and of exact and scientific treatment. Does this mean that she requires a higher type of mentality than the nurse of long ago? I don’t know why it is, but people are far more sensitive to the suggestion that they have not a high I. Q. than they are to the statement that they are physically below par. Perhaps with better mental hygiene this unwillingness to face the truth frankly as to our mental status will disappear. But whether we admit the truth in regard to ourselves, we can hardly deny the general principle that the nurse with the lower I. Q. is at a disadvantage, and that this disadvantage increases as nursing includes more theory. The use of mental tests in the selection of students is outside the scope of this paper, but the value of study in increasing the working power of the mind is without question. Why not give our graduate nurses mental tests with directed study to fit the individual capacity? Those of us who are not blessed with a high I. Q. and yet have kept up with our schoolmates and are ranked among the employable must possess compensating qualities. Study will be a bit hard but we need it and can profit by it. It will increase our efficiency. Then there is this comfort for us; a very high I. Q. is probably a detriment in the nurse’s equipment for good nursing practice. The high I. Q. in so far as it correlates with ability along any line, correlates with the capacity for study. This person yearns to find the causes back of the present problem, and the causes back of those causes until she comes to the point where no one knows the cause and research work must be begun. The bedside nurse must without doubt have the capacity for study; without it she cannot meet and solve the problems in nursing. But she must also be interested in using the knowledge she already has in meeting these immediate and concrete situations. That is not the time to ramify back into a consideration of the primary causes—to reduce the point to the ridiculous. It is not a time to consider which came first, the hen or the egg.

But to return to the statement that defects in nursing practice may be due to the I. Q. of the individual, we should give the graduate body the advantage of the mental test, and use this knowledge in planning courses adapted to the individual.

**The Education of the Individual**

Courses for nurses in service cover a wide range, so wide in fact that it would be impossible to tell all that is being done. But the educational facilities which improve nursing practice and which are open to the nurse in service may be divided into two main groups: those which improve the breadth and understanding of the nurse, make her a better woman and hence indirectly a better nurse; and those which have a
direct and immediate bearing on nursing. Although courses having a
direct bearing on nursing practice produce quick and definite results,
it is quite probable that courses of general education have a great if not
greater end results. The woman underlies the nurse. The technical
training of the nurse is built on the general education of the woman.
Without the firm foundation the superstructure cannot stand.

GENERAL EDUCATION

Nurses in service are being offered the advantages of college courses
and, where necessary, high school courses. Nurses in service are urged
to take advantage of all educational and cultural opportunities of the
social life of the community in which they are living—to visit the art
museums, historical places of interest, hear good music, see the best
plays, and attend interesting lectures.

EDUCATION HAVING A DIRECT BEARING ON NURSING

Educational facilities immediately affecting nursing practice are be-
ing offered in all good schools and hospitals to the nurse in service.
They are designed to cover the content of nursing practice. Lectures on
disease and the nursing care of various types of patients are offered.
Classes on all phases of nursing practice are given. To close, there never
was a time in nursing when greater educational facilities were offered
to the nurse in service. We have but to look about us to see that nurs-
ing practice is improved through their use. One point we must not for-
get, is that the work rightly done and understood is in itself a great
educational advantage. We must steep ourselves, saturate ourselves in
the work, increase the breadth and depth of our knowledge about our
work. Having so done, we will find that educational advantages increase
our power for good nursing practice a thousandfold.

The old and oft repeated statement that the nursing on the wards is
not as good at is used to be is probably based on the fact not that there
is too much nursing education today, but that in breadth we are losing
depth. We must take time to acquire both. Here is the reason for the
postgraduate course, and for choosing a type of nursing in which we are
interested, taking a position with the intention of making good and
holding it for years, not being diverted from our course to follow every
will-of-the-wisp—where one's best friend is working, seeing the country,
or even a little higher salary.

The meeting adjourned.
General Session

Friday, April 15, 9.00 a. m.

Presiding: Adda Eldredge, R.N., Director, Bureau of Nursing Education, State Board of Health, Madison, Wisconsin.

Subject: The Value of Standardizing Agencies.

STANDARDIZING AGENCIES IN THE FIELD OF EDUCATION

CHARLES E. FRILEY, Ph.D.

Dean, Liberal Arts College, Agricultural and Mechanical College, College Station, Texas

One of the most significant developments in recent educational history in America has been the establishment and growth in power and influence of voluntary agencies for the control and direction of higher education. These agencies may be divided into three categories, state, regional, and national. Their influence is felt in every institution of higher learning in the nation. Control is exercised by fact; and the facts have been developed by scientific study of the various aspects of college and university organization, administration, and activities.

In the beginning it should be clearly understood that every standardizing agency is the outgrowth of a desire on the part of a group of individuals or educational institutions, either collegiate or secondary, or both, to set certain minimum standards of achievement which all in the group expect to meet either immediately or within a certain fixed time. Where the latter plan is practiced, the tendency is to reach the goal by certain graduated steps from year to year.

There are several good reasons for the development and maintenance of minimum standards. Three will be mentioned here:

1. Members of the group recognize the fact that institutions having common purposes may likewise have certain common practices without interfering with the individual initiative or special work of any one of them. In fact, such a common practice is in every way advantageous and desirable if it becomes an important factor contributing to the excellence of the institutions in which it may be found.

2. Where a group of institutions maintain the same definite standards there is united strength in defending themselves against the opposition and criticism that are sure to come to any institution or group of institutions which, because of merit and excellence, obtain public favor or educational recognition.

3. Such a group represents a movement of sufficient merit and
strength to influence other institutions and thus bring about general practices among most or all of those institutions which are promoting the same type of education.

The formation of accrediting agencies is voluntary and comes to pass only when a number of institutions find that they have enough in common to make organization possible and enough in particular to make it profitable for each of the institutions to copy some of the superior practices developed by fellow members. No institution, it should be emphasized, is forced directly to have membership in the organization. Application for membership is usually made on the initiative of the institution desiring to become affiliated. But sooner or later institutions not in the organization discover the value of such affiliation. Today practically every institution of higher learning worthy of the name of college or university is a member of some recognized accrediting agency.

It has not always been so. Within the memory of most of us, sham universities and gold-brick colleges of all types flourished under the protection of lax laws in several states. Perhaps the classic example of such a sham institution was the Oriental University, located in the city of Washington, chartered under the laws of the District of Columbia and conducted by men whose ignorance displayed itself in an extravagant use of language in their advertising matter, who tried to attract students by making what seemed to the officers of the university an immense display of learning. The president held the degrees of Ph.D., S.T.D., S.O.D., and LL.D. His salary was $900 a year, unfortunately not always paid. He was not only president, but head of every department for which a name sufficiently mouth-filling could be discovered to make it sound impressive. For example, he was dean of the Orientalistic Seminary, head of the Indian section of this seminary, professor in the West Asian and African sections, head of the department of foreign missions, professor in the department of theomonic theology, and head of the department of international law and diplomacy. Among the courses offered were History of the World, Penmanship, Biblical Hermeneutics, Evolutionism, Theoretical Therapeutics, Japanese, Vedicant Philosophy, Psychic Mediumship and Spirit Photography. Twenty-three varieties of degrees—nine bachelors, eight masters, and six doctors—could be earned by nonresident students. In the year 1911-12 the catalog listed six resident and twenty-four nonresident students.

The first of these standardizing agencies were organized in the decade beginning 1890, notably the North Central Association and the Association of Colleges and Secondary Schools of the Southern States. But the real work of standardization began with the creation of the Carnegie
Foundation for the Advancement of Teaching, in 1906. Its famous "Carnegie Unit" was the first step in the process. The Foundation has often disclaimed any intention to standardize secondary schools and college, but it nevertheless set the movement definitely on foot, and the movement has made remarkable progress in the past quarter century.

In 1920 there were seventy-two agencies attempting to standardize or accredit colleges. This condition resulted, of course, in a great deal of confusion, and the number of recognized agencies is much smaller today. From the standpoint of function, these agencies may be divided into two groups: (1) Those organizations whose influence is exercised primarily through the media of research, conference, and publicity; and (2) those which set up and enforce certain academic and financial standards to which all member institutions must subscribe. A few of the more important in the first group are mentioned here.

1. The Association of American Universities (1900). Established as an organization of graduate schools in the strongest universities, it now has thirty members and a list of about 175 recognized affiliated colleges. While the Association has no powers, its influence is tremendous, both here and abroad. It was the first organization to prepare an official list of accredited institutions, the Carnegie Foundation rendering valuable assistance in the preparation of the list. The Association is concerned primarily with the problems of the graduate schools, and in considering the recognition of any institution it lays great stress on the performance of that institution's graduates in the graduate schools of the members of the Association.

2. National Association of State Universities (1902). The primary purpose of this organization is to discuss common problems. While not an accrediting agency in the strict sense of the term, it has been of great value to its members as a clearing house. One of its outstanding accomplishments in recent years has been the improvement of accounting methods.

3. The Association of Land Grant Colleges and Universities is similar to the Association of State Universities in purpose and practice. It has not given a great deal of attention to standards except by indirection. It has, however, made great strides in the matter of organization of higher education, and it has become a powerful political factor.

4. The Association of Urban Universities (1914), was formed to consider the problems of schools located in large cities. It now has forty members. One of its big problems has been the development of evening schools, perhaps as thrilling work as any other phase of education. The student in the evening school is eager to learn, knows what he wants, and does not hesitate to demand it. There are few, if any,
loafers. In this connection it is pertinent to remark that urban universities have as great an opportunity for constructive and progressive work in higher education as any other type of institution; and the fact that they must live close to, and take an active part in, the pulsing life of the great communities in which they are located makes it comparatively easy for them to break away from outworn and undesirable academic traditions and customs, and to inject into their work that vigor, freshness, and common sense which are the saving factors in education as well as in other endeavors.

5. The Association of American Colleges (1914) is perhaps the largest group dealing with the problems of higher education. In its work two trends have been followed: first, a forum for the discussion of the Christian college; and second, consideration of the problems of the independent arts college. In the group are also included university colleges of arts and sciences. Since the primary purpose of the organization has always been to help the arts college, it is wise that no rigid requirements for admission have been imposed. Under the able guidance of its secretary, Dr. R. L. Kelly, much valuable investigation and research have been conducted.

6. The American Association of University Professors has put the fear of God into presidents and trustees. While it has been severely criticized at times for its aggressive attitude and actions, and while it may have overreached the bounds of propriety on certain occasions, there is no question that it has done much good.

7. The Association of American Medical Colleges has been faced with a number of perplexing questions, not the least of which is the revision of the curriculum. The medical course is packed too full, with the result that students must often work ten or twelve hours a day. Fortunately, the Association is working to correct this evil. The notable work of Flexner and the Carnegie Foundation in eliminating undesirable medical schools is familiar to all of you; however, in boosting the requirements for the practice of medicine, legislatures were induced to put these requirements into the laws, and medical schools have consequently found themselves in a dilemma in their attempts at revision.

8. The American Association of University Women has been of real help to the cause of education by their requirements for admission.


While most of the national agencies enumerated have set up no definite standards, their investigations and their constructive outlook have operated to substantially the same end, and due credit must be accorded them.

A second group which have exerted a widespread and powerful influence on the standards and activities of higher education are the educational boards and foundations, liberally supplied with funds and free to direct their activities and investigations into any channel and in almost any part of the world.

1. The General Education Board, with an endowment of $150,000,000, can do anything. If deemed advisable, it could give away the entire principal. The Board is interested in many things. Its early efforts were in the South, in the field of secondary education. It originated the corn clubs and pig clubs which were later taken over by the U. S. Department of Agriculture. Negro schools have come in for attention from the Board. In higher education nearly $75,000,000 has been contributed toward the endowment of colleges of arts and sciences, such contributions usually being conditional. By its munificent gifts to medical colleges, it has practically revolutionized medical education, the guiding spirit in this movement being the same Dr. Flexner whose earlier investigations wiped out the poor schools. The Board has also made a number of surveys and has financed many research studies.

2. The Rockefeller Foundation was chartered to do good in the world in any field. Its policies have not been fully developed as yet. Its work in the medical field, particularly with hookworm and yellow fever, are well known. In addition, the Foundation has promoted research projects in the social sciences.

3. The Carnegie Foundation began its work primarily as an agency for teachers' pensions, but soon launched out into a study of problems in education at all levels. The original pension scheme went on the rocks because of the excessive cost, and the present annuity plan was substituted. The noteworthy studies which are familiar to all comprise its most important work. The Foundation started the whole movement of classifying colleges by defining the requirements for admission to its approved list.

4. The Carnegie Corporation was organized as a sort of foster mother to look after the Carnegie Foundation, the Carnegie Institution (for research), and the Carnegie Institute at Pittsburgh. The Corporation had about $135,000,000 to begin its work, much of which went to help the Foundation and the Institute out of their early difficulties.
The Corporation gave $5,000,000 to endow the National Research Council; established the Graduate Library School at the University of Chicago; provided the funds for the Educational Finance Inquiry's study of the country's educational needs, and the cost of education; subsidized the Modern Language Study to the extent of $200,000; also the study of Engineering Education, and the study of university libraries. It is also actively interested in adult education and education in the fine arts.

5. The Commonwealth Fund of $40,000,000 came from the residue of the Harkness estate. Child welfare, social service, and educational research have been the main objectives. For the latter purpose $100,000 or more has been set aside each year for the past decade.

6. The Council on Medical Education and Hospitals, the organ of the American Medical Association, is charged with the classification of medical schools. Under the guidance of Dr. Colwell the Council has been at work since 1909, and its influence on medical education has been as great as any other factor. However, the Council has been subjected to a good deal of criticism on account of the seemingly high-handed methods used to carry out its ideas. It has set up very high standards, and many medical schools have gone through great anguish in trying to meet them. It is really an outside body, not connected with the schools which it classifies, a situation that is wrong in theory. But the schools themselves were really to blame, on account of their failure to set up satisfactory standards. Very much the same situation has developed in the American Dental Association in its dealings with the dental schools, and the American Bar Association in its dealings with law schools.

Two other agencies of national scope are worthy of mention on account of their contributions to the progress of education in America: the National Research Council, and the United States Office of Education.

The National Research Council is a projection of the American Academy of Sciences, the latter being established in 1862 to study the scientific problems growing out of the Civil War. The Council was created by Congress in 1917, when the United States entered the War, as the Research Division of the Academy. It did valuable work during the War, and soon after peace was declared the Council was made a permanent body. This excellent organization has become a great galvanizing agency for scientific thought and production. It does not carry on a great deal of research itself, acting rather as a coordinating and stimulating body. While much of its efforts have been centered upon the development of research in the natural sciences, the Council has
sponsored a number of valuable investigations through its Division of Educational Relations, notably the study of the gifted student.

The United States Office of Education has as its primary function the collection, interpretation, and dissemination of educational statistics, and the promotion of educational welfare. Through its valuable bulletins and its state and local surveys it has been an important factor in improving educational practice. Unfortunately, in the past few years the Bureau seems to have lost power, largely because of the difficulty of attracting competent men and because of the continual changes in personnel and consequent inability to develop a permanent policy.

The second major group of standardizing agencies are those Associations, mainly regional, which set up and enforce certain minimum academic and financial standards for all of its members. The two outstanding organizations in this group are the North Central Association and the Association of Colleges and Preparatory Schools of the Southern States. The work of the North Central Association is of especial significance just at this time and will be used as the basis for the remainder of my discussion.

Those who have followed closely the work of the regional standardizing associations are in rather general agreement that the results attained have been very much worth while for higher education in America. In some particulars standardization among colleges and universities is imperative. Most of the standards set up by these associations were developed largely while the movement for measurement in education was in its infancy. In the field of higher education, particularly, few scientific studies have been made; consequently, objective evidence was not available upon which standards for membership could be based. Without exception, so far as I know, these standards represent merely the best judgments of those responsible for their adoption. And when analyzed in the light of present objective data on higher education they have proved to be very mechanical and quantitative, and totally incapable of measuring the many intangible, elusive factors which enter into the training of a human being, and which might determine the quality of the college and its product. It has been charged that these standards are largely responsible for that quantitative aspect of higher education which is symptomatic of the American mania for size and numbers: as many students as can be crowded into the institution; fifteen points for admission; fifteen hours a week as a normal schedule; fifteen hours a week as a normal teaching load; twenty students to the class; passing a given number of hours in order to remain in college; so many credits per subject; one hundred and twenty accumulated semester hours for
graduation; a specified number of credits for the higher degrees; and
a multiplicity of courses, covering nearly every conceivable interest of
humanity,—in the words of the cynic: "useless courses for countless
blockheads." We have come to look upon education as the acquiring
of knowledge, and we try to give the student something from every
field of thought, in the belief that when his brain is stuffed with infor-
mation he will instinctively act wisely and well. These packages of
knowledge are presented in the most agreeable form, usually predigested,
and are fed to the student in small and accurately measured doses called
credits, at fixed intervals and from stated textbooks. "Truly," saith the
philosopher, "under such a system nothing is easier than to attend col-
lege and nothing is harder than to get educated."

In this present period of measurement in education, thoughtful edu-
cators are questioning the validity of many of the standards of regional
associations. In some instances those who are most skeptical about the
advisability of continuing the present standards unchanged are the
officers of the associations, those charged most directly with the respon-
sibility for the enforcement of the regulations for membership.

A number of colleges which are finding it difficult to meet present
standards and thus retain their membership, and others which have been
refused membership because of failure to meet the standards, are chaf-
ing greatly under present restrictions. The authorities of these insti-
tutions believe that some of the present standards cannot be substanti-
ated by experimental evidence.

Several years ago Chancellor Capen made one of the most severe
attacks on standardizing agencies I have ever heard. Speaking before
the Association of Urban Universities he gave this picture of a stand-
ardizing committee:

"There is always one hardboiled individual. Some committees may have
four or five persons of bureaucratic tendencies, people who believe in making
other people do things, who like to inflict penalties, who like to apply mechani-
cal measure, to whom a rule becomes sacred as soon as it is adopted, persons
who lack vicariousness and constructive imagination. Most of these individu-
als have positive convictions—seldom based on much evidence—concerning
some point with which the standards may deal. On this point they are ada-
mant, until everyone else is worn out. The resulting regulation—often irrele-
vant, sometimes asinine—is made not because the majority believes it to be
good but because the majority has had to compromise with an obstinate and
unreasonable colleague in order to get anything done."

Of course we do not recognize ourselves in that picture. But it calls
to mind the little poem quoted by another critic of standardizing
agencies:
"We are the sweet selected few,  
May all the rest be damned;  
There's room enough in Hell for you,  
We'll not have Heaven crammed."

Also the story is told of the Master of Christ Church, Cambridge, who addressed his class one day as follows: "Learn Greek, young men, that you may read the oracles of God in the original and thus look down with contempt on the vulgar herd."

Dr. Capen concluded his remarks with this significant statement:

"I regard the whole standardizing movement in its present form and extent as a menace. If it is not checked and corrected it will utterly destroy the most precious and the most characteristic features of American education. The great strength of American education has been its freedom and its fluidity. Until recently we have had no repressive controls, governmental or other. We have no governmental hierarchy and none in sight, but something just as potent, just as bureaucratic, has been growing up in our midst in the past few years by the aid of our own voluntary efforts and with our applause."

The spirit of investigation is under way. The next five years will see marked revision of standards designed to measure the product of the college rather than its machinery. The old standards accomplished the task of protecting the public against the wiles of inferior institutions; the new standards will emphasize the importance of the good teacher and the quality of the finished produce.

As an illustration of this point it is pertinent to mention a few of the standards of the North Central Association, as well as of other associations, which have been and are now being questioned.

The first part of Standard Number 2 of the N. C. A. formerly read as follows: "The college shall require for admission at least fifteen units of secondary school work, or the equivalent." Many leaders in the field of secondary school work believed that this was interfering with the free development of the junior high school. Because of this sentiment, the N. C. A. recently modified the standard to permit colleges to accept for entrance eleven or twelve units earned in the three-year senior high school without demanding specified units from the ninth grade.

Several requirements of the Association relating directly or indirectly to class size are now being questioned. Several recent investigations, notably those at the University of Minnesota, seem to indicate that some subjects can be taught as effectively in very large classes as in classes of limited enrolment. Furthermore, it appears that relatively large classes can sometimes be taught effectively by methods other than the lecture, although association standards recommend classes not to exceed thirty students for all but lecture groups.
A surprisingly large number of institutions have failed to live up to the requirement relative to the training of teachers. It is doubtful if these standards should be reduced or even materially changed, but a number of investigations have shown that the acquisition of the degree of doctor of philosophy does not insure a good teacher. There are other qualifications which must be considered in the selection of the future college instructor. President Wilkins of Oberlin College has given perhaps the best portrayal of the good teacher that has appeared in recent years.

"The good teacher knows his subject and he believes profoundly in its significance, immediate or ultimate, for the enrichment of human life. He cares about his students, as thinking, feeling, and growing individuals, and is glad to listen to them and to talk to them, in the classroom or outside the classroom. For their sakes, and because of the nature of his own mind, he selects his material rigorously and orders it effectively. His presentation has always some measure of informality, of give and take. He is courteous and hopeful to all; but his chief concern is for the stimulation and guidance of his ablest students. He is a born teacher; but he is a made teacher as well—made through friendly contacts with colleagues in his own college and elsewhere, through deliberate study of the art of teaching within his own field, and through the resolute development of all of his powers."

With regard to the standard setting the maximum teaching load, there is little objective evidence as to the weight that should be given to laboratory and recitation work, respectively. It is felt by many that the present standard does not give adequate recognition to the load created by laboratory work.

Perhaps the standard of greatest importance and concern at the present time is that dealing with the financial aspects of the institution. The North Central requirement states that a four-year college must have a minimum annual income of $50,000 for its educational program. At least one-half of this amount must come from endowment, taxes or other stable sources in addition to payments by students. For each 100 students above 200, the institution must have an additional income of $5,000, one-half of which must be from sources other than student fees and tuition. A four-year college which is not tax supported must have a productive endowment of $500,000 and an additional endowment of $50,000 for each 100 students above 200. A junior college, to be accredited, must have a minimum annual operation income for its educational program of at least $20,000, of which not less than $10,000 should be derived from stable sources other than student fees. The minimum registration for a junior college is sixty students. This means an income requirement of $333 per student, $166 of which must come
from stable sources other than student fees. An income of $50,000 for a senior college with the minimum enrolment of 200 students, of which at least $25,000 must come from stable sources, represents an income requirement of only $250 per student, of which only $125 must come from permanent sources.

The valuable studies of standards by Dr. Floyd W. Reeves, of the University of Chicago, have shown among other things that the existing difference in the minimum financial requirements for junior colleges and senior colleges is not in accord with the financial needs of these types of institutions; he has shown further that the relationship between endowment income and faculty efficiency is negligible in both types of institutions. He has suggested that, until more thorough study has been made, the present standards be supplemented by the requirements of a reasonable minimum average faculty salary and a minimum average expenditure per student for strictly educational purposes. He further suggests that comprehensive examinations and similar devices may offer a solution to the problem of actually devising more scientific standards.

Let me emphasize again that present standards have served a useful purpose. But it is recognized everywhere that their influence is on the decline. Scientific scrutiny has resulted in increasing doubt as to their efficacy and validity. As a result of this growing unrest and dissatisfaction, the North Central Association has voted to make a careful and thorough study, over a period of five years, of present standards with a view to improving them, or, if the evidence warrants, to develop an entirely new set of standards. It has become obvious that a number of factors either unknown or else lightly considered twenty years ago now deeply influence the tone, atmosphere, quality, and general effectiveness of every institution of higher learning.

The General Education Board, convinced of the importance of the proposed study, voted last year to provide the sum of $110,000 to finance it over the five-year period, this amount to be supplemented by $25,000 from the Association. The principles which will guide in the study have been stated by President Coffman of Minnesota as follows:

1. The various standards or criteria now used as a basis for studying colleges shall, in so far as time and money will permit, be examined and tested.

2. New standards or criteria that give increasing consideration to the qualitative factors and forces that determine the real essence or nature of an institution of higher learning shall be discovered, if possible, and formulated.
3. The Association should look forward to the formulation of flexible standards of excellence rather than to standards that are applied uniformly and that limit or destroy initiative and experiment.

4. In the attempt to discover such standards or criteria a few rather than many problems shall be carefully studied and tested.

The Committee on Standards of the Association, which has this study in charge, will visit about seventy-five representative institutions for several days at a time, and by several members of the Committee, to gain a clear insight into their work and to "discover those factors most closely related to college excellence." This is without question the most promising of all recent activities designed to improve the status and quality of higher education in America.

After all, the acid test of a college is its finished product, the graduate. And the great problem in developing the proper product, standard or no standard, is to obtain and retain the great teacher.

**STANDARDIZING AGENCIES AND STATE BOARDS OF NURSE EXAMINERS**

**Phoebe M. Kandel, R.N.**

*Head, Department of Nursing Education, Colorado State Teachers College, Greeley, Colorado*

In spite of the fact that a well known professor of English disapproves of the use of introductory remarks and calls the introduction to a paper a "doormat," I am going to make use of a "doormat" to my subject, Standardizing Agencies and State Boards of Nurse Examiners.

The bibliography reveals that the topic has been discussed numerous times over a period of about forty years, from the point of view of legislation, registration, functions of state boards of nurse examiners, and the effect and value of standardization programs. Since no previous study of the composition of the state board of nurse examiners was found, it seemed to me timely that we assemble certain information through questionnaires to determine the readiness of our board of nurse examiners to work with the existing academic and professional standardizing agencies, as well as to know more adequately of their ability to be of help to the schools of nursing.

The following are some of the academic and professional standardizing agencies:

- **Academic:**
  - North Central Association of Colleges and Universities
  - Association of Colleges and Secondary Schools in the Middle States and Maryland
Association of Colleges and Secondary Schools in the Southern States
Northwest Association of Secondary Schools and Schools of Higher Educa-
tion
American Association of Teachers' Colleges
American Association of University Women
Professional:
American Medical Association (Council on Medical Education)
   Federation of State Boards of Medical Examiners
   National Board of Medical Examiners
American College of Surgeons
American Pharmaceutical Association
American Dental Association
American Dietetic Association
American Library Association
American Psychiatric Association (accredits schools of nursing in psychia-
tric institutions).

The people who are selected to serve on the standardization programs
of the above organizations, have at least the minimum of four years of
academic preparation, as well as varied experience. The representative
assigned to visit the institutions will have had, in most instances, the
academic preparation equal to that of the president of the institution.

Let us briefly examine the influences that have contributed to the
standardization of our schools of nursing. Almost forty years ago
about "a baker's dozen" of our ablest leaders advocated nurse registra-
tion laws. Among this group was Miss Sophia Palmer, who presented
the subject to the New York Federation of Women's Clubs. To quote
from the paper presented by Miss Palmer at this meeting, November 9,
1899:

"The greatest need in the nursing profession today is a law that shall place
training schools for nurses under the supervision of the University of the State
of New York. Such a law would require every training school to bring its
standard up to a given point . . . would require every woman who wished to
practice nursing to obtain a diploma from a training school recognized by the
University, to pass a Regents' examination, and to register her license to
practice . . . It is of vital importance that examining boards shall be selected
from among nurses in practically the same manner that medical boards are
chosen from physicians, that pharmacists, dentists, and teachers are examined,
each by members of their own profession."

It is safe to assume that many of the members of the New York
Federation of Women's Clubs shared in the development of the first
modern school of nursing at Bellevue Hospital, New York, and that
that interest helped in the attainment of the earliest standards for nurses
in the United States. They passed resolutions endorsing the formation
of a board of examiners chosen by the state society of nurses, and
included in their recommendations that nursing be listed with the other professions and be supervised by the New York Board of Regents.

Several months after legal status for nurses was initiated, Mrs. Isabel Hampton Robb and Miss Palmer discussed the points imminent to legislation. They said, “The fullness of time brings us to the vital questions of registration for nurses......When we come to organize a state society, the principal motive being to influence legislation, we take an entirely new departure from the motives actuating us in up-building our associations for educational and social purposes. We go before the legislature, not as graduates of any one school, but as citizens of the state.”

Early in the year 1901, the nurses of New York State organized their forces and entered upon the struggle for standards through legislation. Here, as in their earlier efforts, the nurses did not work single-handed, but they secured the support of the Regents, and public-spirited laymen. The nursing profession owes much of its progress to Mrs. Whitelaw Reid, who quietly used her very great influence with public men in behalf of the Nurses Bill. Mrs. Reid gave much thought, time, energy, and money to the better understanding of tuberculosis nursing by promoting and supporting the school of nursing at Trudeau Sanitarium, Trudeau, New York.

It is tempting to quote more of the history of the steps for legislation and registration which brought about the first standardizing agency for our schools of nursing. “The attack on the Nurses Bill concentrated on the provision creating a board of nurse examiners nominated by the nurses’ society and appointed by the Regents.” Women prominent on training school boards strongly favored and supported the measure that nurses manage their own educational affairs, with the result that the nurses secured their own board of examiners. In order to determine standards, the Regents have their inspectors. So the New York bill counted for more than showed at first glance because of the powers of the Regents. By the placing of the schools under the Regents, they have become a part of an almost unique educational system. The regulations governing the education of the nurse are, therefore, in the hands of educational experts, and such regulations must accord with the regulations governing all of the other professions. After the nurses’ examining board was appointed, the members were authorized to work out a practical and theoretical syllabus for the schools, and in 1906 they selected a nurse inspector for appointment by the Regents. This step marks the beginning of individual assistance within the schools and the
The development of standards of subject matter and clinical services for the instruction of undergraduate nurses.

The first course in universities for graduate nurses was established in 1899, Teachers College, Columbia University, under the title of Hospital Economics. To meet the increasing demands of the nurses for preparation in teaching, supervision, and administration in institutional and public health nursing work, the name of the course was changed and enlarged under the title of Department of Nursing Education. In 1910, Mrs. Helen Hartley Jenkins became the benefactress of the department. This represented the first endowment for the university education of nurses, and laid the foundation for the training of nurses for community health service. This department represents the mother-house for academic preparation in nursing education.

The national Curriculum for Schools of Nursing, which expresses the best ideas of the Education Committee of the National League of Nursing Education, was edited in 1917. This Curriculum was to be used as a guide in the organization of the theoretical and clinical program, living conditions and hours of duty, the selection of student nurses, and the teaching-supervisory personnel. At the opening of each school year, a faculty conference hour given to the reading and discussion of the “Conditions Essential in the Education of Nurses,” written by the Honorary Chairman of the Committee on Education, Miss Mary Adelaide Nutting, which appears in the Curriculum, would restimulate all nurses who share in the instruction and supervision of student nurses. The use of the Curriculum by all schools of nursing is written into the rules and regulations of many state boards for registration of nurses.

Institutes, summer schools and extension courses have met a real demand, not only for instructors and superintendents of nurses, but for the supervisors and head nurses. The lectures, as well as group discussions, are conducted by experts, and each is of permanent value in helping to develop better attitudes in teaching, supervision, and administration. Summer schools and extension courses are usually found in colleges and universities, and this assures a sympathetic attitude of the administration toward the special group of students. All these have a far-reaching influence in our schools of nursing. In one state this year, Colorado, at the request of a large number of nurses in service, the Educational Committee of the League, encouraged the establishment of classes in Teaching and Supervision Applied to Nursing Education, also History of Nursing. These subjects were offered through the Extension Department of the Colorado State Teachers College, and the classes were composed of head nurses, supervisors, instructors, and
superintendents of nurses, and several home-makers. The classes, held
in Denver, Colorado Springs, and Pueblo, have been conducted by the
Head of the Department of Nursing Education of the College, with
a total registration of one hundred and forty-three. Of this number
there were two deaconesses and forty-seven nuns.

A large organization to have a weighty indirect influence on the
standards of clinical instruction, is the American Red Cross Nursing
Service. The eligibility requirements for membership into this organi-
zation are very definite, and it is the ambition of many nurses on
graduation to indicate their readiness to serve, when needed, by apply-
ing for membership.

The Digest of Laws Requiring Registration for Nurses issued by
the American Nurses’ Association is most illuminating in showing up
all discrepancies and differences in the minimum educational require-
ments for registration. The length of the course varies in different
states from two to three years; the hospital requirements vary from
twenty to seventy beds; and the daily average number of patients from
twelve to fifty.

The two hospital accrediting agencies which have a standardizing
effect on schools of nursing are the American Medical Association and
the American College of Surgeons. The American Medical Association
devotes one whole issue of its Journal annually to what is called the
Hospital Number, which includes data about the accredited schools
connected with registered hospitals. Copies of this report are sent to
the state boards of nurse examiners, to the hospital executives, medical
colleges, medical libraries, and other selected places and people. The
1931 report shows that of the 7,259 hospitals and allied institutions in
the United States, there are 540 that are not registered or approved by
the American Medical Association. In the 540 non-registered hospitals
there are 13,315 beds, including 588 bassinettes. Also in the 540 non-
registered hospitals there are about fifteen schools of nursing. It is
unfortunate that it is possible for schools to continue in hospitals not
accredited by the American Medical Association.

The hospital standardization program of the American College of
Surgeons, directed by Dr. Malcolm McEachern of the Hospital Activi-
ties Committee, affects the standards of every department of the hos-

dial. May I refer you to the main requirements for the approval of
hospitals, also to the section of the report that discusses the nursing
service. All of their suggestions tend to raise the standards of the
school of nursing. To the American Medical Association, the American
College of Surgeons, and the American and Catholic Hospital Asso-
ciations, we record our appreciation of the individual and collective
assistance of their influence in the improvement of the standards in nursing education.

With the close of the World War, history repeated itself in advancing the improvement of qualifications in nursing service. The pressing need for more and for better nurses in the field of public health prompted the desirability of an investigation. At the invitation of the Rockefeller Foundation, a conference of persons interested in the development of public health nursing in the United States was called in New York. The scope of the inquiry included general nursing education. The study revealed that the essential qualifications of the public health nurse were formed in the fundamental training, or undergraduate nursing course, and that well-qualified teachers and supervisors were necessary to attain the educational standards embodied in the legislation of the more progressive states. Among the mass of collected data in the report, "Nursing and Nursing Education in the United States," the committee considered of fundamental importance the further development and strengthening of university schools of nursing of a high grade, for the training of leaders and teachers, to whom must be entrusted the development and standardizing of procedures for all nursing schools; for permeating influence which will give inspiration and balance, and gradually improve the efficiency of every institution for the training of nurses. The observations of inadequate teaching equipment, and the universal waste and misuse of the student's time led the Committee to conclude that the period of three years now required in the majority of schools is not necessary.

Following the above study and report, "Nursing and Nursing Education in the United States," a copy of which should be in every school of nursing library, another important plan was projected by the National League of Nursing Education. A committee was composed of twenty-one men and women representing nursing, hospitals, medical, and public health associations, with additional members in the field of general and public education. Dr. William Darrach was selected chairman, Dr. May Ayres Burgess was chosen to direct the study, and the title used to designate the work was Committee on the Grading of Nursing Schools. The objective of the Committee was to help raise the standards of nursing education in the schools of nursing. Early in 1928, the Committee on the Grading of Nursing Schools was authorized to publish the findings covering the first three years of their work. The introduction of the report, "Nurses, Patients and Pocketbooks," prefaces the study by defining the program of grading. It is appropriate that we reacquaint ourselves with the Committee's definition of grading.
"Grading implies the ultimate adoption of certain minimum standards which must be met if the school is to harvest crops of graduates properly prepared for nursing. It is impossible to decide what these minimum standards are until we know what qualities the graduates should have; and we cannot know that until we know what they will be called upon to do. So we come back again to the decision . . . that grading must be founded upon and accompanied by a careful inquiry into the underlying facts of nursing employment."

The effect that this and subsequent reports from the Grading Committee has had on the improvement of the educational programs and selection of personnel in our schools of nursing can be observed by thoughtful study of the graphs on display in the booth of the Grading Committee at this convention.

The direct effect of the first grading has been the raising of the entrance requirements of schools of nursing to high school graduation, that is fifteen or sixteen units, as the states' requirement may be. Mr. James G. Pentz, Director, Credentials Division, Department of Public Instruction, Pennsylvania, presented interesting data on high school entrance requirements in the March, 1932, issue of the American Journal of Nursing.

"In 1928 the schools requiring four years of high school work for admission was 13.2 per cent, while in 1930 the number of schools requiring four years of high school work for admission had increased to 54.3 per cent, a gain of approximately 300 per cent."

The indirect effect, if this term may be used with grading, has been the discontinuance of schools of nursing, both small and large, distributed over the United States. The discontinuance of the schools of nursing was probably not motivated by the unemployment situation, but by the cost entailed in the development of acceptable class and laboratory facilities, and the provision of clinical instruction in the four required services: medical, surgical, obstetrical and pediatric.

The Committee on Accrediting Schools of Nursing of the National League of Nursing Education have given much deliberation to the subject of criteria which would be helpful in attaining higher standards. Quoting them, "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 kind of school records to be kept, methods of examination and requirements for graduation. The requirements for placing a school on such a list must not be the personal opinion of a 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."
In various articles, over a period of years, Miss Adda Eldredge, Director of Nursing Education in the State of Wisconsin, has called our attention to the dangers of too rapidly demanding high school as an entrance requirement when many of our nursing faculty are not high school graduates. As will be recalled, the findings of the Grading Committee disclosed the information that 42 per cent of the faculty of our schools were not high school graduates. This is not to construe the impression that the educational standards of admission should not be high school graduation, fifteen or sixteen units, but it does mean that the administrative and teaching personnel within our schools, many of whom have done, and are doing, constructive work, should avail themselves of additional educational preparation applied to nursing education.

Now that we have our setting, by review, and we are to consider the state boards of nurse examiners in relation to other standardizing agencies, it may be timely to look into the composition of the membership of the state boards of nurse examiners. Questionnaires were sent to all of the states. Because of the necessary time consumed in sending material about, it is very gratifying to have heard from twenty-six. Since some of the questions asked were not answered by all, only the information on educational preparation and experience will be given. The information was not secured to be destructively critical, but to determine how nearly ready our state boards of nurse examiners are to take their place with other existing standardizing agencies of secondary education, colleges, and universities. The findings as they relate to the educational preparation of the entire group of the nurse members of the boards, which includes the persons definitely appointed to inspect or evaluate the schools, show that of the 106 members of the board of the 26 states heard from, twenty-three have had from one to three years of high school, and eighty-three are high school graduates. Fourteen have had from one to three years of college and ten have had from four to five years of college. Nine have had instruction in state supervision of nursing education. The experience is distributed as follows: 24 have had head nurse experience, 29 supervision, 39 teaching of nursing procedures or sciences, 35 have been or are now superintendent of nurses, and 17 have been or are now superintendents of hospitals. Fifteen have had supervision in public health nursing and allied interests. Of the sixteen inspectors, educational directors, or evaluators studied, all are high school graduates. Four have had one to three years of college; five have had four years of college, and four have had five years of college. Eight have had instruction in state supervision of nursing education. The data revealed that not all of the educational directors are considered a part of the state boards of nurse examiners.
The work accomplished by our state boards of nurse examiners is very commendable, for some of them have worked under many handicaps. Quoting from the questionnaire returned by one state board, "The influence of politics in our schools of nursing definitely retards any progress schools might make. When one realizes how limited our requirements and what minimum requirements a school needs to meet to be really accredited, one is amazed, and certainly such status is responsible for the thick strata of mediocrity that is so apparent in the nursing profession." Continuing the quotation, "I have thought many times of the inadequacy of our present system of standardization. For example: the curriculum that we publish if followed out in detail really requires as a basic education four years of high school, yet the law in this state requires much less high school education."

From another state, "While our law is inadequate in providing the number of people necessary to give the amount of supervision which we should like to do in this state, still our situation is not as bad as it might appear upon the surface. Our training schools always support enthusiastically any program of the Board of Registration and we are overloaded with urgent calls asking us to visit them and check upon their progress, but as this has to be done, in my case, on Saturday afternoons or Sundays, we are able to visit only those places that we feel must be brought up to the minimum standard."

In conclusion, may I suggest the following recommendations. The first two have been made at this and previous meetings.

1. A National Council on Nursing Education of the League cooperating with the American Nurses' Association.

2. The formation of a National Accrediting Association with intra-state relationships comparable to the existing academic and professional standardizing agencies.

Until these come into being, the following recommendations will help to bring about a better recognition of the quality of instruction in our schools of nursing.

3. The selection of nurses, if possible, with some academic preparation for state board of nurse examiners, as well as experience in teaching, supervision and administration. I believe that one of the members on the board should be a public health nurse. I also believe that each member of the board should take formal class work to acquire the attitude of the student.

4. Legislative changes in those states that prohibit the appointment of school of nursing faculty to serve as state board of nurse examiners.

5. The selection of an educational director whose academic preparation at least approximates that of the head of the school of nursing in the state presenting the highest qualifications for her work. Some experience in teaching, supervision, and administration is essential to be a helpful counsellor.
6. A closer working relationship between state boards of nurse examiners and the state educational director of schools of nursing than exists in several states.

All of these recommendations, if accepted, will make for a better understanding of the school problems and school programs, and provide for greater confidence between the faculty of the schools of nursing and state boards of nurse examiners. Furthermore, the policy of standardization will be more in keeping with the policies of the existing academic and other professional accrediting agencies.

STANDARDIZATION IN THE LIGHT OF THE GRADING COMMITTEE FINDINGS

May Ayres Burgess, Ph.D.

Director, Committee on Grading of Nursing Schools,
New York, New York

Three years ago the Grading Committee made its First Grading of schools of nursing. It is now in the middle of the Second Grading. There are fewer regular accredited schools of nursing in the United States today than there were three years ago. The number changes daily, but the latest figures show 1,734 regular accredited schools. Of these, 1,363 have already joined the Second Grading, and more come in almost daily. Seventy-nine per cent of all the regular accredited schools in the United States have joined in the Second Grading.

I wish the members of this audience had had sufficient statistical experience so that they could realize what an astounding figure a 79 per cent return really is. On a self-survey, which requires several hours of work every month for nine months, to have 79 per cent of the schools willing to undertake the work is close to a statistical miracle. In the First Grading there was a 70 per cent return. The Second Grading is already markedly more successful even than the First.

In ten states every single school which has been invited to join has accepted the invitation. These ten states are:

Rhode Island Delaware District of Columbia Virginia Louisiana

Wyoming New Mexico Montana Colorado Utah

In addition, there are several states in which the entry of one more school will complete a 100 per cent return.

Nor is this enthusiasm confined to the very small states. It is a significant thing when a state as large as New York already has a 95 per
cent return. In several states every school has joined which has found itself free to do so. In the State of Wisconsin, for example, all have joined except three schools. Of these three, two were refused permission to join by their governing boards, because of peculiar conditions in the school which the boards felt were not typical and might misrepresent the school, and the third school is planning to close its doors almost immediately. Similar situations are met in other states, where most of the schools which have felt free to join have accepted the invitation.

One of the reasons for this is that in the Second Grading the Committee has adopted the policy of keeping the State Boards of Nurse Examiners closely informed as to every step in the grading process. We asked the State Boards to give us the names of their regular accredited schools and to keep us informed whenever the list changes. Every month we send out to the State Boards copies of the questionnaires before they are mailed out to the schools. The result has been extraordinary cooperation from the State Boards. They have written to all their schools. They have gone to see them. They have talked about what the Second Grading might mean for the good of the school; and they have explained wherein the First Grading returns have been of value. A major lesson the Grading Committee has learned is that perhaps the most effective way for raising standards in nursing education is to work with and through the State Boards of Nurse Examiners.

If this meeting were being held six months from now, it would be possible—if there were time—to use several hours in presenting the results of the Second Grading. It is too early for that. We have only completed the tabulation of returns for the first two months and a portion of the third. We cannot show you many returns, but those which we have secured and tabulated are of the deepest interest.

The daily average number of patients in hospitals with which the schools are connected remains practically unchanged since the First Grading. The median and the quartile points are the same. But on other matters which lie within the power of nurses to change, some extraordinary differences are being discovered.

In the First Grading, 42 per cent of the schools did not have even one regular full-time instructor. Now that figure has dropped to 22 per cent. In the First Grading, another 42 per cent had only one instructor. That has now increased to 51 per cent. In the First Grading, 16 per cent had two or more instructors. That has now grown to 27 per cent.

There will be those among you who will say, "Yes, but now the schools know what kind of an answer is wanted." Shame upon you! These answers have been checked. We have the names of those in-
structors, and the subjects they teach, and the time they spend in teaching them. There must, of course, be a few entries which are not accurate, but it seems probable that in the First Grading there were at least an equal number which were not accurate. We are confident, after careful examination of the returns, that the figures of the Second Grading may fairly be compared with those of the First Grading. I think you will agree that the improvement, within the short period of three years, in per cent of schools having one or more full-time instructors is most encouraging.

It is important to know that this improvement in the matter of instructors is not confined to one part of the country or to a few of the more energetic states. The greatest amount of improvement between the First and the Second Grading is shown in the West South Central States, but every section of the country is better than it was before. The improvement is nationwide.

We have compared the number of hours of theory given by the schools in the First Grading and in the Second. In the First Grading, three-fourths of the schools gave 532 hours or more of theory during the three-year course. In the Second Grading, three-fourths of the schools are giving 666 hours or more. In the First Grading, half of the schools gave 631 hours or more. In the Second Grading, half of them are giving 763 hours or more. In the First Grading, the top fourth of the schools were giving 757 hours or more; and in the Second Grading the corresponding figure is 873. The middle school today is above the three-quarter point of three years ago.

We have made another comparison, showing the amount of vacation time given to students during the three-year course. In the First Grading, 53 per cent of the schools gave a total of six weeks or less. In the Second Grading, that figure has been reduced to 39 per cent. In the First Grading, 15 per cent gave as much as seven or eight weeks of vacation. That is now 18 per cent. In the First Grading, 32 per cent of the schools gave nine weeks of vacation or more. That figure has now increased to 43 per cent.

More attention is being paid to the health of the student nurse. The tabulations are not yet completed, but the preliminary figures indicate that practically half the schools have given complete health examinations this year, not merely to their first-year students, but to every student within the school. This is a most important change.

There are some other figures which are being secured and which do not give so pretty a picture; but most of these have to do with matters which were not stressed in the First Grading. We secured the hours which students worked on any given day; but in the First Grading we
did not ask about the hours per week. We have now secured those figures; but they are not as cheering as they might be. On day duty, only 11 per cent of the schools have as little as a 48-hour working week, in addition to class time. Eighty-nine per cent of the schools have a longer working week, and 30 per cent of the schools have 56 hours a week or more.

On night duty only 15 per cent work less than 56 hours a week, and 85 per cent work 56 hours or longer. Thirty-seven per cent of the schools have a regular night duty working week of 70 hours or more. If it were possible to repeat the grading process, so that a third grading were to come three years from now, it seems safe to predict that the length of the working week for day duty and for night duty would be materially shortened. Schools do improve their standards if they see clearly why the present customs are undesirable and what needs to be done to change them.

We have secured for the first time the hours off during the week. In only 16 per cent of the schools did the students have as much as eight hours of off-duty time in each seven days. In the remaining 84 per cent students worked seven days a week, month after month, with only an occasional respite. In one-fourth of the schools, off-duty time amounts to three hours or less per week, and in six per cent of the schools there is no off-duty time at all.

Most of the schools which keep their students on a seven-day week, without a single hour of extra off-duty time, belong to the group which have gone on the eight-hour shift. They seem to feel that if students only work eight hours a day, the seven-day week with no time off is permissible. I am inclined to believe that we cannot hope to have nursing regarded as a desirable professional field so long as nurses have to work longer hours than most day laborers.

We have been greatly interested in analyzing the Second Grading returns on the education of students. A study has been made in which we compared the education of the third-year class and the first-year class in the same school. In 6 per cent of the schools standards have dropped, so that the first-year class makes a worse record than does the third year. In 44 per cent of the schools the two classes make the same record, but it should be noted that in a fairly high proportion of these cases the school already was admitting only high school graduates, so that both first year and third year show 100 per cent return on possessors of high school diplomas. In 50 per cent of the schools the first-year class has more high school graduates than does the third-year class. In other words, in 50 per cent of the schools entrance requirements have been raised within the past three years.
The emphasis upon the high school graduate has borne immediate fruit. In the First Grading, 30 per cent of the schools had less than half their students high school graduates. That figure has now dropped to 8 per cent. In the First Grading, some 8 per cent of the schools had all their students high school graduates. That figure has now increased to 38 per cent—from 8 to 38 within the past three years.

It is usually considered poor technique to end a talk like this with a discouraging set of figures. Yet there is one alarming discovery which we are beginning to make and which seems to point to something so significant that I do not dare to leave the matter of student education without calling it to your attention.

There are not many students in schools of nursing who have had any college training, but there are always a few. We have found the per cent of students in the First Grading who had had at least one year of college and compared it with the corresponding per cent in the Second Grading. In the New England States, in the First Grading 5 per cent of the students had had some college. Now that figure has dropped to 4 per cent. In the Middle Atlantic States, 5 per cent had had some college, and now it is 3 per cent. In the East North Central it has dropped from 9 to 7. In the West North Central it has dropped from 11 to 8; in the South Atlantic from 11 to 10. In the West South Central, the per cent has increased slightly, from 8 per cent to 9 per cent; but in all other parts of the country the figure is showing a slight but regular decrease. In the East South Central it has come down from 7 to 6; in the Mountain, from 7 to 6; and in the Pacific, from 12 to 11. For the country as a whole, in the First Grading 8 per cent of the students had had one or more years of college; while in the Second Grading only 6 per cent belong to this same group.

The change is slight, but it seems to be developing all over the country. It is probably significant. We are asking ourselves whether the present unemployment and resulting distress is not spreading rumors among college girls, so that they are beginning to regard the nursing field as undesirable. If that proves to be so, it means that the nursing profession is facing one of the most serious problems in standardization. Merely raising standards will not improve conditions in nursing, so long as the better young women are driven from the field by overproduction and unemployment. After all, for any profession the most important requirement is to secure a fresh supply of highly intelligent workers. If they are frightened from the field, theoretical standards will not help improve conditions.

The experience of the Grading Committee in the past three years demonstrates that if the schools are told specifically what is needed, if
they are shown why it is important, and if the explanations are given in clear and simple English, the schools will go out and get it if they humanly can. Nursing has shown that it will rise to the specific challenge. It will carry through any reasonable task if it believes that task worth doing, and if it understands exactly what is wanted.

If, therefore, we can be sufficiently intelligent to evolve ways and means for controlling this matter of overproduction, and for improving the quality of nursing, the Grading Committee has ample evidence to indicate that the nursing profession will get actively to work. All that is necessary is to tell nurses what they need to do. Once the task to be done is clearly recognized the nurses will carry it through.

The meeting adjourned.

**Closing Business Session**

**Friday, April 15, 11.00 a.m.**

Presiding: Elizabeth C. Burgess, President.

**SUMMARIES OF ROUND TABLES**

**ROUND TABLE ON PREPARATION OF GRADUATE NURSE FOR FIRST LEVEL (HEAD NURSE) POSITION**

D. Dean Urch, R.N., Chairman

Specific preparation for the position is desirable because:

1. The head nurse is a teacher.
2. She should be a specialist in her field. She is the example and inspiration of the whole ward.

In preparing graduate nurses for first level positions, we should strive for:

1. An adequately prepared faculty—as good as in recognized colleges.
2. Students (prospective head nurses) selected for:
   a. Aptitude and skill in bedside nursing.
   b. Knowledge of underlying scientific principles in nursing practice.
   c. Ability to adjust themselves to particular situations.
   d. Ability to get along and cooperate with other people.
   e. Cultural background.
3. The curriculum should be arranged on a college level:
   a. Students should receive college credit for courses taken.
   b. Definite hours should be arranged.
      (1) For didactic subjects such as psychology, public health, social service, principles of supervision, and the specialties such as pediatrics, medical, etc.
(2) For hours of nursing practice in administration and teaching as well as "getting the work done."

c. More intelligent performance of techniques making for better nursing with good correlation of them and practice.

The rewards for the nurse who has spent time in preparing herself in such a course are:

1. She will be equipped to fill the head nurse positions in our best schools today. As more and more head nurses receive special preparations for their positions, students just finishing a good course would probably be given positions as assistants to the head nurse. At the present there are not enough head nurses who have had special preparation to make such an arrangement possible.

2. There are far better opportunities for advancement for head nurses who have special preparation. All over our country there is a great need for specially prepared, experienced nurses for positions as supervisors of special departments, assistant instructors, instructors, and assistant superintendents of nurses. These positions will be open to the head nurse with special preparation.

3. There is far greater possibility of receiving better salaries by specially prepared people. The positions paying the better salaries require a higher standard of preparation for their people in such positions.

4. We must not neglect the fact, moreover, that there is a great source of satisfaction in knowing how to attack problems on the part of the specially prepared head nurse herself. She is not going to despair of accomplishing her aim as readily as the nurse without that preparation. She has accumulated certain rules of thumb and a certain philosophy about attacking her problems that make for better accomplishment.

5. Then, we must not overlook the fact that raising the standard of the preparation for these positions, raises the prestige of the position itself, and that will probably attain for us the long desired aim of making the headnurse-ship the dignified, important job it should be.

**Round Table on the Effective Teaching of Ethics**

**Julie C. Tebo, R.N., Chairman**

Dr. A. P. Brogan, Professor of Philosophy at the University of Texas, spoke on the general teaching of ethics. He reminded the audience that their students already have fifteen or twenty years of ethics behind them, so that they should be encouraged to state their problems, to formulate and express what they have in their minds, and to study prevailing attitudes. The approach in studying their problem might well be made by applying the five following underlying principles:

1. Why is it an ethical problem?
2. What are the alternative actions in its solution?
3. Analysis of each alternative action.
4. What is the relation of this to our general rule?
5. Specific selection of alternative action.
Above all, he advised us to avoid dogmatism and to be reasonable. Due to the absence of Miss Jamieson, her paper on the Teaching of Ethics to Student Nurses was read by Miss Carol Martin, of Nebraska. She, too reminded us to be open minded, that not only was there a wholesale adjustment for the embryo nurse during the first four months of student training, but also an even greater adjustment during her second four months, when she first became released from the most meticulous supervision and was granted a certain degree of freedom. She stressed the importance of a house mother and her opportunity for constructive guidance. Finally, wrote Miss Jamieson, it is not so much what we teach but what we ourselves are and do, which inspires our students with right ethical standards.

In the absence of Sister Anne, of the Hotel Dieu, New Orleans, her paper on the Ethical Relationships from the Point of View of the Graduate was read by Sister Celestine. Sister Anne emphasized the working principles of womanhood, also ideals and principles guiding the nursing profession. She believes that we still need further codification of nursing ethical standards.

A short discussion followed the reading of these three papers. It was suggested that a question box could profitably be used in discovering some of the students’ real problems. Also, in addition to the course in ethics given during the preliminary period, a second course of from 15 to 20 hours might well be scheduled for the senior year. In such a course, discussion periods rather than formal lectures seemed most valuable.

Discussion closed and the round table adjourned at 6.15 p.m.

**Round Table on Quality Versus Quantity in Student Body**

**Dorothy Rogers, R.N., Chairman**

In his paper on “Testing for Special Aptitudes” Dr. Joseph W. Yarbrough, Professor of Psychology, Southern Methodist University, Dallas, stated that the method of psychological examinations lends itself to the selection of students for nursing education as it does to the selection of students for industrial, legal, or medical training. When the psychological testing is applied to the problem of vocational selection, the test becomes an aptitude test, for the aptitude test may be defined as a measure of mental ability in a particular field. The aptitude test will retain much of the good qualities of the mental tests and at the same time measure the student's interest in and information concerning a given profession.
An aptitude test for nursing should be designed so that it will give data to serve as a basis for predicting success in the nurse’s training course and for predicting later success in the nursing profession. Such a test should be a test of general information concerning the nursing profession and of ability to follow directions, to comprehend the printed page, to remember instructions, and to use a scientific vocabulary.

The aptitude test for student nurses is still in its experimental state. There has not been sufficient data on such tests gathered for conclusions. Revisions and standardizations must be made before the aptitude test can become a useful criterion for predicting success in training. It will render its best service when used in combination with other measuring devices. Results of an aptitude test must always be considered in connection with general mental ability, personality, and financial and social opportunity.

**ROUND TABLE ON FILLING THE GAPS IN VARIOUS FIELDS OF NURSING**

*Ruth Ingram, R.N., Chairman*

The following papers were presented:

I. In the Field of Public Health, by Dorothy Carter, R.N., Assistant Director, National Organization for Public Health Nursing.

The gaps in the public health field fall into two groups: a big gap, or one long leak, which is the absence of the preventive and health education point of view in the basic training; and little gaps which comprise specific information about health and disease.

Remedies suggested:

1. Courses in public health teaching.
2. Case conferences.
3. Assistance of social service department.
4. Affiliation with public health agencies.

II. In the Field of Maternity Nursing, by Hazel Corbin, R.N., General Director, Maternity Center Association, New York City.

Gaps consist of:

1. Inadequate instruction.
2. Inadequate time given in basic course to this field.
3. Student’s lack of clinical experience.
4. Difficulty in finding well-qualified instructors.
5. Failure of schools of nursing to recognize importance of this field.
Suggested remedies:
1. Call attention of hospital trustees, medical boards, and directors of nursing to conditions that unfavorably affect obstetrical teaching.
2. Have formal request sent by White House Conference asking that nurses be given better preparation in maternity care.

III. In the Field of Mental Nursing. Paper by Marion J. Faber, R.N., Assistant Director in Charge of Psychiatric and Neurological Nursing Service, Cook County Hospital, Chicago, Illinois, read by Edna S. Newman, R.N.

The gaps are:
1. Insufficient experience.
2. Too few qualified instructors.
3. Failure of nursing educators to realize importance of this field.

Suggested remedies:
1. Short, intensive, well-correlated courses in mental nursing for every student.
2. Well-planned graduate courses.

IV. In the Field of Pediatric Nursing. Paper by Gladys Sellew, R.N., Assistant Dean, Cook County School of Nursing, and Assistant Director in Charge of Pediatric and Communicable Disease Nursing Service, Cook County Hospital, Chicago, Illinois, read by Edna S. Newman, R.N.

The gaps are:
1. Too short a time allotted to pediatric experience.
2. Actual lack of any clinical experience in some places.
3. Too few qualified instructors.
4. Failure of nursing educators to recognize importance of pediatrics.

Remedies to be applied:
1. Schools to seek affiliations.
2. Count experience with normal children in schools, clinics, and homes.
3. Stress close relation between physical state and the child’s attitude toward life.

ROUND TABLE ON PLACEMENT BUREAU SERVICE

OLGA M. BREHAN, R.N., Chairman

Placement Service as presented by Miss Evelyn Wood, Executive Director of the Placement Bureau of the Midwest Division of the A.N.A., is effective in making and maintaining professional standards, in the actual placement of nurses and in educational guidance for unprepared nurses. Other responsibilities of the Bureau are to assist
hospitals in securing nurses properly prepared for their needs, to coöperate with the Joint Vocational Service and to interpret nursing standards for laymen employing nurses. It is encouraging for nurses who wish to master the knowledge and skills of one nursing field to render expert service in that field to have this means of obtaining a position requiring their particular preparation. The need for Placement Service of this type was manifested by 350 registrants for institutional positions in 1931 with the Bureau. Hospitals and Public Health Organizations of 19 states also applied for aid. Without doubt, the Bureau is making a real contribution to the care of the sick by efficient distribution of nursing service.

Miss Anna Tittman, Executive Secretary of the Public Health Nursing Division of the Joint Vocational Service, emphasized the interrelatedness of education and placement in the J.V.C. The vocational service of the N.O.P.H.N. has been active informally since 1912 but became a distinct department in the organization in 1922. The executive secretary's activities keep her alert to the conditions of supply and demand. Quality has ever been the aim in making placements. The depression and increased numbers of prepared nurses have increased vocational counseling. The J.V.S. welcomes the organization of an A.N.A. Placement Service. It will gladly coöperate with the Placement Service by sharing its years of experience and by an exchange of records to prevent duplication. The J.V.S. handled Public Health positions in every state of the United States during 1931 and despite a definite limiting of registrants, made more placements than in previous years. The total number of placements was 322. An ideal vocational service for counseling and placing nurses to be fostered, controlled and supported by the three national organizations is a suggestion for the future made by Miss Tittman.

DEPARTMENT OF EDUCATION OF A.N.A.

Miss Burgess announced that the proposal to make the National League of Nursing Education the Department of Education of the American Nurses' Association, had been ratified by the American Nurses' Association.

LEAGUE REGISTRATION

League registration at the Convention, by state, was as follows:

<table>
<thead>
<tr>
<th>State</th>
<th>Registrants</th>
</tr>
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<tbody>
<tr>
<td>Arkansas</td>
<td>3</td>
</tr>
<tr>
<td>Arizona</td>
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<tr>
<td>California</td>
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<td>Colorado</td>
<td>6</td>
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<tr>
<td>Connecticut</td>
<td>7</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>6</td>
</tr>
<tr>
<td>Georgia</td>
<td>7</td>
</tr>
<tr>
<td>Florida</td>
<td>2</td>
</tr>
</tbody>
</table>
REPORT OF THE COMMITTEE ON RESOLUTIONS

The National League of Nursing Education, in convention assembled, wishes to thank most cordially all those who have assisted in making such a success this our thirty-eighth annual convention. Especially we wish to mention:

The Texas nurses, individually and in organization, the Texas Graduate Nurses’ Association, the Texas League of Nursing Education, the Texas Organization for Public Health Nursing, who have all coöperated and contributed toward the smooth running of the convention, and toward making our stay here both pleasant and profitable.

The nurses and friends of the different districts, who have provided flowers for all the meetings and rooms.

The nurses who so untiringly met the trains and sped us to our hotels.

His Honor, Mayor Chambers, who welcomed us in person, and presented us with the key of the city, though our hearts had already been unlocked by the hospitality extended to us.

The Secretary of State, Mrs. McCallum, and the State Health Officer, Dr. Anderson, who made the trip from the capital to welcome us.

The Chamber of Commerce of the city of San Antonio, who arranged for our use of the Auditorium, and helped us with the registration, and thus added to the effectiveness of our meetings.

The Travis Park Church, which so kindly extended to us the use of its auditorium for our sessions today.

The Texas nurses who so generously gave us the souvenirs at many luncheons and dinners, including the pecans which we have met so often.
The Information Committee, which in so many sections in all our various centers was untiring in answering questions and remedying our ignorance.

The pages and student nurses who assisted us at every turn, and saved us many weary steps.

The chorus leader and the student chorus, and the organist who made such a generous musical contribution to our pleasure.

The Arrangements Committee for its perfection of the plans for our work and play.

The monitors, for their promptness and efficiency in seeing to our quietness and comfort during the meetings.

The ministers who opened our meetings on such a spiritual plane.

Mr. Porter Loring, who donated the microphones which, by making it possible for us to hear what was being said, reduced the nervous strain of both speakers and listeners, and enabled us to concentrate on the subject matter of the papers.

The speakers who have contributed so much thought and time for the stimulation and improvement of our work.

The people who have so kindly loaned and driven their cars as guest cars, to help our weary feet reach their destinations.

The hospitals which so cordially opened their doors for our interest and information, and especially the Robert B. Green Hospital staff for its cancer clinic.

The Army Post for its delightful tea, which gave so many of us an opportunity to meet the army nurses and see the post.

The Entertainment Committee for the effective and original barbecue and its following program, so new to most of us.

The police and traffic officers who have so effectively smoothed away traffic difficulties by the Auditorium.

The shops and theaters which have contributed to our diversion by their special offerings in our interest.

The Press, which has given so generously space for reporting our meetings.

The editorial staffs which have written such understanding editorials on our work.

The transportation companies for the speedy and smooth runnings of their systems which enable us to meet our various appointments.

Juliet George,
Daisy Dean Urch,
Nina D. Gage, Chairman.
COMMITTEE ON NOMINATIONS FOR 1933

Members of the Committee on Nominations appointed by the President, in accordance with the provision of the By-laws,1 were:

Phoebe Kandel, Colorado, Chairman.
Helen Potter, Rhode Island.

Nominations from the floor were:

Evelyn Wood, Illinois.
Mary Pickering, California.
Carrie M. Spurgeon, Georgia.

On motion made, seconded, and carried, these nominees were elected.

REPORT OF THE TELLERS

Total number of votes cast ........................................ 235

Total cast for each nominee for each office:

President
Effie J. Taylor .................................................. 137
Daisy Dean Urch .................................................. 97

First Vice President
Nellie X. Hawkinson ............................................. 183
Zora McAnelly .................................................... 23
Evelyn Wood ....................................................... 14

Second Vice President
Julie C. Tebo ..................................................... 137
Gladys Sellew ..................................................... 96

Secretary
Stella Goosray .................................................... 193
Lorraine Dennhardt ............................................... 36

Treasurer
Marian Rottman .................................................. 177
Marie Louis ......................................................... 51

Directors
Elizabeth C. Burgess ............................................. 200
Katharine Densford .............................................. 138
Shirley C. Titus .................................................. 109
A. Louise Dietrich .............................................. 104

1 By-Laws, Article VII, Section 6, The Committee on Nominations. This committee shall consist of five members, two of whom shall be appointed by the Chair and three by the house.
THIRTY-EIGHTH ANNUAL CONVENTION

Elizabeth Soule ............................................. 96
Carrie M. Hall ............................................. 93
Jane Van De Vrede ........................................ 82
Mary C. Gladwin .......................................... 65
Henrietta Froehlke .................................... 32

Number of blank votes for each office
President .................................................. 1
First Vice President ................................... 15
Second Vice President ................................. 2
Secretary .................................................. 6
Treasurer ................................................... 7
Directors .................................................... 21

— 919

Respectfully submitted,

AMY LEGER,
NONA BARCUS,
RUTH COLESTOCK,
IRENE MURCHISON, Chairman.

The report was accepted, and the motion carried to destroy the ballots.
The Chair declared the following officers elected:

President: Effie J. Taylor.
First Vice President: Nellie X. Hawkinson.
Second Vice President: Julie C. Tebo.
Secretary: Stella Goosray.
Treasurer: Marian Rottman.
Directors: Elizabeth C. Burgess, Katharine Densford, Shirley C. Titus,
A. Louise Dietrich.

The Chair then introduced the newly elected officers.

Miss Blanche Blackman moved that the association extend a vote of
thanks and great appreciation to the retiring President and officers. The
motion was unanimously carried by a rising vote.

The Thirty-eighth Annual Convention was declared adjourned, to
meet in Chicago, Illinois, June 12, 1933.
NATIONAL LEAGUE OF NURSING EDUCATION

CERTIFICATE OF INCORPORATION RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS FOR THE DISTRICT OF COLUMBIA, APRIL 18, 1918. ACCEPTED AS THE CHARTER OF THE NATIONAL LEAGUE OF NURSING EDUCATION, APRIL 20, 1918

By-Laws amended June 21, 1924; May 29, 1925; May 22, 1926; June 17, 1929; June 10, 1930; April 11, 1932.

CERTIFICATE OF INCORPORATION

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

1st. This organization shall be known as the National League of Nursing Education.

2d. The term for which it is organized shall be perpetual.

3d. The object of this association shall be to consider 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 cooperating 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.

4th. The number of its trustees for the first year of its existence shall be thirteen.

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

James Picker, E. J. Morton as to .......... [Elizabeth Greener, R. N. (Seal)]
Lillian Clayton, R. N. (Seal)
Jane A. Delano (Seal)
Georgia Nevins (Seal)
Clara D. Noyes (Seal)

BY-LAWS

ARTICLE I

Membership

Section 1. Membership in the National League of Nursing Education shall consist of two classes:
a. Active.
b. Associate.

Sec. 2. An applicant for active membership shall qualify by:
a. Having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a mini-
mun daily average of 30 patients, the course in theory and practice covering a period of not less than two years;

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

c. Being a member in good standing, resident or nonresident, of her Alumnae Association;

d. Being a member of the American Nurses' Association of the state in which she is residing;

e. Holding an advisory, executive or teaching position in an educational, preventive or government nursing organization;

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

Sec. 3. An applicant for active membership in the National League of Nursing Education may be accepted in one of three ways:

a. As a member of a Local League of Nursing Education which gives automatic membership into State and National Leagues of Nursing Education;

b. As a member of a State League where there is no Local League and which gives automatic membership into the National League of Nursing Education;

c. As an individual member in such instances as there is no State League of Nursing Education or upon special action by the Board of Directors.

Sec. 4. An applicant for associate membership shall qualify by:

a. Having graduated from a school of nursing accredited by the State Board of Nurse Examiners, the hospital with which the school is connected having a minimum daily average of 30 patients, the course in theory and practice covering a period of not less than two years;

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

c. Being a member in good standing, resident or nonresident, of her Alumnae Association;

d. Being enrolled as a student in university or college nursing courses, an executive or instructor in an accredited school of nursing, or in a hospital or school of nursing in a foreign country;

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

Sec. 5. a. A State League of Nursing Education desiring to join the National League of Nursing Education shall make application on a blank form furnished by the Secretary or Executive Secretary. The form, after being properly filled in, meeting the requirements specified and to which is attached a card of approval of its Constitution and By-Laws, signed by the Chairman of the Committee on Revision of the National League of Nursing Education, shall be sent with a copy of the Constitution and By-Laws to the Executive Secretary.

b. Applicants for individual membership desiring to join the National League of Nursing Education shall make application on a blank form furnished by the Secretary or Executive Secretary. The form after being properly filled in shall be sent with the required dues to the Executive Secretary.

Sec. 6. An active or associate member in good standing in any State League who changes her residence to another state, may be admitted by transfer sent by the Secretary of the State League she is leaving to the Secretary of the State League to which she is going, entitling her to membership for the remainder of the fiscal year without further payment of dues. At that time she may continue her membership only through the State League of the state in which she is a resident.

Sec. 7. An active or associate member having withdrawn from the National League of Nursing Education, or whose membership has lapsed on account of non-
payment of dues, may be reinstated by making application on the regular form and by paying the regular annual dues for the current year.

Sec. 8. Honorary membership may be conferred by a unanimous vote of the voting body at the annual convention on persons who have rendered distinguished service or valuable assistance to the nursing profession, the names having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two persons at any convention.

Article II

Officers

Section 1. The officers of the National League of Nursing Education shall consist of a President, a First Vice President, a Second Vice President, a Secretary, a Treasurer, the Executive Secretary and eight (8) Directors. These fourteen officers, with the President of the American Nurses’ Association, the President of the National Organization for Public Health Nursing, and the Editor of the American Journal of Nursing, shall constitute a Board of Directors.

Article III

Elections

Section 1. The President, the First Vice President, the Second Vice President, the Secretary, and the Treasurer shall be elected annually. At each annual convention four (4) Directors shall be elected to serve for two years.

Sec. 2. All elections shall be by ballot. A majority vote of active members present and voting shall constitute an election.

Sec. 3. The Secretary shall furnish to the chairman of the tellers a list of officers, Presidents of the State Leagues and active members. The teller in charge of the register shall check the name of the member voting.

Sec. 4. The teller in charge of the ballot box shall place her initials upon the back of the ballot and voter shall then deposit the ballot.

Sec. 5. Polls shall be open for such a period of time as shall be specified by the Board of Directors.

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

Sec. 7. In the event of a vacancy in any office, the Board of Directors shall fill the vacancy until her successor is elected.

Article IV

Duties of the Board of Directors and Officers

Section 1. The Board of Directors shall:
a. Hold a business meeting immediately preceding and immediately following each convention and shall meet at other times at the call of the President or at the request of five (5) or more members of the Board.
b. Transact the general business of the League in the interim between annual conventions.
c. Report to the League at each annual convention the business transacted by it during the preceding year.
d. Provide for the proper care of all books and papers of the League.
e. Select a place of deposit for funds and provide for their investment.
f. Provide for the auditing of accounts.
g. Provide for the maintenance of National Headquarters and for the making of this office the center of all activity of the League in connection with the American Nurses' Association and the National Organization for Public Health Nursing.
h. Appoint an Executive Secretary, define her duties and fix her compensation.
i. Appoint all standing committees not otherwise provided for.
j. Act upon applications for membership.
k. Determine the hours during which polls shall be open for election.
l. Supervise the affairs of the League, devise and mature measures for its growth and prosperity.

Sec. 2. The President shall preside at all meetings of the Board of Directors and Advisory Council and be a member, ex officio, of all committees.

Sec. 3. The Secretary shall:

a. Keep the minutes of the meetings of the Board of Directors and of the Advisory Council.
b. Preserve all papers, letters, and records of all transactions, and have custody of the corporate seal.
c. Present to the Board of Directors all applications for membership together with the recommendations of the Committee on Eligibility.
d. Report to the Board of Directors at each annual convention or upon request.
e. Within one month after retiring, deliver to the new Secretary all books, papers and reports of the League in her custody with a supplemental report covering all transactions from January 1st to the close of the annual convention.
f. Send a notice of the annual convention to each member at least one month in advance.

Sec. 4. The Treasurer shall:

a. Collect, receive and have charge of all funds of the League, and shall deposit such funds in a bank designated by the Board of Directors.
b. Pay only such bills as have been ordered by the President.
c. Give a bond subject to the approval of the Board of Directors for the faithful performance of her duties.
d. Report to the Board of Directors the financial standing of the League at each annual convention and upon request.
e. Deliver, one month after retiring, to the new Treasurer all papers, books, records, money of the League in her custody, with a supplemental report covering all transactions from January 1st to the close of the annual convention.

Sec. 5. Necessary expenses incurred by officers or committees in the service of the League and such portion of the necessary traveling expenses of the Directors in attending meetings of the League shall be refunded from the general treasury by order of the Board of Directors, if previously approved by them.

Sec. 6. Nonattendance upon three consecutive meetings without sufficient reason will be considered a resignation. Notification for such nonattendance will be sent by the Secretary.

ARTICLE V

Advisory Council

Section 1. The officers of the National League and the Presidents of the State Leagues belonging to the National League shall constitute an Advisory Council.

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

Sec. 3. Meetings of the Advisory Council shall be held in connection with each annual convention, at such times as shall be designated in the program. The members shall be prepared to report on the work in their respective State Leagues.

Sec. 4. In the absence of the President a State League may be represented in the Advisory Council by an alternate appointed by the State League.

ARTICLE VI
Executive Secretary

Section 1. The duties of the Executive Secretary shall be outlined by the Board of Directors.

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

Sec. 3. She shall be a member of the Board of Directors and of all committees.

ARTICLE VII
Standing Committees

Section 1. Standing Committees shall consist of at least three members and shall be appointed by the Board of Directors unless otherwise provided for and shall be as follows:

a. Convention Arrangements.
b. Education.
c. Eligibility.
d. Finance.
e. Nominations.
f. Program.
g. Publications.

Sec. 2. The Committee on Convention Arrangements. This committee shall be responsible for the plans to be followed in carrying on the annual convention, by making arrangements for suitable places for general and committee meetings, hotel accommodations, exhibits and general information.

Sec. 3. The Committee on Education. The work of this committee shall include the study and presentation of the Standard Curriculum and any study or other activity contributing to the function of the committee and approved by the Board of Directors.

Sec. 4. The Committee on Eligibility. This committee shall check the qualifications of the applicants according to the requirements of the By-Laws, and if sufficient data is not furnished on the application form, shall secure such data by correspondence.

Sec. 5. The Committee on Finance. This committee shall carefully budget the finances of the League, advise concerning investments and approve other than routine expenditures.

Sec. 6. The Committee on Nominations. This committee shall consist of five members, two of whom shall be appointed by the chair and three by the house. On or before each September 1st preceding the annual convention, this committee shall issue a blank to each State League belonging to the National League, on which blank may be written the name of one nominee for each office to be filled. Blanks from State Leagues shall be signed by the President or Secretary of the nominat-
ing organization, the name of the organization appended and returned to the Committee on Nominations before December 1st preceding the annual convention.

The Committee on Nominations shall also prepare in advance a similar list of two nominees for each office.

From the forms returned by the State Leagues and their own approved list the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for the office of President, First Vice President, Second Vice President, Secretary, Treasurer, and eight names for the office of Director. No names shall be presented to the Board of Directors or to a convention either by the Nominating Committee or from the floor, unless the nominee has consented to serve if elected. The report shall be signed by each member of the Committee and shall be in the hands of the Secretary by January 1st.

The list of nominations shall be published in the March issue of The American Journal of Nursing, shall be mailed to each State League at least two months previous to the annual convention, and shall be posted on the daily bulletin board on the first day of the annual convention.

Sec. 7. Committee on Program. The chairman of this committee shall request from the members of the Program Committee, the officers of the National League of Nursing Education, the State Leagues, chairmen of all committees, suggestions for the program. This committee shall submit draft of this program to the President by December 1st of each year, who shall present it to the Board of Directors at the January meeting.

The committee shall be responsible for all correspondence unless otherwise instructed.

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, cooperate 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.

Sec. 9. Each committee shall present a written report of its activities at the annual convention and at the January meeting, and keep the Executive Secretary informed of its work, as may be indicated, during the year.

ARTICLE VIII

Dues

Section 1. The annual dues from each State League of Nursing Education shall be $3.00 per capita on the basis of membership March 1st of each year, except that for the first year, when dues shall be paid at the time of application.¹

Sec. 2. The annual dues for active members coming directly into the National League of Nursing Education shall be $5.00, the same to accompany the application.

Sec. 3. The annual dues for associate members shall be $3.00, the same to accompany the application.

Sec. 4. Any State League or individual member failing to pay the annual dues by the first day of April shall receive a notice from the Treasurer, and if the dues are not paid within two months they shall have forfeited all privileges of member-

¹The individual member through the State League pays $3.00 plus State League dues, which are kept by the State League for its own expenses.
ship. Active individual members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

Associate members having forfeited their membership may be reinstated upon the payment of dues for the fiscal year.

**ARTICLE IX**

**Meetings**

Section 1. A convention of the National League of Nursing Education shall be held annually. In the even-numbered years it shall be held conjointly with the convention of the American Nurses' Association, in the odd-numbered years it shall be held at such time and place as shall be determined by the Board of Directors and recommended to the League for its action at the convention next preceding.

Sec. 2. The order of business at each convention shall be in accordance with the program adopted at the beginning of the convention and shall include:

a. Annual reports of all officers.
b. Annual reports of all Presidents of all State Leagues of Nursing Education.
c. Annual reports of all Standing Committees.
d. Report of Instructors’ Section.
e. Address of President.
f. Miscellaneous business.
g. Election of officers.
h. Reading of the minutes.

Sec. 3. The Board of Directors shall hold a meeting each January and at the call of the President.

**ARTICLE X**

**Representation**

Section 1. The voting body at the Annual Convention of the National League of Nursing Education shall consist of active members of State Leagues in good standing, and individual active members in good standing.

Sec. 2. The associate members shall have no vote at State or National meetings.

**ARTICLE XI**

**Quorum**

Section 1. A quorum of the Board of Directors shall be seven (7) members.

Sec. 2. A quorum of the Advisory Council shall be ten (10) members other than the officers.

Sec. 3. Members from fifteen (15) states shall constitute a quorum for the transaction of business at any annual convention.

**ARTICLE XII**

**Fiscal Year**

The fiscal year of this association shall be the calendar year.

**ARTICLE XIII**

*Application of the Term “State League”*

The term “State League” in these By-Laws shall be understood to apply equally to any state of the United States of America, to the District of Columbia, or to
any territory, possession or dependency of the United States of America, and the
rights and privileges, responsibilities and obligations of all members in the states,
the District of Columbia, the territories, possessions or dependencies shall be the
same. (See Article XIV, By-Laws, American Nurses' Association.)

ARTICLE XIV

Duties of State Leagues

It shall be the duty of each State League:
   a. To know that all requirements for membership in the State and Local Leagues
      meet the requirements for membership in the National League of Nursing Edu-
      cation;
   b. To know that the dues are paid by the first day of April of each year on the
      basis of membership the first day of March of each year;
   c. To send to the President, Secretary and Executive Secretary of the National
      League of Nursing Education and to The American Journal of Nursing, the names
      and addresses of all officers, immediately after their election or appointment, to-
      gether with the date and place of their next annual meeting;
   d. To report the activities of the State and Local Leagues at the annual conven-
      tion, and at such other times as may be required;
   e. To confer with the Committee on Revision of the National League of Nursing
      Education, regarding changes in their State Constitution and By-Laws; all such
      changes to be made shall have attached to them a card of approval, signed by the
      Chairman of the Committee on Revision of the National League of Nursing Edu-
      cation, before presented to the State League for action; upon the adoption of any
      changes by a State League, three copies of the changes adopted, accompanied by
      the card of approval, shall be sent to the Executive Secretary, one copy shall be
      retained at National Headquarters, one copy sent to the Secretary and one to the
      Chairman of the Committee on Revision;
   f. To help organize Local Leagues when desired;
   g. To provide official representation as a member of the Advisory Council at
      each annual convention.

ARTICLE XV

Parliamentary Authority

Deliberations of all meetings of the National League shall be governed by "Par-
liamentary Usage for Women's Club" by Mrs. Emma A. Fox.

ARTICLE XVI

The Official Organ

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

ARTICLE XVII

Amendments

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

Sec. 2. These By-Laws may be amended at any annual convention, by the unani-
mous vote of the active members present and voting, without previous notice.
LIST OF MEMBERS

HONORARY MEMBERS

Beard, Richard, O., M.D. ........ University of Minnesota, Minneapolis, Minn.
Boardman, Mabel T. ............... The American Red Cross, Washington, D.C.
Bolton, Mrs. Chester C. ........... Franchester Farm, South Euclid, Ohio
Clement, Anna C. .................. Pittsfield, Mass.
Fenwick, Mrs. Bedford .............. 39, Portland Place, London W. I, England
Jenkins, Mrs. Helen Hartley ....... 232 Madison Avenue, New York, N.Y.
Jones, Mrs. M. Cadwalader ........ 21 East 11th Street, New York, N.Y.
Lockwood, Mrs. Charles ............ 295 Markham Place, Pasadena, Calif.
Osborne, Mrs. Wm. Church .......... 40 East 36th Street, New York, N.Y.
Winslow, C.-E. A., D.P.H. .......... School of Public Health, Yale University, New Haven, Conn.

Brown, Lucy L. .................... 70 Fairmont Street, Lakeport, N.H.
Riddle, Mary M. ................... 17 North Washington Street, Muncey, Pa.

LIFE MEMBERS

Brown, Anna Alline ............... Addison Ridge, Harrington, Me.
Dock, L. L. ....................... Fayetteville, Pa.
Snively, Mary A. .................. 50 Maitland Street, Toronto, Canada

ACTIVE MEMBERS

The asterisk (*) preceding state names indicates that State Leagues have been organized.

ALABAMA—8 Members

Bailey, Laura Olka ............... St. Margaret's Hospital, Montgomery
MacLean, M. Helen ................ 1601 N. 25th St., Birmingham
Newington, Jeanne ............... South Highland Infirmary, Birmingham
Sister Alphonso Aucoin ............ St. Vincent's Hospital, Birmingham
Sister Valeria A. Kearney ........ St. Margaret's Hospital, Montgomery
Stuart, Anna Lucile .............. 812 Forest Ave., Montgomery
Thorson, Myrtle O. ............... 1252 Springhill, Mobile
Walter, Agnes M. .................. T. C. I. Employees' Hospital, Fairfield

ARIZONA—6 Members

Benson, Minnie C. ................. 152 N. Church St., Tucson
Heffner, Augusta J. .............. St. Joseph's Hospital, Phoenix
Sister M. Aloysius Phelan ........ St. Joseph's Hospital, Phoenix
Sister M. Berchmans .............. St. Joseph's Hospital, Phoenix
Sister M. Christina ............... St. Mary's Hospital, Tucson
Sister M. Evangelista ............. St. Mary's Hospital, Tucson

*ARKANSAS—9 Members

Atwood, Eva ....................... St. John's Hospital, Fort Smith
Buffalo, Rachel Elizabeth ........ St. Joseph's Hospital, Hot Springs

253
MacNally, Mary Agnes  Ozark Sanatorium, Hot Springs
Rose, Daisy  Baptist Hospital, Little Rock
Sister Bridgid  St. Vincent's Infirmary, Little Rock
Sister M. Hilda  St. Bernard's Hospital, Jonesboro
Sister M. Pia  St. Bernard's Hospital, Jonesboro
Teter, Martha Anne Brown  Trinity Hospital, Little Rock
Winter, Emma Catherine  St. Vincent's Infirmary, Little Rock

*CALIFORNIA—198 Members

Aegerter, Julia R. French Hospital, San Francisco
Alford, Marian  1307-24th Ave., San Francisco
Alfsen, Louise  2200 Post St., San Francisco
Atkinson, Sidney Mae Fabiola Hospital, Oakland
Bagley, Alice  600 Stockton St., San Francisco
Baldwin, Ione  2795 Green St., San Francisco
Baratini, Azalea L.  131 Hugo St., San Francisco
Barnes, Sarah Bessie  County Hospital, San Diego
Bell, Rose M.  St. Luke's Hospital, San Francisco
Bennefield, Gertrude  4131 Geary St., San Francisco
Bent, Emeline H.  3700 California St., San Francisco
B'end, Olga Elizabeth Hospital of the Good Samaritan, Los Angeles
Bloom, Sarah H.  1401 E. 31st St., Oakland
Borene, Charlotte  San Jose Hospital, San Jose
Borg, Martha E.  White Memorial Hospital, Los Angeles
Bowers, Marian H.  Box 17, Loma Linda
Boyé, Ada M. Children's Hospital, San Francisco
Brown, Elizabeth Helen  Los Angeles General Hospital, Los Angeles
Bruck, Mary Dickson  Children's Hospital, Los Angeles
Bryan, Edith S. University of California, Berkeley
Burnett, Dorothy Lois  312 N. Boyle Ave., Los Angeles
Butterick, Lena  French Hospital, San Francisco
Caffin, Freda M.  214 Twin Peak Blvd., San Francisco
Campbell, Elizabeth F. Hospital of Good Samaritan, Los Angeles
Castle, Pearl Ida  Pasadena Hospital, Pasadena
Chaffey, Shelia Ellsworth  General Hospital, San Bernardino
Clarke, Eleanor S.  2345 Sutter St., San Francisco
Cobban, Franke F.  St. Helena Sanitarium, St. Helena
Cole, Anna Merriles  771 47th Ave., San Francisco
Cole, Mary L. University Hospital, San Francisco
Conrad, Anna B. Seaside Hospital, Long Beach
Conzelmann, Marian G.  934 Potrero Ave., San Francisco
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Coretti, Mary M.  St. Francis Hospital, San Francisco
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Craig, Lorena Pasadena Hospital, Pasadena
Crandall, Ruth  4614 Sunset Blvd., Los Angeles
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Davis, Mary Elizabeth  358 State Building, San Francisco
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Ester, Lois B.............Cottage Hospital, Santa Barbara
Estes, Leota............Loma Linda Sanitarium, Loma Linda
Folendorf, Gertrude R........Shriners Hospital, San Francisco
Forbes, Kathleen M..........Bret Harte Sanitarium, Murphys
Freeman, Dorothy Dobbs......R. I., Box 364, La Canada
Fritz, Lorraine Geraldine....Merritt Hospital, Oakland
Garard, Margaret............Los Angeles General Hospital, Los Angeles
Gerlach, Gladys Schas.........658 Oakland Ave., Oakland
Gillen, Rose M..............214 Haight St., San Francisco
Gloor, Emma Zellie..........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
Grubbe, Florence C..........Alameda Sanitarium, Alameda
Gustafson, Kathrine T.........2825 S. Hope St., Los Angeles
Gustafson, Ruth H..............San Francisco Hospital, San Francisco
Gutermute, Harriet Shafer....610 Parnassus Ave., San Francisco
Haig, Rena..................Civic Auditorium, San Francisco
Hall, Marion C..............Barlow Sanitarium, Los Angeles
Hall, Mary Irene.............6101 Doncaster Place, Oakland
Hansen, Helen F.............306 S. Orange Drive, Los Angeles
Harris, Matilda.............Highland Hospital, Oakland
Hartley, Helen S.............130 S. America St., Stockton
Hasset, May A..............Merritt Hospital, Oakland
Haugsten, Martha Karine....1401 E. 31st St., Oakland
Henry, Alice A............750 Parnassus Ave., San Francisco
Herrera, Carmen............St. Joseph's Hospital, San Francisco
Holt, Gertrude M............Fresno General Hospital, Fresno
Hornbeck, Bess.............Seaside Hospital, Long Beach
Howland, Mary Studley.......Los Angeles General Hospital, Los Angeles
Howson, Ruby A.............310 Parnassus Ave., San Francisco
Hughes, Anna A.............Mater Misericordiae Hospital, Sacramento
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Inghire, Alice E............Santa Clara County Hospital, San Jose
Jackson, Barbaraetta........4660 Sunset Blvd., Los Angeles
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Jammé, Anna C.............609 Sutter St., San Francisco
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Johnson, Blanch J............Fabiola Hospital, Oakland
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KRUMMERT, ILA J. ...........Queen of Angels Hospital, Los Angeles
LAEFFERTY, ELEANOR ..........Franklin Hospital, San Francisco
LANDIS, MAUDE ..........Stanford Hospital, San Francisco
LAWRENCE, BESSIE ..........University of California Hospital, San Francisco
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MCLEAREN, BEATRICE .......Santa Clara County Hospital, San Jose
MAAKEYSTAD, CARRIE E ..San Francisco Hospital, San Francisco
MAGUIRE, MARGARET ....378 Golden Gate Ave., San Francisco
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MARTIN, ANNA WOOLF .......Sacramento Hospital, Sacramento
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MEIKLE, JESSIE W ..........County Hospital, San Jose
MITCHELL, ELSIE ..........French Hospital, San Francisco
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PETCHNER, MIRIAM ........Cottage Hospital, Santa Barbara
PEITSERSEN, MARGRETTE E ....1414 S. Hope St., Los Angeles
PETERSON, FLORENCE JENNIE ....General Hospital, San Bernardino
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RADCLIFFE, MABEL M. .......... County Hospital, San Jose
RAMSTAD, LYDIA JOSEPHINE .... San Francisco Hospital, San Francisco
RICE, HELEN NAOMI .............. Paradise Valley Sanitarium, National City
ROCKSTROTH, EDNA CAROLYN .... 214 Twin Peak Blvd., San Francisco
ROGERS, ESTHER NELSON ......... County Hospital, San Diego
ROMSTEAD, PETRA J. .............. 4221 Walnut St., Riverside
RUDDY, SARAH ..................... Community Hospital, Long Beach
SALISBURY, JULIA M. ............. 411 N. Emily St., Anaheim
SANDERS, HELEN F. .............. St. Luke's Hospital, San Francisco
SCHMIDT, IDA JULIA ............. 736 Duboce Ave., San Francisco
SEITZ, FRANCKS ................. Hospital of the Good Samaritan, Los Angeles
SEWELL, MARY ................... Fabiola Hospital, Oakland
SHANHOLTZER, GLADYS W. ....... 447-8th Ave., San Francisco
SISTER DOLORES CARLOS ....... Mary's Help Hospital, San Francisco
SISTER ESTHER MCKENZIE ....... O'Connor Sanitarium, San Jose
SISTER HELEN .................... St. Vincent's Hospital, Los Angeles
SISTER JOHN OF THE CROSS ..... Providence Hospital, Oakland
SISTER JOSPEH IGNATIUS ......... Providence Hospital, Oakland
SISTER M. AGNES CUMMINGS ...... St. Joseph's Hospital, San Francisco
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SLOCUM, OLIVE A. ............... Hospital of the Good Samaritan, Los Angeles
SMITH, JANE WINTHROPE ......... 1155 Pine St., San Francisco
SMITH, VIRGINIA W. .......... French Hospital, San Francisco
SOLBECK, HANSINE K. ............ Keene, Kern County
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SPARKS, HELEN ALICE .......... Sutter Hospital, Sacramento
STARCEVIC, MARGARET A. ....... 2200 Post St., San Francisco
STERLING, MARTHA IRENE ...... 3060 Arkansas St., Oakland
STEWART, R. ELIZABETH ........ 1212 Shatto St., Los Angeles
STOCKTON, ELEANOR ............ 1085 Mission St., San Francisco
SVATY, VERA ....................... Pasadena Hospital, Pasadena
SWALESTUEN, RUTH A. .......... 1414 S. Hope St., Los Angeles
SWOPE, ETHEL ..................... 211 S. Lucas Ave., Los Angeles
THOMPSON, Bessie .......... Laguna Honda Home, 7th Ave. & Dewey Blvd.,
                          San Francisco
TORRANCE, RACHEL C. ........... 1100 Mission Road, Los Angeles
TURNBULL, ELIZABETH .......... St. Francis Hospital, San Francisco
TWICHELL, CARRIE L. ............ Burnett Sanitarium, Fresno
TYNAN, GERTRUDE L. .......... 390 Central Avenue, Oakland
UHLS, FLORENCE ................. 620 Bizby Road, Long Beach
URCH, DAISY DEAN ............... Highland Hospital, Oakland
WALKER, MRS. HORATIO ......... Hospital of Good Samaritan, Los Angeles
WALTON, DAISY E. ............... Loma Linda Hospital, Loma Linda
WATERMAN, ELEANOR LOUISE .... University of California Hospital, San Francisco
WAYLAND, MARY MARVIN ............. 100 S. 11th St., San Jose
WEBB, LILLIAN ..................... San Francisco Hospital, San Francisco
WENCK, IDA J. ..................... 4616 Sunset Blvd., Los Angeles
WEST, ETHEL COPE ................. 2200 W. 8th St., Los Angeles
WEST, MARY K. .................... Methodist Hospital, Los Angeles
WHEELOCK, RUTH VEE ............... Riverside Junior College, Riverside
WHITE, LILLIAN L. ................. 6101 Doncaster Place, Oakland
WILLIAMSON, MABEL ............... Merritt Hospital, Oakland
WOOD, MURIEL ..................... 925 Leavenworth St., San Francisco
WRIGHTER, MARGARET .............. 396 Hawthorne Ave., Oakland
YOUNG, VIRNA M. ................. St. Luke's Hospital, San Francisco

*COLORADO—52 Members

ANKENY, A. FAITH .................. St. Luke's Hospital, Denver
BALLARD, JOSEPHINE ............... Presbyterian Hospital, Denver
BURKE, SARAH EDNA .............. Visiting Nurse Association, Denver
CARLSON, ALICE M. ............... St. Luke's Hospital, Denver
COLESTOCK, RUTH ................. Colorado General Hospital, Denver
CONRAD, DOROTHY WATKINS ...... Visiting Nurse Association, Denver
CUSHMAN, OCA ..................... Children's Hospital, Denver
DALTON, CORAL .................... Colorado General Hospital, Denver
DARMS, FLORENCE DOROTHY ...... St. Luke's Hospital, Denver
DICKER, GLADYS .................. Colorado General Hospital, Denver
DODGE, KATE ...................... Denver General Hospital, Denver
DWYER, MARGARET MARY ......... St. Joseph's Hospital, Denver
EMBERTON, MARY H. .............. Visiting Nurse Association, Denver
GILCHRIST, CLARA MAE .......... St. Luke's Hospital, Denver
HARRIS, ELIZABETH FEAGLES ..... Presbyterian Hospital, Denver
HASKIN, BESSIE K. ............... Denver General Hospital, Denver
HEISER, EDITH A. ................. Lutheran Sanatorium, Wheat Ridge
HERSEY, FRANCES MAY .......... 1214 Pearl St., Denver
ISENSEE, GAYLE .................. R. 1, Box 76, Englewood
JOHNSON, EDITH K. .............. Children's Hospital, Denver
KANDEL, PHOEBE MILLER .......... Colorado State Teachers College, Greeley
KLEININGER, LOUISE ............. Colorado General Hospital, Denver
KNOTZ, WINNIE MARIE .......... Presbyterian Hospital, Denver
LANDRY, CHARLOTTE F. .......... 4200 East 9th Ave., Denver
LAUTZENHEISER, GERTRUDE M. .. Clockner Sanitarium, Colorado Springs
MCCARTHY, KATHERINE .......... Mercy Hospital, Denver
MCGOVERN, JULIA ................. Mercy Hospital, Denver
MCINNIS, ROSE MARY ............. Colorado General Hospital, Denver
MANGAN, ANNA MARIE .......... Denver General Hospital, Denver
MCGHAN, ROSE GERALDINE ...... Mercy Hospital, Denver
MORRISON, E. LUELLA ............ Children's Hospital Denver
MURCHISON, IRENE ............... State House, Denver
OFF, FRIEDA C. .................. Denver General Hospital, Denver
OSTHEIMER, HELEN P. ........... St. Anthony's Hospital, Denver
PEARSON, JESSIE L. ............. Weld County Hospital, Greeley
MEMBERS

PERDUE, ELLEN .......................... Visiting Nurse Association, Denver
QUIGLEY, CAROLINE ...................... Denver General Hospital, Denver
REEVE, RENA .......................... 4200 E. 9th Ave., Denver
RICH, BERTHA ELIZABETH .............. Children's Hospital, Denver
ROCKWOOD, ALICE ...................... Colorado General Hospital, Denver
SCHULKEN, KATHRYN .................... Visiting Nurse Association, Denver
SCHUMACKER, FRANCES RUTH ........... 4200 East 9th Ave., Denver
SHELLABARGER, ELIZABETH ............ Rito Alto Ranch, Moffat
SISTER CYRIL, MAHRT ................... St. Mary’s Hospital, Pueblo
SISTER M. CATHARINE ................. Mercy Hospital, Denver
SISTER M. CYRIACA ..................... St. Anthony’s Hospital, Denver
SISTER M. EDWARDA ..................... St. Francis Hospital, Colorado Springs
SISTER M. IGNATTUS .................... Mercy Hospital, Denver
SISTER M. SEBASTIN .................... Mercy Hospital, Denver
SMITH, DELLA F. ....................... Colorado General Hospital, Denver
SMITH, MARGARET ROHINA ............. 4200 East 9th Ave., Denver
TAYLOR, LOUISE BOYD ................. Presbyterian Hospital, Denver

CONNECTICUT—34 Members

ANSLOW, GRACE E. ...................... William Backus Hospital, Norwich
BARRETT, JEAN ........................ 350 Congress Ave., New Haven
CROWDIS, EVA ANNE .................... 37 Jefferson St., Hartford
CUMMINS, MARY LOUISE ............... 65 Wethersfield Ave., Hartford
ESENWEIN, MAY ....................... Meriden Hospital, Meriden
FOX, ELIZABETH G. ..................... 435 Whitney Ave., New Haven
GOODRICH, ANNIE W. ................. 141 High St., New Haven
HASENJAERGER, ELLA .................. Grace Hospital, New Haven
HATCH, MILLER DIANA ................. Middlesex Hospital, Middletown
HUMPHREY, PRISCILLA WEEKS ......... 330 Cedar St., New Haven
HYDE, SARAH E. ....................... 28 Crescent St., Middletown
MCCONNELL, RACHEL ................. Hartford Hospital, Hartford
MCINTYRE, ELIZABETH MABEL ........ State Library, Hartford
MCINTYRE, M. ELLEN ................... Meriden Hospital, Meriden
MELEY, ELIZABETH ..................... Yale School of Nursing, New Haven
OHLSON, AGNES KATHERINE ........... Waterbury Hospital, Waterbury
PARSONS, LOUISE ..................... Meriden Hospital, Meriden
PATTERSON, PEARL M. ................. Griffin Hospital, Derby
PRINIVILLE, KATHRYN MARIE .......... Lawrence & Memorial Hospitals, New London
SISTER FIDELIS NAGEL .............. St. Vincent’s Hospital, Bridgeport
SISTER M. FLAVIA ...................... St. Vincent’s Hospital, Bridgeport
SISTER M. LOUISE NAGEL .......... St. Vincent’s Hospital, Bridgeport
STACK, MARGARET K. ................. 175 Broad St., Hartford
TAYLOR, EFFIE J. ..................... 330 Cedar St., New Haven
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TAYLOR, MAUD E. ...................... New Britain General Hospital, New Britain
TRAVIS, SUE TERESA ................. New Britain, General Hospital, New Britain
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WHITEHEAD, LAURIE B. .............. Greenwich Hospital, Greenwich
THIRTY-EIGHTH ANNUAL CONVENTION

WHITMORE, MARION PERKINS ... 657 Forest Road, New Haven
WILD, ANNA ................. Stamford Hospital, Stamford
WILSON, EVELYN M. ........... Stamford Hospital, Stamford
WILSON, IRENE ............... Lawrence and Memorial Hospitals, New London
YOUNG, KATHLEEN F. .......... 350 Congress Ave., New Haven

DELAWARE—1 Member

SPEEDLING, NELLIE FRANCES ...... Wilmington General Hospital, Wilmington

* DISTRICT OF COLUMBIA—80 Members

ALDRIDGE, EDITH BROOKS ....... 819 Allison Street, N. W., Washington
ALEXANDER, MABEL C. .......... 2650 Wisconsin Ave., N. W., Washington
BALLARD, MIRIAM FRYE ........ U. S. Navy Nurse Corps, Washington
BERGAN, ELSIE T. .............. Providence Hospital, Washington
BLACKMAN, JOSEPHINE W. ...... Sibley Memorial Hospital, Washington
BOWLING, GERTRUDE H. ......... 810 Albee Bldg., Washington
BOWMAN, JOSEPHINE BEATRICE . U. S. Navy Nurse Corps, Washington
BRUNNER, LUCILLE C. .......... 1339 H Street, N. W., Washington
BUTLER, IDA F. ............... American Red Cross, Washington
CADEL, INEZ LOUISE ........... Evening Star Building, Washington
CARMODY, MARY MARGARET ....... Children's Hospital, Washington
CHAMBERLAIN, MELISSA E. ...... 1339 H Street, N. W., Washington
CHAVEZ, THELMA S. ........... 1825 N. H. Avenue, N. W., Washington
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CRUM, HENRIETTA CATHERINE ... 84 V St., N. W., Washington
DONOVAN, IRENE MARIE ........ 2013 New Hampshire Ave., N. W., Washington

DUTTON, HARRIET RILEY ........ Sibley Memorial Hospital, Washington
ELLIS, MILDRED CONRAD ....... Army Medical Center, Washington
ESYES, CHARLOTTE O. .......... Children's Hospital, Washington
FIELDS, FLORENCE MARY ...... Georgetown University Hospital, Washington
FISH, JANET .................. Central Dispensary & Emergency Hospital, Washington

FLIKKE, JULIA O. ............ Walter Reed Hospital, Washington
GAFFNEY, MARY CLARE ......... 3146 Que St., N. W., Washington
GIBSON, ELLA L. .............. 1339 H Street, N. W., Washington
GIBSON, MATTIE M. .......... Children's Hospital, Washington
GRAHAM, MARY E. ............. Georgetown University Hospital, Washington
GREGG, ELYNOR D. ............. The Indian Office, Washington
GRIFFITH, PEARL A. .......... 1613 30th St., Apt. 3, Washington
HASSELBUSCH, CHARLOTTE ..... Instructive Visiting Nurse Society, Washington
HWATHORNE, MARY L. .......... American Red Cross, Washington
HAVEN, I. MALINDA ........... American Red Cross, Washington
HAYDON, EDITH MARY .......... St. Elizabeth Hospital, Washington
HEITMULLER, PAULINE ......... Emergency Hospital, Washington
HICKEY, MARY AGNES .......... U. S. Veterans' Administration, Washington
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
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<tbody>
<tr>
<td>Jensen, Kathryn Luella</td>
<td>Seventh Day Adventists Denomination, Takoma Park</td>
</tr>
<tr>
<td>Johnson, Marie L.</td>
<td>Chastleton Hotel, Washington</td>
</tr>
<tr>
<td>Johnson, Ruth Dorothy</td>
<td>Army Medical Center, Washington</td>
</tr>
<tr>
<td>Jones, Alberta Irene</td>
<td>Garfield Memorial Hospital, Washington</td>
</tr>
<tr>
<td>Keech, Catherine E.</td>
<td>Emergency Hospital, N. Y. Ave., Washington</td>
</tr>
<tr>
<td>Kleb, Emily Magdalene</td>
<td>Gallinger Hospital, Washington</td>
</tr>
<tr>
<td>Knotts, Laura S.</td>
<td>National Homeopathic Hospital, Washington</td>
</tr>
<tr>
<td>Livesay, Mary Virginia</td>
<td>Sibley Memorial Hospital, Washington</td>
</tr>
<tr>
<td>McAfee, Bertha E.</td>
<td>Apt. 60, 1746 K Street, N. W., Washington</td>
</tr>
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<td>McKeeon, Anne Gertrude</td>
<td>Garfield Memorial Hospital, Washington</td>
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<tr>
<td>McWhorter, Alice E.</td>
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<td>MacLeod, Marion Anne</td>
<td>Emergency Hospital, Washington</td>
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<td>Mansfield, Bernice Dean</td>
<td>U. S. Navy Nurse Corps, Washington</td>
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<td>U. S. Public Health Service, Washington</td>
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<td>Moran, Catherine E.</td>
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<td>Morrison, Pearl Lucinda</td>
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<td>American Red Cross, Washington</td>
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<tr>
<td>Phillips, Mary Genevieve</td>
<td>Walter Reed Hospital, Washington</td>
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<tr>
<td>Price, Margaret Lee</td>
<td>427 11th Street, N. E., Washington</td>
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<td>Rosenau, Flora E.</td>
<td>2509 Rhode Island Ave., N. E., Washington</td>
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<td>Rouse, Helen Elizabeth</td>
<td>Providence Hospital, Washington</td>
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<tr>
<td>Rulon, Blanche Stevens</td>
<td>Army Nurse Corps, Washington</td>
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<td>Sandmaier, Barbara</td>
<td>Falkstone Courts, Washington</td>
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<td>Scaggs, Lucy Dulaney</td>
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<td>Sister Marie Louise</td>
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<td>Sister M. Euphrasia</td>
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<td>Stackhouse, Edna Mae</td>
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<td>Stilwell, Florence Belle</td>
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<tr>
<td>Stimson, Julia C.</td>
<td>1726 Munitions Building, Washington</td>
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<td>Sweeney, Caroline</td>
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<td>Weaver, Mary Evelyn</td>
<td>1802 Wyoming Avenue, Washington</td>
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<tr>
<td>Weir, Millie Elizabeth</td>
<td>Gallinger Hospital, Washington</td>
</tr>
<tr>
<td>Wilson, Emma</td>
<td>St. Elizabeth's Hospital, Washington</td>
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Andrez, Gladys Lillian | Orlando Florida Sanitarium, Orlando                                    |
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VAUSE, ABBIE .....................Jackson Memorial Hospital, Miami

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VAN DE VREDE, JANE ..........131 Forrest Avenue, N. E., Atlanta

IDAHO—1 Member

SMITH, HELEN ADA ...............St. Luke's Hospital, Boise
<table>
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<tr>
<th>Name</th>
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<tr>
<td>Aaron, Cora Beatrice</td>
<td>6400 Irving Park Boulevard, Chicago</td>
</tr>
<tr>
<td>Ahrens, Minnie H.</td>
<td>Community Hospital, Geneva</td>
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<tr>
<td>Alber, Florence Inez</td>
<td>1021 E. 62nd St, Chicago</td>
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<td>Ames, Miriam</td>
<td>8 S. Michigan Ave., Chicago</td>
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<tr>
<td>Anderson, Dagmar Louise</td>
<td>427 Garfield Ave., Chicago</td>
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<td>Anderson, Emma</td>
<td>2816 Ellis Avenue, Chicago</td>
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<td>Andersen, Olga Emilie</td>
<td>2449 South Dearborn Street, Chicago</td>
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<td>Andrews, Elizabeth C.</td>
<td>518 N. Austin Blvd, Oak Park</td>
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<td>Ante, Marie Charlotte</td>
<td>St. Luke’s Hospital, Chicago</td>
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<td>Baldwin, Gladys</td>
<td>5656 Drexel Ave., Chicago</td>
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<td>Bauer, Sophie A.</td>
<td>509 S. Honore St., Chicago</td>
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<td>Baumgardt, Beatrice S.</td>
<td>4950 Thomas Street, Chicago</td>
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<td>Bea, Minnie E.</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>
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<td>Bethel, Marguerite Trent</td>
<td>Decatur and Macon County Hospital, Decatur</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>536 Webster Ave., Chicago</td>
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<td>Bigler, Rose</td>
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<td>Binnier, Mabel W.</td>
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<td>Blake, Florence G.</td>
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<td>Blinznak, Lydia D.</td>
<td>303 East Superior Street, Chicago</td>
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<td>Bogardus, Mary Irene</td>
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<td>Bradley, Grace Virginia</td>
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<td>Bruce, Aurora Eugenia</td>
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<td>Carlson, Agnes A.</td>
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<td>Carlson, Amelia</td>
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<td>Carrol, Katherine</td>
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<td>Chamberlain, Amy B.</td>
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<td>Christie, Jessie Forsyth</td>
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<td>Dahlgren, Emelia</td>
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<td>Dalton, Beulah Isobel</td>
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<td>Daugherry, Bessie May</td>
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<td>Davis, Henrietta E.</td>
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<td>Davis, Sibyl C.</td>
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<td>Derhammer, Bessie J.</td>
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<td>Dieson, Alma</td>
<td>509 S. Honore St., Chicago</td>
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</table>
DIETRICH, Edna Grace 303 E. Superior St., Chicago
EASTIN, Ruth Edith Silver Cross Hospital, Joliet
ERMAN, Ida 1116 N. Kedzie Ave., Chicago
ERWIN, E. Joy 303 E. Superior St., Chicago
ESSIG, Maud F. Brokaw Hospital, Normal
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HEDGES, Carrie P. 5601 N. Crawford Ave., Chicago
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STROHM, ETHEL 3657 Fifth Ave., Chicago
TAYLOR, FOREENCE M. 2449 Washington Blvd., Chicago
THIE, AMELIA L. 3449 Washington Blvd., Chicago
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Van Horn, Ella M. .......... 1750 W. Congress St., Chicago
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Weber, Minnie R. .......... 610 E. Main St., Olney
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*Indiana—53 Members

Bonwhuis, Clara .......... National Military Home, Marion
Brown, Nellie Gates ...... Ball Memorial Hospital, Muncie
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Gerrin, Beatrice Elizabeth City Hospital, Indianapolis
Goepfinger, Lizzie Louise Calver Hospital, Crawfordsville
Graves, Rosetta M. ....... Union Hospital, Terre Haute
Groves, Jessie L. .......... Indiana University Hospital, Indianapolis
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Heckard, Mary Elizabeth ... Indiana University Hospital, Indianapolis
Heimlick, Esther .......... Methodist Hospital, Indianapolis
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Hull, Josephine .......... Indiana University, Indianapolis
McCraney, Mabel .......... St. Mary’s Hospital, Evansville
MacKrellan, Frances Sophia Methodist Hospital, Indianapolis
Martin, Lillie Margaret ... City Hospital, Indianapolis
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Mullinix, Aline Iona ...... Indianapolis City Hospital, Indianapolis
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Roselius, Jeanette H. ...... 1812 N. Capitol St., Indianapolis
Sayce, Florence .......... Methodist Hospital, Indianapolis
Schreepel, Mary Amelia ... City Hospital, Indianapolis
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SISTER M. RUBINA .............. St. Anthony’s Hospital, Terre Haute
SISTER M. VITALIS .............. St. Joseph's Hospital, Mishawaka
SISTER ROSE ..................... St. Vincent's Hospital, Indianapolis
SMALL, BESSIE .................. St. Anthony’s Hospital, Terre Haute
SMITH, ALICE L. ................. R. R. No. 5, Box 15, Bloomington
SWENSON, EFFIE S. ............... Grant County Hospital, Marion
TESTOLIN, LOUISE B ............. St. Joseph's Hospital, Mishawaka
THOMAS, DOROTHY VIRGINIA ..... Indianapolis City Hospital, Indianapolis
UPJOHN, GERTRUDE ............... Deaconess Hospital, Evansville
WALBACH, FLORA ELLE .......... Union Hospital, Terre Haute
WALSH, MARY T. .................. 413 State House, Indianapolis
WILLIS, EDITH G. ................. Good Samaritan Hospital, Vincennes
ZINKAN, RUTH FRANCES ......... St. Vincent’s Hospital, Indianapolis
ZURSTADT, CLARA LOUISE ...... Protestant Deaconess Hospital, Evansville

*IOWA—47 Members

BELL, MARTHA A. ................. 133 W. Second St., Ottumwa
BRAMMER, LYDIA ANN .......... Lutheran Hospital, Hampton
BUTTERFIELD, ANN ............. Jane Lamb Hospital, Clinton
CAIRNS, SYLVIA ANNIE ......... State University Hospital, Iowa City
CANNON, MARTHA .............. Westlawn, Iowa City
CHAFFER, JEANNETTE .......... Westlawn, Iowa City
COOK, OPAL E. ................. St. Luke’s Hospital, Cedar Rapids
CORDER, LOIS BLANCHE ......... State University Hospital, Iowa City
ELDER, MARY L. ............... Burlington Hospital, Burlington
HAMILTON, REGINA .......... Westlawn, Iowa City
HEGGEN, MARTHA ............. 712 Parnell St., Des Moines
HEIN, MARTHA ................. Lutheran Hospital, Hampton
HENCHEN, CLARA MARIE ...... Finley Hospital, Dubuque
HENDRICKSON, LAURA ......... Broadlawns General Hospital, Des Moines
HIEBER, HELEN M. E. ......... Finley Hospital, Dubuque
HOBBS, ALIDA A. ............... 1117 Pleasant St., Des Moines
HOF, GERTRUDE E. ............. Allen Memorial Hospital, Waterloo
JACOBSEN, MILLIE A. ......... Iowa Lutheran Hospital, Des Moines
KIRCHHOFF, CAROLINA ERNA .. Westlawn, Iowa City
KLEIN, HARRIET .......... State University Hospital, Iowa City
LACEY, KATHERINE M. ....... St. Vincent's Hospital, Sioux City
LARSEN, LUTIE B. ............. 127 Lafayette St., Waterloo
LINDSAY, LOLA ............... University Hospital, Iowa City
McGURK, BLANCHE CECILIA ..... University Hospital, Iowa City
MACKEILL, HELEN ............. 400 Center St., Des Moines
MEMBERS

MARBLE, I. MAUREEN .................. Westlawn, Iowa City
NELSON, BERNICE B. ............... 1117 Pleasant St., Des Moines
NORRIS, JUNE H. ................. Mahaska Hospital, Oskaloosa
PAGE, MARY ......................... 2714 Pierce St., Sioux City
PAZDERA, ALOISIE ................. Westlawn, Iowa City
SISTER ERNA SCHWEER ............. Evangelical Deaconess Hospital, Marshalltown
SISTER M. ALBERTA .............. Mercy Hospital, Council Bluffs
SISTER M. BEATRICE .............. St. Joseph’s Mercy Hospital, Sioux City
SISTER M. BENEDICTA .......... Mercy Hospital, Des Moines
SISTER M. CAMILLUS .......... Mercy Hospital, Council Bluffs
SISTER M. DEODATA FROELICH .... St. Anthony’s Hospital, Carroll
SISTER M. EUSEBIA ............... Sacred Heart Hospital, Le Mars
SISTER M. IMMACULATA ............ St. Joseph’s Hospital, Centerville
SISTER M. PETRONILLA .......... St. Joseph’s Mercy Hospital, Sioux City
SISTER M. THOMAS ............... Mercy Hospital, Des Moines
SQUIRE, ESTHER MAY ............... Community Hospital, Grinnell
STODDARD, MARGARET M. ........ Skiff Hospital, Newton
WATSON, RUTH M. .............. 1117 Pleasant St., Des Moines
WEBER, FLORA C. .............. Westlawn, Iowa City
WESSELMANN, FLORENCE H. ....... Iowa Methodist Hospital, Des Moines
WOODLEY, CALLIE D. ............ Station Hospital, Fort Des Moines
ZICHA, MARIANNE ............... 206 Masonic Temple, Marshalltown

*KANSAS—35 Members

ALEXANDER, MARY A. ............... 1004 Topeka Bldg., Topeka
BAUMGARTNER, BERTHA IDA ........ Halstead Hospital, Halstead
BIDDLE, CORA MARTHA ............. Grace Hospital, Hutchinson
COX, MARNIE ....................... 702 N. Washington St., Liberal
DAVIS, BEULAH JUSLIN .......... Axtell Christian Hospital, Newton
DE MOSS, EDITH SUSANNA .......... Thayer
ELMORE, EDNA ............. Bell Memorial Hospital, Kansas City
FROELICH, HENRIETTA .......... Bell Memorial Hospital, Kansas City
HARNER, ALFA GRACE .......... Christ’s Hospital, Topeka
HASTINGS, ETHEL LOUISE ......... Wesley Hospital, Wichita
KEATON, MARTHA E. ............. Christ’s Hospital, Topeka
LEASURE, ZILLAH .............. Wesley Hospital, Wichita
MARTIN, WILIMA PEARL ........ Extension Division K. S. A. C., Manhattan
MILLER, CORA ABIGAIL ........ 1012 Chestnut St., Emporia
O’CONNOR, JOSEPHINE B. ...... Mercy Hospital, Arkansas City
PACE, BERTHA ELIZABETH .... Municipal Hospital, Clay Center
SCHWEERS, SOPHIE ANN ........ 3617 West 6th St., Topeka
SEGELKE, HILDA ANNA .......... State Hospital, Osawatomie
SISTER LENA MAE SMITH ...... Bethel Deaconess Hospital, Newton
SISTER MARIA DORA RICHERT ... Bethel Deaconess Hospital, Newton
SISTER M. BERNARD FEELY ...... Mercy Hospital, Fort Scott
SISTER M. DOMITILLA ........... St. John’s Hospital, Leavenworth
SISTER M. FERDINAND .......... St. Joseph’s Hospital, Concordia
SISTER M. GONZAGA BETZEN ... St. Francis Hospital, Wichita
SISTER M. MADELINE FEELY .... Mercy Hospital, Independence
SISTER M. RAPHAEL .......... St. Elizabeth’s Hospital, Hutchinson
SISTER M. STELLA CROOKHAM ... 1102 W. Douglas St., Wichita
SISTER M. THERESE SCHRICK ... St. Francis Hospital, Wichita
SISTER M. VICTORIA LAKE ... Wichita Hospital, Wichita
SISTER M. WINFRED SHEEHAN ... 1800 Central Ave., Dodge City
SISTER ROSE VICTOR ... Providence Hospital, Kansas City
SISTER THEODORIA HARMS ... Bethel Deaconess Hospital, Newton
SMITH, VIRGINIA ... Susan B. Allen Memorial Hospital, Eldorado
STECK, ALETA L. ... Wesley Hospital, Wichita
SWENSON, IRENE ELIZABETH ... Bell Memorial Hospital, Kansas City

*KENTUCKY—68 Members

ADAMS, EMMA M. ... 202 E. Southern Ave., Covington
ALLEN, EDITHYLYLE ... M. E. Hospital, Pikeville
APPLEGATE, MYRTLE CARLIN ... 2051 Sherwood Ave., Louisville
BALLARD, CHRISTINE ... St. Joseph's Infirmary, Louisville
BLAIR, MABEL VINCENT ... City Hospital, Bowling Green
BRECKENRIDGE, MARY ... Wendover, Leslie County
BRYAN, AILEEN LUCY ... Jewish Hospital, Louisville
CLARK, JESSIE MARTIN ... Jewish Hospital, Louisville
CONNIF, NELL ... Riverside Hospital, Paducah
CONWAY, EMMA LOUISE ... Paintsville Hospital, Paintsville
CORREY, LEILA ... Second and Kennedy St., Covington
DELIN, ELSIE LOUISE ... Children's Free Hospital, Louisville
DENVER, NINA M. ... Deaconess Hospital, Louisville
DIXON, MARY ELIZABETH ... William Booth Memorial Hospital, Covington
DRAKE, FLORENCE LOUISE ... Norton Memorial Infirmary, Louisville
EAST, MARGARET L. ... 409 Fountain Court, Louisville
FOREMAN, MARY E. ... City Hospital, Louisville
GAGG, ALICE M. ... Norton Memorial Infirmary, Louisville
GIDSON, FLORENCE ISABELL ... College Hospital, Berea
GREATHOUSE, JESSIE ... Shriners Hospital, Lexington
GREENFANG, AGNES JANE ... Doctors' Building, Covington
HAFFEN, GEORGIA LORENA ... Berea College Hospital, Berea
HAMMETT, MABLE ... Children's Free Hospital, Louisville
HART, MARY A. ... King's Daughters' Hospital, Ashland
HAYES, LUCY MABEL ... Shriners Hospital, Lexington
HENNINGER, EDNA ... City Hospital, Louisville
HENRY, LAVINIA BENNETT ... Good Samaritan Hospital, Lexington
HICKS, VIRGINIA H. ... Norton Memorial Infirmary, Louisville
HOUSTON, EDNA PEARL ... 642 W. Oak St., Ludlow
HUGHES, ADELINE M. ... Jewish Hospital, Louisville
JOHNSON, MARY CELIA ... Good Samaritan Hospital, Lexington
KEEFER, MARTHA LUCILLE ... Louisville City Hospital, Louisville
KENN, FLORA E. ... 416 W. Breckinridge St., Louisville
KIESLING, BERTHA A. ... Methodist Hospital, Pikeville
LUSEY, BEATRICE ... Louisville City Hospital, Louisville
MACDONALD, BETTY W. ... 215 E. Walnut St., Louisville
MASON, ORA K. ... Wm. Mason Memorial Hospital, Murray
MASTERSON, STELLA MARY ... St. Anthony's Hospital, Louisville
MERRIFIELD, RUTH R. ... M. E. Deaconess Hospital, Louisville
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Mumma, Marjorie .......... Norton Memorial Infirmary, Louisville
Murphy, Honor ............. 96 Valley Road, Castlewood, Louisville
O'Roche, Agnes Elizabeth . Kosair Crippled Children's Hospital, Louisville
Pottenger, Louise .......... Kentucky Baptist Hospital, Louisville
Purcell, Lillian Mae ...... Massie Memorial Hospital, Paris
Rau, Katherine Louise ... Children's Free Hospital, Louisville
Ravenscroft, Laura Esther . Norton Memorial Hospital, Louisville
Ryan, Anna H. ............. Booth Memorial Hospital, Covington
Salt, Susan R. ............. 641 Park Avenue, Newport
Schreiber, Helen Marie ... Norton Memorial Infirmary, Louisville
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Sister Josella Conlon ... Sts. Mary and Elizabeth Hospital, Louisville
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Sister M. Benigna ......... St. Joseph's Infirmary, Louisville
Sister M. Boniface ......... Sts. Mary and Elizabeth Hospital, Louisville
Sister M. Corinne ......... St. Joseph's Infirmary, Louisville
Sister M. Pius Boone ...... Sts. Mary and Elizabeth Hospital, Louisville
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Sister Rose Edna Higdon . St. Joseph's Hospital, Lexington
Sister Tarsicia ............ St. Elizabeth's Hospital, Covington
Smith, Lillie Vernon ..... City Hospital, Louisville
Steinhauser, Sophia ...... Speer Memorial Hospital, Dayton
Taylor, Mabelle Ione ...... Asbury College, Wilmore
Taylor, Nola ............... General Hospital, Middleboro
Veltman, Anne ............. Louisville City Hospital, Louisville
Vincent, Helen ............. Baptist Hospital, Louisville
Wilkerson, Ollie E. ....... 810 Barrett Ave., Louisville
Willingham, Ruth Elizabeth . Mayfield Hospital, Mayfield

*LOUISIANA—94 Members

Aliciato, Jennie Herbert ... 2235 Elysian Fields Ave., New Orleans
Aycoc, Sadie C. ........... 3139 St. Philip St., New Orleans
Barney, Charlotte ......... North Louisiana Sanitarium, New Orleans
Barb, Anna Mary .......... 1001 Canal Bank Building, New Orleans
Berkowitz, Libbie ......... 3500 Prytania St., New Orleans
Bourgeois, Mary Viner .... Charity Hospital, New Orleans
Boyer, Beatrice Marie ... Charity Hospital, New Orleans
Boyett, Christine ......... Tri-State Hospital, Shreveport
Breaux, Inez Ann .......... Charity Hospital, New Orleans
Broussard, Eunice ...... Touro Infirmary, New Orleans
Burst, Georgiana R. ...... 1419 Nashville Ave., New Orleans
Burton, Nellie L. .......... Charity Hospital, New Orleans
Cameron, Delta Ann ...... St. Francis Sanitarium, Monroe
Cancienne, Lillian Anne . Charity Hospital, New Orleans
Colomb, Bessie Brooks ... Touro Infirmary, New Orleans
Cook, Nora Trusty ......... 724 Wilkinson St., Shreveport
Crochet, Genevieve Philomene . Charity Hospital, New Orleans
Dansereau, Marcelle Ester . Box 307, Pineville
Dilts, Amelia H. .......... 4422 S. Calvez St., New Orleans
EMERY, BENNIE WALDRUN ............ Highland Sanitarium, Shreveport
FABREGAS, SUE ..................... Charity Hospital, New Orleans
FLETCHER, VIANNA ................. Baton Rouge General Hospital, Baton Rouge
FRY, LOUISE G. .................... Tri-State Hospital, Shreveport
GOLDEN, LORA COMELLA ........... Baton Rouge General Hospital, Baton Rouge
GREENE, ANNIE MAE ............... 1240 Texas Ave., Shreveport
GUIDRY, HAZEL MARGUERITE ...... Charity Hospital, New Orleans
GUIDRY, LOUISE MARIE .......... Charity Hospital, New Orleans
HORNSBY, BERYL MAY ............. 2302 Canal St., New Orleans
INGERSOLL, JANE C. ............... 954 Margaret Place, Shreveport
KÖNIG, MARY ELIZABETH ......... Charity Hospital, New Orleans
KORNSTOLD, JANET FENMORE ... Touro Infirmary, New Orleans
LANCASTER, KATHARINE D. ...... 916 Eleanor St., New Orleans
LANDRY, EULINA E. ............... Charity Hospital, New Orleans
LEGRAND, MONA ROSE ............. Our Lady of Lake Sanitarium, Baton Rouge
LINDSAY, ELMA HOPE .......... North Louisiana Sanitarium, Shreveport
McGINNIS, EUNICE MARGARET .... 2429 Annunciation St., New Orleans
McMAHON, MARY A. ............... St. Francis Sanitarium, Monroe
MARTIN, JANE ELOISE .......... 4019 Eagle St., New Orleans
MARTIN, NANNIE MAR .......... 434 Burgundy St., New Orleans
MATHER, HARRIET L. ............ Southern Baptist Hospital, New Orleans
MAURIN, EMMA ..................... 150 Rosewood Drive, Metairie
MOORE, MIRIAM CORINNE .......... Charity Hospital, New Orleans
MORRISON, RUBY ARABELLA ...... Baptist Hospital, Alexandria
MYERS, DELLA EARNEST ........ General Hospital, Baton Rouge
NEWBILL, KATHERINE ............. 1006 Pere Marquette Bldg., New Orleans
NEWMAN, PEARL McBRIDE ....... 1240 Texas Ave., Shreveport
PAGAUD, MARY VIRGINIA ........ 302 Audubon Bldg., New Orleans
PEPPER, MAMIE ..................... Touro Infirmary, New Orleans
PETERS, GENEVA ADELAIDE ...... 1434 W. Kirby Place, Shreveport
PRICE, MARGARET A. ............. 2411 Bank St., New Orleans
RICE, HARRIET MCLEAN .......... Box 835, Bogalusa
ROBICHAUX, EMERANTE ALICE .. Charity Hospital, New Orleans
SAXON, OMEGA RHEA IDOM ....... 1417 W. Kirby Pl., Shreveport
SIMMONS, DOROTHY ............... Highland Sanitarium, Shreveport
SISTER AGNES MARIE FITZSIMONS, St. Francis Sanitarium, Monroe
SISTER ANNE AYCOCK .......... Charity Hospital, New Orleans
SISTER CATHERINE FISCHER .... Charity Hospital, New Orleans
SISTER CELESFNE STROSENA .... Hotel Dieu, New Orleans
SISTER GONZAGA WALL .......... Charity Hospital, New Orleans
SISTER HENRIETTA DEDISSE ...... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER HENRIETTA GUYOT ...... 1532 Tulane Ave., New Orleans
SISTER JULIA CASSELS .......... Charity Hospital, New Orleans
SISTER KOSTKA SWOBOARDA .... Charity Hospital, New Orleans
SISTER MARIE AUBERGE YOUNGE, St. Francis Sanitarium, Monroe
SISTER MARIE BRENDAN DONEGAN, St. Francis Sanitarium, Monroe
SISTER MARIE DEliguori ......... St. Francis Sanitarium, Monroe
SISTER MARIE DENAZARETH ...... St. Francis Sanitarium, Monroe
SISTER MARIE MADELEINE ...... Our Lady of the Lake Sanitarium, Baton Rouge
SISTER M. ANGELE WERN ......... Our Lady of the Lake Sanitarium, Baton Rouge
MEMBERS

SISTER M. BENIGNUS CROWLY  . Schumpert Sanitarium, Shreveport
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SISTER M. FIDELMA DONOVAN  . St. Patrick's Hospital, Lake Charles
SISTER M. GERTRUDE HENNESSY  . Our Lady of the Lake Sanitarium, Baton Rouge
SISTER M. HILDA MINTKIN  . 1321 Annunciation St., New Orleans
SISTER M. INCARNATION  . St. Patrick's Sanitarium, Lake Charles
SISTER M. IRENE BROUSSARD  . Mercy Hospital, New Orleans
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SISTER PATRICE MURPHY  . 1532 Tulane Ave., New Orleans
SISTER ROBERTA DEGNAN  . Hotel Dieu, New Orleans
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SISTER ST. PATRICK COMERFORD  . St. Francis Sanitarium, Monroe
SISTER STANISLAUS MALONE  . Charity Hospital, New Orleans
SISTER SYLVIA BROWN  . 1532 Tulane Ave., New Orleans
SMITH, HAZEL VALLIE  . 929 Government St., Baton Rouge
SOMMERS, ELMIRE MARIE  . 1717 Coliseum St., New Orleans
STENBERG, LORETTA MARY  . North Louisiana Sanitarium, Shreveport
STEWART, STELLA  . Highland Sanitarium, Shreveport
STUART, MARY J.  . Charity Hospital, New Orleans
TEBO, JULIE C.  . 1006 Père Marquette Bldg., New Orleans
THERIOT, UNA MARGUERITE  . Charity Hospital, New Orleans
TOURNON, ARMANDE  . Hotel Dieu, New Orleans
WEIRIE, JOSEPHINE ELSA  . Hotel Dieu, New Orleans
WHITLOCK, MURIEL L.  . 1240 Texas Ave., Shreveport
WRIGHT, CHRISTINE  . Charity Hospital, New Orleans

MAINE—12 Members

ANDERSON, THERESA A.  . 80 Chapel St., Augusta
BAILEY, HARRIET  . 28 Grant St., Bangor
BEATY, JENNIE S.  . Box 13, Greene
BRYANT, MARGARET ANNETTE  . Eastern Maine General Hospital, Bangor
CLEDON, REBECCA HELEN  . Dennysville
Daly, ELLEN C.  . Knox County General Hospital, Rockland
GILLIN, SUSAN K.  . 6 E. Chestnut St., Augusta
HENESSY, AGNES V.  . Rumford Community Hospital, Rumford
INCH, EFFIE MOTT  . Augusta State Hospital, Augusta
MACKAY, MARY JANE  . Eastern Maine General Hospital, Bangor
MEADER, ALICE GERTRUDE  . Central Maine General Hospital, Lewiston
OSBORNE, MARY R.  . Maine General Hospital, Portland

MARYLAND—81 Members

ADKINS, GLADYS BLANCHE  . University Hospital, Baltimore
BALDWIN, ESTELLA COATES  . University Hospital, Baltimore
BALL, ROBERTA L.  . Union Memorial Hospital, Baltimore
BARTLETT, HELEN CONKLING  . 604 Reservoir St., Baltimore
BECKWITH, ANNA TETMAN  . Johns Hopkins Hospital, Baltimore
BELYEA, MARGARET S.  . Sheppard and Enoch Pratt Hospital, Towson
BISHOW, RAE  . Sinai Hospital, Baltimore
BLACK, JESSIE BAXTER  . Johns Hopkins Hospital, Baltimore
BLACK, Marjorie Osborne ...... Johns Hopkins Hospital, Baltimore
BRANLEY, Frances M. ......... University Hospital, Baltimore
BRIHART, Gertrude Bernice ... Sinai Hospital, Baltimore
BRUDE, Lucy Alvey ............. University Hospital, Baltimore
CANNON, Mary Elizabeth ....... University Hospital, Baltimore
CLEMENT, Mildred Alyce ....... 4101 Roland Ave., Baltimore
CRAIGEN, Claire ................. Union Memorial Hospital, Baltimore
CRAWFORD, Helen Hamilton ...... Johns Hopkins Hospital, Baltimore
CREUTZBURG, Freda L. .......... Church Home and Infirmary, Baltimore
CROUGHTON, Annie .............. University Hospital, Baltimore
CURRENS, Margaret Ethel ...... University Hospital, Baltimore
DICK, Grace Eleanor ............ University Hospital, Baltimore
DURRANT, Constance S. ......... Church Home and Infirmary, Baltimore
DUTTKER, Grace ................. University Hospital, Baltimore
EARLING, Hannah T. ............ Maryland General Hospital, Baltimore
Elliott, Margaret ............... Church Home and Infirmary, Baltimore
Ewald, Elizabeth ............... St. Agnes Hospital, Baltimore
FAZENBAKER, Freda G. .......... University Hospital, Baltimore
FISHER, Lela Grace ............. Union Memorial Hospital, Baltimore
FREDERICK, Hester K. .......... Johns Hopkins Hospital, Baltimore
FRIEND, Martha E. .............. 604 Reservoir St., Baltimore
Gardner, Maud M. .............. Hospital for Women of Maryland, Baltimore
GASSAWAY, Helen M. ............. Church Home and Infirmary, Baltimore
GRAINGER, Margaret Frances ... Johns Hopkins Hospital, Baltimore
HAY, Mabel N. .................. Johns Hopkins Hospital, Baltimore
HEARN, Gertrude Amy ........... Sheppard and Enoch Pratt Hospital, Towson
HILDERBRANDT, Mary A. ......... Hospital for Women of Maryland, Baltimore
HINES, N. Myrtle ............... Maryland General Hospital, Baltimore
HOFFMAN, Bertha ............... University Hospital, Baltimore
Hoke, Lillie R. .................. University Hospital, Baltimore
HOLROOK, Margaret Evans ...... Johns Hopkins Hospital, Baltimore
JAMES, S. Edythe Terrill ....... 707 Carroll Ave., Takoma Park
KELLER, Katherine .............. Church Home and Infirmary, Baltimore
KENNEDY, Loula Essdale ......... Johns Hopkins Hospital, Baltimore
KNOX, Elizabeth J. .......... Sheppard and Enoch Pratt Hospital, Towson
KRAUSE, Beatrice .............. University Hospital, Baltimore
LAWLER, E. M. .................. Johns Hopkins Hospital, Baltimore
LONG, Florence White .......... Union Memorial Hospital, Baltimore
MCDANIEL, Lillian Kemp ....... 1601 Bolton Street, Baltimore
MANAHAN, Maud Estelle ......... South Baltimore General Hospital, Baltimore
MARTIN, Sarah F. ............... 414 Kensington Road, Ten Hills, Baltimore
MARTZ, Helen .................. Church Home and Infirmary, Baltimore
MOFFATT, Jane .................. University Hospital, Baltimore
MOOWRAY, M. Ruth .............. Maryland General Hospital, Baltimore
NASH, Jane E. .................. Church Home and Infirmary, Baltimore
NIES, Mary L. .................. Frederick City Hospital, Frederick
NORTHAM, Ethel ................. Johns Hopkins Hospital, Baltimore
PACKARD, Mary Cary ............ 414 Kensington Road, Ten Hills, Baltimore
POWELL, Blanche Gardner ...... 1211 Cathedral Street, Baltimore
ROSEMAN, Molly ................. Sinai Hospital, Baltimore
Savage, Louise ................. Sinai Hospital, Baltimore
Savage, Rose .................. Sinai Hospital, Baltimore
Schindler, Frieda ............. Sinai Hospital, Baltimore
Shearston, Helen Elizabeth ... Hospital for the Women of Maryland, Baltimore
Sherwood, Elizabeth Wallace .. Johns Hopkins Hospital, Baltimore
Sister M. Anita Stoutenburgh .. Mercy Hospital, Baltimore
Sister M. Helen Ryan .......... Mercy Hospital, Baltimore
Sister M. Hildegard Holbein .. Mercy Hospital, Baltimore
Sister M. Veronica Daily ...... Mercy Hospital, Baltimore
Sister Pauline ................ St. Agnes Hospital, Baltimore
Sledge, Dorrit Amy Degner .. Baltimore City Hospitals, Baltimore
Snow, Charlotte Anne .......... Sinai Hospital, Baltimore
Stumpf, Sophie ............... Sinai Hospital, Baltimore
Sumpter, Lelia Booker .......... Union Memorial Hospital, Baltimore
Swartz, Vesta Lillian .......... University Hospital, Baltimore
Taylor, Jane Elizabeth ....... Johns Hopkins Hospital, Baltimore
Tennent, Cornelia ............. Johns Hopkins Hospital, Baltimore
Walker, M. Evelyn ............ 1601 Bolton St., Baltimore
Walker, Virginia Hasetline .. Johns Hopkins Hospital, Baltimore
Warfield, Elizabeth Polk ...... 219½ E. North Ave., Baltimore
Wilson, Cora Mason .......... University Hospital, Baltimore
Wright, Helen E. ............. University Hospital, Baltimore
Zimmerman, Isabel ............. Sinai Hospital, Baltimore

*MASSACHUSETTS—171 Members

Abbott, Wenona ................ Massachusetts General Hospital, Boston
Adie, Ruth Jean ................ Quincy City Hospital, Quincy
Allen, Bertha W. ............... Newton Hospital, Newton Lower Falls
Allen, Lucy Emma .............. Gardner House, Vila St., Boston
Atto, Kathleen Hildred ......... 32 Fruit Street, Boston
Avard, Martha Jane ............ Addison Gilbert Hospital, Gloucester
Baker, Evelyn Frances .......... Essex Sanatorium, Middleton
Bannerman, Margaret .......... Alley Emergency Hospital, Marblehead
Barclay, Annie S. .............. Franklin County Hospital, Greenfield
Barnaby, Marietta D. .......... 420 Boylston St., Boston
Barnes, Beatrice K. .......... Henry Heywood Memorial Hospital, Gardner
Beattie, Grace B. ............. 10 Delaware St., Somerville
Bedell, Alice E. ............... State Hospital, Northampton
Beek, Harriet L. ............... St. Luke's Hospital, New Bedford
Blackman, Blanche A. .......... Springfield Hospital, Springfield
Blanchard, Marion E. .......... Foxboro State Hospital, Foxboro
Bliss, Mary E. G. ............. 80 Elm St., West Newton
Bond, Esther Flora ............ 281 Lincoln St., Worcester
Booth, Mabel F. ............... Holyoke City Hospital, Holyoke
Borcherding, Ruth ............. 37 Bennett St., Boston
Bowen, Eleanor Page .......... Lowell General Hospital, Lowell
Bowker, Helena Durkee ......... Salem Hospital, Salem
Brooks, Augusta Ethel .......... Cooley Dickinson Hospital, Northampton
Brouthers, Helen Frances ...... 350 Memorial Drive, Cambridge
Brown, Evelyn Augusta ........ Leonard Morse Hospital, Natick
BROWN, Nora Agnes ............ Symmes Hospital, Arlington
BURGESS, Mary A. ............. Boston Dispensary, 37 Bennett St., Boston
CAMPBELL, Elsie Lois .......... 1820 Highland Ave., Fall River
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
CONSTANTINE, Mildred ........ Henry Hale Hospital, Haverhill
COOK, Melissa J. ............. Melrose Hospital, Melrose
COX, Edith Isabel ............. Robert B. Brigham Hospital, Boston
CULLEN, Katharine A. .......... Worcester City Hospital, Worcester
CURRIER, Della M. ............ Boston City Hospital, Boston
CURTIS, Miriam ............... Cooley Dickinson Hospital, Northampton
DAMON, Mildred P. ........... 166 Pilgrim Road, Boston
DAWES, Dorothy Elizabeth ... Quincy City Hospital, Quincy
DEMUTH, Frances Margaret .... 281 Lincoln St., Worcester
DIETER, Margaret ............. Massachusetts Memorial Hospital, Boston
DUNN, Minnie Frances .......... State Infirmary, Tewksbury
DURGIN, Katherine ............ State Infirmary, Tewksbury
EASTHAM, Mary Vera .......... Cooley Dickinson Hospital, Northampton
EGAN, Sarah Aloysia .......... 20 Ash St., Boston
EICKE, Betty ................. Norwood Hospital, Norwood
ERFESTAD, Asta ............... Leonard Morse Hospital, Natick
FALLON, Margaret ............. Long Island Hospital, Boston
FINLAY, Daisy Agnes .......... 10 Stoughton Street, Boston
FITZPATRICK, Helen Rita ...... 759 Chestnut Street, Springfield
FRIED, Mary Elizabeth ......... Lynn Hospital, Lynn
FURLEY, Delia T. ............. St. John's Hospital, Lowell
GIBSON, Anna L. ............... Collis P. Huntington Memorial Hospital, Boston
GILLIS, Georgia S. ........... Webster District Hospital, Webster
GILLIS, Mary Adelaide .......... Salem Hospital, Salem
GILMORE, Mary Celenda ......... 721 Huntington Ave., Boston
GOOSTRAY, Stella ............. Children's Hospital, Boston
GORDON, Ruby Josephine ...... 71 Cambridge St., Lawrence
GRANT, Edith M. .............. Boston City Hospital, Boston
GUSTAFSON, Alice ............ Holyoke Hospital, Holyoke
HAGAN, Jedidiah B. .......... Chelsea Memorial Hospital, Chelsea
HALL, Carrie M. ............... Peter Bent Brigham Hospital, Boston
HATCH, Caroline Chandler .... 140 High St., Springfield
HATCH, Georginia ............. McLean Hospital, Waverly
HAYES, Anna G. ............... Fay School, Southboro
HAYWARD, Edna Maude ........ Wesson Maternity Hospital, Springfield
HINES, Ethel Washburn ........ McLean Hospital, Waverly
HITCHCOCK, Katherine ........ 40 Commonwealth Ave., Boston
HOSTETLER, Nell Alice ........ 2014 Washington St., Newton Lower Falls
HUMPHRYS, Ruth I. ............ Framingham Hospital, Framingham
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*MINNESOTA—70 Members

ACKERMAN, ETHEL AMY ....... Bethesda Hospital, St. Paul
ALLISON, CATHERINE HELEN .... Winona General Hospital, Winona
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Baer, Maple Alice</td>
<td>St. John's Hospital, St. Paul</td>
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<tr>
<td>Baker, L. Louise</td>
<td>2627 Chicago Ave., Minneapolis</td>
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<tr>
<td>Beland, Irene</td>
<td>1403 Willow St., Minneapolis</td>
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<td>Bergh, Inger</td>
<td>Lutheran Deaconess Hospital, Minneapolis</td>
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<td>Burggren, Hannah</td>
<td>Swedish Hospital, Minneapolis</td>
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<td>Caldwell, Florence L. M.</td>
<td>706 5th St., S. E., Minneapolis</td>
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<td>Carlsted, Emma S.</td>
<td>Swedish Hospital, Minneapolis</td>
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<td>Corkey, Mary Ethel</td>
<td>916 E. 15th St., Minneapolis</td>
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<td>Cornelsen, Dora</td>
<td>1602 Berkeley Ave., St. Paul</td>
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<td>Crowl, Margaret A.</td>
<td>1728 Hague Ave., St. Paul</td>
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<td>Densford, Katharine Jane</td>
<td>University Hospital, Minneapolis</td>
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<td>Dickey, Minerva Luce</td>
<td>Ancker Hospital, St. Paul</td>
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<td>English, Irene R.</td>
<td>Kahler Hospital, Rochester</td>
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<td>Genter, Lena</td>
<td>St. Joseph's Hospital, St. Paul</td>
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<td>Gleeson, Agnes Helena</td>
<td>822 7th St., S. E., Minneapolis</td>
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<td>Gynild, Ragna E.</td>
<td>Lutheran Deaconess Hospital, Minneapolis</td>
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<tr>
<td>Hein, Sophia Emelie Olson</td>
<td>219 S. Lexington Ave., St. Paul</td>
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<td>Hines, Delphine</td>
<td>Ancker Hospital, St. Paul</td>
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<td>Hodgkins, Myrtle</td>
<td>Minneapolis General Hospital, Minneapolis</td>
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<td>Hughes, Margaret</td>
<td>389 Dayton Ave., St. Paul</td>
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<td>Johnson, Elsa Anna C.</td>
<td>Ancker Hospital, St. Paul</td>
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<td>Johnson, Mary O.</td>
<td>State Hospital, St. Peter</td>
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<td>Krug, Elsie E.</td>
<td>St. Mary's Hospital, Rochester</td>
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<td>Kurtzman, Dorothy S.</td>
<td>University Hospital, Minneapolis</td>
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<td>Larson, Mabel Lucille</td>
<td>General Hospital, Minneapolis</td>
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<td>Lubberts, Etta</td>
<td>Ancker Hospital, St. Paul</td>
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<td>Lundt, Bertha</td>
<td>Lutheran Deaconess Hospital, Minneapolis</td>
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<td>McGregor, Margaret A.</td>
<td>Gillette State Hospital, St. Paul</td>
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<td>Melby, Sylvia May</td>
<td>Fairview Hospital, Minneapolis</td>
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<td>Miller, Julia May</td>
<td>General Hospital, Minneapolis</td>
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<td>Naysmith, Sue Triece</td>
<td>Glen Lake Sanatorium, Oak Terrace</td>
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<td>Nelson, Ione Zada</td>
<td>1063 Ivy St., St. Paul</td>
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<td>Newcombe, Louise</td>
<td>St. Luke's Hospital, Duluth</td>
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<td>Nibbe, Margaret L.</td>
<td>St. John's Hospital, Red Wing</td>
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<td>Olson, M. Lyra</td>
<td>Kahler Hospital, Rochester</td>
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<td>Ordahl, Olena</td>
<td>1515 Charles St., St. Paul</td>
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<td>Paulson, Myrtle V.</td>
<td>702 Conway St., St. Paul</td>
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<td>Peterson, Rebecca Marie</td>
<td>St. Andrew's Hospital, Minneapolis</td>
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<td>Petry, Lucille</td>
<td>University Hospital, Minneapolis</td>
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<td>Power, Isabelle A.</td>
<td>General Hospital, Winona</td>
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<tr>
<td>Prill, Gertrude A.</td>
<td>Northwestern Hospital, Minneapolis</td>
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<tr>
<td>Rankielour, Caroline M.</td>
<td>2642 University Ave., St. Paul</td>
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<td>Rau, Magdalena</td>
<td>St. John's Hospital, St. Paul</td>
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<td>Rexford, Pearl</td>
<td>Northwestern Hospital, Minneapolis</td>
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<td>Reynolds, Elizabeth May</td>
<td>Miller Hospital, St. Paul</td>
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<td>Rhodes, M. Dorothy</td>
<td>St. Barnabas Hospital, Minneapolis</td>
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<td>Sands, Mary C.</td>
<td>Miller Hospital, St. Paul</td>
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<td>Saunders, Lulu A.</td>
<td>Kahler Hospital, Rochester</td>
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<td>Schey, Jennie Olive</td>
<td>University Hospital, Minneapolis</td>
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</tbody>
</table>
SCHRUPP, ESTHER CAROLINE .......... St. Lucas Hospital, Faribault
SCOTT, ANNA GRACE ............... St. Luke's Hospital, St. Paul
SELVIC, MABEL MARION .......... State Hospital, Fergus Falls
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WOOD, WILLA LOUISE ...... 5600 Arsenal Ave., St. Louis
WORRELL, DOROTHY .......... 416 S. Kingshighway, St. Louis
YENICEK, BERTHA O. ...... Municipal Visiting Nurses Assn., St. Louis
ZIEGENBUSH, CATHERINE ...... Research Hospital, Kansas City
ZOLLER, ALMA KATHERINE ...... Grim-Smith Hospital, Kirkville
ZSCHOCH, LOUISE MARIE ...... Lutheran Hospital, St. Louis

MONTANA—1 Member

BROWN, EDITH LUCILLE ...... Box 928, Helena

*NEBRASKA—55 Members

ABBOTT, LULU FLORENCE ...... 847 N. 26th St., Lincoln
ANDERSON, IRENE O. .......... 3707 Grand Ave., Omaha
BARKER, DELSIE F. ........ Methodist Hospital, Omaha
BREDENBERG, DOROTHY O. .... 2431 Laurel Ave., Omaha
BRENN, MERCEDES M. ...... St. James Orphanage, Omaha
BROOKS, MARGARET A. ...... Beatrice Sanitarium, Beatrice
BULIN, EMMA JOSEPHINE ...... Nicholas Senn Hospital, Omaha
BURDICK, AVIS .......... Lincoln General Hospital, Lincoln
BURGESS, CHARLOTTE ..... University Hospital, Omaha
CHAMBERLAIN, HELEN E. .... Methodist Hospital, Omaha
CHRISTIANSON, AUGUSTA ...... Mary Lanning Hospital, Hastings
DEAN, MYRTLE .......... Bryan Memorial Hospital, Lincoln
DORSEY, JOSEPHINE J. ...... Nicholas Senn Hospital, Omaha
GAGNE, ANNA L. .......... 2301 S. 19th St., Lincoln
GRAHAM, JESSIE ELIZABETH .... Lord Lister Hospital, Omaha
HALVORSEN, AMY .......... Bryan Memorial Hospital, Lincoln
HANKEN, Frieda A. .................2440 St. Mary’s Ave., Lincoln
HANSEN, Ellen Andrea ..........3549 Font Blvd., Omaha
HARRISON, Florence V. ........University Hospital, Omaha
HENDRICKSON, Edla D. ..........2315 S. 17th St., Lincoln
HIGGINS, Jennie M. .............2100 South St., Lincoln
HOLDREGE, Leeta A. ..........5105 Underwood Ave., Omaha
JACOBSON, Alida .. Nebraska Methodist Hospital, Omaha
KELLISON, Maud Long .. Lutheran Hospital, Beatrice
KOYAS, Viola Irene ...... Nicholas Senn Hospital, Omaha
KRAUSS, Anna E. ............908 Elk St., Beatrice
LEWIS, Arta Marie ...... Mary Lanning Memorial Hospital, Hastings
McCORKLE, Mae D. ..........2720 Pickney St., Omaha
MARTIN, Carol L. ..........Dept. of Public Welfare, Lincoln
MILLER, Amelia .........827 N. Cedar St., Hastings
PARKER, Grace J. ..........Bryan Memorial Hospital, Lincoln
PENNER, Ursula Louise .. Mennonite Hospital, Beatrice
PETERSEN, Bertha J. ... Lincoln General Hospital, Lincoln
PETERSON, Mildred Olive .. Lincoln General Hospital, Lincoln
PETERSON, Myrtle A. .. Immanuel Hospital, Omaha
REESE, Sylvia ..............Orthopedic Hospital, Lincoln
RHOADES, Clara ..........Beatrice Sanitarium, Beatrice
ROBBINS, Iva ..............Orthopedic Hospital, Lincoln
RODEKOH, Adele ........3218 Holdrege St., Lincoln
SAMPSON, Elsie Myrtle .. Bryan Memorial Hospital, Lincoln
SCHEER, Gertrude H. ......University Hospital, Omaha
SHAFER, Jeanette ..........Clarkson Hospital, Omaha
SHAFFER, Anna May ..........Methodist Episcopal Hospital, Omaha
SHEPHERD, Bernice C. ......914 N. 41st Street, Omaha
SISTER M. Alexia Hatke .. St. Elizabeth Hospital, Lincoln
SISTER M. Faiba ..........St. Francis Hospital, Grand Island
SISTER M. Kevin Corcoran .. St. Catherine’s Hospital, Omaha
SISTER M. John O’Connor .. St. Catherine’s Hospital, Omaha
SISTER M. Livina .........St. Joseph’s Hospital, Omaha
SISTER Olive Cullenberg .. Immanuel Hospital, Omaha
SMITS, Gladys Gertrude .. Lincoln General Hospital, Lincoln
SPARKS, Elsie ..........Methodist Hospital, Omaha
TUCKER, Myra ...........University Hospital, Omaha
VOAS, Fern F. ..........Bryan Memorial Hospital, Lincoln
WALKER, Mary C. ..........Lincoln General Hospital, Lincoln

*NEW HAMPSHIRE—21 Members

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BATCHFelder, Charlotte ....Portsmouth Hospital, Portsmouth
COGGIN, Mildred Georgina ..Mt. Vernon
COREY, Jessie R. ...........Hillsborough Hospital, Grasmere
CURTIS, Anna ..........Portsmouth Hospital, Portsmouth
GRIFFIN, Rose Elizabeth .. Mary Hitchcock Hospital, Hanover
JETTE, Jessie H. ...........Exeter Hospital, Exeter
KNOWLES, Florence M. .. Portsmouth Hospital, Portsmouth
LITTLEFIELD, Maude E. .. Exeter Hospital, Exeter
MacAskill, Christine .......... Claremont Hospital, Claremont
MacDonald, Christina .......... Exeter Hospital, Exeter
Mathewson, Florence E. ......... 241 Elm St., Claremont
Messer, Jennie B. ............. 255 Myrtle St., Manchester
Messer, Mary A. ............... 255 Myrtle St., Manchester
Moore, Addie M. ............... Hillsboro County Hospital, Goffstown
Nicholl, Sarah S. L. .......... Exeter Hospital, Exeter
O'Donoghue, Rosanna .......... Portsmouth Hospital, Portsmouth
Robbins, Abbie Della .......... Keene Hospital, Keene
Thompson, Louise H. .......... Elliott Community Hospital, Keene
Wark, Doris M. ............... 241 Elm St., Claremont
Williams, Lillian G. .......... Laconia Hospital, Laconia

*NEW JERSEY—107 Members

Abt, Ernestine M. ............ Newark City Hospital, Newark
Ahlers, Caroline C. .......... 220 Engle St., Englewood
Allen, Margaret Brewster .... Orange Memorial Hospital, Orange
Appleton, Grace Gertrude .... St. Mary's Hospital, Orange
Ashmun, Margaret .......... Orange Memorial Hospital, Orange
Austin, Ida F. ............... 91 Prospect St., East Orange
Bardeau, Kathryn .......... N. J. State Hospital, Trenton
Barnes, Edyth G. .......... Paterson General Hospital, Paterson
Bealer, Nettie Elizabeth ... McKinley Hospital, Trenton
Blackman, Abigail .......... Port Norris
Blauvelt, Minnie P. .......... Essex County Homeopathic Hospital, East Orange

Borda, Maude R. ............ 313 High Street, Millville
Bunnell, Margaret Maude .... Newark Beth Israel Hospital, Newark
Burns, Florence P. ........ Babies Hospital, Newark
Caddy, Eva .................. Hospital of St. Barnabas, Newark
Casperison, Elsa ........ Atlantic City Hospital, Atlantic City
Chadwick, Bessie .......... Monmouth Memorial Hospital, Long Branch
Compton, Mary ................. 22 Hillyer St., Orange
Copeland, M. Agnes .......... St. Joseph's Hospital, Paterson
Cooke, Ada Ellen .......... 425 Central Ave., Orange
Corcoran, Kathryn de Sales .. Atlantic City Hospital, Atlantic City
Corcoran, Mary Elizabeth ... State Hospital, Greystone Park
Cox, Greta Katheryn ........ Barnert Hospital, Paterson
Creech, Arabella Redding .... 42 Bleecker St., Newark
Dakin, Florence ............... 468 Ellison St., Paterson
Dearth, Hazel May .......... Presbyterian Hospital, Newark
Denk, May ................... Newark City Hospital, Newark
Dowling, Nora Loretta .... Orange Memorial Hospital, Orange
Dunbar, Virginia Matthews ... Englewood Hospital, Englewood
Edgecomb, Mary E. .......... Englewood Hospital, Englewood
Eldon, Blanche Emily .... State Hospital, Greystone Park
Erskine, Cornelia D. ....... Hackensack Hospital, Hackensack
Ferguson, Rachel Overly ..... Homeopathic Hospital, East Orange
Foran, Rose Marie .......... Orange Memorial Hospital, Orange
Forve, Dorothy Gertrude ... Christ Hospital, Jersey City
<table>
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<tr>
<td>Fraentzel, Agnes Keane</td>
<td>35 Durand Rd., 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>Goodenough, Florence E.</td>
<td>Atlantic City Hospital, Atlantic City</td>
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<td>Gough, Margaret</td>
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<td>Gray, Mary E.</td>
<td>176 Palisade Ave., Jersey City</td>
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<td>Green, Louise A.</td>
<td>201 Lyons Ave., Newark</td>
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<td>Newark Memorial Hospital, Newark</td>
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<td>Haley, Margaret C.</td>
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<td>Hall, Priscilla K.</td>
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<td>Higbid, Elizabeth J.</td>
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<td>Hyde, Sadie A.</td>
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<td>Ireland, Minnie Robb</td>
<td>44 Bleecker St., Newark</td>
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<td>Konrad, Clara Marie</td>
<td>Margaret Hague Maternity Hospital, Jersey</td>
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<td>Landriau, Cecile A.</td>
<td>St. Elizabeth's Hospital, Elizabeth</td>
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<td>Liggett, Mabel Christine</td>
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<td>Madden, Kate</td>
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<td>Muth, Margaret</td>
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<td>Overmyer, Faye Geraldine</td>
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<td>Robinson, Jean M.</td>
<td>25 Dartmouth Rd., West Orange</td>
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<td>Russell, Martha</td>
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<td>Scott, Martha M.</td>
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<td>Seifert, Hettie W.</td>
<td>631 Monroe Ave., Elizabeth</td>
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<td>Sister M. Loreto</td>
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<td>Sister M. Paschal</td>
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SMITH, Bertha Van Heise .......... Orange Memorial Hospital, Orange
SMITH, J. Winifred ............... 300 Engle St., Englewood
SMITH, Victoria .................. Englewood Hospital, Englewood
Souza, Marion ................... Mountainside Hospital, Montclair
SQUAREWOOD, Ida D. ............... Bridgeton Hospital, Bridgeton
Squire, Marietta B ................ 45 Lincoln St., East Orange
Swartz, Cora ...................... Cooper Hospital, Camden
TAMS, Zephina Kathryn .......... Hospital of St. Barnabas, Newark
Thompson, Lilian M ................ Monmouth Memorial Hospital, Long Branch
Van Gelder, Sarah ................ City Hospital, Perth Amboy
Vaughn, Nellie Elena ............... Homeopathic Hospital, East Orange
Watson, Grace .................... Jersey City Hospital, Jersey City
Weber, Laura M .................... McKinley Hospital, Trenton
White, Barbara C .................. State Hospital, Trenton
Whitney, Susie L .................. Orange Memorial Hospital, Orange
Whitney, Winifred ................ Muhlenberg Hospital, Plainfield
Wilbur, Ethel A .................... Essex County Hospital, Belleville
Wildey, Harriette E ............... 165 Academy St., South Orange
Wilson, Margaret Sexton ........ St. Michael's Hospital, Newark
Winters, Marian J ................ Middlesex Hospital, New Brunswick
Witte, Frances W .................. Rockland State Hospital, Orangeburg
Wurts, Anne Bronson .............. Hospital of St. Barnabas, Newark
Zweiman, Adele ................... 201 Lyons Ave., Newark

*New York—386 Members

Allanach, Mary Elizabeth ........ 197 Madison Ave., New York
Allison, Grace E .................. Samaritan Hospital, Troy
Anderson, Ann Marie .............. 8 West 16th St., New York
Anderson, Bernice Evelyn ........ Willard Parker Hospital, New York
Anderson, Lydia E ................ 167 Prospect Place, Brooklyn
Anderson, Mary Margaret ........ 501 W. Main St., Rochester
Andrews, Frances H ................ City Hospital, Amsterdam
Archibald, Ethel M ................. 620 W. 168th St., New York
Arthur, Estella May ............... 8 W. 16th St., New York
Asprey, Florence .................. 11 East 68th St., New York
Atkin, Edith ...................... City Hospital, Amsterdam
Bacon, Ethel K .................... 440 E. 26th St., New York
Bacon, Florence ................... 440 E. 26th St., New York
Bain, Jessie T ..................... 2880 Broadway, New York
Baldwin, Martha E ................ Samaritan Hospital, Troy
Bamber, Beatrice M ............... Grasslands Hospital, Valhalla
Bareham, Mildred Louise .......... 146 Cuyler St., Palmyra
Barrett, Mary V ................... Highland Hospital, Rochester
Bauble, Marie Josephine .......... Prospect Heights Hospital, Brooklyn
Bayley, Lucy M .................... 37 S. Goodman St., Rochester
Beal, Lucy Helen .................. 423 W. 120th St., New York
Beard, Mary ...................... 61 Broadway, New York
Beaty, M. Louise .................. St. Luke's Hospital, New York
Beckman, Margaret ................. Lenox Hill Hospital, New York
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<td>Beecroft, Mary C.</td>
<td>317 W. 45th St., New York</td>
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<td>Bergstrom, Flora Josephine</td>
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<td>Best, Ella</td>
<td>450 Seventh Ave., New York</td>
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<td>Best, Virginia P.</td>
<td>Highland Hospital, Rochester</td>
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<td>Bondeson, Emily</td>
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<td>Boynton, Grace</td>
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<td>Breadon, Grace</td>
<td>501 W. Main St., Rochester</td>
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<td>Brees, Ramona Brewer</td>
<td>Clifton Springs Sanitarium, Clifton Springs</td>
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<td>Breslin, Mary Helen</td>
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<td>Brown, Jennie T.</td>
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<td>Buckingham, Attalee M.</td>
<td>New York Infirmary for Women and Children,</td>
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<td>525 W. 120th St., New York</td>
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<td>Burroughs, Clifford</td>
<td>Arnot Ogden Hospital, Elmira</td>
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<td>Carter, Dorothy J.</td>
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<td>Clark, Althea F.</td>
<td>49 Claremont Ave., New York</td>
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<td>Clark, Genevieve Y.</td>
<td>323 Second Ave., Albany</td>
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<td>Clark, Isabel</td>
<td>462 Grider St., Buffalo</td>
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<td>Clarke, Ethel Palmer</td>
<td>68 Franklin Ave., Yonkers</td>
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<td>Coger, Letha M.</td>
<td>789 Park Ave., Rochester</td>
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<td>Coleman, Helen Marie</td>
<td>St. Mary's Hospital, Brooklyn</td>
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<td>Combs, Josephine H.</td>
<td>141 W. 109th St., New York</td>
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<td>Cooley, Corine Starr</td>
<td>179 Ft. Washington Ave., New York</td>
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<td>Cowan, M. Cordelia</td>
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<td>Cranball, Ella Phillips</td>
<td>Suite 371, 1 Madison Ave., New York</td>
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<td>Crockett, Helen Chipman</td>
<td>Mary McClellan Hospital, Cambridge</td>
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<td>Curran, Ella M.</td>
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<td>Datesman, Sabra Hunter</td>
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<td>De Cru, Clare L.</td>
<td>641 Washington St., New York</td>
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<td>Delmore, Anna J.</td>
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<td>Dennhardt, Loraine</td>
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DOMZELLA, WANDA R. .......... Grasslands Hospital, Valhalla
DONALD, MARY REID .......... Albany Hospital, Albany
DORAN, MARTHA WARK .......... Craig Colony, Sonyea
DOWLING, DELIA G. .......... Hospital for Joint Diseases, New York
DOWLING, MARY B. .......... Blythedale Home, Valhalla
DOYLE, MARIAN R. .......... Kings County Hospital, Brooklyn
DUNNE, M. EVA .......... Buffalo General Hospital, Buffalo
DUNNING, CHARLOTTE E. .......... Doctor's Hospital, 87th St., New York
DURHAM, JANE .......... 1230 Amsterdam Ave., New York
DYER, GERTRUDE MAY .......... 706 W. 168th St., New York
DYER, SHEILA MAUREEN .......... 622 W. 168th St., New York
EAKINS, MARTHA .......... State Education Building, Albany
ELLICOTT, NANCY POULTNEY .......... York Ave. & 66th St., New York
ENDMANN, MARTHA E. .......... Buffalo General Hospital, Buffalo
ERWIN, MARY ROSE .......... 5 E. 98th St., New York
FADIS, HELEN W. .......... French Hospital, New York
FARRELL, MARIE .......... 1230 Amsterdam Ave., New York
FAVREAU, CLAIRE HELOISE .......... Physicians’ Hospital, Plattsburg
FEECKLER, ARVILLA .......... Moses Ludington Hospital, Ticonderoga
FISHER, JANET .......... Mt. Vernon Hospital, Mt. Vernon
FITZGERALD, ALICE L. F. .......... 345 W. 50th St., New York
FITZGERALD, ELIZABETH R. .......... Woman’s Hospital, New York
FITZGERALD, MARGARET .......... 2076 E. 8th St., Brooklyn
FLINT, CLARA P. V. .......... Doctor’s Hospital, 87th St., New York
FOOTE, ELIZABETH KIRKLAND .......... Faxton Hospital, Utica
FOUNTAIN, MARY E. .......... Mary McClellan Hospital, Cambridge
FRANK, ELSA ROSALIND .......... 43 76th St., Brooklyn
FRANKLIN, RHEA BERNICE .......... 622 W. 168th St., New York
FRASER, EVELYN GRACE .......... Roosevelt Hospital, New York
FRAZER, FANNIE ROWLAND .......... 340 Henry St., Brooklyn
FRISBEE, ELIZABETH .......... Horton Memorial Hospital, Middletown
GAMMELL, GLADYS A. .......... 320 E. 42nd St., New York
GAMMON, HAZEL R. .......... White Plains Hospital, White Plains
GARDNER, RUTH M. .......... Grasslands Hospital, Valhalla
GARDNER, AGNES JANE .......... Grasslands Hospital, Valhalla
GARLAND, ELLEN EMMA .......... Flushing Hospital, Flushing
GELINAS, AGNES .......... Mary McClellan Hospital, Cambridge
GILBERT, HARRIET M. .......... City Hospital, Welfare Island, New York
GILMAN, ALICE SHEPARD .......... 75 State St., Albany
GOLDSMITH, JOSEPHINE .......... Cumberland Hospital, Brooklyn
GOODINE, CATHERINE E. .......... 5 East 98th Street, New York
GORDON, CLARA .......... 315 E. 16th St., New York
GRADY, MABEL F. .......... Lebanon Hospital, New York
GRASS, ANNE E. .......... Grasslands Hospitals, Valhalla
GRAY, CAROLYN E. .......... City Hospital, Welfare Island, New York
GREENER, ELIZABETH A. .......... Mt. Sinai Hospital, New York
GREENER, MARGARET LESLIE .......... 127 Ashburton Ave., Yonkers
GRUBE, EVA AMELIA .......... City Hospital, Welfare Island, New York
HALSEY, Katherine T. ......... 3 Wellington Circle, Bronxville
HANDLE, Mary .............. 102 E. 22nd St., New York
HANFORD, Lillian A. ......... 303 E. 20th St., New York
HARKER, Goldie Duchess ....... Jamestown General Hospital, Jamestown
HARRIMAN, Margaret Bradley . Roosevelt Hospital, New York
HAWKINS, Stella Mary ......... Education Bldg., Albany
HAYCOCK, Grace E. .......... 161 W. 61st St., New York
HAYES, Edith Viola ........... Roosevelt Hospital, New York
HEAL, Jessica S. ............. Genesee Hospital, Rochester
HEALY, Annie M. .......... Jewish Memorial Hospital, New York
HEARN, Katherine F. ......... 100 White Plains Road, Bronxville
HEINHEIMER, Minnie Joy ... St. John's Hospital, Brooklyn
HELLER, Pauline E. .......... Beth Israel Hospital, New York
HELMKAMP, Talitha .......... 136th St. & Lenox Ave., New York
HENDRICKSON, Louise ...... 235 E. 57th St., New York
HENRY, Helen Roberta ......... 622 W. 168th St., New York
HICKOK, Florence Hardie .... Nathan Littauer Hospital, Gloversville
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1 E. 100th St., New York
1230 Amsterdam Ave., New York
Willard Parker Hospital, New York
Genesee Hospital, Rochester
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>Moir, Helen M.</td>
<td>French Hospital, New York</td>
</tr>
<tr>
<td>Moith, Anna O.</td>
<td>563 Riley St., Buffalo</td>
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<tr>
<td>Moore, Nonie Agnes</td>
<td>22 W. 87th St., New York</td>
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<td>Moore, Sarah E.</td>
<td>8 W. 16th St., New York</td>
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<tr>
<td>Morrison, Georgia A.</td>
<td>Presbyterian Hospital, New York</td>
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<tr>
<td>Morrison, Lottie Marion</td>
<td>620 W. 168th St., New York</td>
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<tr>
<td>Morrow, Ruth</td>
<td>161 W. 61st St., New York</td>
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<tr>
<td>Morse, Alice M.</td>
<td>Samaritan Hospital, Troy</td>
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<td>Morse, Edna Curtis</td>
<td>1230 Amsterdam Ave., New York</td>
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<td>Munch, Karen Elise</td>
<td>622 W. 168th St., New York</td>
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<td>Munson, Helen W.</td>
<td>450 Seventh Ave., New York</td>
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<td>Muse, Maude B.</td>
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<td>City Hospital, Welfare Island, New York</td>
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<td>Napier, Lila J.</td>
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<td>Nodwell, Mabel Lavina</td>
<td>327 E. 60th St., New York</td>
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<td>Nutting, M. Adelaide</td>
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<tr>
<td>Nye, Evangeline J.</td>
<td>Children's Hospital, Buffalo</td>
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<tr>
<td>Oakley, Lena Raub</td>
<td>Methodist Episcopal Hospital, Brooklyn</td>
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<td>O'Brien, Sadie J.</td>
<td>Harlem Hospital, New York</td>
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<tr>
<td>Ogilvie, Elsie C.</td>
<td>706 W. 168th St., New York</td>
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<tr>
<td>O'Hern, Gertrude I.</td>
<td>480 Alexander St., Rochester</td>
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<tr>
<td>Orrey, A. Marguerite</td>
<td>St. Mary's Hospital, Amsterdam</td>
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<td>Otto, Alice H.</td>
<td>100 E. Gunhill Road, New York</td>
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<td>Palm, Sarah Isabel</td>
<td>Grasslands Hospital, Valhalla</td>
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<tr>
<td>Parker, Bessie</td>
<td>Methodist Episcopal Hospital, Brooklyn</td>
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<td>Parker, Edith Pearl</td>
<td>Staten Island Hospital, Tompkinsville</td>
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<td>Pekrul, Nellie Hazel</td>
<td>Ellis Hospital, Schenectady</td>
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<td>Peto, Marjorie</td>
<td>1537 E. 13th St., New York</td>
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<td>Pfefferkorn, Blanche</td>
<td>450 Seventh Ave., New York</td>
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<td>Pillsbury, Mary Elizabeth</td>
<td>567 Prospect Place, Brooklyn</td>
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<td>Pindell, Jane M.</td>
<td>600 W. 235th St., New York</td>
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<td>Pollack, Rose</td>
<td>Beth Israel Hospital, New York</td>
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<td>Potts, Florence J.</td>
<td>32 James St., Albany</td>
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<tr>
<td>Powell, Charlotte M.</td>
<td>Blythedale Home, Valhalla</td>
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<tr>
<td>Price, Antoinette</td>
<td>1086 Lexington Ave., New York</td>
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<tr>
<td>Prudinska, Rita</td>
<td>Beth Israel Hospital, New York</td>
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<tr>
<td>Quain, Anna K.</td>
<td>City Hospital, Welfare Island, New York</td>
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<tr>
<td>Quefau, Clara</td>
<td>State Education Bldg., Albany</td>
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<tr>
<td>Rafuse, Ella M.</td>
<td>509 W. 121st St., New York</td>
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<tr>
<td>Rarick, Myrtle E.</td>
<td>256 State St., Albany</td>
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<tr>
<td>Ratcliffe, Esther Henckell</td>
<td>268 Castelbar Road, Rochester</td>
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<tr>
<td>Raymond, Belle Fraser</td>
<td>141 W. 109th St., New York</td>
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<tr>
<td>Reed, Lillian A.</td>
<td>224 Alexander St., Rochester</td>
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<td>Rees, Madee</td>
<td>Cohoes Hospital, Cohoes</td>
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<tr>
<td>Reid, Grace Leona</td>
<td>Strong Memorial Hospital, Rochester</td>
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<td>Reutinger, Anna L.</td>
<td>St. Mary's Free Hospital, New York</td>
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<tr>
<td>Richardson, Mildred Anna</td>
<td>1230 Amsterdam Ave., New York</td>
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<td>Ridley, Ethel B.</td>
<td>Hospital for Ruptured &amp; Crippled, New York</td>
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<tr>
<td>Ritter, Beatrice Elizabeth</td>
<td>450 E. 64th St., New York</td>
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RIVINGTON, ESTHER F. ............ Neurological Institute, New York
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Youngburg, Mamie V. .......... 179 Amiral Road, Buffalo
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TAYLOR, ERMA B .................... 1037 Wyoming St., Dayton
TILLOTSON, RUTH B ............... Children's Hospital, Columbus
TOMLINSON, ELINOR V ............ Cincinnati General Hospital, Cincinnati
WALN, CLARA E ..................... 630 Eaton Ave., Cincinnati
WARNER, GERTRUDE E ............. White Cross Hospital Association, Columbus
WASHBURN, ANNE PAINE .......... 2103 Adelbert Road, Cleveland
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WILKUS, DORIS ..................... Jewish Hospital, Cincinnati
WILSON, FLORENCE KISSICK ...... 50 Oakhurst Drive, Brecksville
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WOOTTON, NINA E ................... People's Hospital, Akron
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YOUNG, LENORE BRENNA ......... Women's and Children's Hospital, Toledo

*OKLAHOMA—22 Members

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BUCHAN, EVELYN H. .............. 117 North Tenth St., Duncan
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CON, ESTY C. .................. St. John's Hospital, Tulsa
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SISTER M. PANCRETA ELLERMAN .St. Anthony Hospital, Oklahoma City
SLIEP, GOLDA B. ................. 526 State Capitol, Oklahoma City
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CROWE, MARION G. ............ Fitzpatrick Bldg., Portland
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DWYER, MAE M. ................. 334 Harrison St., Portland
EGGERS, JOHANNA .......... 805 10th St., Marquam Manor, Portland
GAVIN, JANE D. ............... 403 Mayer Bldg., Portland
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THOMSON, ELNORA E. ................. 814 Oregon Building, Portland
TWIST, MINNETTE ..................... 816 Oregon Building, Portland
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YOUNG, PAULINE ...................... 1600 E. Yamhill St., Portland

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Guilfoyle, Mary W. ............. 4108 Baltimore Ave., Philadelphia
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LERCH, AMANDA I .......... Reading Hospital, West Reading
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LEWIS, CORA E .......... Allegheny General Hospital, Pittsburgh
LINDELL, ROSE M .......... 3400 Pine St., Philadelphia
LINDELL, GRACE M .......... Reading Hospital, West Reading
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MCCORMICK, MARIE GERTRUDE Hospital of the Women's Medical College, Philadelphia
MCCOWAN, ANNA E .......... Presbyterian Hospital, Philadelphia
MCKEAN, MARY B .......... Philadelphia Hospital for Contagious Diseases, Philadelphia
MCMULLEN, MARGARET ....... 1818 Lombard St., Philadelphia
MACAfee, NELLIE E .......... 4711 Maripoe St., Pittsburgh
<table>
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<th>Name</th>
<th>Institution</th>
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<td>MacDermid, Rachel Florence</td>
<td>Suburban General Hospital, Bellevue</td>
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<td>State Hospital, Nanticoke</td>
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<td>Presbyterian Hospital, Philadelphia</td>
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<td>Manly, Jennie A.</td>
<td>Homestead Hospital, Homestead</td>
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<td>Martin, Anna Kelly</td>
<td>Brownsville General Hospital, Brownsville</td>
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<td>Martin, Mary M.</td>
<td>Stetson Hospital, Philadelphia</td>
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<td>Masten, Lucy</td>
<td>University Hospital, Philadelphia</td>
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<td>Meier, Anna L.</td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td>Melville, Clara</td>
<td>Jefferson Hospital, Philadelphia</td>
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<td>Miller, Adele</td>
<td>Allentown Hospital, Allentown</td>
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<td>Miller, Elizabeth F.</td>
<td>123 North St., Harrisburg</td>
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<td>Miller, Elsie L.</td>
<td>Frankford Hospital, Philadelphia</td>
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<td>Milken, Mary B.</td>
<td>Presbyterian Hospital, Pittsburgh</td>
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<td>Minnick, Hilda L.</td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td>Moore, M. Elizabeth</td>
<td>Chester County Hospital, West Chester</td>
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<td>Moore, Winifred L.</td>
<td>Visiting Nurse Association, York</td>
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<td>Mulherin, Loretta</td>
<td>St. Joseph's Hospital, Carbondale</td>
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<td>Murray, Sara M.</td>
<td>Riverview Manor, Harrisburg</td>
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<td>Murray, Sue Aubrey</td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td>Newman, W. Maud</td>
<td>Sewickley Valley Hospital, Sewickley</td>
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<td>Newton, Rowena Morris</td>
<td>Children's Hospital, Pittsburgh</td>
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<td>Nicholson, Grace</td>
<td>The Babies' Hospital, Philadelphia</td>
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<td>Nisley, Elizabeth</td>
<td>State Hospital, Scranton</td>
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<td>Nudell, Ida</td>
<td>Good Samaritan Hospital, Lebanon</td>
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<td>Ogden, Hannah Benner</td>
<td>3400 Pine St., Philadelphia</td>
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<td>Palmer, Emily</td>
<td>Montefiore Hospital, Pittsburgh</td>
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<td>Pancoast, Esther Justice</td>
<td>Children's Homeopathic Hospital, Philadelphia</td>
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<td>Parrish, Ida M.</td>
<td>Nesbitt Memorial Hospital, Kingston</td>
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<td>Parrish, Lola Catherine</td>
<td>Moses Taylor Hospital, Scranton</td>
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<tr>
<td>Paul, Laura Elizabeth</td>
<td>320 S. 34th St., Philadelphia</td>
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<td>Pfieffer, Nella</td>
<td>Women's Homeopathic Hospital, Philadelphia</td>
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<td>Pierce, Clara Agnes</td>
<td>University of Pennsylvania Hospital, Philadelphia</td>
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<td>Pilcher, Caroline Louise</td>
<td>Western Pennsylvania Hospital, Pittsburgh</td>
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<td>Polk, Adele M.</td>
<td>St. Margaret Memorial Hospital, Pittsburgh</td>
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<td>Pollock, Elsie Weast</td>
<td>Misericordia Hospital, Philadelphia</td>
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<td>Porter, Helen Elizabeth</td>
<td>Allegheny General Hospital, Pittsburgh</td>
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<td>Powell, Katharine</td>
<td>Presbyterian Hospital, Philadelphia</td>
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<td>Pratt, Helen</td>
<td>Western Pennsylvania Hospital, Pittsburgh</td>
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<td>Prescott, Ula Mildred</td>
<td>Allegheny General Hospital, Pittsburgh</td>
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<td>Pritchard, Dorothea Ida</td>
<td>Presbyterian Hospital, Pittsburgh</td>
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<td>Quay, Anna M.</td>
<td>Pottstown Hospital, Pottstown</td>
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<td>Quigg, Henrietta Y.</td>
<td>Pittsburgh City Home and Hospital, Mayview</td>
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<tr>
<td>Quivey, Lena</td>
<td>Sewickley Valley Hospital, Sewickley</td>
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<tr>
<td>Reed, Margaret P.</td>
<td>801 S. Broad St., Philadelphia</td>
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<td>Reichert, Wilhelmine</td>
<td>Chester County Hospital, West Chester</td>
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<td>Rittmann, Katharine G.</td>
<td>Lankenau Hospital, Philadelphia</td>
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<tr>
<td>Roberts, Nellie Virginia</td>
<td>Chester County Hospital, West Chester</td>
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<tr>
<td>Ross, Elizabeth Bell</td>
<td>1818 Lombard St., Philadelphia</td>
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<tr>
<td>Roth, Anna</td>
<td>6400 Beacon St., Pittsburgh</td>
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</tbody>
</table>
Saville, Judith .................................. Palmerton Hospital, Palmerton
Scarborough, Elizabeth ....................... Abington Hospital, Abington
Scheibler, Lydia M. .......................... Presbyterian Hospital, Philadelphia
Schreck, Marian Elizabeth ................... Western Pennsylvania Hospital, Pittsburgh
Scott, Elizabeth Hughes .................... 320 S. 34th St., Philadelphia
Shank, Lydia Whitmer ....................... Presbyterian Hospital, Philadelphia
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Sherrick, Ellen ............................... Homeopathic Hospital, Pittsburgh
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WILSON, MARY BLYTHE Pittsburgh Home for Babies, Ingram
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YOUNG, HARRIET F. Kirby Health Center, Wilkes-Barre
ZUPPAL, NORA L. 1818 Lombard St., Philadelphia

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AYERS, LUCY C. 259 Carrington Ave., Woonsocket
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BOWLEY, ALICE MARION Rhode Island Hospital, Providence
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CHAPIN, WILMA BIXBY 825 Chalkstone Ave., Providence
CHASE, ADALINE 100 N. Main St., Providence
COX, ALICE ELIZABETH 100 N. Main St., Providence
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DOCKHAM, CLARA O. Rhode Island Hospital, Providence
DUNN, EMMA L. Crawford Allen Memorial Hospital, East Greenwich

ERICSON, MAUDE L. 825 Chalkstone Ave., Providence
FALVEY, HELEN District Nursing Association, Providence
FITZPATRICK, WINIFRED L. 100 N. Main St., Providence
FLEMING, ELIZABETH F. 65 Clyde St., Pawtucket
GARDNER, MARY S. 2 Angell St., Providence
<table>
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<tr>
<th>Name</th>
<th>Hospital, City</th>
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<tr>
<td>Goodnow, Minnie</td>
<td>Newport Hospital, Newport</td>
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<tr>
<td>Gould, Alice M.</td>
<td>Crawford Allen Hospital, East Greenwich</td>
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<td>Groves, Barbara</td>
<td>Memorial Hospital, Pawtucket</td>
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<td>Hansen, Elizabeth I.</td>
<td>74 Dexter St., Providence</td>
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<td>Johnston, Dorothy</td>
<td>Butler Hospital, Providence</td>
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<td>Jutras, Bertha E.</td>
<td>100 N. Main St., Providence</td>
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<td>Lilly, Mary Respa</td>
<td>Rhode Island Hospital, Providence</td>
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<td>McGibbon, Anna Katherine</td>
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<td>Moreau, Alexina</td>
<td>Charles V. Chapin Hospital, Providence</td>
</tr>
<tr>
<td>Oliver, Christy Ross</td>
<td>100 N. Main St., Providence</td>
</tr>
<tr>
<td>O'Neill, Catherine G.</td>
<td>Charles V. Chapin Hospital, Providence</td>
</tr>
<tr>
<td>Potter, Helen Osborne</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
<tr>
<td>Richardson, Mary M.</td>
<td>100 N. Main St., Providence</td>
</tr>
<tr>
<td>Schröeder, Madeleine M.</td>
<td>Memorial Hospital, Pawtucket</td>
</tr>
<tr>
<td>Sherman, Elizabeth Frances</td>
<td>Rhode Island Central Directory for Nurses, Providence</td>
</tr>
<tr>
<td>Sitter M. Evrard</td>
<td>St. Joseph's Hospital, Providence</td>
</tr>
<tr>
<td>Smith, Eunice</td>
<td>825 Chalkstone Ave., Providence</td>
</tr>
<tr>
<td>Tracy, Catherine O'Connell</td>
<td>100 N. Main St., Providence</td>
</tr>
<tr>
<td>White, Louisa</td>
<td>Rhode Island Hospital, Providence</td>
</tr>
</tbody>
</table>

**SOUTH CAROLINA—4 Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital, City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andell, Marguerite</td>
<td>Roper Hospital, Charleston</td>
</tr>
<tr>
<td>Commer, Alice B.</td>
<td>McLeod Infirmary, Florence</td>
</tr>
<tr>
<td>Engelberg, Meyeral</td>
<td>Roper Hospital, Charleston</td>
</tr>
<tr>
<td>Welsh, Marguerite J.</td>
<td>Columbia Hospital, Columbia</td>
</tr>
</tbody>
</table>

**SOUTH DAKOTA—2 Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nelson, Elvira</td>
<td>Route 4, Box 77, White Lake</td>
</tr>
<tr>
<td>Woods, Mabel O.</td>
<td>Methodist Episcopal Hospital, Mitchell</td>
</tr>
</tbody>
</table>

**TENNESSEE—27 Members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital, City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Margaret Lutie</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Anderson, Thelma</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Archer, Myrtle M.</td>
<td>Baptist Memorial Hospital, Memphis</td>
</tr>
<tr>
<td>Bergen, Delia S.</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Creighton, Marguerite</td>
<td>Baptist Memorial Hospital, Memphis</td>
</tr>
<tr>
<td>Curvin, Gladys Dorothy</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Dunn, Mary Josephine</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Ebbs, Dorothy D.</td>
<td>Baroness Erlanger Hospital, Chattanooga</td>
</tr>
<tr>
<td>Giles, Mary Dodd</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Gilmore, Bettie Johnson</td>
<td>Garty-Ramsay Hospital, Memphis</td>
</tr>
<tr>
<td>Goff, Hazel Lee</td>
<td>Riverside-Fort Sanders Hospital, Knoxville</td>
</tr>
<tr>
<td>Hay, Ruth Warwick</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Hinton, Ella George</td>
<td>Memphis General Hospital, Memphis</td>
</tr>
<tr>
<td>Holmes, Georgia</td>
<td>Methodist Hospital, Memphis</td>
</tr>
<tr>
<td>Holmes, Louise</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>Holzhausen, Erma</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
<tr>
<td>King, Frances</td>
<td>Vanderbilt University Hospital, Nashville</td>
</tr>
</tbody>
</table>
Lingham, Gertrude Elizabeth .......... Rural Educational Association, Madison
Potts, Aurelia Belle ................. George Peabody College for Teachers, Nashville

Rast, George Moorman ............... Methodist Hospital, Memphis
Sheridan, Elizabeth ................. Vanderbilt University Hospital, Nashville
Sister Leander Cook ................... St. Thomas Hospital, Nashville
Swallen, Mary Ella ................... Vanderbilt University Hospital, Nashville
Titus, Shirley Carew ................. Vanderbilt University Hospital, Nashville
Ufeleman, IvaH Williams ............. 801 Denombre St., Nashville
White, Mary W. ...................... Knoxville General Hospital, Knoxville
Wivel, Elizabeth Carroll ............. Vanderbilt University Hospital, Nashville

*Texas—104 Members

Adams, Leona Gwynnolyn .............. Kleburg Hospital, Kingsville
Airhart, Ivydell Maud ............... King's Daughters' Hospital, Temple
Ashburn, Ruth ....................... John Sealy Hospital, Galveston
Ayres, Enid .......................... Methodist Hospital, Fort Worth
Baker, Beulah ....................... Memorial Hospital, Houston
Barcus, Nona ......................... St. David's Hospital, Austin
Boeker, Bertha ...................... John Sealy Hospital, Galveston
Boiskie, Christine Helen ............ Hotel Dieu, Beaumont
Breihan, Olga Marie ................. 3415 Junius St., Dallas
Brient, Ellen Louise ................. Nix Hospital, San Antonio
Burlew, Lucile ....................... Baylor Hospital, Dallas
Carroll, Rhoda K. ................... 2501 Rogers Ave., Fort Worth
Cole, Laura .......................... Scott and White Hospital, Temple
Cooper, JoAnna ...................... Texarkana Hospital, Texarkana
Cooze, Maud Whitley ................. Stamford Sanitarium, Stamford
Danneim, Emma H. ................... Memorial Hospital, Houston
Davis, Ruby B. ....................... Parkland Hospital, Dallas
Dick, Katherine R ................... 408 Hawthorne Ave., Houston
Dietrich, A. Louise .................. 1001 E. Nevada St., El Paso
Downie, Octavia ..................... 255 E. Rosewood, San Antonio
Dreis, Josephine B. ................. Cameron Hospital, Cameron
Engblad, Grace ...................... 1511 Quitman St., Houston
Erickson, Rena Esther ............... Baylor University Hospital, Dallas
Fahey, Molly .......................... St. Paul's Sanitarium, Dallas
Farwell, Mary F ..................... 525 South Locust St., Denton
Faulkner, Xilema ..................... 321 Howe St., Lufkin
Flowers, Jesse Ardella .............. 918 W. Hildebrandt St., San Antonio
Gants, Florence ..................... Texarkana Hospital, Texarkana
George, O'Connor ................... All Saints' Episcopal Hospital, Ft. Worth
Hagquist, Alma Katherine .......... State Department of Health, Austin
Hanna, Alyce R. ..................... 1001 E. Nevada St., El Paso
Harris, Effie Lillian ................. Herman Hospital, Houston
Harris, Homer C. .................... Green Memorial Hospital, San Antonio
Harris, Lucy .......................... 3108 Avenue H, Ft. Worth
Hodges, Agnes Clay ................. Box 21, Corpus Christi
Hogg, Sarah Agnes ................... Paris Sanitarium, Paris
HUCK, EDITH MARIE ............ Physicians' and Surgeons' Hospital, San Antonio
JOHNSON, PEARL VELETA .......... 215 Camden St., San Antonio
JOLLY, MRS. ROBERT ............. Memorial Hospital, Houston
KANE, AUDREY ELLEN ............ St. Mary's Infirmary, Galveston
KASMEIER, JULIA C. ............. Box 641, San Antonio
KELLY, ELIZABETH ............... Sealy Hospital, Santa Anna
KENNEDY, MARY .................. 2710 Albany St., Houston
KINZY, STELLA E. ............... St. Joseph's Infirmary, Houston
LANG, SELMA A. ................. 403 S. 22nd St., Temple
LEHMANN, HELEN HOLLIDAY ...... 3910 Shenandoah St., Dallas
LORENZ, ANCELIN ............... St. Joseph's Infirmary, Houston
LORENZ, MARIE E. ............... Cameron Hospital, Cameron
LUCKEY, GLADYS .................. 1113 N. San Marcial St., El Paso
MCAELLEY, ZORA KATHERYN ....... Hico
McCLESKEY, OLA ................. 3512 Maple Ave., Dallas
McCULLOUGH, STELLA .......... West Texas Baptist Sanitarium, Abilene
McKEAN, EDITH EVELYN .......... 430 N. Guadalupe, San Marcos
McKIRICK, LUCILLE M. .......... Robert B. Green Hospital, San Antonio
MCELLEAN, JANET ROGER ........ King's Daughters' Hospital, Temple
MOORE, DAISY REA ................ Baptist Hospital, Fort Worth
MULLER, LOUISE ................. John Sealy Hospital, Galveston
NEWBILL, JOSEPHINE ............ American Red Cross, Galveston
NICHOLS, JOSEPHINE E. ......... Dallas City-County Hospital, Dallas
NISBET, JANE HARRIS ............ Jefferson Davis Hospital, Houston
PERRY, MELANIE ................ Seton Infirmary, Austin
PETRIE, NINA EDITH ............ Herman Hospital, Houston
POPE, EMMA ...................... Parkland Hospital, Dallas
POWE, GRACE GOODWIN .......... Methodist Hospital, Fort Worth
ROACH, ELIZABETH C. .......... Medical Professional Hospital, Corpus Christi
ROBERSON, MARTHA PLUMMER .... 215 Camden St., San Antonio
ROGERS, DOROTHY ............... John Sealy Hospital, Galveston
RUBACH, AMELIA ANTOINETTE ... King's Daughters' Hospital, Temple
RUSCH, MAMIE ................... 800 West 7th St., Taylor
RUSK, HELEN MARGARET ......... Robert B. Green Hospital, San Antonio
SCHULZ, EDNA LINA ............. Austin City Hospital, Austin
SISTER ANNA JOSEPH .......... St. John's Sanitarium, San Angelo
SISTER ANNA MARIE ............. 711 N. Polk St., Amarillo
SISTER ANTONIO O'DONOGHUE .... St. Paul's Hospital, Dallas
SISTER M. AIDON ................. St. Joseph's Hospital, Fort Worth
SISTER M. ANDREW .............. Santa Rosa Infirmary, San Antonio
SISTER M. ARCADIUS ............ St. Joseph's Hospital, Fort Worth
SISTER M. ASCENSION .......... St. Joseph's Hospital, Fort Worth
SISTER M. CHARLES ............. St. Joseph's Hospital, Fort Worth
SISTER M. CHRISTINA O'KEEFE ... Mercy Hospital, Laredo
SISTER M. ELIGIUS .............. Hotel Dieu, El Paso
SISTER M. FIDELIA .............. Spohn Sanitarium, Corpus Christi
SISTER M. Fidelis .............. Hotel Dieu, Beaumont
SISTER M. GERTRUDE GIBLIN ..... Seton Infirmary, Austin
SISTER M. OF JESUS ............. St. John's Sanitarium, San Angelo
SISTER M. JOHN EVANGELINE ....St. Joseph’s Infirmary, Houston
SISTER M. PRESENTATION ..........St. Joseph’s Infirmary, Paris
SISTER M. REGINAld FINLAY ....St. Mary’s Hospital, Port Arthur
SISTER M. ROSINA ............St. Mary’s Infirmary, Galveston
SISTER M. SAUCIER ................Providence Hospital, Waco
SISTER M. STELLA ............St. Joseph’s Hospital, Port Worth
SISTER M. VICTORY ..........St. Joseph’s Infirmary, Paris
SISTER ZOE SCHIESWOLI ....Seton Infirmary, Austin
SIZER, MRS. ED. R. .........Fred Roberts Memorial Hospital, Corpus Christi

SMITH, ANN BROWN ..........McKinney City Hospital, McKinney
SMITH, MAY FORSTOR ........Bradford Memorial Hospital, Dallas
THOMAS, LENA B. ..............Cantrell Hospital, Greenville
TRENTHAM, JEAN ..............Parkland Hospital, Dallas
WALLACE, ANYCE J. .............1020 Washington, Fort Worth
WHELMERS, PEARL ALINA ..........Methodist Hospital, Houston
WILSON, JESSIE ..............Northwest Texas Hospital, Amarillo
WILSON, MINERVA ELIZABETH ..1020 Washington, Fort Worth
WRIGHT, CLARA LOUISE ......Scott and White Hospital, Temple
WUNSCHEL, MARTHA ANNE ......Scott and White Hospital, Temple

UTAH—7 Members

CONOVER, ELLA H. ..............306 E. Third St., S., Salt Lake City
GLASSCOCK, OETTA BROWNING ....Hotel Roberts, Salt Lake City
HARDIN, MARTHA ...............St. Mark’s Hospital, Salt Lake City
JOHNSON, MARIA ..............Latter-Day Saints Hospital, Salt Lake City
KNIGHT, UARDA .................629 S. 7th St., Salt Lake City
WICKLUND, ELLA M. ...........Holy Cross Hospital, Salt Lake City
WILLET, LELA BLANCHE ..........Latter-Day Saints Hospital, Salt Lake City

VERMONT—2 Members

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BRIAN, CELIA E. ............Brattleboro Memorial Hospital, Brattleboro

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COLE, ANNA I. ...............U. S. Naval Hospital, Portsmouth
GAGE, NINA D. ..............Hampton Institute School of Nursing, Hampton
HOWARD, ALICE GALLAUDET ......Hampton Institute School of Nursing, Hampton
JONES, FLORENCE MABEL .......Hampton Institute School of Nursing, Hampton
LEAHY, KATHLEEN M. .........901 W. Franklin St., Richmond
MAYO, ADELAIDE ADELA ....Cabaniss Memorial School of Nursing Education, University
MEE, GERALDINE HUGER ......Hospital of St. Vincent de Paul, Norfolk
OATES, LOUISE ............Cabaniss Memorial School of Nursing Education, University
PANNILL, RUTH CALLAWAY ....Rockingham Memorial Hospital, Harrisonburg
PFEIFFER, CHARLOTTE ..........Stuart Circle Hospital, Richmond
POWELL, LOUISE M. .......337 E. Beverley St., Staunton
THIRTY-EIGHTH ANNUAL CONVENTION

Mrs. MARIE LOUISE MEREDITH St. Vincent's Hospital, Norfolk
ELIZABETH RENIE HUNT St. Vincent's Hospital, Norfolk
SMITH, ETHEL M. Craigsville
STILWELL, MARY ONA 3 University Place, University
VAN VORST, ROSE Z. 3216 Monument Ave., Richmond
VIETOR, LAURA M. P. O. Box 555, Richmond
WAYNE, MONTEZ Petersburg Hospital, Petersburg
WOLF, LULU K. Cabaniss Hall, Richmond
WOODS, JUANITA G. 223 S. Cherry St., Richmond
ZEIGLER, FRANCES H. Cabaniss Hall, Richmond

WASHINGTON—43 Members

ADAMS, HENRIETTA M. Harborview Hospital, Seattle
ANDERSON, DORIS RUTH Tacoma General Hospital, Tacoma
ASPLUND, THYRA ELIZABETH 1321 Colby Ave., Everett
BALL, BELVIAH 4336 11th N. E., Seattle
BROWN, NELL F. 809 Fifth Ave., Seattle
BUOB, MARY BARBARA Deaconess Hospital, Spokane
DAHLSTROM, DOROTHEA MARIE 1715 E. Cherry St., Seattle
DARK, KATHRYN Everett General Hospital, Everett
DONALDSON, ALTA Seattle General Hospital, Seattle
EICKMAN, LINDA A. 5011-18th Ave. N. E., Seattle
FALCONER, IDA R. St. Joseph's Hospital, Bellingham
FEINLER, MARIE SUZANNE Sacred Heart Hospital, Spokane
FELTON, MARGARET Providence Hospital, Seattle
FERRIER, MARION ELLEN 809 Fifth Ave., Seattle
FRASER, ANNA J. Virginia Mason Hospital, Seattle
GANTZ, ELLA Sacred Heart Hospital, Spokane
GILLESPIE, CORA E. 327 Cobb Bldg., Seattle
GRANT, EVELYN F. Columbus Hospital, Seattle
HALL, EVELYN H. Harborview Hall, Seattle
HALL, LURA F. Tacoma General Hospital, Tacoma
KERSWILL, EMILY L. 1321 Colby Ave., Everett
KEYES, CORA B. St. Anthony Hospital, Wenatchee
KNOX, ADDA Apt 611, Hotel Cisna, Bellingham
LOOMIS, MAY S. Harborview Hospital, Seattle
MCAFARLIE, MAE J. St. Luke's Hospital, Spokane
MCKENZIE, IRENE Everett General Hospital, Everett
MARTIN, GLEE GRACE General Hospital, Seattle
MILLER, VIRGINIA BOYER Medical Arts Bldg., Wenatchee
PARKER, MINNIE L. 809 Fifth Ave., Seattle
RADFORD, ANNE E. Harborview Hospital, Seattle
SERVOS, LEDWINA H. 1019 Madison St., Seattle
SISTER HENRIETTA St. Elizabeth Hospital, Yakima
SISTER JOHN GABRIEL St. Vincent's Hospital, Seattle
SISTER MARY Sacred Heart School of Nursing, Spokane
SISTER M. CHRISTINA St. Ignatius Hospital, Colfax
SISTER M. MAGNA Providence Hospital, Seattle
SMITH, HARRIET HOLBROOK Harborview Hospital, Seattle
MEMBERS

Soule, Elizabeth Sterling University of Washington, Seattle
Spry, Cecile Tracy General Hospital, Everett
Stanley, Anna 733 Fourth Ave., Spokane
Sutherland, Anette Sacred Heart School of Nursing, Spokane
Wold, Signe Christine Tacoma General Hospital, Tacoma
Woods, Anna J. Seattle General Hospital, Seattle

WEST VIRGINIA—3 Members

Bingaman, Josephine Cutts Cook Hospital, Fairmont
Bloomheart, Ella Cook Hospital, Fairmont
Campion, Ora A. Davis Memorial Hospital, Elkins

*WISCONSIN—109 Members

Albertson, Cynthia Vale 2465a W. Fond Du Lac Ave., Milwaukee
Andrejkeski, Irene Rita 3117 S. Vermont Ave., Milwaukee
Arenz, Louise F. Grandview Hospital, La Crosse
Baar, Ida Carlin Milwaukee Children's Hospital, Milwaukee
Bahde, Anne Marie 4704 W. Lloyd St., Milwaukee
Barber, Segrid St. Joseph's Hospital, Marshfield
Barton, Ida Callaway Veterans' Hospital, Milwaukee
Bennett, Lillie A. M. Milwaukee Children's Hospital, Milwaukee
Berg, Estelle 1821 W. Wisconsin Ave., Milwaukee
Berg, Esther Luther Hospital, Eau Claire
Binzer, Freda E. 120 Babcock St., Eau Claire
Boschert, Anna 732 N. 17th St., Milwaukee
Brandt, Ruth Milwaukee Hospital, Milwaukee
Brink, Frances V. Milwaukee County Hospital, Wauwatosa
Bumiller, Clara M. Mt. Sinai Hospital, Milwaukee
Bunge, Helen L. 408 N. Charter Ave., Madison
Callender, Elizabeth 1240 W. Grant St., Milwaukee
Carey, Gladys Wisconsin General Hospital, Madison
Clarke, Florence Madison General Hospital, Madison
Cor, Caryl F. Luther Hospital, Eau Claire
Collins, Faith A. Kenosha Hospital, Kenosha
Collins, Grace Carolyn 620 N. 17th St., Milwaukee
Collings, Ida A. Madison General Hospital, Madison
Condon, Grace Pauline 2320 N. Lake Drive, Milwaukee
Crafts, Grace Madison General Hospital, Madison
Cruickshank, Jean Theda Clark Hospital, Neenah
Denne, Helen Wisconsin General Hospital, Madison
DeWitte, Gretta Madison Methodist Hospital, Madison
Drives, Dorothy Mary Misericordia Hospital, Milwaukee
Eldredge, Adda State Board of Health, Madison
Esval, Sigrid Luther Hospital, Eau Claire
Fenby, Caroline M. Methodist Hospital, Madison
Fletcher, Lila B. Wisconsin General Hospital, Madison
Fritschel, Etta M. 2134 W. Kilbourne Ave., Milwaukee
Gobert, A. Margaret Grandview Hospital, La Crosse
Gobert, Marie Caroline Grandview Hospital, La Crosse
GRAHAM, Olive M. .................. Wausau Memorial Hospital, Wausau
GRAVES, Blanche .................. 908 N. 12th St., Milwaukee
GRIFFIN, Eva Irene ................. 1821 W. Wisconsin Ave., Milwaukee
GUEST, Maude Estell ................ Ellsworth, R. F. D. No. 7
HAAS, Gertrude .................. Mt. Sinai Hospital, Milwaukee
HAKANSSON, Alma .................. Columbia Hospital, Milwaukee
HANSJUUS, Ethel C .................. Luther Hospital, Eau Claire
HAYS, Jeanette M .................. 1410 N. Prospect Ave., Milwaukee
HENDERSON, Bena M .................. 707 N. 17th St., Milwaukee
HENNING, Elizabeth ................. Luther Hospital, Eau Claire
HERIN, Bernice .................. Mt. Sinai Hospital, Milwaukee
HURST, Nora P .................. St. Mary’s Hospital, Milwaukee
JACOBSON, Josephine ............... 1821 W. Wisconsin Ave., Milwaukee
JENSEN, Vera Oleda ................ Mt. Sinai Hospital, Milwaukee
JOHNSON, Ethel .................. 2829 W. Wisconsin Ave., Milwaukee
JORDHEIM, Olga ................ Theda Clark Hospital, Neenah
KELLY, Helen W .................. 1357 Wisconsin Ave., Milwaukee
KESSEL, Laura Maude .............. Milwaukee Vocational School, Milwaukee
KIRCHMANN, Esther ................. 2309 W. North Ave., Milwaukee
KITTRICK, Anita Kasper ............ Mt. Sinai Hospital, Milwaukee
KNIGHT, Grace Ann ................ Methodist Hospital, Madison
KOWALKE, Erna M .................. 787 N. Van Buren St., Milwaukee
LEE, Benora C .................. La Crosse Lutheran Hospital, La Crosse
LESCHE, Lina Christine .......... Mt. Sinai Hospital, Milwaukee
LINDSEY, Elizabeth B ............. Mercy Hospital, Oshkosh
LONG, Ethel Carolyn .............. 2742 W. Highland Blvd., Milwaukee
LUCAS, Mary Dohrwardt ......... 3407 N. 25th St., Milwaukee
LUND, Constance Graham ......... Wisconsin General Hospital, Madison
MATTSON, Agnes V ................ Wisconsin General Hospital, Madison
MEAGHER, Marion Anna .......... 2320 N. Lake Drive, Milwaukee
METZKER, Amalia L ............... 1301 College Ave., Racine
MILLS, Eleanor .................. 838 N. 13th St., Milwaukee
NEELY, Ruth Marie ................. Milwaukee Vocational School, Milwaukee
NELSON, Eva S .................. Lutheran Hospital, La Crosse
NELSON, Idia C .................. Luther Hospital, Eau Claire
NOTTING, Irene .................. 1821 W. Wisconsin Ave., Milwaukee
PHENIX, Florence ................ 404 N. Carroll St., Milwaukee
PIERSON, Edna Josephine ......... Madison General Hospital, Madison
PLATH, Lydia .................. Luther Hospital, Eau Claire
POWELL, Nella .................. Luther Hospital, Eau Claire
PROBERT, Mabel Hinds .......... Lutheran Hospital, La Crosse
PURPLE, Ruth Mary ............... 304 E. Front St., Ashland
RUE, Clara Blanche .............. 787 N. Van Buren St., Milwaukee
RUNDELL, Nina Gross ............. 2946 N. Second St., Milwaukee
SAGER, Maude .................. Methodist Hospital, Madison
SCHOOLS, Adele B ................. 1333 N. Franklin Place, Milwaukee
SCHMIDT, Lena K ................ Visiting Nurses’ Association, Madison
SCHWOMBERT, Anna B ............. 1557 S. 25th St., Milwaukee
SISTER EMILIE NIEDHAMMER ....... 2320 N. Lake Drive, Milwaukee
SISTER EMMA LERCH ............... Milwaukee Hospital, Milwaukee
SISTER MAGDALENE KREBS ..........Milwaukee Hospital, Milwaukee
SISTER M. AGATHA GEBER ......St. Joseph's Hospital, Marshfield
SISTER M. BARTHOLOMEA BETZEN ..Mercy Hospital, Oshkosh
SISTER M. BERNEICE BECK .......St. Joseph's School of Nursing, Milwaukee
SISTER M. COR MARIE FLANNERY. Mercy Hospital, Janesville
SISTER M. DIGNA DESCH .........St. Agnes Hospital, Fond du Lac
SISTER M. DOROTHY BRETTNER ....St. Joseph's Hospital, Marshfield
SISTER M. FLORINA NIELAND ....St. Francis Hospital, La Crosse
SISTER M. VICTORIA BERGANS ....St. Francis Hospital, La Crosse
SISTER RUTH BOGISCH ..........Milwaukee Hospital, Milwaukee
SISTER ST. EMILY ...............2224 W. Juncau Ave., Milwaukee
SISTER ST. VINCENT FERIER ........Misericordia Hospital, Milwaukee
SPRECHT, IRENE M. ..............1410 N. Prospect Ave., Milwaukee
STURM, BEATRICE K. .............Milwaukee County Hospital, Wauwatosa
SVENSON, LILLY B. ...............2200 W. Kilbourne Ave., Milwaukee
SWAN, MAB .................St. Francis Hospital, La Crosse
THOMAS, RUTH EVALINE ..........7445 Webster St., Green Bay
VALENTINE, JOSEPHINE .........323 N. Blair St., Madison
WATERS, MAXINE C. .............818 N. 15th St., Milwaukee
WHITE, REGINE .................2218 N. Summit Ave., Milwaukee
WORTMAN, JESSIE CAROL ........Wausau Memorial Hospital, Wausau
WRIGHT, CATHERINE LUELLA ....Mount Sinai Hospital, Milwaukee
ZILLEY, MARION L. ..............Wisconsin General Hospital, Madison

WYOMING—2 Members
EISCHWIG, MARY ANNE ..........Natrona Memorial Hospital, Casper
WILLIAMS, ANNA GRACE ..........Memorial Hospital, Cheyenne

CANADA—1 Member
RICHMOND, ISABEL DOUGLAS .......83 Barnesdale Blvd., Hamilton, Ontario

CHINA—3 Members
CABOT, MARY GERALDINE ..........Church General Hospital, Wuchang
HIRST, ELIZABETH .................Peiping Union Medical College, Peiping
HODGMAN, GERTRUDE E. ..........Peiping Union Medical College, Peiping

HAWAII—1 Member
AYERS, ADA G. ..................Memorial Hospital, Hilo

PORTO RICO—2 Members
SHALE, OLIVE ELLEN ..........Presbyterian Hospital, San Juan
WUERTHNER, ALMENA EMMA ....Presbyterian Hospital, San Juan

SOUTH AMERICA—1 Member
DAVIS, WILLIE LEE ..........Andian Hospital, Cartagena, Colombia

SWITZERLAND—1 Member
GOFF, HAZEL AVIS ..............Health Section, League of Nations, Geneva
ASSOCIATE MEMBERS—8 Members

Harrell, Virginia
American Hospital of Paris, Neuilly-sur-Seine, Paris, France

Hubbell, Ada May
Thamesville, Ontario, Canada

Kellogg, Gertrude B.
Fenchow Hospital, Fenchow, Shansi, China

Lawrie, Annie Florence
Box 230, 106 Morningside Drive, New York, New York

Pullen, Bertha Lucile
1142 Thomas St., Grand Rapids, Michigan

Van Zandt, Jane Elizabeth
American University, Beirut, Syria

Whiteside, Faye
Peiping Union Medical College, Peiping

Wyne, Margaret Ruth
Peiping Union Medical College, Peiping

Total .................................................. 2870
Honorary Members ........................................ 12
Life Members ........................................... 3

Total Membership ........................................ 2885

DECEASED MEMBERS

Names from 1893 to 1931 are given in previous reports. The names of members who have died since January first, 1931, are:

Olive Grace DeNiord ................................ Died January 7, 1931
May L. Love ........................................... Died January 23, 1931
Frances L. Lurkins .................................. Died February 13, 1931
Sister Philip Neri .................................. Died March 1, 1931
Emma L. Parmelee .................................. Died March 2, 1931
Caroline Trenholm Burnet .......................... Died March 3, 1931
Florence A. Bishop .................................. Died April 19, 1931
Lucia Lavinia Jacquith .............................. Died May 10, 1931
Nell W. Goody ....................................... Died August 21, 1931
E. Lelia Smith ....................................... Died November 21, 1931
Minnie P. MacMillan ................................ Died December 11, 1931
Roberta West ...................................... Died December 17, 1931
Bessie Henderson ................................... Died January 18, 1932
Catherine E. Jones .................................. Died February 20, 1932
Mary Elizabeth Wilcox .............................. Died March 10, 1932
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Secretary—Sister Bridgid, Little Rock

CALIFORNIA
President—Helen A. Sparks, Sacramento
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COLORADO
President—Frieda Off, Denver
Secretary—Elizabeth F. Harris, Denver

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