PROCEEDINGS

of the

Thirty-ninth Annual Convention

of the

National League of Nursing Education

CHICAGO, ILLINOIS

June 12-16, 1933

NATIONAL HEADQUARTERS

450 Seventh Avenue

New York, N. Y.
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Claribel A. Wheeler
450 Seventh Ave., New York, N. Y.

Effie J. Taylor (Ex officio as President)
330 Cedar St., New Haven, Conn.

COMMITTEE ON THE GRADING OF NURSING SCHOOLS

Representing the National League of Nursing Education:

Elizabeth C. Burgess, R.N.
Associate Professor of Nursing Education, Teachers College, Columbia University, New York, N. Y.

Laura R. Logan, R.N.
530 Arlington Place, Chicago, Ill.

Representing the American Nurses' Association:

Helen Wood, R.N.
1036 Walnut St., Newton Highlands, Mass.

Susan Francis, R.N.
Superintendent, the Children's Hospital of Philadelphia, 18th and Bainbridge Sts., Philadelphia, Pa.

Representing the National Organization for Public Health Nursing:

Katharine Tucker, R.N.
General Director, National Organization for Public Health Nursing, 450 Seventh Ave., New York, N. Y.

Elizabeth Fox, R.N.
Executive Director, Visiting Nurse Association, New Haven, Conn.

Representing the American College of Surgeons:

Malcolm T. MacEachern, M.D.
Associate Director, American College of Surgeons, 40 E. Erie St., Chicago, Ill.

Bowman C. Crowell, M.D. (Alternate)
Associate Director, American College of Surgeons, 40 E. Erie St., Chicago, Ill.

Representing the American Hospital Association:

Joseph B. Howland, M.D.
Superintendent, Peter Bent Brigham Hospital, Boston, 17, Mass.

Ada Belle McCleery, R.N. (Alternate)
Superintendent, Evanston Hospital, Evanston, Ill.

Representing the American Public Health Association:

Charles-Edward A. Winslow, D. P. H.
Professor, Public Health, Yale University, New Haven, Conn.
HAVEN EMERSON, M.D. (Alternate)
Professor, Public Health Administration, College of Physicians and Surgeons, Columbia University, New York, N.Y.

Members at Large:
MRS. CHESTER C. BOLTON
Franchester Place, Richmond Rd., South Euclid, Ohio
SISTER DOMITILLA
Director of Nursing Education, St. Mary's School of Nursing, Rochester, Minn.
HENRY SUZZALLO, Ph.D.
President, Carnegie Foundation for the Advancement of Teaching, 522 Fifth Ave., New York, N.Y.
SAMUEL P. CAPEN, Ph.D.
Chancellor, University of Buffalo, Buffalo, N.Y.

EDWARD A. FITZPATRICK, Ph.D.
Dean, Graduate School, Marquette University, 115 Grand Ave., Milwaukee, Wis.

W. W. CHARTERS, Ph.D.
Professor of Education and Director of Bureau of Educational Research, Ohio State University, Columbus, Ohio

WILLIAM DARRACH, M.D., Chairman
Dean Emeritus, College of Physicians and Surgeons, Columbia University, 180 Fort Washington Ave., New York, N.Y.

WINFORD H. SMITH, M.D.
Director, Johns Hopkins Hospital, Baltimore, Md.

NATHAN B. VAN ETten, M.D.
General Practitioner, 300 E. Tremont Ave., New York, N.Y.

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

Nurse Consultants:
MARY M. ROBERTS, R.N., Editor, American Journal of Nursing, 450 Seventh Ave., New York, N.Y.

STELLA GODSTRAY, 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 McLsaac; 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. Gretter; 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; Treasurer, Anna L. Alline.
1910 New York, N. Y., May 16, 17.
    President, M. Adelaide Nutting; Secretary, M. Helena McMillan; Treasurer, 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; Treasurer, Bena M. Henderson.
1922 Seattle, Wash., June 25 to July 1.
President, Anna C. Jammé; 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 Goosray; Treasurer, Marian Rottman; Executive Secretary, Nina D. Gage.

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

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

1932 San Antonio, Tex., April 11 to April 15.
President, Elizabeth C. Burgess; Secretary, Stella Goosray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

1933 Chicago, Ill., June 12 to June 16.
President, Effie J. Taylor; Secretary, Stella Goosray; Treasurer, Marian Rottman; Executive Secretary, Claribel A. Wheeler.

The Organization has affiliations with

American Association of Hospital Social Workers, 18 East Division St., Chicago, Ill.
The American Child Health Association, 450 Seventh Ave., New York, N. Y.
American Conference on Hospital Service, 18 E. Division St., Chicago, Ill.
American Hospital Association, 18 East Division Street, Chicago, Ill.
American Nurses' Association, 450 Seventh Ave., New York, N. Y.
American Psychiatric Association, New York State Psychiatric Institute and Hospital, 722 W. 168th St., New York, N. Y.
American Red Cross Nursing Service, Washington, D. C.
American Social Hygiene Association, 450 Seventh Ave., New York, N. Y.
Association of Collegiate Schools of Nursing, Teachers College, New York, N. Y.
Association for Promotion and Standardization of Midwifery, New York, N. Y.
Maternity Center Association, 1 E. 57th St., 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.
National Tuberculosis Association, 450 Seventh Ave., New York, N. Y.
PROCEEDINGS
OF THE
THIRTY-NINTH ANNUAL CONVENTION
AND THE
FORTIETH ANNIVERSARY OF THE FOUNDING
OF THE
NATIONAL LEAGUE OF NURSING EDUCATION
Chicago, Illinois, June 12 to 16, 1933

Opening Business Session
Monday, June 12, 2 p.m.

The meeting was called to order by the President, Effie J. Taylor. Representatives from twenty states responded to the roll call, fifteen states being required by the By-laws. Representative from other states came in later.

REPORT OF THE SECRETARY

As is customary, the Board of Directors elected at San Antonio met immediately following that meeting and appointed members of the standing and special committees. The Board accepted the recommendation of the Education Committee that the study of postgraduate courses be undertaken as a project of that Committee. A membership drive was also authorized.

Unusually important matters were considered by your Board during the January meetings in New York City. In order to expedite the business of the organization the Board voted that the Headquarters Committee have the power to act between Board meetings upon all matters which are referred to the President or Executive Secretary which do not require the formation of new policies, and to pass on applications for membership which come in from states where there are no state leagues.

The Committee on Accrediting was dissolved, and a Committee on Standards for Schools of Nursing was created. The function of this Committee will be to set up the essentials for a good school of nursing.

1 By-laws, Article I, Section 3: Members from fifteen states shall constitute a quorum for the transaction of business at any annual convention.
The League Board went on record as recommending that schools of nursing which are not capable of conducting a real educational program and of offering basic experience needed for the preparation of the nurse, be closed.

Considerable thought was given to defining the major functions of the League: its functions as the Educational Department of the American Nurses' Association and its functions in cooperation with other groups. The Board agreed that the functions should be defined on the basis of what we believe should be the main functions of the League irrespective of finances now available.

The Board approved as one of the functions of the League that it should set up standards and plans of organization for nursing service in hospitals providing clinical facilities for the teaching of student nurses in order that there may be coordination of educational and service programs. The Board also voted that the League take the initiative in forming a committee of the three national nursing organizations to study the preparation and problems of attendants and other subsidiary groups. The Board expressed its desire to cooperate with the American Hospital Association and other organizations on cooperative programs which are concerned with the nursing service.

Many of the actions of the Board are embodied in the proposed amendments to the By-laws. These amendments cover change in membership to provide for junior active membership and for fellows. Provision is also made for the nurse president of the new Association of Collegiate Schools of Nursing to hold membership on the Board of Directors of the League. In order to provide for greater stabilization in the Board of Directors, recommendation is being made that the By-laws be changed to provide for a term of two years for officers, a proportion of the officers to be elected in even-numbered years and others in the odd-numbered years. If the amendments are voted upon favorably, there will be standing committees on Convention Arrangements, Eligibility, Finance, Nominations, Program, Publications, Headquarters, and Revisions. Amendments to the article relating to dues are recommended to provide for the new types of membership and that the same amount be received at Headquarters from individual members and members of State Leagues.

The present membership of the League is 3,285, of whom 838 are new members. Delaware and Utah have formed State Leagues and have been accepted by the Board. During the year the following members have died:

ANNA R. BLOOMFIELD died October, 1931
SISTER URSALA " Early in 1932
PROCEEDINGS

CORINE STARR COOLEY died June 2, 1932
HELEN SCOTT HAY " November 25, 1932
GEORGIA A. MORRISON " November 16, 1932
ALICE V. NEWTON " December 15, 1932
MARGARET BUTLER " January 24, 1933
HERMINA E. WAGNER " February 2, 1933
ANNA GAGE CLEMENT " February 12, 1933
SISTER MARY BONIFACE " February 13, 1933
JANE MOFFATT " February 22, 1933

Honorary Member
LENA K. SCHMIDT " March 5, 1933

Respectfully submitted,
STELLA GOOSTRAY, Secretary.

FINANCIAL REPORT OF THE TREASURER

MISS MARIAN ROTTMAN, Treasurer,
National League of Nursing Education,
New York, N. Y.

Dear Madam:

Pursuant to engagement, I have audited the cash receipts and disbursements as shown by the cash book of the Treasurer of the National League of Nursing Education for the year ended December 31, 1932, and present attached hereto the following Statement of Cash Receipts and Disbursements of the Treasurer’s account for the year ended December 31, 1932.

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 1932, inclusive.

Very truly yours,
FREDERICK FISCHER, JR.

New York, N. Y., January 20, 1933.

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS
OF THE TREASURER’S ACCOUNT FOR THE YEAR
ENDED DECEMBER 31, 1932

Balance, December 31, 1931 ............................................ $2,154.17
Receipts
Contributions—General ........................................... $450.00
Contribution for publicity plan ................................... 25.00
Membership dues:
State ......................................................... $8,398.25
Individual .................................................... 942.00
Individual with application .................................... 345.00
................................................................. 9,685.25

9,685.25
THIRTY-NINTH ANNUAL CONVENTION

Sales of:
- Calendars: $5,662.35
- Appointment pad calendars: 2,128.35
- Photographs: 290.75
- Christmas cards: 195.30
- Slides: 455.10
- State League supplies: 37.60
- Publication—Curriculum: 1,392.90
- Sundry National League of Nursing Education Publications: 692.37
- List of Accredited Nursing Schools: 408.34

Total: $11,263.06

Registration fees—Convention: 360.75
Income from 1932 Biennial Nursing Convention Exhibit: 1,547.11
Interest on bank balances: 55.88
Income from invested funds: 950.00
Dispensary Development Committee: 267.00

Refunds:
- On advances to Headquarters—Unexpended balance 1931: $105.18
- On advances to Headquarters—Unexpended balance 1932: 38.88
- Committee activities expenses: 6.13
- On President's expense: 21.98
- On Officers' expense: 9.95

Total Refunds: 182.12

Total Receipts: $24,786.17
Total—Forwarded: $26,940.34

In addition to the above balance, December 31, 1932, 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>
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</thead>
<tbody>
<tr>
<td>$5,000</td>
<td></td>
<td></td>
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<tr>
<td>Plainfield Title and Mortgage Guaranty Co. 1st Mtge. Partic. Certificate</td>
<td>5½%</td>
<td>Dec. 15, 1934</td>
<td>$5,000.00</td>
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<td>5,000</td>
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<tr>
<td>Plainfield Title and Mortgage Guaranty Co. 1st Mtge. Partic. Certificate</td>
<td>5½%</td>
<td>June 30, 1932</td>
<td>5,000.00</td>
</tr>
<tr>
<td>5,000</td>
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<td></td>
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</tr>
<tr>
<td>Chicago, Rock Island and Pacific R. R. Co.</td>
<td>4%</td>
<td>1934</td>
<td>4,951.00</td>
</tr>
</tbody>
</table>

Total Invested Funds: $14,951.00

Disbursements

Expenses:
- Dues paid to other organizations: $30.00
- Directors' expenses: 699.89
Premium on Treasurer's bond $12.50
Auditing 50.00
President's expense 148.92
Officers' expense 1,049.70
Stationery 230.16
Reporting convention 93.00
Printing annual report 1,898.52
Convention expense, 1932 253.20
Legal expenses in connection with settlement of suit 1928 Biennial Exhibit—1/6d 176.30
Education Committee 107.69
Committee on Grading of Nursing Schools 1,000.00
Program Committee 257.53
Joint Committee on Distribution of Nursing Service 16.02
Committee on Nominations 26.29
Director of Studies, partitions, etc. 358.80
Miscellaneous 49.28

$6,457.80

Printing and other costs of publications, etc., for sale:
Calendars—Year 1933 $1,974.52
Photographs 217.30
Slides 188.83
Curriculum 1,210.60
Sundry National League of Nursing Education publications 390.81
Christmas cards 612.44
4,594.50

Advances for Headquarters budget expenses 16,287.53
Refund on dues 19.40
Dispensary Development Committee 362.01

Total Disbursements $27,721.24

Overdraft December 31, 1932 $780.90

CONDENSED STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS OF THE DISPENSARY DEVELOPMENT COMMITTEE FOR THE YEARS 1927 TO 1932, INCLUSIVE

Receipts
Year 1927 $3,000.00
" 1928 1,500.00
" 1929 500.00
" 1930 1,000.00
" 1931 700.00
" 1932 267.00

Total Receipts $6,967.00
Disbursements

Year 1927 ........................................ $37.70
" 1928 .......................................... 1,500.00
" 1929 .......................................... 2,076.75
" 1930 .......................................... 2,245.95
" 1931 .......................................... 908.29
" 1932 .......................................... 362.01

Total Disbursements .................................. $6,930.70

Balance, December 31, 1932 ................................ $36.30

FINANCIAL REPORT
(January 1 to June 1, 1933)

Receipts

Curriculum .................................. $260.70
List of Schools of Nursing ................. 52.59
Publications ................................ 271.18
Calendars .................................. 3,900.30
Cards ...................................... 529.82
Photographs ................................ 41.00
Slides ..................................... 126.30
State League Supplies ...................... 25.58
Dues:
  State ................................... 6,571.00
  Individual ............................... 703.00
  Individual with application .......... 280.00
Contributions ............................... 116.00
Fee for Study ............................... 200.00
Advance for expenses ...................... 100.00
Interest on checking account .......... 3.51
Interest on mortgage certificate ....... 100.00
Contribution to be used for publications 50.00

Total Receipts ........................................ $13,330.98

Deficit, December 31, 1932 ....................... $780.90

Disbursements

Headquarters Budget ......................... $7,297.51
President's Expenses ...................... 122.60
Auditing Books ............................... 50.00
Slides ...................................... 26.01
Photographs ................................ 79.50
Education Committee ....................... 96.32
Executive Secretary's Expenses ........ 13.96
1933 Convention Expenses ................. 180.48
Miscellaneous ............................... 14.55
Check tax .................................. 1.02
Publications .................................. 511.68
OFFICERS’ EXPENSES

Officers’ Expenses ....................................................... $734.73
Directors’ Expenses .................................................... 165.28
Premium on Treasurer’s Bond ........................................... 12.50
Nominations Committee ................................................... 15.73
Stationery ........................................................................ 16.00
Refund on Dues ................................................................ 25.00
Functions Committee ....................................................... .30
Advance for 1934 Biennial Exhibit ....................................... 166.66
Refund Unexpended Balance Hartford Retreat ....................... 54.30
President’s Expense to I. C. N. Congress .............................. 375.00
Director of Studies Convention Expenses .............................. 125.00

Total .............................................................................. $10,865.03

Balance in Bank June 1 .................................................... 2,465.95

Total .............................................................................. $13,330.98

Respectfully submitted,

MARIAN ROTTMAN, Treasurer.

REPORT OF EXECUTIVE SECRETARY

The past year has been one of ever increasing activities at Headquarters. Interesting events have transpired in such rapid succession that we have been almost breathless trying to keep pace with them. Despite the lengthening shadow of gloom which has been cast over us by the depression, despite the ills from which we have been suffering, there are many hopeful indications which point to a brighter era in nursing. The far-reaching effects of the work of the Committee on the Grading of Nursing Schools are seen on every hand, and particularly in the returns of the second grading. The interest which is being shown in nursing affairs by the hospital and medical groups is most significant. The report of the Committee on the Costs of Medical Care as it relates to nursing is, on the whole, most heartening. This is true, also, of the report of the Committee on Nursing of the Association of American Medical Colleges; and nothing could be more encouraging than the new Association of Collegiate Schools of Nursing formed last January. With such powerful backing as these groups can give, there is no reason why we should not push forward with confidence in raising the standards of nursing schools, securing public support for nursing education, and advancing the work which was so well begun forty years ago by the leaders of this organization.

ROUTINE HEADQUARTERS ACTIVITIES

The resources of our Headquarters office have been severely taxed during this past year. The work which actually needs to be done as
we visualize it would take three times our present personnel. In fact, our program has necessarily had to be limited for two reasons—lack of funds and lack of personnel to do the work. We find, in addition, a dearth of up-to-date information on the many problems which are daily pouring into our office. Unquestionably we are not serving the profession as we should. We have a list of schools of nursing accredited by the state boards of nurse examiners, but we know little about these schools. We have a list of graduate courses, but our knowledge of such courses is very sketchy. We are asked to advise on every subject, from choosing a school of nursing to closing a school of nursing. Often, much of the information which goes out has to be based on the knowledge and experience of the Executive Secretary. This should not be so, for we should have available reprints, publications, and studies which may be placed in the hands of those who are seeking assistance.

The regular office routines have been carried forward in the customary manner. The volume of correspondence is ever increasing as our work grows. The adding of new committees and the embracing of new projects call for an increasing amount of correspondence. Three factors have contributed to the increase in correspondence this year: the activity of the Department of Studies, the membership drive, and the efforts made in an endeavor to stimulate the sale of calendars. Requests for prevocational guidance and for information concerning postgraduate work have also been greater than formerly. This year, outgoing mail consisted of 20,906 letters, as compared with 16,014 last year; incoming letters numbered 8,111 as compared with 7,265 last year. Of the letters which went out, 9,515 were circular letters, 732 went from the Department of Studies, 4,951 had to do with orders or dues, and 5,708 were relating to educational matters. We had the assistance of a full-time worker from the Emergency Work Bureau for a period of two months.

The editing of the report of the convention proceedings is a piece of work which follows upon the heels of a convention. Last year we also had the proof reading of the *Curriculum* and of several other important reports which were published during the year. The publication, advertising program, and sale of the calendar kept our office busy during the fall months.

**Interviews and Conferences**

During the year 1,012 interviews have been held with persons coming to the office, but no record has been kept of the numberless conferences which the Executive Secretary and the Director of Studies have had with other groups at Headquarters. As our office space is limited, group
conferences and committee meetings are usually held in the offices of one of the other organizations.

CHANGE IN OFFICE SPACE

As the National Health Council had to give up the fifteenth floor in our building at 450 Seventh Avenue the first of May, it was necessary that our offices be moved to another floor, and we were accordingly transferred to the fourteenth floor, to space similar to that occupied on the fifteenth floor, except that the outer office is much better arranged and has two windows instead of one, a point greatly appreciated by our clerical staff.

N. L. N. E. AS DEPARTMENT OF EDUCATION OF A. N. A.

The new relationship by which the N. L. N. E. functions as the Department of Education of the A. N. A., which was consummated at the Biennial last year, has proved to be a workable arrangement. The Executive Secretary has been made to feel at all times that she is part of the A. N. A. staff. When problems on educational matters arise in the A. N. A. office, they are referred to or discussed with the Executive Secretary, and Miss Geister, Mrs. Scott, and other members of the A. N. A. staff have been generous in sharing any information which may have some special significance to the League. The same procedure is followed in relation to publicizing educational material. There has recently been established the policy of holding a joint conference on material for the A. N. A. Bulletin.

One of the greatest opportunities which the League now has is that of working with the A. N. A. on the problems of state boards of nurse examiners. Mrs. Scott assisted with the preparation of the program for the special conference of state boards which will be held in connection with this convention. The League office in turn assisted the A. N. A. in securing information for Miss Reimann on matters of school inspection in the various states.

The two organizations have worked closely together in attempting to answer the many letters which came to the A. N. A. in response to the one sent out to hospital trustees and superintendents under the direction of the Committee on the Distribution of Nursing Service. In response to questions concerning closing schools and the relative costs of conducting schools of nursing and graduate service, our office assisted in preparing a folder on student service versus graduate service which could be sent out to those who desired it. The Executive Secretary served also as a member of the Subcommittee on Institutional Nursing
of the Committee on Distribution and assisted in preparing a pamphlet
to be used as a guide in establishing a nursing service in a small hospital.

During this first year of the new relationship between our two or-

ganizations we have moved rather slowly, as we felt the affiliation was
in an experimental stage, and it was difficult to define lines of function,
but as time has gone on we have been able to define more clearly our
functions as they relate to each other. Mrs. Scott of the A. N. A. staff,
is now serving as a member of the Committee on Functions.

HEADQUARTERS CABINET AND STAFF RELATIONSHIPS

Perhaps one of the most helpful and constructive things which has
occurred at Headquarters is the formation of a cabinet composed of
the directors of the three national nursing organizations, the associate
directors, and the editors of the American Journal of Nursing and
Public Health Nursing. The cabinet grew out of a need for a closer
working relationship between the three organizations. It serves as a
medium for the discussion of problems of mutual interest and a regular
meeting is held monthly, although there are frequent called meetings
to discuss special problems which arise. Such questions as the relation
between the three organizations, pooling public information, and the
biennial convention have been discussed, and the agenda for the Joint
Board meetings in January was made up by the cabinet.

Several joint staff conferences have been held during the year. At
one of these conferences Miss Geister explained the function and pro-
gram of the A. N. A. and at another the League Executive Secretary
did the same for the League. It is felt that these joint staff meetings
are of value to the whole group.

WORK WITH STATE LEAGUES

Realizing that what we as a national group think or do in connection
with important issues which confront us is inconsequential unless this
thinking and doing are able to penetrate the thought and action of local
groups, we have sought to extend, in as far as possible, this thinking
to the State Leagues. A suggested program, which was approved by
the Board of Directors in January, was sent to each state president
with a state portfolio which contained other materials thought to be
helpful to State Leagues. It is our idea to make this portfolio a grow-
ing thing which may be added to and kept up to date. We have had
reports that the state sections on education have felt isolated from the
League. It is not our desire to isolate any group doing educational
work. Portfolios and programs were sent to the state sections as well
as State Leagues.
A letter was sent to each State League in December asking if it would be willing to participate in a study of graduate courses in clinical nursing specialties in existence in the states. This information is greatly needed in the national office, and we are glad to report that nearly all the State Leagues responded, and the study will be completed this summer.

FIELD TRIPS

In September our President, Miss Taylor, and the Executive Secretary attended the meeting of the American Hospital Association in Detroit. The League shared a booth in connection with the A. N. A. at this convention. It was felt that the contacts which were made with the hospital group were extremely valuable, and that the practice of having these two officers of the League attend the convention of the American Hospital Association should be continued, if possible.

The Executive Secretary represented the A. N. A. at two state meetings in the South last fall—Tennessee and North Carolina. She appeared also on the program of the New York State meeting held at Lake Placid and at the Pennsylvania State League meeting held in Philadelphia, and participated in an Institute conducted by the Section on Education of the Connecticut State Nurses’ Association held in Hartford in November. This spring she participated in the program of the South Carolina State Nurses’ Association meeting and the New England Division meeting held in Manchester, New Hampshire.

In speaking of field work, may I call attention to the desirability of having a worker connected with our Headquarters who would spend most of her time in the field. Far-reaching results might be expected from the right person, who would visit, assist, and advise state boards, meet nursing and lay groups, and make personal contacts. It would also be a way of increasing our membership and strengthening our organization.

WORK WITH COMMITTEES

Perhaps our constituency does not appreciate what a volume of work is carried on through the various committees of the League. Much of the time of the Executive Secretary, who is an ex officio member of all committees, is spent in committee work; she often acts as secretary to the committee and carries on much of the correspondence in the League office. It seems only right and proper that the executive should spend much of her time and give her thought to the work of these important committees, as the other members of the committees are all women with full-time jobs. Many hours of the Executive Secretary’s time go into the work of the various committees, consequently much of what the League is doing will be found under the committee reports.
GIFTS TO THE NATIONAL LEAGUE OF NURSING EDUCATION

The Michigan State Nurses' Association sent to the League in December a check for $225.00 in lieu of selling calendars. This is the second year that we have received such a donation from the Michigan nurses. The Michigan League of Nursing Education also made a contribution of $50.00 for Miss Pfefferkorn's services at their Institute. The First District of the Wisconsin State Nurses' Association presented us with $10.00 and the California League contributed $14.00. The Educational Section of the Connecticut State Nurses' Association donated $25.00 to the League in appreciation of a paper given at their Institute in November by the Executive Secretary. A check for $25.00 was received from the Louisiana League of Nursing Education to assist in the publicity program of the N. L. N. E. Individual contributions were received from Miss Shirley Titus of $5.00 and Miss Ada M. Olsen of $2.00, and Miss Betty Eicke, Superintendent, Norwood Hospital, Norwood, Massachusetts, sent us a file of League Reports from 1914 through 1931.

ACCOMPLISHMENTS OF THE YEAR

At the meeting of the Board of Directors in January, the Executive Secretary presented many problems on which she felt the Board should take action, as well as questions on which policies were needed. It has been a source of real satisfaction to her that, almost without exception, all these things have received consideration, and, if a definite policy has not been formed or action taken, committees have been appointed to make further study.

The most outstanding accomplishments of the year, without any attempt to mention them in the order of their importance, have been:

1. The adoption of certain definite policies of the League as mentioned by Miss Goostray in her report.

2. The formulation by the Committee on Functions of definite and specific functions of the N. L. N. E.

3. The recognition of a need for specific criteria by which schools of nursing may be evaluated, as shown by the formation of a new Committee on Standards for Nursing Schools.

4. The recognition of the importance of some action by organized nursing on the problems presented by that large group of subsidiary workers known as attendants, undergraduates, ward helpers, etc.

5. The encouraging development of the Department of Studies, and Miss Pfefferkorn's study of the use of the graduate nurse, which has answered a real and vital need.
6. The work of the Committee on Education in setting up standards for postgraduate courses in clinical subjects.
7. The making of valuable contacts with other groups concerned with nursing education.
8. Closer working relationships with the other two national nursing organizations.
9. Closer working relationships with State and Local Leagues.
10. The plans which are being made for carrying on the work begun by the Committee on the Grading of Nursing schools.

The Future

"New epochs do actually come, and with them new, imperious, pre-emptory necessities; so that we have to admit, though with reluctance, that the hour has struck. The hour having struck, let us not say 'impossible'; it will have to be possible." So said Thomas Carlyle, and so say I, on this, our fortieth anniversary. For several years now organized nursing has been engaged in an exhaustive study of nursing ills in order that a correct diagnosis might be made of the causes of our trouble. Nor has this study been exclusively confined to nursing groups. Our co-workers, the medical and hospital groups, have been studying us with an equally critical eye, and the laity has been made aware of some of our problems. We have enough facts to enable us to translate some of them into action. Have we not reached the place where organized nursing must not only state its position on certain matters, but must go forward with a constructive program of action?

It is true that very few of us are able to see clearly the whole nursing picture from where we are standing, but we can see a part of the pattern and know that it is most awfully wrong in many respects. Is it not time for the N. L. N. E. to throw off some of its past inhibitions and come boldly to the fore to discourage the preparation of so many mediocre nurses, who are clogging the wheels of our profession, and to encourage the continuance of only those schools which can, in the future, offer a sound educational program and prepare nurses to actually meet the needs of the community today? To change the whole pattern of our educational system presents a thrilling challenge to the National League of Nursing Education.

Respectfully submitted,

Claribel A. Wheeler, Executive Secretary.
REPORT OF THE DIRECTOR OF STUDIES

GENERAL REPORT ON FINDINGS OF FIELD STUDIES

During the first twelve months of its existence the work of the Department of Studies centered about the Study on the Use of the Graduate Nurse for Bedside Care in the Hospital. The report of the Study was completed and off the press the latter part of April, 1933. Perhaps the best evidence of the interest of the hospital and nursing world in this work is shown in the number of requests which have been received for copies of the report. To date, July 1, 1933, some 700 have been sold.

Two field studies were made simultaneously to examine actual ward situations and to secure data for the Graduate Nurse Survey. Through the courtesy of Bellevue Hospital, one of the two studies, which was to ascertain the relative service value to the hospital of graduate and student nurse, was made on the surgical service of that hospital. The Director of Studies directed the survey, and spent four days at Bellevue in June, 1932, to set up techniques and initiate the work of gathering the material. The field work was then carried on by two Bellevue instructors and one supervisor, all of whom had earlier assisted in a similar study. These three field workers gave a total of five months’ time in all to the project.

In order to make the second study, which was to be a nursing activities study, twenty-one hospitals were approached for the privilege of making observations on their wards. Fifteen replied that they would be glad to cooperate. Of the other six, four were not heard from, and two requested that the study be deferred—one, because reorganization of the nursing service was in process, and the other, because of absence of members of the staff. In the original letter sent to the superintendents of these hospitals, it was stated that we expected to publish any findings which were of general interest, but that no reference whatsoever would be made to specific institutions.

The fifteen hospitals which cooperated in the study are located in Massachusetts, Connecticut, New York, Pennsylvania, Maryland, and the District of Columbia. They were visited for periods of several days each between May 24 and September 8, 1932. The capacity of these hospitals ranges from 40 to 2,000 beds, and they include municipal hospitals, church hospitals, and hospitals under the auspices of independent hospital associations.

It is gratifying to note the cordial reception and whole-hearted cooperation, entirely detached from particular hospital conditions, which was accorded to the Director of Studies in every institution visited.
One of the most significant findings of the study was the marked difference existing in the kinds of duties assigned to student nurses in the different schools, and the varying conditions under which these students worked. Since these activities findings have been described in some detail in Journal articles, and in the final report on the Use of the Graduate Nurse, it is not the intent of this report to elaborate upon them further.

**Magazine Articles**

A series of articles and notices was prepared during the year for the *American Journal of Nursing*. All of this material was based upon the findings of the nursing activities field studies. Because of requests received for reprints of the first article, Pray Let Us Wash Our Hands, a letter was sent out early in September to representatives of the boards of nurse examiners in every state. This letter was signed by the Executive Secretary, and a follow-up letter was sent out a month later signed by the Director of Studies. Both called attention to the articles planned for the next four or five months, pricing the reprints both in single copies and in lots; also the hope was expressed that the Department of Studies might be helpful to boards of nurse examiners in every state, and through them to schools of nursing and to the nursing services of hospitals that have no schools.

Twenty-three states were heard from; eleven of them ordered reprints in lots of 1 to 50 copies. Some of the replies expressed appreciation and enthusiasm; one or two expressed little interest either in the question of night nursing or in any of the other subjects covered.

In addition to these replies, there have been received in the office a number of letters from individual nurses and others in reference to the *Journal* articles and the need for field studies of this type. However, mere expressions of interest are soon relegated to the limbo of forgotten things unless promptly followed by action. Therefore, a letter received from the secretary of a nurses' examining board on December 23 was particularly heartening, since it reported that in this state action was being taken. Said the writer:

"I do not like to close the year of 1932 without writing to you about the articles in the recent *Journals of Nursing* on the quality of nursing care, that have been sponsored by the National League of Nursing Education...... The data given on quality of nursing at night has furnished us with facts that I feel sure are equally true of some of our hospitals. As a result of this study I hope to add another section to our 1933 inspection blank and also to take more time for night rounds on my annual visits to the schools."
Publicity for Reprints and Graduate Nurse Study

The American Nurses' Association has given us excellent cooperation on a publicity program through its publicity secretary, who prepared four digests on the *Journal* articles and one on the Graduate Nurse Study. These digests were released to thirty-six medical bulletins, twenty-four nursing bulletins, and twenty-one other miscellaneous publications and associations. Another source of publicity has been the Green Letter of the *American Journal of Nursing*, which has presented excellent questions on each *Journal* article.

Letters announcing the publication of the Graduate Nurse Study were sent to secretaries of state boards of nurse examiners, presidents of state associations, secretaries of all conventions and institutes held in the various states during the spring and summer of 1933, and to persons in charge of summer courses in nursing administration. Mimeoographed slips briefly outlining the contents of the report have been inserted in all outgoing correspondence of the National League office since April 1, including the convention call letter which went to all League members.

Assistant in the Department of Studies

Miss Dorothy A. Tomlinson was engaged in September for this position. Miss Tomlinson is a graduate of Vassar College and majored in English and Economics. She has proved a helpful and valuable assistant to the Director of Studies.

Publicity Program for Field Service

At the January meeting of the Committee on Studies, the Director of Studies submitted a program of publicity designed to advertise the existence and purpose of the Department. This program was as follows:

1. An appropriate notice, signed by the President, to be inserted in the *American Journal of Nursing* and a selected list of hospital magazines, restating the establishment of the Department of Studies and the availability of the Director for field service.

2. A letter similar to the notice and signed by the President to be sent to the following organizations:

   *Group A*
   
   Association of American Medical Colleges
   American Medical Association
   American Hospital Association
   American College of Surgeons
   American Psychiatric Association
   American Protestant Hospital Association
   Committee on the Grading of Nursing Schools
   Catholic Hospital Association
Committee on the Costs of Medical Care
Commonwealth Fund
Duke Endowment
Harmon Association
Hospital Advisors, Inc.
Julius Rosenwald Fund
New York Academy of Medicine
Nursing Service of the American Red Cross
Rockefeller Foundation

Group B
State Nurses’ Examining Boards
State Nurses’ Associations
State Leagues of Nursing Education

Group C
Chairmen of Boards of Hospitals, in care of the Superintendent of the Hospital, where schools are conducted. These letters to go out in groups of 100 or 200 every two weeks, and their continuation to depend upon the response received.

3. Free distribution of the Department’s publications to a selected mailing list.

The Committee on Studies approved this program of publicity at its January meeting, and the program was further approved by the Board of Directors. Due to developments, however, only part of the program has so far been carried out, as follows:

1. An article entitled, A New Field Service, by the President, appeared in the March Journal of Nursing and in a number of hospital magazines.

2. A letter signed by the President was sent to the organizations listed in Group A, but not to Groups B and C.

3. Complimentary copies of the Graduate Nurse Study were sent to a selected list of some twenty persons.

The response to this portion of the publicity program was so encouraging, and so many requests for field studies were received that it was deemed advisable to withhold further publicity for the time being.

FIELD STUDIES IN STATES AND IN INDIVIDUAL HOSPITALS

Inquiries have been received in the past year regarding the possibilities of nursing studies in seven states. Negotiations have been completed for a study in one of these states which will be begun in the late fall or early winter.

Inquiries have also been received for five studies of the nursing service in individual institutions, and as a result of these five inquiries two studies were made this spring, and another is nearing completion.
With the work of the Grading Committee drawing to a close, it would seem that one of the most nationally stimulating and worth-while projects that can now be launched is the undertaking of state surveys of nursing schools, sponsored by the state nursing organizations themselves. Indeed, it is hoped that whatever program is adopted in the future, it will be possible to maintain contact with the field, and that these contacts will come primarily through intensive projects, whether sponsored by states or requested by institutions. Only through such studies can we get at the core of the existing problems in nursing.

Respectfully submitted,

BLANCHE PFEFFERKORN, Director of Studies.

REPORT OF COMMITTEE ON EDUCATION

MEETINGS

One general meeting of the Education Committee was held in New York on January 22, 1933. Several meetings of the various subcommittee chairmen and members have been held since January.

PROGRAM

The project to which the major portion of time and thought has been given is the preparation of courses for graduate nurses in clinical and technical specialties. This is a second step in the larger program, planned by the Education Committee a few years ago. The first study, which has just been completed, is ready for distribution under the title of "Nursing School Faculty—Duties, Preparation, and Qualifications of its Members."

The Committee is now at work on courses for graduate nurses in clinical specialties, as follows:

a. Medical Nursing—Chairman, Mrs. Mary Marvin Wayland.
b. Neurological Nursing—Chairman, Miss May Kennedy.
c. Obstetrics and Midwifery—Chairman, Miss Hazel Corbin.
d. Pediatrics—Chairman, Miss Elizabeth Pierce.
e. Surgical Nursing, including Operating Room, Eye, Ear, Nose, and Throat—Chairman, Miss Blanche Pfefferkorn.
f. Psychiatry—Chairman, Miss Anna K. McGibbon.
g. Technical Specialties—Chairman, Miss Jane Van De Vrede.

TYPE OF COURSES NEEDED

A questionnaire study of the types of courses needed was made during the summer and early fall of 1932. As a result of this study the Committee decided that at least three different types of clinical courses must
be prepared to meet the needs of different groups of graduate nurses. These are as follows:

1. Supplemental courses—for the nurses who wish to make up deficiencies in the basic course of their professional preparation.
2. The orientation or review type of course—designed for the nurse who wishes to "brush up" on courses in which she is especially interested.
3. The specialization course—which is being prepared for the graduate nurse of sound general and professional education who has demonstrated her ability and is prepared to make a thorough study of some clinical subject, for example, psychiatric nursing.

Two articles describing these courses were prepared by the Chairman of the Education Committee and have appeared in the American Journal of Nursing. Reprints of these and subsequent articles will be available at Headquarters, National League of Nursing Education.

A reviewing and editing committee has been appointed, of which Miss Claribel Wheeler is chairman. This committee will go over material as it is sent in by the various subcommittees so that a certain continuity of form may be maintained in all of the outlines.

SUBCOMMITTEE ON ILLUSTRATIVE MATERIAL

The pamphlet on illustrative material has been made available for distribution at Headquarters. This committee expects to go over the slides on the history of nursing in the near future for the purpose of improving any material which needs attention.

COÖPERATION OF COMMITTEE ON DISTRIBUTION OF NURSING SERVICE, A. N. A.

Inasmuch as the Committee on Distribution of Nursing Service of the A. N. A. is as much concerned with the preparation of the graduate nurse as it is with the distribution of her services, this committee accepted the invitation from the Chairman of the Education Committee, namely, that the secretary to the Committee on Distribution of Nursing Service should serve as secretary to the Education Committee.

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

Anderson, Robena Combs, Medical College of Virginia, Richmond, Va.
Andrews, Laura Banks, 2103 Adelbert Road, Cleveland, Ohio.
Bain, Beatrice, Deaconess Hospital, Great Falls, Montana.
Bancroft, Mary Corinne, Vincent Hall, Cincinnati, Ohio.
Bane, Monta, Bozeman Deaconess Hospital, Bozeman, Montana.
Barr, Bertha Lee, Bridgeport General Hospital, Bridgeport, Conn.
Beach, Helen M., Petersburg Hospital, Petersburg, Va.
Berdahl, Anna Hausgen, Moe Hospital, Sioux Falls, South Dakota.
Bixler, Elizabeth S., Yale University School of Nursing, New Haven, Conn.
Blackwell, Mary C., Johnston Willis Hospital, Richmond, Va.
Blackwood, Ellen V., St. Mark's Hospital, Salt Lake City, Utah.
Boyd, Mary Edna, E. Liverpool City Hospital, E. Liverpool, Ohio.
Brock, Amy Viola, Middlesex Hospital, Middletown, Conn.
Braucke, Mabel M., Oxley Hall, Columbus, Ohio.
Brown, Helen Renwick, William Wirt Winchester Hospital, New Haven, Conn.
Buckles, Gertrude J., Deaconess Hospital, Billings, Mont.
Budd, Esther, New Haven Hospital, New Haven, Conn.
Cafferty, Kathryn W., St. Vincent's Hospital, Billings, Mont.
Calhoun, Eva D., 2803 Gilbert Ave., Cincinnati, Ohio.
Cash, Margaret Alice, 3915 Woodburn Ave., Cincinnati, Ohio.
Chapman, Nellie J., St. Luke's Hospital, Boise, Idaho.
Cherry, Mary T., St. James Hospital, Butte, Mont.
Clarke, Helen Louise, 21 Washington Manor, West Haven, Conn.
Clift, Carrie Eytinge, 1205 W. Boulevard, Rapid City, South Dakota.
Cole, Harriet E., 37 Jefferson St., Hartford, Conn.
Daniels, Antoinette, 350 Congress Ave., New Haven, Conn.
Decker, Miriam Katherine, 2103 Adelbert Road, Cleveland, Ohio.
DeLamater, Laura Woolsey, 37 Jefferson St., Hartford, Conn.
Denny, Linna Hamilton, 1320 N. 25th St., Birmingham, Alabama.
Dixon, Erma R., Grace Hospital, New Haven, Conn.
Elbert, Josephine, 2033 S. State St., Salt Lake City, Utah.
Elder, Flora, 2621 Grove Ave., Richmond Va.
Ercanbrack, Retia, 2266 S. State St., Salt Lake City, Utah.
Erf, Cornelia A., 2052 Cornell Road, Cleveland, Ohio.
Facer, Vestha, 325 Eighth Ave., Salt Lake City, Utah.
Farrell, Helen E., Hartford Hospital, Hartford, Conn.
Ferry, Mary M., Wilmington General Hospital, Wilmington, Del.
Fillmore, Anna Maud, L. D. S. Hospital, Salt Lake City, Utah.
Gamble, Flossie, 814 S. St. Andrews St., Dothan, Ala.
Garity, Anna E., Grace Hospital, New Haven, Conn.
Giles, Mary Lillian, L. D. S. Hospital, Salt Lake City, Utah.
Gillespie, Maud, 10 Prospect St., Ware, Mass.
Golightly, Berta E., Garner Hospital, Anniston, Ala.
Goodsell, Blanche M., 20 S. Hudson St., Hartford, Conn.
Grinels, Alma R., 3434 Hanover Ave., Richmond, Va.
Habel, Mary L., Stuart Circle Hospital, Richmond, Va.
Halpin, Julia Marie, Good Samaritan Hospital, Dayton, Ohio.
Hart, Winifred A., 109 Rocton Ave., Bridgeport, Conn.
Hartley, Alice, Christ Hospital, Cincinnati, Ohio.
Hecker, Martha Virginia, New Britain Hospital, New Britain, Conn.
Hofstetter, Augusta C., 1294 E. 115th St., Cleveland, Ohio.
Holmes, Irene Ethel, St. Mark’s Hospital, Salt Lake City, Utah.
House, Dorothy Elizabeth, 11483 Hessler Road, Cleveland, Ohio.
Hubbs, Hazel L., Methodist State Hospital, Mitchell, South Dakota.
Hundley, Irma E., Stuart Circle Hospital, Richmond, Va.
Jacobs, Alice Barbara, 310 First St., Boise, Idaho.
Jaffrey, Genevieve, 303 E. Superior St., Chicago, Illinois.
Johnson, Bertha Meta, 112 Arnold St., Hartford, Conn.
Johnson, Callie Margaret, 1308 Wertland, Charlottesville, Va.
Jones, Mary Iberis, Stuart Circle Hospital, Richmond, Va.
Kelly, H. Marie, 2065 Adelbert Road, Cleveland, Ohio.
Kelley, Irene Virginia, 1418 W. 80th St., Cleveland, Ohio.
Kessler, M. C., Potomac Valley Hospital, Keyser, West Virginia.
King, Ethel A. Buss, Britton Hospital, Britton, South Dakota.
Knipple, Verna Zoa, Salt Lake General Hospital, Salt Lake City, Utah.
Lankford, M. Mae, Johnston Willis Hospital, Richmond, Va.
Lipskey, Mary N., Grace Hospital, New Haven, Conn.
Long, Ethel S., St. Ann’s Hospital, Anaconda, Mont.
Lord, Kate Lou, Methodist Hospital, Hattiesburg, Miss.
Lunney, Anne, Greenville City Hospital, Greenville, South Carolina.
Lyman, Grace, 350 Congress Ave., New Haven, Conn.
McCann, Abby, Hartford Hospital, Hartford, Conn.
McCann, Hannah G., 37 Jefferson St., Hartford, Conn.
McClymont, Ruth I., The Children’s Hospital, Cincinnati, Ohio.
McDermott, Catherine Mae, Employees Hospital, Fairfield, Ala.
McLeod, Josephine, University Hospital, University, Va.
MacFarlane, Dorothy, 181 Cook Ave., Meriden, Conn.
MacLean, Sybil, 200 Mill Hill Ave., Bridgeport, Conn.
Mann, Georgia, Wilmington General Hospital, Wilmington, Del.
Moore, Helen, 2266 S. State St., Salt Lake City, Utah.
Mortvedt, Mabel, Sioux Valley Hospital, Sioux Falls, South Dakota.
Mumford, Ruth Ward, Dee Hospital, Ogden, Utah.
Munday, Mary C., 230 38th St., Newport News, Va.
Murray, Margaret, Bridgeport General Hospital, Bridgeport, Conn.
Musler, Hanna, 37 Jefferson St., Hartford, Conn.
Naylor, Elizabeth P., Waldo County Hospital, Belfast, Maine.
Newton, Delia Helen, Middlesex Hospital, Middletown, Conn.
Nicholson, Ann, Hartford Hospital, Hartford, Conn.
Noble, Rose L., 1721 Barron St., Portsmouth, Va.
Ochs, Mary Frances, Bartron Hospital, Watertown, South Dakota.
Palmer, Hazel E., Grace Hospital, New Haven, Conn.
Patterson, Madeleine, 1700 W. 38th St., Norfolk, Va.
Patton, Augusta, New Haven Hospital, New Haven, Conn.
Phair, Anna Myrtle, Christ Hospital, Cincinnati, Ohio.
Pingel, Martha Marie, Coshocton City Hospital, Coshocton, Ohio.
Pinkerton, Margaret Isabel, McKim Hall, University, Va.
Powers, Ellen D., 326 Washington, Norwich, Conn.
Pugh, Hattie Elizabeth, Medical College of Virginia, Richmond, Va.
Reber, Anna Ardena, 2061 Cornell Road, Cleveland, Ohio.
Reineck, Irma Marie, 1263 Jackson Ave., Lakewood, Ohio.
Rice, Clara Marie Luedtke, Britton Hospital, Britton, South Dakota.
Rickaby, Alice, 28 Crescent St., Middletown, Conn.
Ronsagle, Laura E., General Hospital, Cincinnati, Ohio.
Schafer, Anna Josephine, Cabaniss Hall, Richmond, Va.
Shrock, Beulah, Greenwich Hospital, Greenwich, Conn.
Sister Alberta Sullivan, St. Vincent’s Hospital, Birmingham, Alabama.
Sister Andrew Hanlon, Fairview and Salem Ave., Dayton, Ohio.
Sister Emmanuel, St. Mary Hospital, Cincinnati, Ohio.
Sister Frances Clare Harrington, St. James Hospital, Butte, Mont.
Sister Gerard, St. Joseph’s Hospital, Lewiston, Mont.
Sister Germaine Joseph, St. Patrick’s Hospital, Missoula, Mont.
Sister M. Alvera, 5303 McBride Ave., Cleveland, Ohio.
Sister M. Conception Doyle, St. Luke’s Hospital School of Nursing, Aberdeen, South Dakota.
Sister M. Emerentia, Sacred Heart Hospital, Yankton, South Dakota.
Sister M. Germaine Berlinger, Sacred Heart Hospital, Havre, Mont.
Sister M. Gervase Barry, 116 Dayton St., Hamilton, Ohio.
Sister M. Mathew, Good Samaritan Hospital, Cincinnati, Ohio.
Sister M. Maurice Doyle, 370 Collins St., Hartford, Conn.
Sister M. Theresa Rorback, Sacred Heart Hospital, Havre, Mont.
Smith, Florence G., 28 Crescent St., Middletown, Conn.
Smith, Mildred E., 141 Phelps Avenue, Englewood, New Jersey.
Squires, Edith B., Stuart Circle Hospital, Richmond, Va.
Stahl, Adele Grace, 2057 Adelbert Road, Cleveland, Ohio.
Stanfield, Florence B., Central Maine General Hospital, Lewiston, Me.
Staton, Martha, Henry A. Wise Hospital, Norfolk, Va.
Szmant, Gisella C., 267 Klotter Ave., Cincinnati, Ohio.
Tagg, Lucie E., Stuart Circle Hospital, Richmond, Va.
Thrasher, Jewell White, 814 S. St. Andrew’s St., Dothan, Ala.
Upham, Echo K., The Children’s Hospital, Cincinnati, Ohio.
Voigtlander, Louise M., Grace Hospital, New Haven, Connecticut.
Walker, Janet Penn, 1937 E. 81st St., Cleveland, Ohio.
Walkerly, Olive E., Bristol Hospital, Bristol, Conn.
Wallinger, Elgie M., Vincent Hall, Cincinnati, Ohio.
Whitacre, Ella Hintz, 133 McKee St., Manistee, Mich.
Wilcox, Ona Marguerite, 28 Crescent St., Middletown, Conn.
Williams, Dorothy Lucile, Christ Hospital, Cincinnati, Ohio.

Associate Members

Lemmon, Sadie Pearle, McCormick Hospital, Chiengmai, Siam.
Luce, Marguerite, 25 Yuen Ming Yuen, Room 519, Shanghai, China.
Wilson, Althea May, 246 Spring St., Clyde, Ohio.

Respectfully submitted,

ELLEN C. DALY,
CHARLOTTE BURGESS,
ELIZABETH MELBY, Chairman.
REPORT OF COMMITTEE ON FINANCE

As directed by the Board of Directors of the National League of Nursing Education, the Committee on Finance has reviewed the finances of the League with the Executive Secretary during this past month and has amended the Budget submitted in January, 1933.

The Committee understands that no calendars will be published this year, so that both the income and expenses will be reduced. However, the income will be reduced to such an extent that some steps must be taken to increase the resources in order not to carry a large deficit over to 1934.

Numerous women's organizations have been forced during these past two years to raise funds by direct solicitation of their members in order to meet their budget expenses. Perhaps the various State Leagues of Nursing Education would be willing and glad to raise their share of the deficit.

Because of the great depreciation of our first mortgage of Chicago, Rock Island and Pacific Railroad Company Bond, it would be unwise to sell at the present time, for the indication is that this mortgage may reach a much higher value before its maturity in 1934.

The $10,000 mortgage invested in the Plainfield Title and Mortgage Guaranty Company is safe, and the League can borrow on this by paying 6% interest. The Committee recommends that both these securities be permitted to mature, and that the deficit be made up in some other way acceptable to the Board of Directors and League members.

NATIONAL LEAGUE OF NURSING EDUCATION
1933 BUDGET

Estimated Receipts

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Director of Studies ........................................... $500.00
Estimated Deficit for year 1933 .......................... 1,341.90

Estimated Expenses

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$23,086.90

HEADQUARTERS BUDGET FOR 1933

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$9,385.40
Respectfully submitted,

A. ISABELLE BYRNE,
MARIAN ROTTMAN,
MARIE LOUIS, Chairman.

REPORT OF COMMITTEE ON NOMINATIONS

The Nominating Committee takes pleasure in submitting the following report:

The Committee held no meetings but carried on its activities through correspondence. In August the State Leagues were requested to prepare a nominating ticket and by the beginning of January sufficient returns had arrived to permit the preparation of a ballot. There was some delay in this through the duplication of names on the League and American Nurses’ Association Boards. The final ballot was printed in the March edition of the American Journal of Nursing.

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

President: Effie J. Taylor, New Haven, Conn.
          Katherine J. Densford, Minneapolis, Minn.
First Vice President: Nellie X. Hawkinson, Webster, Mass.
     Dorothy Rogers, Galveston, Tex.
Second Vice President: Julie C. Tebo, New Orleans, La.
    Margaret Carrington, Chicago, Ill.
Secretary: Stella Goostray, Boston, Mass.
    Marian Durell, Ann Arbor, Mich.
Treasurer: Marian Rottman, New York, N. Y.

Respectfully submitted,

HELEN POTTER, Rhode Island,
EVELYN WOOD, Illinois,
MARY M. PICKERING, California,
CARRIE M. SPURGEON, Georgia,
PHOEBE M. KANDEL, Colorado, Chairman.

REPORT OF COMMITTEE ON PROGRAM

The Committee on Program submits the completed program for the Fortieth Anniversary Meeting to be held in Chicago, June 12 to 16, 1933.

The Committee expresses appreciation of the helpful suggestions and valuable assistance given by the National and State League officers, and the Executive Secretary.

Respectfully submitted,

D. DEAN URCH,
ISABELLE M. JORDAN,
LAURA R. LOGAN, Chairman,
EVELYN WOOD, Vice Chairman.

REPORT OF COMMITTEE ON PUBLICATIONS

The Committee on Publications has had an active year. Twenty new publications have been added to our list. The Curriculum was reprinted in July, and 620 copies have been sold since that time. The report of the Proceedings of the 1932 Convention was printed and went out to the membership in August.

Of our prevocational literature, The Challenge and the small leaflet, Electing Nursing as a Profession, were discarded as antiquated and unsuitable for present-day use. A new leaflet called Nursing As a Vocation has been written to replace the latter, and a supplementary sheet explaining some of the more recent developments in the nursing situation was written to be sent out with Opportunities in the Field of Nursing. There are many requests for this kind of material from prospective applicants to the profession and from vocational guidance people. Two thousand two hundred and fifty copies of the small pamphlet and 709 copies of Opportunities have been distributed.
The mimeographed copies of Illustrative Material prepared by a sub-committee of the Committee on Education have been popular among instructors, and 146 copies have been sold.

The special committee working on The Out-patient Department in the Education of the Nurse completed its report in July. Miss Roberts generously allowed Mrs. Munson to assist in editing it. Copies were sent to all the schools of nursing which had League members listed on their faculties. In this way 582 copies were distributed and 152 copies have been sold.

The Study on the Use of the Graduate Nurse for Bedside Care in the Hospital was completed by Blanche Pfefferkorn and came from the press the last of April. There has been an unprecedented demand for the first completed study to be made public from the Department of Studies, and over 700 copies have already been sold. Miss Pfefferkorn’s articles which were written in connection with this study have had a large sale, especially the ones on A New Deal for the Patient at Night, A New Deal for the Student at Night, The Good Nurse, and Pray Let Us Wash Our Hands. Over 200 of each have been distributed.

A small pamphlet prepared by the Membership Drive Committee on the National League of Nursing Education has had a wide distribution; nearly 1,000 copies have been sent out. A new application form for the League has also been printed.

Miss Edith Potts compiled an annotated bibliography on Tests and Measurements Suitable for Use in Schools of Nursing to meet a growing demand for such information.

Although the publications list has carried the announcement of a publication on The Nursing School Faculty—Qualifications, Preparation, and Duties for some time, this material came to the Headquarters office only this past month. We are happy to announce that it is printed and ready for sale at this convention. This valuable publication is second in importance to the Curriculum for Schools of Nursing, and every member of a nursing school faculty will wish a copy of it. For the reason that the pamphlet is much larger and more expensive to publish than the Committee first anticipated, it has been necessary to make the price $0.75 per copy.

Other publications which have been added since the last meeting are:

New Standards, E. P. Lyon.
What Are Nurses Going to Do About It, Elizabeth C. Burgess.
What Should Influence a Hospital to Close Its School, Marian Rottman.
Postgraduate Education, Old and New, Isabel M. Stewart.
Developing a Code of Ethics for the Nursing Profession, Paul M. Limbert.
Three Methods of Ward Teaching, Deborah MacLurg Jensen.
The sale of the Accredited List is going very slowly, although the price has been reduced from $1.50 to $1.10. The list becomes out of date so quickly that the League is handling it at a financial loss. A revision will be made within the next year if possible.

The Committee has found that frequent advertising of its publications stimulates sales. The list has been revised twice within the past year and it has been circulated to schools three times during the year, as well as appearing at the time of revision in the American Journal of Nursing. A special letter calling attention to our publications was sent to all schools of nursing on October first. Mention was made especially of Miss Nutting's book, A Sound Economic Basis for Schools of Nursing and Other Addresses. As a result eighteen copies of the book have been sold.

The Publications Committee, as is customary, got out a 1933 Calendar. The Committee selected a non-nursing subject with the hope that the nurses would be able to sell it among lay groups. Based on the sales of the previous year 10,000 Calendars were ordered as compared with 16,000 ordered in 1932. Realizing that it would be a difficult year, the Committee undertook the sale of Christmas cards as a second project.

The usual initial publicity on the Calendar was sent out, followed by a special letter written by Miss Taylor. Permission was granted by Miss Thomson and Miss Taylor for a joint appeal to the state executive secretaries from the A. N. A. and the League suggesting that unemployed nurses be asked to sell calendars and cards on a commission basis. Only one state (Oregon) took advantage of the suggestion, and a nurse in this state sold 52 Calendars and several packages of cards. The Brooklyn Registry sold Calendars for us, and a worker from the Emergency Unemployment Relief Committee sold 25 Calendars in December. Several of the state secretaries sent letters out to their districts, and did all they could personally to assist with the project.

It was the hardest year for the sale of Calendars which the League has had to face. Some of the states did not take any, and others wrote that the nurses did not have money with which to purchase Calendars. The Michigan State Nurses' Association sent us a check for $225 in lieu of the Calendar sale. Letters from several states stated that they were tired of selling Calendars, and suggested that the League find another way of raising funds.

Despite all the publicity which was given, only 5,994 Calendars were actually sold. As the Calendars cost only $0.21½ each, we did not actually lose by the transaction, but a profit of $2,613.38 was made. Ten thousand seven hundred five Christmas cards were sold, and the balance will be sold this year.
The Publications Committee recommended to the Board of Directors in January that inasmuch as the nurses throughout the country are frankly tired of selling Calendars, and take them from a sense of duty, the Board find some other method of raising funds. The matter was deferred for decision until the June Board meeting.

Mrs. Helen Munson is writing a history of the N. L. N. E. which will be found a valuable publication for use in school libraries.

Respectfully submitted,

HELEN MUNSON,
ALMA SCOTT,
ISABEL STEWART,
CLARIBEL WHEELER, Chairman.

REPORT OF COMMITTEE ON REVISIONS

The Committee on Revisions begs to submit the following report:
Six meetings have been held during the year.
The State Leagues of Louisiana and Georgia submitted copies of proposed amendments to their Constitution and By-Laws. After consideration by the Committee these were returned to the Secretaries of the respective State Leagues with certain recommendation for further study.
The Kansas State League recommended the following changes in their By-Laws:

Article III, Section 1 be amended to read—

Three members of the Executive Board shall constitute a quorum at any meeting of the Executive Board instead of five members as at present.

Article VIII, Section 2 be amended to read—

Three officers and six members shall constitute a quorum of any annual or regular meeting instead of three officers and ten members as at present.

The Committee approved the proposed changes.
The California State League recommended a change in their By-Laws which would allow officers to hold office for a two-year period and that approximately half of the officers be elected each year. This recommendation was approved by the Committee.
The New Jersey League recommended that the word “March” be substituted for “December.” This recommendation was approved.
The State Leagues of Delaware and Utah submitted copies of their proposed Constitution and By-Laws. These were approved and recommended.
The Eastern Division of the Kansas League submitted a copy of their Constitution and By-Laws. These were returned to the Secretaries with certain recommendations, as it was found they did not conform to the state and national requirements.

The Board of Directors requested the Revisions Committee to consider certain changes in the By-Laws of the National League of Nursing Education. A copy of the proposed amendments was enclosed with the notice of this meeting which was mailed to each member.

Respectfully submitted,

MARION G. HOWELL,
GEORGIA HUKILL,
M. ANNA GILLIS, Chairman.

It was voted to amend By-Laws as proposed with the exception of Article 10, Section I, this section remaining as before.¹

The President appointed the following committees:

Committee on Resolutions: Miss Elizabeth Melby, Connecticut, Chairman; Miss Carol L. Martin, Nebraska; Miss Ethel M. Smith, Virginia.

 Tellers: Miss Margaret Carrington, Illinois, Chairman; Miss Mary E. Allanach, New York; Miss Laura Coleman, Missouri; Miss Anna McGibbon, Rhode Island.

Inspectors of Elections: Miss Irma Law, Kansas, Chairman; Miss Eva Caddy, New Jersey; Miss Cora Nifer, Michigan; Miss Pearl Flowers, Missouri.

The Chair declared the meeting adjourned at 5 p. m., to reconvene on Tuesday at 4 p. m.

The adjourned meeting of the Business Session was called to order by Miss Taylor, the President, on Tuesday, June 13, at 4 p. m.

REPORT OF COMMITTEE ON FUNCTIONS

A. Major functions (not set up in order of their importance):

1. To set up standards of organization for National, State and Local Leagues.

2. To set up standards for a good school of nursing.

3. To assume responsibility for curricula:
   a. Undergraduate education.
   b. Postgraduate education (except for special courses for public health nurses).

¹ See amended By-laws, page 267.
4. To assume responsibility for carrying on the work begun by the Committee on the Grading of Nursing Schools.

5. To set up standards and plans of organization for nursing service in hospitals providing clinical services for the teaching of student nurses in order that there may be coordination of educational and service programs.

6. To assume leadership in setting up standards for nursing service in hospitals without schools in order that more uniform methods of organization and staff education may prevail and in order that good standards of health education of patients may be established in caring for the sick in all types of hospitals.

7. To make studies and render advisory service where needed.

8. To accept responsibility for prevocational guidance in relation to nursing, and a degree of responsibility for vocational guidance for nurses who desire to enter fields in which their professional preparation shall be of definite value.

9. To assume responsibility for leadership in the definition of policies regarding methods of training and supervision of subsidiary groups.

B. Functions of National League of Nursing Education as Education Department of the American Nurses' Association.

This function facilitated by making the Executive Secretary of the N. L. N. E. the Educational Secretary of the A. N. A.

1. N. L. N. E. accepts responsibility for advisory service to state boards of nurse examiners on all educational matters such as

   a. Entrance requirements and examinations
   b. Curricula
   c. Inspection of schools
   d. Examination
   e. Records

Statement by A. N. A.

It was voted by the A. N. A. board (September, 1931) "that the board advise the Legislative Section that activities be restricted to legislative matters and that questions of school inspection, etc., be left to the N. L. N. E."

2. The N. L. N. E. accepts responsibility for advisory service on educational problems referred and for conference on problems of organization, administration, and service having an educational implication.
3. The N. L. N. E. recommends that for the purpose of better coördinating and furthering the work of the League in the states, the State Leagues of Nursing Education function as departments of education of the State Nurses' Associations; and to facilitate the attainment of this purpose, the State Leagues continue their present organization and autonomy, and the relationship constitute a functional and not an organic connection.

The function of the State Leagues as the departments of education of the State Associations shall be the same as set up by the two national organizations. Since this relationship is a functional and not an organic one, it is suggested that for the present no provision for it be made in the by-laws of either the State League or the State Nurses' Association in any state, but that an invitation be issued to the president of each organization to attend the meetings of the board of directors of the other, so that problems pertaining to the activities of a particular association may be cleared, and the work of each strengthened.

4. The N. L. N. E. assumes responsibility in the publicity program of the A. N. A. for:
   a. Suggesting educational material which can be publicized by the A. N. A.
   b. Passing upon publicity having educational implications
   c. Coöperating in joint projects

C. Functions in coöperation with other groups:
   1. Work with the American Social Hygiene Association on a study of how social hygiene can be incorporated into the basic course in nursing.
   2. Work with the N. O. P. H. N. and the American Association of Hospital Social Workers in a study of how the social aspects of nursing care can be incorporated into the basic course.
   3. Work with the A. N. A., the National Committee for Mental Hygiene and the American Psychiatric Association in a study of how to include mental hygiene in the curriculum.
   4. Work on a study of subsidiary workers with A. N. A. and N. O. P. H. N.
   5. Work with N. O. P. H. N. to incorporate the principles of public health and public health nursing into the basic course.
6. Work with the American Hospital Association and appropriate medical groups concerned with education of nurses and organization of nursing services in hospitals.

Respectfully submitted,

Anna D. Wolf,
Carolyn Gray,
Nellie X. Hawkins,
Adda Eldredge,
M. Helena McMillan,
Daisy Dean Urch,
Helen Hansen,
Nina D. Gage,
Laura R. Logan,
Elizabeth Burgess,
Blanche Pfefferkorn,
Alma H. Scott,
Mary M. Roberts, Chairman.

REPORT OF HEADQUARTERS COMMITTEE

The Headquarters Committee, formed a year ago, has held meetings whenever the business of the N. L. N. E. made such a meeting desirable.

To this Committee was assigned last year the special function of taking the responsibility for the Membership Drive.

At the January meeting of the Board of Directors the further power of the committee was defined by the Board as follows: that the Committee "have the power to act between Board meetings upon all matters which are referred by the President or Executive Secretary which do not require the formation of new policies, and to pass upon applications for membership which come in from states where there are no State Leagues."

This power granted to the Committee to pass on membership has made it possible to speed up the acceptance of new applicants.

The Committee at the request of the Board has also given careful consideration to the needs of reorganization and suggested changes in the by-laws have been submitted to the Committee on Revision.

This material includes the establishment of a plan of fellows, and the creation of junior active members and other changes all of which will be placed before the membership by the Revision Committee.

The chief activity of the Committee has been in relation to the Membership Drive.

It was decided when the drive was entered upon that while the drive
would be centered at Headquarters, and materials, general information, and publicity go forward from there, wherever there was a State or Local League, these Leagues should be asked to plan and execute their own campaign. The same plan was suggested to the Educational Sections of the State Associations. This plan has been followed. States have either formed such committees or used committees already in existence.

Headquarters prepared a small pamphlet giving information concerning the National League of Nursing Education, and a blue and silver stamp stating our objective of 4,000 members on our 40th birthday. The initial letters in the drive were sent out by the chairman on June 1, 1932. These went to the Presidents of the State Leagues and to the Presidents of the State Nurses’ Associations. They announced the dates of the campaign, June 15, 1932 to June 15, 1933, stated the goal of 4,000 members on our 40th birthday, suggested the formation of a state committee, and asked for the name and address of the person designated as Chairman so that we might get in touch with her and assist in planning the campaign for each state. The names of many of these chairmen were not reported to us promptly and getting them necessitated additional letters.

The next step taken consisted of letters sent by the chairman to all chairmen of state committees as they were formed. On August 1 Miss Wheeler sent a letter about the drive to the directors of schools of nursing where there are no State Leagues.

In July there was an editorial in the American Journal of Nursing. This was followed in October by a progress report in the Journal. In January, 1933, an article by Miss Taylor, A Challenge to League Members, was printed together with a chart comparing actual League membership with potential League membership. A brief report followed this in February, another in March, one in April, with a final statement and appeal from the chairman in the June Journal.

A letter also went from the chairman during March to nurse hospital superintendents.

It has not been possible to make any great appropriation for this drive. We have had to depend on letters and printed articles in our attempt to stimulate our membership to action.

What have been our results. 838 new members. We needed 1,115 to reach our goal as the membership on June 15, 1932 was 2,885. The present membership to date is 3,285. We had thought it would be possible for each member to secure at least one additional member. Had this been done we would have gone over our goal.
Everyone has worked hard. The central committee and its chairman appreciate greatly the active work done in the states.

That the goal has not been attained is undoubtedly due to the very difficult situation financially in which our members and potential members have been placed during the past year and more. It was not an auspicious time for such a drive. The committee firmly believes, however, that the nurses who are concerned with the educational aspects of our profession need the organization as never before and we are hopeful that if the changes in By-laws proposed by your committee are made by you (in the association), membership will be greatly stimulated during the coming year.

One aspect of the work has been discouraging, and that is that while we have been working for a new membership about 835 of our old members have failed to renew their membership. Perhaps this too is due to finances. It would seem as if this must be true, for at no time has the League been so active in assistance to its members or been carrying on so interesting work as it has during the past year.

Respectfully submitted,

**STELLA GOOSTRAY,**
**MARIAN ROTTMAN,**
**CLARIBEL WHEELER,**
**EFFIE TAYLOR, ex officio,**
**ELIZABETH C. BURGESS, Chairman.**

**PROGRESS REPORT OF COMMITTEE TO STUDY SUBSIDIARY WORKERS IN NURSING SERVICES**

At the January meeting of the Board of Directors of the N. L. N. E. the National League of Nursing Education accepted as its function leadership in undertaking with the N. O. P. H. N., the A. N. A., and the Nursing Service of the American Red Cross a study of attendants and other subsidiary nursing workers.

The members of this joint committee are as follows:

_A. N. A._: Anne How, Eloise Shields.

_N. O. P. H. N._: Elizabeth Stringer, Leslie Wentzel.

_N. L. N. E._: Carolyn E. Gray, Elizabeth C. Burgess.

_A. R. C. Nursing Service:_ Elsie M. Lawler, Malinda Havey.

The three presidents of the nursing organizations and Miss Noyes of the Red Cross together with the three directors at Headquarters serve as ex officio members.

An organization meeting was held on May 25. Certain information concerning the numbers and types of subsidiary workers has been gath-
ered. The Committee is convinced that the study which it has been requested to make is, in view of the present country-wide situation in nursing, of extreme importance.

There are three important aspects of the problem, namely, the preparation, the use, and the control of these workers. The problem seems vital if the nursing needs of the public are to be safely cared for.

The Committee is preparing a preliminary statement for publication. It is taking steps to secure assistance in order to carry on a brief study of the situation, and it is hopeful of making real progress during the coming year.

The name of the committee has been slightly changed. It is: the Committee for the Study of Subsidiary Workers in Nursing Services.

We shall probably go to many of you and to the members of the A. N. A., the N. O. P. H. N., and the Red Cross Nursing Service for help during the coming year. We hope you will respond liberally, for the matter of the subsidiary worker is probably one of the most important which could be undertaken at this time.

Respectfully submitted,

ELIZABETH C. BURGESS, Chairman.

REPORT OF COMMITTEE ON STUDIES

The Committee on Studies has held four meetings since it was appointed in January, 1932. This Committee has acted in an advisory capacity to the Director of Studies. During the past year its duties have consisted chiefly in deciding upon the studies to be undertaken by the Director of Studies, and in examining and approving completed studies.

Respectfully submitted,

MARIAN ROTTMAN, Chairman.

REPORT OF COMMITTEE ON THE USE OF LIBRARY FACILITIES

The Committee on the Use of Library Facilities has no progress to report.

The plan for improving library facilities in nursing schools which was presented to the Carnegie Foundation, with a request for funds, has not been definitely refused but the long delay in taking action upon it is not encouraging.

A letter to Dr. Keppel of the Foundation, was sent May 19th asking that the plan may again be given consideration with the projects to be
discussed at the time of the next awards. Dr. Keppel replied on May 24th that he would be glad to bring our suggestions to the attention of the advisors and Trustees when they meet again in the fall.

A request from the Executive Secretary of the League that the list of reference books for schools of nursing be revised and enlarged is now being worked on.

Respectfully submitted,

JULIA C. STIMSON, Chairman.

REPORT OF COMMITTEE ON PUBLICITY

The task assigned the Committee on Publicity in San Antonio was to outline, for the approval of the Board, (1) a publicity campaign and (2) to prepare a plan for approaching, either by letter or in person, the American Hospital Association, the American Medical Association, and the American College of Surgeons.

The Committee had two meetings. Project (2) was developed by preparing the "Trustee's Letter" which was sent to the office of the above named organizations and to the chairmen of the boards of trustees of all hospitals having schools of nursing. Copies were sent to the superintendents of the hospitals and to the superintendents of nurses. The letter was signed by the presidents of the three nursing organizations and replies were referred to the Committee on the Distribution of Nursing Service of the A. N. A. since the Committee on Publicity was not organized to carry on that type of correspondence.

After careful study, as the Committee reported to the Board at the January meeting, it was decided that the time was not ripe for a forceful program of publicity for the League, the reasons being (a) the League has not yet a sufficient body of clear cut policies on all aspects of nursing education to provide a sound basis for a publicity program; and (b) the League, functioning as the Education Department of the A. N. A., is securing a considerable amount of publicity through the A. N. A. Department of Public Information.

The Committee, therefore, has no program to present at this time.

Respectfully submitted,

ISABEL M. STEWART,
AMELIA GRANT,
ANNA D. WOLF,
MAY AYRES BURGESS,
MILDRED WHITCOMB,
HAZEL CORBIN,
MARY M. ROBERTS, Chairman.
REPORT OF COMMITTEE ON RELATION OF NURSING TO MATERNAL CARE

In April, 1932, the Association for the Promotion and Standardization of Midwifery, Inc., reported to the Committee to Study the Relation of Nursing to Maternity Care of the National League of Nursing Education, that they had been successful in their efforts to organize and finance a three-year project in midwifery. The report also outlined the general plan of the course, the entrance requirements for the students, and a description of the Loberstine Midwifery Clinic, which is the teaching center for the nurse-midwives. This report is a progress report on the work of the Association.

Most of the time and funds for the first nine months of 1932 were devoted to the organization and development of the outdoor maternity service. The development of this type of clinic service for the purpose of educating nurse-midwives necessitated the reeducation of the social, nursing, medical, and health agencies in the Clinic district. The community reactions to the idea of the “nurse-midwife” and “midwifery clinic” presented a problem, the overcoming of which is both expensive, time-consuming and resulted in slow growth of the Clinic. In September, 1932, the first class of nurse-midwives was admitted. The applications for the course were numerous, and it was comparatively easy to select students who had had rather broad professional experience and who were eligible for college matriculation. There are seven students in the first class, five on scholarships, two on part scholarships; each one is going to a midwifery position when she finishes the course. The students either through scholarships or personal funds are responsible for the full cost of the course including tuition, board, room, laundry, and incidentals.

The fundamental idea in the clinic service and in the school is that nurse-midwives are to be educated to assume the responsibility for normal midwifery under the supervision and direction of competent medical authority.

It is too soon to evaluate the content, methods, or results of the course. Careful records of the experience of the school and the clinic are being kept and will be reported on from time to time. Before the certificate of the school is awarded, the nurse-midwife must have demonstrated her practical ability as a midwife and she must successfully pass a comprehensive written examination, and an hour’s oral examination given by the Board of Medical Examiners. The doctors and the nurses who have assumed the responsibility for this project which may tend to revo-
lutionize our present-day methods of obstetric care, believe that obstetric nursing, public health nursing, and midwifery must be combined.

The most obvious prerequisite to the development of nurse-midwifery is the creation of an attitude of acceptance on the part of doctors, nurses, and lay people alike, of the nurse-midwife as an important factor in providing adequate maternity care. The future of the nurse-midwife in the United States depends upon her ability as a citizen and a professional worker to create opportunities for her services and to develop proper professional standards for her practice.

Prepared by HATTIE HEMSCHEMeyer, Executive Secretary, Association for the Promotion and Standardization of Midwifery, Inc., for HAZEL CORBIN, Chairman.

REPORT OF COMMITTEE ON STANDARDS FOR NURSING SCHOOLS

A meeting of the Committee on Standards for Nursing Schools was held on June 11, 1933, with the following members present: Sally Johnson, Chairman; Julie C. Tebo, Katharine Densford, Blanche Pfefferkorn, Clara Quereau, Effie J. Taylor, and Claribel A. Wheeler.

After general discussion of the purpose for which the Committee was organized it was moved and accepted that the Committee on Standards accept as its responsibilities:

- A study to determine the clinical facilities necessary to conduct a good school of nursing.
- A study to determine the organization and function of a school of nursing committee in a good school and its relationship to the trustees, director of the hospital, principal of the school, graduate nurses, student nurses, and the community.
- A study to determine the organization and function of the administrative and teaching personnel of a school of nursing.

Mention was also made of the fact that use will be made wherever possible of existing studies, including those of the Grading Committee and the studies on the qualifications, duties, and preparation of the faculty made by the Education Committee.

Respectfully submitted,

SALLY JOHNSON, Chairman.

REPORT OF THE COMMITTEE ON RECORDS

The Committee has been working on records and has some very nearly ready to present for the consideration of the Board and the Publications Committee.
Work has been slow due to the absence in Europe of some of the committee and to the claims on the time of the chairman in her new work. We expect confidently to have some definite records to present at the next meeting of the Board.

Respectfully submitted,

NINA D. GAGE, Chairman;
STELLA GOOSTRAY,
NELLIE X. HAWKINSON,
HELEN W. MUNSON,
MARY MARVIN WAYLAND.

REPORT OF ISABEL HAMPTON ROBB MEMORIAL FUND COMMITTEE

This Committee begs to report that the usual business has been transacted during the year. At the annual meeting held in New York in January the officers appointed were: Chairman, Miss Lawler; Secretary, Miss Best; and Treasurer, Mrs. Eden.

In May, 1932, forty-two applications for scholarships were received and six were granted. The list of recipients was published at that time. This year forty-five applications were received and six scholarships were granted. A summary of findings of applications is as follows:

Of these forty-five applicants the average age was 32.2.

The present location of applicants:

New York, 12; Massachusetts, 5; California, 5; Illinois, 4; Rhode Island, 2; Ohio, 2; Tennessee, 2; Maryland, 2; New Jersey, 1; Georgia, 1; Connecticut, 1; Arizona, 1; Vermont, 1; Minnesota, 1; Michigan, 1; Colorado, 1; Virginia, 1; Alabama, 1; Maine, 1.

Preference as to place to pursue further study:

Columbia University, Teachers College, 31; Simmons College, Boston, Mass., 3; University of Washington, Seattle, Wash., 2; Catholic University, Washington, D. C., 2; George Peabody College for Teachers, 2; University of California, 1; Western Reserve University, 1; Western Reserve or University of Minnesota, 1; Vanderbilt University, 1; University of Virginia, 1.

Summary of Preliminary Education:

High school only, 24; high school equivalent, 2; pre-medical school, 1; state teachers college, 3; teachers course, 1; pharmacy, 1; normal school, 2; business college, 2; art school, 1; university; 3 summer sessions, 1; 1 year, 4; 2 years, 1; 2½ years, 1; B.S. degree, 1.

The candidates wish to prepare for:

Hospital administration, 1; administration, 4; supervision or administration, 3; teaching or administration, 2; director of school of nursing, 1; teaching, 11; nursing education, 2; supervision or instruction, 2; supervision, 2; super-
vision in pediatrics, 2; work in mental hygiene, 1; health administration or teaching, 1; public health supervision, 2; public health administration, 1; work in public health, 11.

The following figures with regard to membership in nursing organizations and professional magazine subscriptions command attention:

Of the forty-five applicants:

10 were members of the National League of Nursing Education.
10 were members of the National Organization of Public Health Nursing.
17 were subscribers to the American Journal of Nursing.
3 were subscribers to Public Health Nursing.

The question arises, is a nurse who has failed to become affiliated with the League of Nursing Education and who sees no reason why she should need the Journal, good scholarship material?

The scholarships were awarded as follows:

1. Madeline Verona Kelly (22), Brattleboro, Vt.
   Graduate of Peter Bent Brigham Hospital, Boston.
   To study at Simmons College, School of Public Health Nursing; desires administration or teaching in health education.

2. Anna Myrtle Phair (32), Cincinnati, Ohio.
   Graduate of Cincinnati Hospital School of Nursing.
   To study at Teachers College; to prepare for teaching and administration in schools of nursing.

   Graduate of Newton Hospital School of Nursing.
   To study at Teachers College; to prepare for teaching in schools of nursing.

4. Elizabeth M. Hill (19), Santa Rosa, Calif.
   Graduate of University of California School of Nursing.
   To study at Teachers College; to prepare for supervision in public health nursing.

5. Frieda Off (29), Denver, Colo.
   Graduate of Minnequa Hospital School of Nursing.
   To study at Teachers College; to prepare for administration in schools of nursing.

   Graduate of Western Reserve University School of Nursing.
   Desires to study at Western University; to prepare for supervision and instruction.

The Treasurer's report presented at the annual meeting in January showed that during the year the contributions to the fund had amounted to $1,236.72 and interest on investments was $1,437.50.

Respectfully submitted,

Elsie M. Lawler, Chairman.
THE MCISAAC LOAN FUND

This fund continued to be much in demand and is kept in circulation. During the year ending December, 1932, fifteen loans were made and contributions had amounted to $1,236.72.

The fact that the year’s contributions to these two funds at a time when nurses everywhere are struggling with financial difficulties, amounted to $2,473.43, is most noteworthy, and demonstrates the feeling of interest that exists with regard to these two memorials.

Respectfully submitted,

Elsie M. Lawler, Chairman.

The Chair declared the Business Session adjourned at 5 p.m.
Opening General Session

Monday, June 19, 8 p.m.

Presiding: Effie J. Taylor, R.N., President.
The invocation was given by the Reverend Duncan Hodge Browne, S.T.D., Rector, St. James Church, Chicago, Illinois, and addresses of welcome were extended by Willoughby G. Walling, Chairman, Illinois Board of Public Welfare Commissioners, and Edna S. Newman, R.N., President, Illinois League of Nursing Education.

YESTERDAY—TODAY—TOMORROW

Effie J. Taylor, R.N.
President, National League of Nursing Education

It was forty years ago that a great International Congress of Charities, Corrections, and Philanthropy was held in Chicago under the auspices of the World’s Congress Auxiliary of the World’s Columbian Exposition. The year before it was held, Mrs. Bedford Fenwick of London, England, visited Chicago to arrange for an exhibit connected with English hospitals. During her visit she conceived the idea of establishing a nursing section in connection with the Congress. Dr. John S. Billings of Washington, who was chairman of the Section on Hospitals and Dispensaries, was consulted and he approved the plan. As chairman of the Nursing Subsection he appointed Isabel Hampton, then Superintendent of Nurses at the Johns Hopkins Hospital.

The Congress was attended by nurses from the United States and Canada and many other parts of the world. During the conferences a suggestion was made by the chairman that an Association of Superintendents of Training Schools be formed. The suggestion was very happily received, and a number of superintendents met together on the invitation of Miss Lett at St. Luke’s Hospital to discuss the advisability of forming such an organization. The following day a group of eighteen superintendents gathered together and formed a temporary organization, appointing a committee which then presented recommendations for rules and regulations to govern the temporary association. These rules were adopted, and plans were made for the first convention of the new Society of Superintendents of Training Schools for Nurses in the United States and Canada, which met the following January.

The papers which were presented at the meeting of the Nursing Subsection in 1893 were remarkable for their vision and their ideals for
nursing. They abounded in human interest and sympathy, and they described possibilities for nursing which we have not achieved even yet.

Will you go with me for a few minutes, listen, and catch in retrospect an inspiration through gleanings from a few of the papers read by our founders at this Nursing Congress in the Hall of Columbus on June 15, 16, and 17, 1893? It is only through such papers that we may know what they thought and how they interpreted the practice of nursing. A few of our founders we will hear from later on through personal messages which have been sent by some who were here in Chicago when our association had its birth.

In a paper on “Educational Standards for Nurses,” Isabel Hampton spoke of the need for normal school training for women who were to teach nursing, and emphasized the requirement that nursing schools be established only where the facilities are adequate for teaching, and where a broad experience in the care of patients can be obtained. Hospitals which cannot provide these requisites should secure nursing care for their patients through “salaried nurses.” She also demonstrated her clear insight into the art of nursing when she said:

When human life and health are concerned, what shall we term the little things? 

Her great appreciation of the need for education can best be understood through her own words in discussing the admission requirements for candidates desiring to enter schools of nursing:

The candidate should come up to the standards required to pass the final examination in the best high schools in the country; and (again) of course, if she has in addition a knowledge of languages and a broad general reading, the candidate is all the better prepared for undertaking and obtaining success in her career as a nurse.

It is quite often suggested that training schools were called into existence by the needs of hospitals. In Miss Dock’s paper on “The Relation of Training Schools to Hospitals” she says, in her own delightful way:

Did the hospital then call the training school into existence? Strangely enough it did not, though the two seem now so fundamentally united. The training school idea did not originate within the hospital but was grafted upon it by the efforts of a few inspired ones outside, who saw the terrible need of the sick, who knew the inadequacy of the care they received, and who bravely knocked at the hospital doors, first closed, but gradually opening more and more widely.

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2 Ibid.: p. 33.
3 Ibid.: p. 41.
I am sure we must all agree that the results of the grafting of this idea were good, for it is now almost impossible for nursing schools to separate themselves from hospitals. Miss Dock was always anxious that the schools should be built upon a strong and safe educational foundation. She strongly approved of the independent school, stating that independence is "always a more dignified position than that of being supported," and she doubted that training schools as such were secure when attached to purely political institutions "until," quoting her own words, "in the evolution of the civic virtues, local politics either change their nature or are removed from the field." 

Though Florence Nightingale was not able to be present, she sent a paper which was read at this first Congress, entitled "Sick Nursing and Health Nursing." In this paper we find the following:

A new art and a new science have been created since and within the last forty years. And with it a new profession—so they say; we say, calling. One would think this had been created or discovered for some new want or local want. Not so. The want is nearly as old as the world, nearly as large as the world, as pressing as life or death. It is that of sickness. And the art is that of nursing the sick. Please mark—nursing the sick; not nursing sickness. We will call it the art of nursing proper. 

She speaks also of another art:

This is the art of health, which every mother, girl, mistress, teacher, child's nurse, practically every woman ought to learn. Health is not only to be well but to be able to use well every power we have. 

As you listen to Miss Nightingale's words, does not your imagination suggest to you that this kind of nursing, this kind of teaching, will be the work of the nurse in the future? We must begin to emphasize and to teach "the art of health nursing," lest we be found wanting when the function of nursing is defined in the future.

In admonishing the nurse not to place entire dependence on the pathology of a case, Miss Nightingale says:

And never, never let the nurse forget that she must look for the fault of the nursing as much as for the fault of the disease in the symptoms of the patients.

Irene Sutcliffe's paper on "History of American Training Schools" is filled with accounts of thrilling incidents. It goes back as far as 1798, "thirty-six years before Pastor Fliedner founded at Kaiserswerth the

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6 Ibid: p. 89.  
7 Ibid: p. 88.  
8 Nightingale, Florence: "Sick Nursing and Health Nursing." Hospitals, Dispensaries, and Nursing, p. 444.  
9 Ibid: p. 444.  
10 Nightingale, Florence: "Sick Nursing and Health Nursing." Hospitals, Dispensaries, and Nursing, p. 446.  
Institute for Deaconesses for the training of women to be nurses.  

In comparing with a report of the present day the conditions in one of the hospitals under the Department of Charities and Corrections, she quotes the story of conditions found in 1874 before training schools were organized:

In the fever ward (40 beds) the only nurse was a woman from the workhouse under a six months' sentence for drunkenness.  There were no chairs with backs in the hospital; round wooden benches were the only seats, and the only pillow one of chopped straw.

In the present year (1893), (the report continues) the patients are cared for by earnest gentlewomen, with whom we cannot associate neglect and disorder.

This is the story which history relates the world over wherever trained nursing has been introduced. In gathering information for her paper, Miss Sutcliffe states that she obtained the names of 148 schools having a total of about 3,250 pupils. At this time it was thought that there was no danger that the supply would ever exceed the demand, though there might be danger that it would deteriorate in quality. Forty years later, in 1932, according to the findings of the Grading Committee, we had in the United States 1,783 accredited schools and 84,290 students.

In Louise Darche's paper on "The Organization of Training Schools in America," presented at the Congress of 1893, she emphasized the idea that the organization of training schools under separate management and control was both possible and desirable. In discussing a school of this type she said:

The contract entered into by the hospital authorities and the board of school managers at once indicated that the relationship between hospital management and nursing management could be established on a friendly and at the same time on an independent footing; and it soon proved that nursing under a distinct management and head could and did work harmoniously with the hospital management and to the mutual benefit and advantage of both.

Mary E. P. Davis presented a paper on "Trained Nurses as Superintendents of Hospitals," in which she emphasized again, as did all the others, that "the care of the sick is the central point in a hospital round which all things else revolve," and that "patients will certainly lose nothing by having a trained nurse as a hospital superintendent." She advocated the provision, however, that nurses need special preparation for this field of work.

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14 Ibid.: p. 510.
15 Darche, Louise: "The Organization of Training Schools in America," Hospitals, dispensaries, and Nursing, p. 515.
At this original meeting Edith A. Draper spoke of the need of an American Nurses' Association and urged that now was the time to form it. "Surely," she said, "the tide is high for us now, and it were a thousand pities to allow so grand an opportunity to slip by." 17 Though her appeal was earnest and the object worthy, the time was evidently "not yet" for it was not until 1897 that the organization was finally launched.

Other papers were read, one by Isabel McIsaac on "The Benefits of Alumnae Associations," one on "Obstetric Nursing," by Georgina Pope, and one on "Nursing the Insane," by M. E. May. Still other addresses were made by women from across the sea, but tonight we are mainly concerned with the messages left us in print by some of our founders.

And so the American Society of Superintendents of Training Schools for Nurses, the first national organization of nurses in America, launched its program, and set forth nursing standards worthy of the women who conceived the idea.

The first convention was held in New York in the Academy of Medicine, on January 10, 1894, with Anna Alston, Superintendent of Nurses, Mount Sinai Training School, New York City, in the chair. There were present at this meeting forty-four superintendents of nurses. A constitution and by-laws were drawn up, which were amended and later approved.

The logical order in which our founders proceeded with their work is indicated by the fact that they sought to define the meaning of nursing by discussing in the first paper on the program: "What Is a Trained Nurse and What Are Nursing Ideals?" No doubt you will wonder if we have ever satisfactorily answered these questions, for they seem still to be claiming a large share of our attention. Many answers have been made; but it is still possible that we may find better ones.

In reading the reports of these early conventions one is impressed with the insight into the needs of nurses then evidenced in the breadth of vision concerning all phases of the professional work of nurses, and in the organization of forces to overcome the problems involved.

We have not yet realized, after forty years of active endeavor, many of the ideals set forth in the first ten years of the life of the Society. Do you remember that the eight-hour day for student nurses was discussed at this meeting in 1894, and that a nonpayment system for student nurses was advocated in order to place the schools of nursing on an educational basis? At that time very few textbooks for the use of nurses had been published, and it is recorded in the proceedings of one of the early conventions that in 1897 only fifty-two schools were using

textbooks in their classes. It was also recorded that although the eight-hour day was advocated at the first convention, only two or three schools had succeeded in putting it into effect. One of these was the Illinois Training School in this historic city.

A system to ensure a greater degree of uniformity in classroom teaching and ward practice was ever uppermost in the minds of the early leaders in the organization. Hospitals were not educational organizations in the strictest sense and were not required to maintain scholastic standing of a high order through close association with institutions of learning. How far we have succeeded in the past thirty-five years in putting our schools of nursing upon a higher educational level, is indicated by comparing the Report of the Committee to Submit a Plan for a Uniform Curriculum in Theory, published in the proceedings of the third convention, with the Curriculum for Schools of Nursing which is in common use today. At that time the generally accepted period of training covered two years, including in many schools the plan of sending students out into the homes to practice private duty nursing.

The curriculum suggested in the 1896 report provided for 38 hours practical nursing; 36 hours anatomy and physiology; 4 to 6 hours gynecological nursing; 4 hours obstetrical nursing; 1 hour each in eye, ear, nose and throat nursing; and 2 hours in hygiene. The maximum number of hours of theory was 105.

In the same subjects, the hours suggested in the curriculum of today are:

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<tr>
<th>Subject</th>
<th>Hours</th>
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<tbody>
<tr>
<td>Practical nursing</td>
<td>120</td>
</tr>
<tr>
<td>Anatomy and physiology</td>
<td>90</td>
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<tr>
<td>Medical nursing</td>
<td>30</td>
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<td>Surgical nursing</td>
<td>30</td>
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<td>Communicable disease nursing</td>
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<td>Gynecological nursing</td>
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<td>Obstetrical nursing</td>
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<tr>
<td>Eye, ear, nose and throat nursing</td>
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<tr>
<td>Hygiene</td>
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The total number of hours suggested in the League Curriculum is 825.

While the difference in the number of hours suggested is extraordinarily marked, the progress made in 1896 as compared with a period thirty-five years earlier, was equally as great as the progress made between 1896 and today. The relative situations must be taken into consideration and the ideas prevalent in regard to what constituted nursing education. Though a curriculum such as that described in 1896 seems to us meager indeed, it must be remembered that at that time practically all classes and lectures were held at night, after a working day of
seldom less than nine hours of duty, and more often ten or twelve. It would have been useless indeed to have imposed upon a group so greatly burdened a curriculum calling for more class hours than it was possible to maintain. To work first towards a more rational and reasonable number of working hours was more fundamental. This primary objective has always activated our energies and still does today.

According to the report of the Grading Committee, made in 1932, the majority of our schools are on an eight-hour day, while many schools are on a fifty-two-, forty-eight-, or even forty-four-hour working week on ward assignments. But this achievement was not attained with lightning rapidity.

It must be kept in mind that the educational function of schools of nursing was not always predominant in the early years, for we read that their objective was "primarily to secure to the hospital a fairly reliable corps of nurses." 18 It was left for Miss Nutting to pronounce in forceful and brilliant language what the function of a school of nursing should be. It is largely to her far-sighted vision that nursing has found its place in universities, colleges and other institutions of learning.

At this period in the history of nursing, students in many schools were sent into homes on private duty, and the school or hospital received the compensation. The Superintendent’s Society soon enunciated principles in relation to this appropriation of students’ time for the financial reimbursement of the institution, and the practice was eventually discarded as both unworthy and unjust.

In these early days student nurses were usually placed on the wards immediately upon admission to the school. It was not uncommon to find a young woman after three months of training, in charge of, and alone at night on, a busy medical ward occupied by twenty or more typhoid fever patients requiring tubs or sponges every four hours; or it might be that the student was on a surgical ward with twenty or thirty patients, some fresh from the theater of operation and others in various stages of acute illness and of convalescence. The association attacked very early this ill-advised procedure. The suggestion of a preliminary course of instruction which would "prolong the period of infancy" for students and provide them with a body of fundamental knowledge before they embarked upon such serious responsibilities, was heartily approved.

It was many years, however, before great progress was made in actually establishing preliminary courses, and it is a matter of fact that each new course established was born in anxiety and struggle. The period required for the preliminary training entailed an outlay of money.

18 Hampton, Isabel: "Educational Standards for Nurses." Hospitals, Dispensaries, and Nursing, p. 34.
Institutions then, as now, were loathe to incur added expense where a return in service was not immediately forthcoming. To make the courses available, a certain number of schools instituted the plan of charging tuition, but this did not become a prevalent procedure. To establish these preliminary courses was indeed a slow process. But today the majority of schools have some type of preliminary course, so that a basic foundation is laid before the student enters upon her more serious activities.

The principles underlying a method for establishing preliminary and final examinations for admission to schools and for graduation, and also a uniform plan for registration, were discussed and outlined in the early meetings of this Society. However, the program for accomplishing state registration, and the laws for limiting and protecting the practice of nursing, were the achievement of the later organization founded in 1897, and now known as the American Nurses’ Association.

Perhaps one of the most significant milestones reached, and now long since passed, was the conception and realization of a course for the preparation of teachers and administrators. The influence of the idea, which produced the course in "Hospital Economics," which has since developed into the Department of Nursing Education at Teachers College, cannot be fully reviewed in such a sketchy portrayal as it is our privilege to make here. But from 1899 to the present year, the history of the development of this idea and its influence on nursing have been revolutionary. The conduct of schools of nursing and the education of nurses have been completely changed since the preparation of nurse administrators and teachers has been considered on an academic level.

To the foresight, courage, ambition, and progressive spirit of the early leaders in the Society, and to all those who freely gave of their time and money to participate in the teaching of nursing—and specifically to the influence of Miss Nutting, the first Professor of Nursing Education to hold office in any college or university—we owe the place that the profession of nursing now occupies in institutions of higher learning throughout the country. We might likewise say "throughout the world," as the influence of American nursing has stretched to countries east and west beyond the seas, and the spirit of nursing education has now become international.

If time permitted I should like to dwell upon the suggestion, made by Mrs. Robb, that an endowment be raised for the support of nursing education; upon the effort made by the nurses to raise this endowment; upon what was actually accomplished, and later how the larger ideal was achieved through the endowment of the Department of Nursing Education at Teachers College, Columbia University, by Mrs. Helen Hartley
Jenkins. I might describe also how the nurses of the country, through the Superintendents' Society, sought to establish a memorial to Isabel Hampton Robb when in the height of her usefulness and in the prime of life she was removed by accident from the work she so dearly loved—a memorial which would perpetuate her influence and forward her ideals for the education of nurses through the establishment of scholarships for postgraduate work.

We must digress for a moment from the development of the Superintendents' Society and call to mind the organization of the International Council of Nurses. Like the Society, the International Council had its inception at a great gathering, in this case the International Council of Women which met in 1899, in London. The idea which led to its development came also from Mrs. Bedford Fenwick. The present organization has been built up step by step, year by year, until now it includes in its membership twenty-three different countries. In July of the present year, the ninth Congress will be held in Paris and Brussels. The American Nurses' Association has the honor to send four delegates to this Congress representing the nurses of the United States. Is it too much to hope that, through the gathering of so many earnest women engaged in work for the welfare of mankind, world peace and harmony may be forwarded and understanding and sympathy will be the sooner established? Women today have the opportunity of wielding an influence more powerful than ever before, and because nursing constitutes a profession of trained women, great in numbers and concerned with the serious problems of life, should it not be a powerful ally in all undertakings which may lead to peace?

A policy which has always activated the efforts of the Superintendents' Society, and which has made it possible to extend its influence so broadly, has been the sensing of needs and the discussion and enunciation of basic principles, so that such movements as are not wholly concerned with problems of nursing education are left for future development in the hands of other groups. Thus the Nurses' Associated Alumnae was organized in 1897. Its name now is the American Nurses' Association, and it has always been called the first child of the Society of Superintendents.

The activities of the Society have at all times been carried on through committees, which submitted reports to the council or to the entire association at special or annual meetings. The most useful and influential is the Education Committee, reorganized in its present form in 1903. Miss Nutting was chairman for many years, and on her resignation was succeeded by Isabel M. Stewart, still the very efficient and able chairman. A moment must suffice to touch upon the Committee's achievements,
but nurses today are so familiar with its work that fuller description is perhaps unnecessary. The membership of the Committee has always been constituted of women whose greatest interest was devoted to the expansion and development of education in schools and to methods of teaching and supervision. The Committee has kept in touch with educational policies in other professional fields and has aimed to scrutinize the methods employed in schools of nursing from the viewpoint of nursing objectives and in relation to policies pursued in training for other professions. Its most outstanding achievement has been the publication of a *Curriculum for Schools of Nursing*. While this book is its greatest contribution, the Committee has also initiated and published several valuable studies and pamphlets of academic and professional merit on nursing education which are available for use. The Committee has been extremely active in cooperating with other committees and with various organizations, and has established strategic relationships of inestimable value.

Some other questions which have occupied the minds and taxed the ingenuity of members of the Society have been how to provide for affiliating courses in order that the specialties not provided in the home school might be included in students' education; how to establish central schools; how to establish endowments for schools of nursing; and how to provide scholarship and loan funds for worthy students who need financial assistance. The urgent need for trained teachers loomed uppermost in discussions in almost every meeting of the Society. More adequate living conditions for students and reduction of hours of service were other insistent questions. Some of these problems have been partially solved; some are still with us. What will happen in the future depends on how we use present opportunities and with what wisdom we analyze the conflicting problems now confronting us.

From 1912 to 1916 the Society was in process of reorganization. As previously stated, the original Society was limited in its membership, but with the growing interest in education and the development of a larger body of qualified teachers it seemed desirable and essential to enlarge the opportunities for membership to include instructors, supervisors, and head nurses who without question carry the teaching load and should therefore have a voice in framing policies.

At this time the name of the Society was changed to the National League of Nursing Education, in order better to interpret its broader educational functions. This change in name was consummated when the Society met in Chicago in 1912. The same convention was made eventful by the birth of the National Organization for Public Health Nursing and by the planning of an affiliation between the three national nursing
associations. Through this affiliation the cause of nursing has been greatly forwarded and many undertakings which could not possibly have been carried out singly have been developed in co-operation. On all important questions the nursing groups stand solidly in unison for progress, for higher standards, and for the welfare of those who need their assistance.

Soon after this came the great war. Although the National League of Nursing Education was called upon to assist in relieving the distress of our country, it is to the Red Cross Nursing Service that the history of this particular period really belongs.

Following the war, another milestone in the history of the League was marked by the establishment of a national nursing headquarters. Here for the first time the three associations were housed in one building and were thus enabled as never before to work in close accord. The Executive Secretary of the League, whose office is at headquarters, is available to assist all those who need her help, and she is anxious to serve all who call upon her for assistance in solving problems in schools and in state and local leagues.

Last year the Board of Directors of the League expanded its usefulness through the organization of a Department of Studies. The demands on it have grown so rapidly, and the need for it has been so clearly demonstrated, that were funds available it should be enlarged immediately.

Nursing education has made great strides during the last ten years. In an appreciable number of universities and colleges schools of nursing are now established under some form of organization, and in four universities schools have been established as separate units.

The problems of today we have purposely omitted in this outline, since time does not allow for ample discussion and more especially since they will be discussed elsewhere during this convention. They have no place in an historic sketch, as they are too close for a clear perspective.

What of the future? We do not know. Unfortunately we are not endowed with prophetic vision, and we can only draw inferences from the wealth of past experience. The future depends on the breadth of our vision. It will be no easy task for nursing to rise above the clouds which surround the immediate horizon, for its responsibilities are pressing and urgent to meet the claims which suffering and adversity place upon it. It is always difficult to transcend the limiting but urgent forces of public opinion and of tradition.

Moreover, the immediate problems associated with existing social conditions are making insistent and heavy demands upon nursing, so that the clearness of our ideals is overshadowed too often by the ever-
encroaching demands of time. It has always been thus with nursing, but it is especially true today. If we turn again to the prophetic past we may learn anew the lessons of faith and hope, and looking beyond our limited horizon we may see new fields filled with opportunities about which we have not yet ventured to dream. We may see nursing not, as now, so largely concerned with sickness, but more concerned with conserving health. We may see it interrelated with every type of educational program and reaching out to innumerable activities in which human beings are engaged. Progress, in the future as in the past, may still be slow and tedious, but we, like the early leaders to whose work and activities we are assembled to do honor at this convention, must learn not to be “weary in well doing for in due season we shall reap, if we faint not.”  

**Additional References**

*First and Second Annual Reports of American Society of Superintendents, New York, 1893.*


**Greetings from Founders**

Miss Taylor, the President, stated that of the forty-seven original founders, twenty were deceased, nineteen have been heard from, and it was not possible to locate eight. Mrs. Lester Frankenthal (formerly Miss A. E. Nourse) was the only one of the founders present, and gave her own message.

*Mrs. Frankenthal:* Forty years ago I, in view of my position as superintendent of nurses at the Michael Reese Hospital, sat in Miss Katharine Lett’s room in St. Luke’s Hospital with Miss Hampton, Miss Dock, and several other women while they discussed the subject of nursing and laid the foundation for the organization of a Society of Superintendents of Training Schools in the United States and Canada, an organization now known as the National League of Nursing Education. Tonight, in the name of those valiant women who literally gave their lives for this work, I welcome you to Chicago. From a handful we have grown to thousands. Many milestones have been passed, but let us not forget the principles that they left for us. Let us adhere to them. May our work in the next forty years reap as rich a harvest as theirs has in the past forty years.

*From Mrs. Bedford Fenwick, London, England:* Your very kind letter referring to the forthcoming meeting in Chicago on June 12th, of the National League of Nursing Education, of which I am indeed proud to be an Honorary Member, makes me long to fly over and take part in the “forty years after” gathering which is to take place.

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19 *The Epistle to the Galatians, chap. 6, v. 9.*
As a member of the British Royal Commission at the World’s Fair in the last century, I visited Chicago in 1892, and it was as a visitor to the Johns Hopkins Hospital at Baltimore that I met for the first time the then Isabel Hampton and Lavinia L. Dock, before there was an organization of trained nurses in any form in the U. S. A. We spent hours well into the dawn of day discussing this vital question of world’s welfare, and now forty years after what a miracle! A splendid national organization, affiliation with an International Council of Nurses, and state registration. Are not the explorers happy women to have lived to see all these marvels?

Do offer to the meeting my affectionate greetings; may it be inspired by the glorious spirit of adventure which has moved mountains in the nursing world in the past.

As I write I have before me two still lovely pressed “American Beauties” from a bouquet given to me by dear May Wright Sewell, at a luncheon held at The Richelieu, Chicago, on May 20, 1893, which I greatly value as a link in international nursing history, and which are now preserved in the History Section of the British College of Nurses, London.

From Lavinia L. Dock, Fayetteville, Pennsylvania: In sending you the warmest expressions of admiration and esteem I thought of calling you “Descendants of the original Society of Superintendents of Training Schools for Nurses,” yet the word “descendant” did not strike me as befitting. You are really Ascendants, so I think of you. You have gone so much farther, longer, better; are so much wiser, more sophisticated, more highly trained, more broadly educated, do so many more kinds of highly-involved and technical and mental and moral and ethical professional stunts than your parent that I can only think of a few points of light that were equally dazzling in the old Society. One was imagination—everything was foreseen; another was faith—everything could be done; another was determination—nothing must stand in the way.

So, with the best of good wishes and regretting that I cannot attend your meetings, I am most sincerely yours.

From Mary Agnes Snively, Toronto, Canada: Greetings and congratulations to each one so fortunate as to be present on this great occasion, the Fortieth Anniversary of the organization of the first society of nurses on the American continent!

There were rare spirits among the early pioneers in organization, some of whom, I trust, may be with you today. I recall Miss Lucy L. Drown, Superintendent of the School for Nurses, Boston City Hospital, our Honorary Treasurer for many years, noted for her wise counsel, her gracious influence and her enduring friendship; Miss Lavinia L.
Dock, our indefatigable Secretary who never failed us and who always knew what she wanted to say and was ever able to give expression to her thoughts in lucid and forceful language; Miss Isabel Hampton, afterwards Mrs. Robb; our beloved and honored founders, together with many others we recall with affectionate pride, who labored faithfully during many years.

Neither envy or malice found place in that society where all were seeking the light and each one proud of the attainments of her fellows!

Into this heritage the National League of Nursing Education has entered. Your problems are not the same though they are many and difficult, but you, too, are facing the East with courageous hearts and the God who has guided in the past is still the God of those who seek Him and His wisdom is unsearchable.

May the celebration of this Fortieth Anniversary serve as an inspiration to all who are engaged in the beneficent work of our profession, in whatsoever capacity, and may it knit our hearts together in mutual love and sympathy, for to me, the event you celebrate today, is one of the most outstanding in the history of nursing on the American continent.

*From Emma L. Stowe, Worcester, Massachusetts:* To the Nurses of our Association—Great changes have taken place in the forty years since that first memorable meeting in Chicago. Many more are to come. You will listen to new plans to be introduced. A resourceful nurse is equal to any emergency until the doctor arrives. There is no feeling of helplessness—what a wonderful satisfaction to feel sure of your ability to meet any emergency.

Forty years since that wonderful meeting in Chicago. Many changes have taken place. Who can say what the coming forty years may produce? I congratulate you that you chose nursing as your life work. It is a very satisfying work with many possibilities for development. A well-trained nurse is a blessing to others and a source of great satisfaction to herself.

You may be interested to know that I entered training in 1881 at the Boston City Hospital—Miss Linda Richards and Miss Lucy L. Drown had much to do with my development as a nurse.

*From Irene H. Stultiffe,*¹ *New York, N. Y.:* With all best wishes for success of which I am assured.

*From Lucy Walker Donnell, Hewlett, Long Island:* My decision to sail for Europe, early in May, will not permit me to accept your beautifully-expressed invitation to be present at your celebration in Chicago of the Fortieth Anniversary of the founding of the first national organi-

¹ Miss Sutcliffe expected to be able to send a longer message but was ill at the time of the Convention.
zation of nurses in this country. It is pleasant, very pleasant to be remembered in this way by the present-day generation of the leaders of the worth-while women engaged in one of the noblest professions, and I beg you to convey my thanks to those who have not forgotten the small company of pioneers who so bravely blazed the path.

It is today ancient history but forty years ago history was in the making and I had the privilege of being associated with a group of high-minded, self-sacrificing women who worked earnestly and continuously to raise the standard of nursing, in many ways—by the founding of the two great national organizations, by the establishment of a course at Teachers College, by the publishing of a magazine, and by intercourse with the nursing organizations of other countries.

From Jessie Roberts Mullan, Jamaica Plain, Massachusetts: I have retired from active duty but feel quite interested in your undertaking of again meeting in Chicago this year. All success to you. I am now seventy-seven, in the very best of health and spirits.

From Edith A. Draper, Toronto, Canada: It was indeed very kind of you to invite me to the League of Nursing Education Convention and I appreciate the honor greatly and regret that I shall not be able to attend. I well remember the first meeting, forty years ago, when I was thirty-three. Much water has flowed under the bridge since then. With best wishes for a very happy meeting.

From Anne A. Hintze, Clifton Springs, New York: My work of nearly a half century in caring for the sick has brought me in contact with many women of character but the pioneer nurses I have known, some of them among the founders of your society, stand out in my mind as preëminent in strength, ability, and personality.

From Annie McDowell, Baltimore, Maryland: In view of Miss McDowell’s ill health, Miss Alethea M. McDowell, her sister, wrote that she regrets that she can’t attend the meeting but that she is very much interested in the subject of the meeting and discussion and has kept in touch with the work though it is forty years since she left Johns Hopkins.

From Marion E. Smith, London, England: Thank you so very much for your kind invitation. I cannot accept it, I regret to say. Travel is both undesirable and inconvenient, with the world’s finances as they are: I should greatly have enjoyed it. I am so far away from all hospital affairs now after my twelve years’ retirement. I live an idle life, I fear, but enjoy it very much! I can only wish you “Godspeed” with all my heart.

Telegram from Katharine A. Sanborn, New York City: Greetings. Best Wishes. Regret my inability to be with you.

Telegram from Virginia Loomis Leighton, Tunkhannock, Pennsylva-
nia: Greetings to the members of the National League of Nursing Education. Regret that I cannot be with you.

Telegram from Mary Hamer Greenwood, London, England: Heartfelt congratulations on Fortieth Anniversary. Deeply regret cannot be with you in person on this historic occasion, but am with you in spirit.

**Past Officers**

*From Adelaide Nutting, President 1897, 1910:* May I, through you, offer my heartiest congratulations to the members of the League of Nursing Education, upon the completion of forty years of continuous service to the education of nurses.

This great assemblage is the true tribute to the wisdom and courage of that little group of women who, forty years ago, in this city, gathered together to unite themselves in a society whose purpose was to establish suitable standards for the education of nurses, and to further the best interests of the nursing profession. These nurses were the signers of our declaration of independence.

The problems in the education of nurses which have confronted successive generations of their descendants, have hardly been equalled in any branch of education in modern history, and with these problems the League of Nursing Education has of necessity been concerned. In working toward their solution, it has played a vitally important part. It has been a constant aid and stimulus to our schools in their long efforts to improve their educational system and it has helped signally in initiating some of the most notable educational advances we have made. It has been a substantial influence in giving strength and dignity to the profession it represents.

I am sure all present will agree with me in welcoming the opportunity which this historic occasion affords, of expressing our full recognition and deep appreciation of all that the League has done for the progress of nursing. Perhaps it may not be amiss to take a little further advantage of the occasion and to remind ourselves that progress does not bring peace, but new perplexities. For us there should be nothing disheartening in this, for they will only challenge us to greater effort. This, I am confident, is the spirit in which the League is facing the future.

*From Emma J. Keating, President in 1901:* When the American Society of Superintendents of Training Schools was organized, I had just completed my term of training and joined sometime between 1895 and 1900, I believe. I have been almost continuously in nursing work since graduation, the greater part of the time in charge of training school work, which I have very much enjoyed. I trust that you will all enjoy a happy reunion in June and that the good work will be strengthened.
Mrs. Lystra Grettter, President 1902: In thought and in spirit I am with you all on this occasion of the celebration of the fortieth birthday of our National League of Nursing Education. It is a privilege to be counted one of the founders of our society, to have had even a small part in blazing a new trail that has led us through the covered wagon period into the broad highway of nursing education. The clear thinking and wise planning of our leaders of today will, I am very sure, further us on our way to new centuries of progress.

Ida F. Giles, President 1903: How time flies! As memory carries me back, I can hear the voices and see the faces of those leaders for whom my admiration in those early years soon developed into love. My letter to your great assemblage today could not be complete without a personal reference to some of them, many of whom have long since gone to their last resting place.

Linda Richards—The first nurse to be graduated in the United States. She was a great organizer, and as such, she made her life work the organization of schools for nursing.

Lucy Drown—How we all love to think of her! Her quaint little bonnet, her basque waist dress, her black kid gloves which always looked as though they had never been worn before, and her quiet mirth—all fitted in with her precision of speech and actions. Her dignified deportment and her sound philosophy of life demanded the highest respect, and furnished an urge to greater efficiency in our work.

Mrs. Hunter Robb—What a grand woman she was! Untiring in her zeal for nurses, she had a vision far beyond her day. I truly believe that Mrs. Robb was one of the greatest leaders I have ever known. I also believe that the nursing profession is twenty years beyond what it would have been, had she never lived.

Jane Delano—What nurse does not know of her work? Especially in her later years, when she headed the work of the American Red Cross Nursing Service, and built it up until at the opening of the Great World War she was able to hand to the War Department a list of fifteen thousand nurses whose records had been investigated and who had been found morally, physically, and mentally fitted to answer the call, and were ready and willing to respond at any time.

But I must not tire you with things you probably know. I must, however, mention the names of a few more of those early leaders: Eva Allerton, Lavinia Dock, Sophia Palmer, Isabel McIsaac, Adelaide Nutting, Anna C. Maxwell, Louise Darche, Anna Alline, Mary M. Riddle, and Mrs. Lystra Grettter. To these, and to many more whose memory is bright in my mind, I pay highest tribute, while, at the same time, I am experiencing a sensation of joy and sorrow; sorrow because many have passed from us, but joy because we have known and worked with them, and have the knowledge that their lives were not spent in vain.
The first meeting of this organization which I attended, was held in a small parlor in a Philadelphia hotel, and we were not at all crowded. But that was the nucleus for the great assemblage which you have today. As you meet in Chicago at the Century of Progress Exposition, I most thoroughly regret my inability to be with you. I cannot but feel that the N. L. N. E. has accomplished "A Century of Progress" in the past forty years. May I make my closing message an appeal to every member present to follow in the footsteps of those leaders who always upheld the standards of higher education, but were supremely motivated by their desire to relieve the sick and suffering, to help save human life, and to make the world better for their having lived and served.

From Georgia M. Nevins, President 1904-05: As a nursing organization, the N. L. N. E. was my first love. I am proud of its leadership and send hearty congratulations and warm wishes for its long continued usefulness to our beloved sisterhood.

From Annie W. Goodrich, President 1906: It is not possible to express my regret that I cannot attend the Convention of the National League of Nursing Education on this truly epochal occasion. Would our predecessors, whose far-reaching vision so early brought the nurse leaders and educators into this fellowship which has proved the cornerstone of our progress, feel that our present achievements are worthy of their constructive conception, is the question that we must be asking. Surely, surely, with the joy of creative effort that knows no equal they must acknowledge that they built better than they knew.

May I beg you to extend to my colleagues my affectionate greetings and my exultant congratulations on the difficulties that year by year they have surmounted, and the advance to which the rich and varied program of the present sessions bears such indisputable testimony.

From Anna C. Jammé, President 1921-22: My warmest and most sincere congratulations to our National League of Nursing Education on this historic occasion and the completion of forty years of achievement in guiding nurse education throughout the world.

From that memorable day in Chicago when our Society of Superintendents was founded and in the years of building a profession, the League has been the guiding beacon which nurses, generation after generation, have followed. To me it has been not only a guiding light but my very sustenance; it not only led me, it nourished me, it inspired me and gave my soul courage to go forward and surmount the barriers in my way. I am honored in giving tribute to a noble organization and doubly honored in my three decades of membership.

From Anna Alline Brown, Secretary from 1900 to 1910: The rock-bound coast of Eastern Maine sends warmest greetings to the National
League of Nursing Education now in session in Chicago. I am happy to report that among our fervent, painstaking nurses there is no such word as "depression." Salaries have been reduced but work is abundant and with courage unbounded our Florence Nightingales are springing to the relief of suffering humanity with more satisfaction and honest-to-goodness enthusiasm than since the founding of our first training schools. I sincerely regret my inability to greet you face to face.

Miss Mary Wheeler, Miss Clara D. Noyes and Miss Elizabeth C. Burgess, Past Presidents, and Miss M. Helena McMillan, Secretary from 1918 to 1920, spoke briefly.

HISTORICAL PAGEANT

An historical pageant was presented under the direction of Mrs. Ada R. Crocker, R.N., Director, School of Nursing, St. Luke's Hospital, Chicago, Illinois. Young women representing nine pioneer nursing leaders, all dressed in uniforms of the day, were introduced to the audience.

PRESENTATION OF THE SAUNDERS MEDAL

In the absence of Miss Elnora Thomson, President of the American Nurses' Association, Miss Effie Taylor presided and conducted the presentation of the Walter Burns Saunders Memorial Medal for distinguished service in the cause of nursing. Dr. Malcolm T. MacEachern, Associate Director, American College of Surgeons, presented the medal for the Committee on Award to Clara Dutton Noyes, Director of Nursing Service, American Red Cross, and Chairman of the National Committee on Red Cross Nursing.

The meeting adjourned.

Open Session Conducted by Advisory Council

Tuesday, June 13, 9:30 a.m.

Presiding: Effie J. Taylor, R.N., President.

Twenty State Leagues were represented at the beginning of the session,¹ and reports were given by twenty-four State Leagues and two State Sections on Education, as follows:

California: The California League of Nursing Education has 249 members, 155 in the northern section and 94 in the southern section. Regular monthly meetings have been held in both sections. Two projects were outlined for the past year. The first was that of increase of membership. We have increased our membership by 62 members.

¹By-Laws, Article XI, Section 2. A quorum of the Advisory Council shall be ten members other than the officers.
The second project, a study of the schools of nursing, has as its objective the establishment of optimum standards for the schools of California. The past year has been spent making preparations for this study and securing the necessary funds to carry it out well. It is hoped that during this year the clinical experience offered in schools of nursing can be thoroughly studied through actual bedside observation by a competent person.

During the past year more consideration has been given to graduate nurse education.

The Northern League sponsored an institute. It also arranged for "hospital visiting days" at which time individual hospitals demonstrated their new or outstanding procedures, equipment or type of service.

Both northern and southern sections have planned courses in "Newer Nursing Procedures" for the graduate nurse; in the north, evening classes were arranged at one of the local hospitals; in the south, the League, co-operating with District No. 5, California State Nurses' Association, has made arrangements for a summer session course giving degree credit at the University of California, Los Angeles.

The objectives for the coming year for the California League of Nursing Education are (1) increase of membership, (2) survey of clinical experience offered in the schools of nursing and the establishment of optimum standards for the schools, and (3) increase of the interest of lay educators in nursing education.

**Colorado:** The Colorado State League of Nursing Education has a membership of fifty-nine of which one-third are new members. During the year the Board of Directors held two meetings and the League had four meetings, one of which was a joint conference with the district. The Examining Board asked the League for assistance and co-operation. As a result, a committee was appointed to study the advisability of administering practical examinations. It is felt that there is a need for another local League for the benefit of the nurses who live in the southern part of the state. The public health nurses have taken an active part in the League projects.

**District of Columbia:** There are ninety-three members in good standing in the District of Columbia League of Nursing Education. Twenty-seven applicants were voted into membership during the year. Three were transferred from and three were transferred to State Leagues and sixteen resigned. Monthly meetings were held during the year with interesting programs, especially the series of three lectures on the application of psychology to the problems of instructors and supervisors, conducted by a member of the faculty of George Washington University.
Florida: The Florida State League of Nursing Education sends greetings, being one of the youngest Leagues and having a membership of ten. Our activities for the year have been the revision of our curriculum and the increase of our membership. Several hospitals have discontinued their training schools and are using graduate nurses. There are four remaining schools of nursing. At the annual meeting in St. Augustine, the Florida League was made the Educational Department of the Florida State Nurses' Association.

Georgia: The Georgia League of Nursing Education has a total membership of thirty-five, of whom five were admitted during the year. Five general meetings and two executive board meetings have been held during the year. In March, Miss Dora Kershner resigned as president. The Vice President, Miss Durice Dickerson, succeeded to the office to fill the unexpired term. The most important committee of the Georgia League is the Education Committee. Although its accomplishments have not been outstanding, it is busy studying curriculum, cost studies, budgets, and other timely subjects. A report of the committee on central schools will be completed this summer. The objective of the League this year is to study and obtain university affiliation for the Georgia schools of nursing. On January 1, 1934, all schools in Georgia will have enrolled 100% high school graduates, the evaluation of the high school credits meeting college entrance requirements.

Illinois: At the annual meeting of the Illinois State Nurses' Association and of the League in October, 1932, the resolution was adopted by both organizations that the Illinois League of Nursing Education become the education department of the Illinois State Nurses' Association, retaining its own autonomy. The president of the Illinois League is the chairman of the education department of the State Nurses' Association. The Committee on Education of the State Association is thus eliminated, although its various subcommittees have been carried over into the committee on education of the State League. All programs and activities planned by the League are reported to the Illinois State Nurses' Association by the League in its capacity as the former's education department.

Illinois has a total of two hundred and twenty-eight paid-up members to date. It has admitted fifty-eight new members since last year, thus placing itself as second among State Leagues in the membership campaign. (See American Journal of Nursing, June, 1933, page 573.) Regular monthly meetings have been held, except when adjourned to permit attendance at special meetings of educational import arranged by other professional organizations.
Special projects included assisting the State Nurses’ Association to block legislation considered inimical to nursing standards, promoting university courses for graduate nurses at the University of Chicago for the summer sessions of 1932 and 1933 through the University Relations Committee of the League, and sponsoring a course of nine lectures offered by the Chicago Tuberculosis Institute.

The State League acted in an advisory capacity in suggesting civil service standards for nurse appointments to state mental hospitals at the request of the Welfare Committee of Illinois; in assisting to prepare and conduct civil service examinations for nurse appointments for positions in a Municipal Tuberculosis Hospital; in submitting names of persons considered qualified to conduct courses for graduate nurses in the summer session offered by Loyola University; and in making recommendations to the Illinois Society of Mental Hygiene concerning the organization of nursing service in state mental hospitals.

_Indiana:_ The program of the Indiana State League of Nursing Education for the year has been largely concerned and centered around the recent developments in the medical and nursing fields. The program dealt with discussions on methods of teaching, kinds of publicity for schools of nursing, and the carrying out of the recommendations of the second report of the Grading Committee.

The present League membership is forty-eight. The annual meeting was held in October, 1932, at Indianapolis. The program included reports of the various activities during the year and an address by the President on “Quality Nursing and How We Can Secure Better bedside Nursing for Our Patients.” Demonstrations were given on newer methods of Isolation Technique and advanced Orthopedic Nursing Procedures in Indiana University School of Nursing. The afternoon session was a joint meeting with the P. H. N. A. and their board members.

The Calendar Committee sold forty-one calendars and eleven boxes of cards.

There are twenty-nine accredited schools in Indiana with an enrollment of 1,653. In 1932 three hospitals discontinued their nursing schools. The student enrollment for 1931 was 853; for 1932, 605. In 1932 seventeen schools did not admit a spring class. All of the twenty-nine schools require a high school diploma for matriculation. The selection of students is being made from those applicants ranking in the upper third of their class. Four schools have a University Co-operative plan. Ten schools have affiliation with Public Health Nursing Associations.

We could sum up the results of our educational program in this way: Fewer students are being admitted; more careful selection of student
nurses is being made; high school diploma is required; instructors are becoming better prepared to teach; both theory and practice are improved. Since 1932 the allowance for student nurses is being discontinued and in some schools a portion of this allowance has been used to secure additional graduates. Fifty graduate nurses have been appointed to schools since July, 1932.

**Iowa:** The Iowa League of Nursing Education held its annual meeting in October, 1932, at Iowa City, in connection with the State Nurses’ Association meeting. It has a membership of fifty-four and is working to interest more nurses in League membership. There were seventy-three registrations at the annual meeting which was held at the University Hospital. We were fortunate in having Miss Georgina Lommen of Teachers’ College, Moorhead, Minnesota, on our program, also Dr. H. S. Houghton, at that time Dean of the College of Medicine of our State University.

Hospitals throughout the state have made efforts to employ more graduate nurses on general duty than ever before. Some of our smaller schools of nursing have been discontinued, leaving a total of thirty-six schools in the state. An effort is being made to admit fewer students and to use greater care in selection of students admitted to the schools this year.

**Kentucky:** The Kentucky League of Nursing Education has a membership of fifty-four at the present time. There are no local Leagues, and as a compensation we hold some of our monthly meetings outside of Louisville. This policy was inaugurated last year, and it has enabled our distant members to take a more active part in the work of the League.

At the Institute in March, we made an intensive study of ward teaching. Sister Domitilla from Saint Mary’s Hospital, Rochester, Minnesota, was invited to help us. Under her direction we felt that our time was spent most profitably.

**Louisiana:** The Louisiana State League of Nursing Education reports a fruitful year of work. Though our membership of 85 is a slight decrease from that of last year, our activities represent a wider range of interests and greater accomplishment than ever before. The State League, following the example of the National, serves as the Department of Education for the State Association of Nurses.

Our main activities and accomplishments are as follows:

*State Bulletin*—In order to stimulate interest in the League and to disseminate information we are publishing a State League Bulletin which will appear quarterly. The first number appeared in April.
Joint Work with the Private Duty Section—Carrying out the recommendation of the National, the League is working closely with the State Private Duty Section. A representative of the League has met with all the District private duty groups, aiding them to develop small study groups, stimulating their interest in refresher courses, and bringing about discussion of mutual problems. The relationship between the two groups has been a happy and constructive one.

Membership Drive—In co-operating with the National League in the membership drive, we offered an award to the schools of nursing whose State League membership was 100% by June 15, 1933. This award is a framed photograph of Isabel Hampton Robb. To date one school has reported 100% membership.

Annual Institute—The Annual Institute held in April in Shreveport resulted in recommendations to the State Association for amending the Nurse Practice Law to permit the granting of credit to those who hold a college degree. The report of a Joint Committee representing the State Hospital Association, the State League, and the State Board of Nurse Examiners, appointed two years ago to devise ways and means of decreasing the number of nurses, shows definite progress. The cooperative spirit of the hospitals is reflected in the report.

Graduate Courses in Mental Nursing—Plans are being completed for the development of courses for graduate nurses in the two State Mental Hospitals.

The League cooperated in the calendar and Christmas card sale. It also sponsors the placing of the American Journal of Nursing and books by nurses and on nursing in the public libraries.

Maryland: The Maryland League presents the following report:

We have added 20 new members this year. We have had five regular and five executive meetings and sponsored an Institute. The topics discussed at the meetings were as follows: Reports of delegates to convention in San Antonio; pediatric nursing with demonstrations; value of psychiatric training to the student nurse; record keeping in schools of nursing; report of Grading Committee. These meetings were well attended and much interest taken in the various topics.

The outstanding event was the Institute held in conjunction with the State Nurses’ Association and the State Organization for Public Health Nursing. The subject was “Communicable Disease in Relation to Public Health.” One session was devoted to “Communicable Disease” presented by Dr. Harry S. Mustard, Director of the Eastern Health District; another to the Nursing Care of Communicable Disease in the Home, presented by lecture and a demonstration by the Visiting Nurse Association. “Prevention and Treatment of Communicable Disease by Serum Therapy” was discussed by a physician and followed by the presentation of a nursing case study, “The Technique of Isolation in Different Diseases” whether in special or general hospital and a concluding session on “How to Stimulate the Nurses’ Public Health Viewpoint.” The Institute was well attended and enthusiastically received.
Massachusetts: The Massachusetts League of Nursing Education has had a very interesting and constructive year. The Executive Board has held regular meetings and in place of the general monthly meetings several well-planned programs have been conducted.

An Institute was held February 23rd and 24th in Boston. More than 500 nurses from all parts of Massachusetts and near-by New England States attended.

For several years the League has planned one meeting for the senior students in Schools of Nursing in Massachusetts. An effort is made to bring before this group prominent leaders in the nursing profession. This year Miss Annie W. Goodrich, Dean, Yale University School of Nursing, spoke to the group. About 900 students were present.

The League has been endeavoring for some time to secure postgraduate courses in Massachusetts for the head nurse group. As a result of its efforts Simmons College opened its doors to this group this spring and offered a thirty-hour course, for credit, in head nursing. The interest and enthusiasm with which this course was received was more than gratifying. One hundred applications were received but the course had to be limited to thirty. Because of such interest the course is being conducted this summer and again in the fall. Miss Helen Wood, formerly Director of the University of Rochester School of Nursing, is the Instructor. In order to insure the success of the course the League agreed to underwrite it to the extent of $300.00. The League also underwrites the summer session course in nursing education at Simmons College.

The League has conducted a very intensive campaign this year in an effort to secure new members. At the present time thirty-five new applications have been received.

Michigan: The activities of the Michigan League have been mainly those of its Education Committee. A very successful institute was held on February 17 and 18 in Detroit in the Education Building of the Henry Ford Hospital School of Nursing and in the amphitheatre of the Harper Hospital. The program centered around three papers on Field Studies and Facts given by Miss Blanche Pfefferkorn. Three hundred eighty-nine persons registered. An interesting educational exhibit was held in connection with the Institute.

The Education Committee also sent letters to the principals of 207 accredited high schools requesting that they advise students interested in nursing that college entrance requirements are becoming more prevalent for admission to nursing and that the Michigan League definitely disapproves so-called "prenursing courses in high school." Each prin-
cipal was also requested not to advise students to enter nursing unless he felt that she had the capacity to become the sort of nurse whom he would choose to take charge of his family in a crisis of life and death.

Our one local section, the Detroit League, has been active through the winter and has held four very helpful meetings.

The Michigan League regrets that it cannot report an increase of membership. Our membership now numbers 81.

*Minnesota:* The membership of the Minnesota League of Nursing Education totals 84, with twenty-one applications waiting approval.

There have been eight executive and six general meetings, all well attended. It has been voted to have monthly meetings for the next year beginning with the annual meeting in October and extending through May. Topics for general meetings in the past year have been: Science and Art of Nursing, Alice in Wonderland, National Headquarters, Demonstration of Pediatric Unit, Medicine in Soviet Russia, and Efficiency Reports.

The League had on hand in May of this year a sum of $555.12. The sale of 250 calendars and thirty-seven dozen cards was directed by the Executive Secretary of the State Nurses' Association.

An outstanding achievement of the year has been the appointment of a lay advisor for the Education Committee. This advisor is Miss Ruth Merrill, instructor of educational psychology in the University of Minnesota.

The League Board voted approval of the same relationship for the State League and State Nurses' Association as exists between the American Nurses' Association and the National League of Nursing Education. This matter will be acted upon by the State Nurses' Association at its next Board of Directors' meeting. Approval of such relationship would only recognize an already existing one in practice.

The League and its individual members have cooperated closely with other nursing organizations and boards in such matters as the following:

State meeting held in October in Minneapolis, the program a joint one for all groups. In this connection, the League sponsored a dinner meeting of all senior students in the State.

A three-day institute centering about economics in nursing and directed by the State Board of Health and cooperating agencies and held at the University of Minnesota.

A study of 300 graduate nurses made at the University and to be reported Thursday morning.

A study by the National League of clinical specialties for graduate nurses. The questionnaires were presented personally to school directors by the Education Committee, duplicates of the tabulated returns being kept for the State files.
The closing of schools, the reduction of numbers of students, and the employment of graduate nurses. As a help in this program (other organizations had been working on the same problems) the League Board of Directors invited to meet with them the heads of all schools of nursing in the State, the presidents of all alumnae associations, the presidents of the State Nurses' Association and the State Organization for Public Health Nursing, the Secretary of the State Board of Nurse Examiners, State and district executive secretaries and League committee chairmen. The purpose of the meeting was to secure a pooling of discussion and thinking from all parts of the State on these subjects. No achievement was anticipated other than that of group thinking and understanding. A committee was appointed, however, to study and present tentative standards for the employment of graduate nurses. These standards have been formulated and will be discussed later with the lay advisory members of the Third District.

In addition to the work listed above, the Education Committee, in an effort to aid in the better correlation of classroom and ward teaching, is compiling a bibliography on the correlation of class and ward teaching, the bibliography to be put in mimeograph form and made available to League members.

**Missouri:** The Missouri League of Nursing Education has a total membership of eighty-four, which includes fourteen new members and one transfer. During the year two members transferred to another state, one resigned, and nineteen have not paid their dues.

The outstanding activity of the Missouri League of Nursing Education this year has been legislative. Very suddenly in the month of January, we learned that the legislature was about to repeal part of the Nursing Practice Act. As supposedly an economy measure, it was proposed to place the State Board of Nurse Examiners under the Commissioner of Health. He was to appoint as board members any three nurses in good standing in the state. Another bill took all of the rural public health nurses off a salary basis and provided that they might only be employed in case an emergency were declared by the Commissioner of Health. These bills would have wrecked the professional status of the nurses of Missouri.

The League joined with the Missouri State Nurses Association in an organized protest. Mass meetings were held in Kansas City and St. Louis to show the nurses how seriously the proposed legislation would handicap them. Student nurses in the thirty-seven accredited schools in the state were urged to get their parents and friends in their home communities to protest against the bills. Certain newspapers, especially the *Kansas City Star*, gave valiant support to the nurses. Many doctors, and the boards of directors of schools of nursing and hospitals, used
their influence in our behalf. Floods of letters and telegrams were sent to the legislators and the Governor.

Finally, on March 11th, after six weeks of agitation the chairman of the legislative committee of the Missouri State Nurses Association sent out word that the proposed measures would be abandoned. However, the accumulated funds of the State Board of Nurse Examiners amounting to some $47,000 were transferred to the General Revenue Funds of the state to defray current expenses of the Legislature. At this time the State Board of Nurse Examiners is continuing its work through an appropriation made by the State Treasurer.

We have also tried to strengthen the bonds which connect us with the Federated Women's Clubs of Missouri. The State League and the St. Louis Local League joined the Federated Women's Clubs some three or four years ago. A special dinner meeting was arranged by one district of the Federated Clubs for nursing and other professional groups of women.

The Education Committee of the State League recommended at the annual meeting in October that directors of schools of nursing be requested to admit to their schools only applicants from accredited high schools who stand in the upper third of their classes, and, second, that any student who is unsatisfactory in the school of nursing should not be allowed to enter the nursing profession. The Education Committee has also cooperated with the National League in distributing questionnaires in the state to hospitals offering clinical courses to graduate nurses.

The St. Louis League of Nursing Education sponsored a well-attended institute on Mental Hygiene in May, 1933.

_Nebraska_: The Nebraska League of Nursing Education has a paid-up membership of 49. Monthly meetings are held, except during the summer months. The annual meeting was held in the fall in connection with the Nebraska State Nurses' Association.

Frequently, members of local Leagues have been uncertain as to their membership in the National League as the individual members received no notification that the dues have been forwarded. This has been a matter of discussion particularly this past year. The Nebraska League of Nursing Education would like to make a recommendation at this time that individual membership cards similar to those issued by the State and National Nurses' Association be adopted by the National League of Nursing Education.

This year the Nebraska State League sponsored its third institute held April 26th to 27th, inclusive, with a registration of 179 graduates and 211 students.
The program was built around the needs of private duty as well as institutional nurses. A series of lectures was given by Miss Katharine Densford of the University of Minnesota, on "Ward Teaching and Administration" and "Ethics of Nursing." Also a course of lectures was given on psychology and sociology and other related subjects. Miss Marion Howell of Western Reserve University, gave talks on "The Preparation of the Nurse for the Field of Public Health Nursing" and "Trends in Nursing." All meetings were well attended and a spirit of interest and enthusiasm was manifested.

New Jersey: Four regular meetings including the annual meeting and five executive meetings have been held during the year.

The annual meeting was held at Asbury Park in April, the October meeting at the Academy of Medicine in Newark, and in December we had a dinner meeting at the Newark Athletic Club. The February meeting was held at the Essex County Hospital for Communicable Diseases at Belleville, following the annual Institute sponsored by the League. Through the efforts of Miss Mabel Huntly, our able chairman, interesting programs were arranged for each of these meetings.

A most successful and interesting two-day Institute was held in February, under the management of Miss Ella Hasenjaeger, Director of Nursing at the Essex County Hospital for Communicable Diseases, assisted by the Program Committee. It was exclusively devoted to various phases of communicable diseases, a number of excellent papers were read, supervised tours of different departments of the hospital held and demonstrations of nursing procedures given to enthusiastic audiences. About 550 attended this Institute.

The only other educational activity under the auspices of the League was a two-point course in Ward Teaching given by Miss Virginia Dunbar of Teachers College. One hundred and twenty-three registered for this course.

Our total membership to date is 145, an increase of 40 over last year.

New York: The New York State League of Nursing Education held their Annual Meeting at Lake Placid, October 3, 1932. This was a joint meeting with the New York State Registered Nurses' Association and New York State Organization for Public Health Nursing. There are five Sections of the New York State League, each holding monthly meetings.

During the year six executive committee meetings were held in New York City. The President of the League has been invited, together with the President of the New York State Organization for Public Health Nursing and Chairman of the Private Duty Section, to be a
member of the Board of the New York State Registered Nurses' Association.

During the year the League assisted and supported the State Department of Education in making a curriculum study. The Education and Publicity Committee got out two pamphlets on "Adult Education for the Nurse" and "Postgraduate Courses for the Graduate Nurse Leading to Professional Advancement." These were distributed throughout the State.

New York State added 138 members during the year, making a total of 616 members.

Following a motion at the State Convention a committee was formed to make recommendations to the State regarding the number of failures allowed to students in their school term and also at Regents Examinations, also the total sick leave.

The next Annual Convention will be held in Rochester, October, 1933.

Oklahoma: There have been three executive board meetings during the year: the first at the time of the general assembly at the Biltmore Hotel, Oklahoma City, in October, 1932, when the elections for the year were held; the second in March, 1933, at the Nurses' Home of St. Anthony's Hospital. The third executive board meeting was held during the institute in April at Ponca City, to make plans for the general meeting in the fall and stimulate interest in the National meeting in Chicago in June.

The first general session of the League was held in connection with the convocation of the State Nurses' Association, Public Health Organization, and Private Duty Section, and was a most interesting one. The highlight was a paper on "Allergy in Relation to Migraine," by Dr. Ray Balyeat, and a discussion-provoking paper on the "Necessity of a Wide Range in Interests in the Well-rounded Personality," by Dean Miesner, of the University of Oklahoma. Miss Dunlap also favored us with a paper.

At the League Institute held at Ponca City, April 21 and 22, Miss Helen Farnsworth, of the Junior College, Kansas City, Missouri, was the principal speaker. She discussed for us "Tests of Use in the Selection of Students," and "Centralized Teaching for Student Nurses." The physicians of the district and the professors of the A. and M. College gave us splendid coöperation and were generous with time and talent.

Oregon: The Oregon League of Nursing Education has not been so active as to meetings this year. At the November meeting, it was decided to meet every three months. This was done for the reason that
the members of the League are also members of committees and boards of the nursing organizations of the State and Districts, and it was felt that the League could be served, as well as the nursing organizations, by this participation and concentration of efforts. The object of the League has not been lost sight of and the members are constantly alert to opportunities to assist in the education of the graduate as well as the student nurse.

Two educational programs were presented during the year at meetings of District No. 1 of the State Graduate Nurses’ Association.

It is hoped that in the coming year, we may meet at the various hospitals, as we did a year ago, not only to become better acquainted, but also to have presented demonstrations and lectures, which are so instructive and helpful to all.

The American Journal of Nursing is again being sent to Dr. Amelia Simer in Yugoslavia.

A gift for the Oregon Room at the Bordeaux School of Nursing in France will be sent this year.

Oregon’s problems of the unemployed nurse and the graduate who is a misfit in the profession, are of deep concern to the League, and we hope that during the coming year we may be of assistance in attempting the solution of these very vital problems.

Pennsylvania: The membership as reported on April 30th was two hundred and eighty-eight, with a number of applications pending. There are at present three local Leagues and considerable interest in forming others. Members of the State League in District No. 4 are joined in an Educational Section. This section has completed and printed a survey of the distribution of nurses in the district. The Pittsburgh League reports eleven new members this year and much interest. A mimeographed news letter is sent by the secretary to the members after each meeting. The programs have been interesting and included a special study of mental hygiene and psychiatry comprising ten hours of class with an average attendance of forty-five. Ten schools of nursing in Pittsburgh are coöperating in the study of “Better Selection of Applicants for Schools of Nursing.” The sudden death of the president, Miss Mary Hinchey, in January, 1933, was a great loss to the organization and to nursing in Pennsylvania.

The Philadelphia League reports thirty-seven new members and applications pending at this time. The programs have largely been devoted to the problem of better selection of the student nurse. The League is represented on the Advisory Council for the School for Centralized Preliminary Courses in Nursing at Temple University. The
Committee on Public Health and Social Problems has as usual arranged a series of centralized lectures for senior student nurses. Ten lectures were given to an enrollment of nine hundred and seventy-five students. The educational program in conjunction with the First District Association and the Nurses’ Official Directory has been continued and monthly demonstrations in nursing procedures, physical therapy and occupational therapy have been held for private duty nurses. The Instructor’s Section has been active, meeting each month. A series of six lectures in psychology were planned with a fee of $2.00; over two hundred nurses registered for this course.

The League of District No. 3 is growing. Organized in February, 1932, the membership has increased from seventeen to thirty-five, representing eighteen institutions. The program has been interesting and varied with emphasis on selection of the student nurse. With the coöperation of the Chairman of the Committee on Mental Hygiene, Miss Leslie Wentzel, a Mental Hygiene Institute was conducted in Wilkes-Barre, attended by eighty-six nurses.

The annual meeting of the Pennsylvania League was held in Philadelphia in conjunction with the Pennsylvania State Nurses’ Association and the State Organization for Public Health Nursing. Following this meeting a recommendation was sent to trustees of every hospital maintaining a school of nursing to include courses in mental hygiene in the curriculum. The State League has coöperated with the National Committee on Distribution of Nursing Service in the study of “Opportunities for Courses for Graduate Nurses in Pennsylvania.” Two representatives have been appointed to the State Committee on the Distribution of Nursing Service. The annual institute was held in Pittsburgh in May, 1932. The central theme was mental hygiene. The Rohrbach committee has prepared a set of comprehensive examinations from a number of preliminary nursing courses. These tests are for sale. An efficiency record prepared by a committee has been submitted to every member for consideration.

Miss Gertrüde Sutherland of Pittsburgh, continues as chairman of the committee and with Professor Walter B. Jones of the University of Pittsburgh, is making a study of students in schools of nursing. This study was begun while Miss Bower of Pittsburgh was president of the League. It is divided into three sections: Section 1 is a study of students in training, in order to determine the standards for entering students; section 2 is a study of preliminary students entering in September, 1932; section 3 is a curriculum study, planned to make recommendations concerning the best high school training for prospective nurses. This study is conducted under the auspices of the Bureau
of Educational Records and Research of the University of Pittsburgh. It will all be published by the State League. Part of it has already been printed and is available.

A history of the Pennsylvania League has been compiled by Miss Krewson, the secretary. There is much live interest among members of the League and a disposition to make serious study of the current problems of nursing.

Rhode Island: The Rhode Island League has increased its membership since the last report from thirty-five to sixty-nine, twenty-three of whom are new members.

The two accomplishments of the year have been:

1. In cooperation with the State Nurses' Association and the Public Health Nurses' Organization we held a two-day Institute at which the registration was six hundred and the total attendance one thousand. This is an increase in registration from last year.

2. The two schools in the state, which give postgraduate courses, filled out the questionnaire sent by Headquarters.

Two other projects which are not League accomplishments, but because they have so largely to do with nursing education, should be included in this report, are:

1. A five-year program between Pembroke College and the Rhode Island Hospital School of Nursing has been arranged and five students began the course last summer and three more are registered for this summer.

2. A survey of all nursing in Rhode Island with special reference to the education of the nurse in relation to supply and demand, which the State Association in cooperation with both the State League and the State Public Health Nursing Association is arranging and financing. This survey is to be made by the Director of Studies of the National League of Nursing Education some time the coming year.

Texas: The Texas League of Nursing Education has a membership of eighty-four. In 1929 there were fifty members; in 1930, seventy-nine; in 1931, ninety-six; and in 1932, one hundred and five. The State League had a drive for members this year, making great effort not only to secure new members but to get old ones to pay their current dues. There are fifty-six accredited schools of nursing in Texas, ten schools having been discontinued during the year. The majority of these schools are represented in the League by their director or instructor.

The executive board held two meetings during the year. The League held its annual three-day institute in Austin in November, with a registration of seventy-nine. A splendid program included discussion of teaching and nursing education problems and Miss Janet Geister was a daily speaker and an inspiration. The State League met with the
State Graduate Nurses' Association in Austin in April. The program consisted of a study of the Distribution of Nursing Service in Texas, along with a report of the National Committee report on the Distribution of Nursing Service and a survey of nursing education in the nursing schools in Texas from 1928 to 1933.

The League, with the financial assistance of the Graduate Nurses' Association, again sponsored a course in nursing education at the University of Texas, Austin, in the 1932 summer session. Two majors offered were on Supervision and Administration in Schools of Nursing and Teaching in Schools of Nursing. Sixteen students were enrolled. Three mimeographed letters have been sent to all League members during the year informing them of the interests and activities of the League. The annual calendar sale was conducted this year but the response was not at all gratifying.

Washington: The outstanding accomplishment of the past year has been the culmination of the work of the State Advisor, following the careful survey of the Schools of Nursing in the State of Washington, in the successful passage of the bill amending the Nurse Practice Act.

The report of Mrs. Elizabeth Sterling Soule, Chairman of the State Advisory Committee, showed that $800.00 was contributed by the districts of the State for this important work; and that great credit was due to Mrs. Cecile Spry for having accomplished this undertaking for so small an expenditure of money.

The amendment to the Nurse Practice Act provides for compulsory registration and annual reregistration of all graduate nurses; the appointment of an Educational Director; and increased educational requirements for admission to Schools of Nursing. This definitely raises standards of nurse education in the State and makes possible registration by reciprocity with all other states except Wisconsin and New York.

The Second Grading report recently received demonstrates clearly that the State of Washington has not yet accomplished the desired reduction in the number of students now in Schools of Nursing. A committee has been appointed to study the situation, to work in conjunction with the Committee on the Distribution of Nursing Service, and to make recommendations at an early date.

Monthly meetings have been held regularly by both the Eastern and the Western Divisions, with interesting programs and good attendance.

There are forty-six active members in the Washington League of Nursing Education.

Wisconsin: The Wisconsin League of Nursing Education is comprised of four organized districts and of individual members. The
Board of Directors met three times, and the State League President also met with the Board of the State Nurses' Association. The programs in each district League are well planned. The meetings are given over to papers, discussions, and demonstrations in ward technique. The past year all graduate nurses were invited to the League meetings.

At the annual meeting in October, 1932, which was held at Oshkosh, the chairman of the Educational Committee of the State League, who is also director of the Bureau of Nursing Education, presented a full report of the many activities of the department throughout the year. She also stressed the fact that after June, 1933, no applicant to nursing in Wisconsin will be admitted without presenting a high school diploma or its equivalent. Other highlights on the State League program were the two discussions given in dialogue form by Miss Katharine Denford of the University of Minnesota, and Dr. Malcolm McLean of the Junior College. Their topics were "The Testing and Admission of Students" and "Selection of the Students, the Treatment of Failures, and the Problem of the Graduate Nurse."

June 13-18, 1932, an Institute on Supervision was sponsored by the Education Committee of the Wisconsin League of Nursing Education in cooperation with the Bureau of Nursing Education, State Board of Health. The League of the Fourth and Fifth Districts, Milwaukee, underwrote the same and the Institute, as in previous years, was held at St. Mary's School of Nursing, Milwaukee.

The Wisconsin League assisted in the sale of calendars and Christmas cards, selling 323 calendars and more than seventy-five dozen cards. A History of the Wisconsin League of Nursing Education, written by the State Secretary, appeared in the April issue of the Wisconsin State Nurses' Association Bulletin. Within the last year four schools of nursing have closed and others have expressed their intentions of closing.

Section on Education, Connecticut: A brief survey of the progress of the Educational Section of the Connecticut State Nurses' Association for the year is presented in the following summary of activities: Three meetings of the Educational Section were held in 1932, half-day sessions at the spring and fall meetings and a full-day session at the annual meeting. Six meetings of the Governing Board were held, and meetings of the various committees were called at intervals as necessary. A budget of $450 was requested for 1932 and approved by the Board of Directors of the Connecticut State Nurses' Association. Of this amount, $381.78 was required to meet the running expenses of the section, including the sending of a delegate to the convention of the National League of Nursing Education held at San Antonio, Texas. A
balance of $68.22 was returned to the general treasury of the State Association. A budget of $300 has been allocated for the calendar year of 1933. There has been a marked increase in membership in the section. A year ago there were approximately 161 members. The membership at the beginning of the present year was 281. We have already made a correspondingly great gain for 1933, as 108 new applicants were approved for membership at our first meeting of this year. The total present membership, 365, represents a very high percentage of all nurses in Connecticut eligible for enrollment in the Educational Section.

The Program Committee, through an unusually far-sighted policy, organized all the programs for the year at its initial meeting. The wisdom of the policy was demonstrated in the correlation and integration of the programs of the year. A two-day Institute was held at Hartford under the very able direction of the committee appointed for that purpose. The value of the educational opportunity offered through the Institute is unquestioned.

A recently formed committee had for its purpose a survey of the work of the preclinical period with a view to the establishment of a course for the preclinical term with university affiliation. A complete and comprehensive report was made by this committee. The interschool visits project constituted an original and a very active undertaking for the year. In the course of the year twenty of the twenty-two schools in the state engaged in the interschool visiting program. Eighteen of these schools acted as hostesses. In all there was a total of two hundred and sixty-seven completed visits. This project has been a powerful instrument for the promotion of professional interrelationships, particularly in the group actively concerned in student instruction.

The chairman of the Educational Section was appointed chairman for a state National League of Nursing Education membership drive. Our objective was a 100% increase. This has been achieved. As an actual fact, more was done, for of the 1932 membership of 34 there were only 19 that remained as active members in the state. We have enrolled 42 new members and received 15 by transfer, so our actual increase in membership in Connecticut is approximately 250%.

We would as a committee ask the privilege of continuing the membership drive, as the work thus far in no wise completes that possible in Connecticut, although in our state securing members for the National League of Nursing Education is undoubtedly relatively far more difficult than where state or local Leagues exist.

Section on Nursing Education, Ohio: The State Section on Nursing Education of the Ohio State Nurses' Association is very active, and has
an elected Chairman, Vice-Chairman, and Secretary. Eight of the sixteen district associations have district sections on nursing education with similar officers. Each of the remaining districts appoints a nurse engaged in nursing education work to represent that subject on the regular district program. The district sections have all held regular meetings during the year. The State Section has a membership of 646 nurses.

The State Section has the following committees: Program, Publicity, Nominations, and Cost Study of Nursing Schools. The Chairman of the State Section is a member of the State Committee on Program and therefore assists greatly in planning the annual meeting program. She also served as Chairman of the Special Membership Committee to secure members for the fortieth birthday of the National League of Nursing Education. As a result, Ohio has seventy-seven members in the National League, which includes twenty-eight new members secured during the membership campaign.

The Committee on Publicity sponsored the sale of League calendars and Christmas cards, with the result that two hundred and ninety-seven calendars and one hundred and eighty-six cards were sold. This Committee also sent to the libraries in the state a second letter (one having been sent last year) in order to interest the libraries to subscribe to the American Journal of Nursing, Public Health Nursing and the Ohio Nurses' Review.

The Committee on Cost Study of Nursing Schools made an interesting survey on this subject during 1931-32 but due to the present economic situation in all hospital schools of nursing, the Committee has not been active during 1933. Just recently, the Board of Trustees of the Ohio State Nurses' Association created the State Committee on Education and Professional Relationships. The personnel of this committee is: Helen J. Leader, Chairman, State Section on Nursing Education; A. C. Bachmeyer, M.D., Dean, College of Medicine, University of Cincinnati; H. M. Platter, M.D., Secretary, Ohio State Medical Board; Harry V. Paryzak, M.D.; Dr. W. W. Charters, College of Education, Ohio State University; Clara F. Brouse, R.N., Chief, Ohio Department of Nurse Registration; Catherine Buckley, R.N., Principal, School of Nursing and Health, Cincinnati; and Mary A. Jamieson, R.N., representing the Ohio Hospital Association.
THIRTY-NINTH ANNUAL CONVENTION

ORGANIZATION PROBLEMS

I. WHAT TYPE OF ORGANIZATION WILL BEST FURTHER IDEALS AND STANDARDS IN SCHOOLS OF NURSING AND MEET THE NEEDS FOR NURSING EDUCATION IN THE DIFFERENT STATES?

A. THE EDUCATIONAL SECTION IN THE STATE NURSES' ASSOCIATION

ELIZABETH MELBY, R.N., Chairman, Educational Section, Connecticut State Nurses' Association

Since each one of us is a member of the National League of Nursing Education, and of the American Nurses' Association, and many also belong to the National Organization of Public Health Nursing, it is easy to understand the separate and independent functions of these organizations as well as the points in which their interests mutually converge. In the main these three national associations are independent units and constitute the great constellations that dominate our nursing universe. A replica, in lesser magnitude, of the national situation is presented in the organization of nursing units within most of the states. In a certain few, however, a different scheme of organization prevails whereby the several nursing groups are centered in one association and each unit becomes a section in the parent organization. Connecticut is representative of the latter group. I am familiar with the situation in this state and it is of it that I wish to speak.

The most direct approach to the discussion is perhaps in a brief report of the organization of the Educational Section; the policies under which it is governed; the lines of interrelationship with the State Association; a survey of the more apparent advantages and disadvantages of the functioning of an educational section within a state association; and a brief statement in conclusion presenting what would appear to be a major recommendation in the great problem under consideration.

GOVERNING POLICIES

Formerly there were in Connecticut the State League of Nursing Education, the State Public Health Nursing Organization, and the State Graduate Nurses' Association, independent units with work and interest of only slight correlation. Several years ago there was much discussion of the amalgamation of the three national associations, the influence of which spread to the states, and in 1927, with this end in view, the state nursing organizations in Connecticut amalgamated. Within the parent organization, the Connecticut State Nurses' Association, three sections were established: Educational, Public Health, and Private Duty. The
Educational Section of the Connecticut State Nurses' Association thus replaced the former State League of Nursing Education, with, however, this striking difference—that it had not, nor could it have, any recognized status in the National League of Nursing Education nor in the American Nurses' Association.

Membership in the Educational Section consists of nurses who qualify by being members of the Connecticut State Nurses' Association, who are superintendents, assistant superintendents, supervisors, instructors, and head nurses of accredited schools of nursing, assistant head nurses, staff nurses whose duties include teaching, school nurses, anesthetists, members of the state board of nurse examiners, and workers in various forms of social, educational, and preventive nursing organizations. Application blanks are sent to all nurses who indicate in their original application for membership to the State Nurses' Association, preference for membership in the Educational Section. The completed applications are sent to the Section Committee on Eligibility and, according to the recommendation made, are either accepted or rejected by the Governing Board of the Section. For several years membership in the Educational Section was perhaps somewhat handicapped through the use of an application form with a rather complicated set-up. A special committee was appointed to study and revise the application blank and as a result there is in use a simple, efficient form that so far seems most satisfactory. In the first year of the new organization, 1927, there were 65 members in the Section. There are today 365. Little expansion in membership is possible as this number represents almost the total number of nurses in Connecticut eligible for membership.

No dues are paid for section membership. The annual dues for membership in the State Association are $4.00 (reduced during the current year from a former fee of $5.00), the amount is payable in January, and includes dues payable to the American Nurses' Association but includes no dues payable to the National League of Nursing Education.

The estimated expenses for the year, carefully determined by the Governing Board, constitute the sum incorporated to form the budget, which upon approval by the Board of Directors of the State Association, is authorized to be drawn upon to cover the running expenses of the Section.

The standing committees appointed by the Governing Board are four in number: Eligibility, Nominations, Program, and Educational. It is in the wise choice of committee members and a deliberate delegation of wide responsibility to the individual committees that the welfare of our Association resides. This is the key to our organization.

The chairman of the Eligibility Committee is the superintendent of
nurses of one of the schools of nursing in the state, and her committee consists of all the superintendents of nurses of all the other accredited schools within the state, twenty-three in number. It is, then, not a matter of chance, although quite an extraordinary occurrence, that at the last meeting of the Section held one month ago, this committee recommended the names of 108 candidates duly approved for membership by the Governing Board.

The Committee on Nominations has a greater control in the direction of the activity of the Section than is frequently considered, inasmuch as the candidates it chooses to nominate become the officers to whom are entrusted the initiation and execution of the plans and the work of the organization.

The Program Committee at its initial meeting constructs the entire program for the year. This accomplishes several purposes, chief of which is the selection of a central theme about which the programs for the year are built, and in addition greater facility is provided in securing speakers for the various meetings. The subject for the present year is "The Head Nurse and Her Professional Relationships." It has been our custom in the past to have papers read and discussions given and although the material presented is excellent, no particular steps were taken for its preservation. We have now inaugurated the policy of collecting all papers written and binding them in notebook form for permanent use. We hope in time to build up a collection of such material to be kept at state headquarters that may be used in connection with the records library.

The fourth committee, the Educational Committee, has extensive responsibilities, making it necessary to organize several subcommittees to carry out its diverse functions. Of these, the subcommittee on the institute, as the name indicates, has charge of that project. During the past five years the combined attendance at the Institutes has been 2,234. Each year the cost of the Institute has been completely covered by a fee of $10.00 paid by the individual schools of nursing. A surplus has accumulated amounting to $209.00, which is held as an emergency fund and may be drawn upon if necessary. Plans for the sixth Institute to be held in November are already well under way.

**Lines of Interrelationship**

The Educational Section in all its aspects is very closely related to the State Nurses' Association.

As already mentioned, qualification for membership in the Educational Section depends upon membership in the State Association. The dues for membership are paid to the State Association and no other
dues are payable in the section. All expenses of the section are paid from the treasury of the State Nurses' Association on the basis of a carefully determined and approved budget. The chairman of the Section is a member of the Board of Directors and the Advisory Council of the State Association. Each of the committees in the State Association—Revisions, Membership, Legislative, Program, Scholarship and Loans, Nominations, State Headquarters, and Finance—has as one of its members a candidate recommended to that appointment by the Governing Board of the Educational Section who is a member and usually the chairman of a similar committee in the Educational Section; thus, the chairman of the Program Committee in the Educational Section is a representative of the Section on the Program Committee of the State Association. By this means, the Educational Section has some voice in all the various activities of the State Association and likewise the influence of the State Association is brought to bear on all activities of the Educational Section.

The meetings of the Educational Section are held in conjunction with the regular meetings of the State Association. The annual meeting is held at the beginning of the year. It is a three-day meeting and one day is given over to the work of the Educational Section.

A report of the activities of the Educational Section is given at each meeting of the State Association and a brief report is given at each meeting of the State Board of Directors. The official documents and reports of the Educational Section are on file at the State Headquarters and the Headquarters building is used as a meeting place for the governing board and committees of the Educational Section. Invaluable assistance is rendered to the Section by the Executive Secretary of the State Association, especially in the printing and sending out of program notices.

**ADVANTAGES AND DISADVANTAGES OF THIS FORM OF ORGANIZATION**

A brief summary of the advantages and disadvantages of the form of organization such as we have in Connecticut is rather difficult.

Assets of the Educational Section functioning in the State Association might include:

1. The integration of interests of the State Association and Educational Section, secured primarily through a common basis of membership.

2. The opportunity of meeting and working with all the nurses of the State is made possible through the common assemblies, although the interests of many of the individual nurses might cause them to belong to other sections than the Educational Section.
3. The programs of the Educational Section and of the State Association are of closely related topics although they never duplicate each other nor are they on too widely divergent subjects.

4. The mutual sharing of responsibilities is made possible by having members of the Educational Section on the Board of Directors, the Advisory Council, and all committees of the State Association.

5. The payment of just one set of dues is important and effective as a force in simplifying the scheme of organization.

Weighing against the advantages are certain disadvantages and an impartial survey would require cognizance of both. They might include:

1. One of the chief disadvantages in the organization is that the Educational Section has no recognized status in the National League of Nursing Education nor does it in any manner whatever make any payment to assist in the work of the national association, although every phase of the work of the Educational Section is influenced by standards set by the national association.

2. This system of organization is perhaps more rigid and inflexible than is wholly apparent on the surface, and less initiative may be possible than might be true in states where Leagues are independently organized.

3. The somewhat greater liberality in membership although on the one hand an invaluable asset, may perhaps act as an agency in the retardation in the execution of projects. It is perhaps more difficult to meet the diversified interests of a large group of members than might be true to meet the needs of a more highly specialized group less in numbers.

4. The Section is not financially independent and the fact of budgetary dependency on the State Association, however fair, just, and generous the appropriation be, undoubtedly does restrict the undertaking of certain activities that otherwise might be assumed by the Section.

5. Without question, far too short a period of time under this organization as such is set aside for the activities of the Educational Section. Indeed, in order to obviate this difficulty a most unusual incident occurred during the present year. I refer to the fact that the Membership Committee, which I previously described as consisting of all the superintendents of all the accredited schools of nursing in the State of Connecticut, voluntarily organized itself into a Superintendent of Nurses' Association in order to give opportunity for the detailed discussion demanded by problems of training school administration. History repeats itself. The analogy to the establishment of the National League of Nursing Education needs no interpretation.
Forms of organization are important. I have found in my experience, which has included serving several years as president of the State League of Nursing Education of the District of Columbia and three years as chairman of the Educational Section of the Connecticut State Nurses’ Association, that there are forces which transcend organization. Of these forces two control through contacts at every vital center. The first and lesser of them is purely mechanical and almost precisely measurable by the automobile speedometer. It is the factor of relative distances. Connecticut is a small state, a rectangle some 60 by 90 miles in dimension, with good highways penetrating in every direction. Forms of organization in an area of this size may be good and adequate where similar forms might not work so well in larger states—states like Illinois, six and a half times as long as Connecticut and three times as broad; or in empire states like Texas which would divide into 66 Connecticut rectangles.

The second factor is one too fine for tools of measurement, although in itself it is the strong foundation on which formal organization rests. It is the philosophy whose aim it is to seek to know oneself and to appreciate others through the spirit of cooperation in service and the inspiration constantly renewed in association one with another.

The broad ideals of nursing education cement the bonds firmly uniting nurses not only in the state but throughout the nation. This force, this philosophy, implies a mutual responsibility which it is not only our share but our right to assume. We would, therefore, as a final and major conclusion recommend that per capita dues for every nurse who is a member of the State Association of Nurses be paid to the National League of Nursing Education. This would institute no revolutionary policy but would follow the sound example long set down which provides for the maintenance of the American Nurses’ Association through state associations.

B. THE STATE LEAGUE OF NURSING EDUCATION

Marie C. Gobel, R.N., President, Wisconsin League of Nursing Education

The topic which I have been asked to discuss is, “How the State League functions in a state and the advantages of being directly connected with the National.” Before I can elaborate on the State League it is necessary to review briefly the functions and objects of the National League of Nursing Education of which the State Leagues are an integral part, and the American Nurses’ Association.
The objects and functions as quoted may be found in the historical sketch of each organization. "The purposes of the American Nurses’ Association have been to establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honor of nurses; to distribute relief among such nurses as may become ill, disabled, or destitute; to disseminate information on the subject of nursing by publications in official periodicals or otherwise; to bring into communication with each other various nurses and associations and federations of nurses throughout the United States."

"The function of the National League of Nursing Education during these years has been purely educational, directed toward the education of nurses. In this it has taken into consideration methods of teaching and facilities for improving these methods; conditions under which student nurses receive their education; uniform curriculum in order that all students, whether in a large or small school, might have a certain definite medium of instruction; the extension into universities, opening up the possibilities of combining a university course with the nursing course leading to the bachelor’s degree and a diploma in nursing."

As you can easily note, the functions of the National League of Nursing Education have to a great measure been accomplished. To continue to quote, "The objects of the National League of Nursing Education, as outlined in the Certificate of Incorporation are, to consider all questions relating to nursing education; to define and maintain in schools of nursing throughout the country the minimum standards for admission and graduation; to assist in furthering all matters pertaining to public health; to aid in all measures for public good by coöperating with other bodies, educational, philanthropic, and social; through State and Local Leagues, programs on staff education, ward teaching, supervision, and other subjects of interest to the individual members of the League, have been made possible. Extension and summer courses have been arranged with colleges and universities, institutes have been held, scholarships have been made possible for both students and graduates. These accomplishments show only a portion of the work done by the State Leagues, yet the time and effort put into such programs has produced gratifying results in many of our states.

Do we realize the projects listed above are some of the actual results of the previously mentioned purposes of the National League? Could they have been accomplished without the concentrated force of the State Leagues? One might bring out the well-worn phrase "everybody’s job is nobody’s job." We must admit that the varied accomplishments of the states would have been a much slower process without the steady
effort of the organized women inspired by the challenge offered to them from National Headquarters.

The object and function of the State League is first and foremost the educational advancement of nursing. The more closely associated groups usually create more personal interest and are always much more effectual in their efforts. It is not possible for all members to attend national meetings where one is stimulated and where one also receives much educational help; therefore, with small organizations, representatives may be sent to the national meeting who will bring back reports and material which will be of great benefit to the individual members. There are advantages to being directly connected with a national group. A national organization gives prestige. It is a stimulation and a security to have some authority upon which to depend and to look to for help and guidance. It is a means of contact with and representation on other national educational, health, and social groups, and "promotes by meetings, papers, and discussions cordial professional relations and fellowship, and in all ways develops and maintains the highest ideals in the nursing profession." The American Nurses' Association is as its purposes indicate interested in protecting the graduate nurse, whereas the National League is interested in the applicant to nursing, the student nurse as well as the graduate nurse.

With the growing program of the National League of Nursing Education the membership also extended from the confining group of superintendents of schools to all nurses engaged in teaching, such as instructors, supervisors, and head nurses. The increased territory and numbers, though essential, produced lagging interest and effort, and so to gather force the State Leagues with their local organizations evolved. The smaller organization is able to urge and guide personal effort and interest as can be seen by subsequent quotations which will show the use and purpose of the State League, for it has started and in many instances successfully carried out the following projects: Work with the students, work for the students, work with the state departments, work with and for the nurse at large.

Direct work with students has consisted of vocational guidance, organizing and sponsoring student clubs and making arrangements for excursions in connection with special courses. Work for students has to do with making studies of the practical experience of students in schools of nursing, studies of the actual cost of nursing education, and the development of the central school idea.

Work with state departments has been accomplished by working with State Boards of Nurse Examiners and the State Nurses' Association, committees of the State League, etc.
It has been mentioned that duplication of meetings and duplication of dues are a disadvantage, but if we will examine these statements for ourselves we will find that we have not thought the problems out to the end. We will find that to carry out any project financial support and conferences are a necessity. As I stated in the beginning the purposes and objects of the American Nurses’ Association and the National League of Nursing Education of which the State League is an integral part are not entirely synonymous.

II. WHAT HAS THE AMERICAN NURSES’ ASSOCIATION TO OFFER TO STATE SECTIONS ON NURSING EDUCATION?

ALMA H. SCOTT, R.N., Acting Director at Headquarters, American Nurses’ Association

The American Nurses’ Association will have its thirty-seventh birthday in September of this year, and the National League of Nursing Education is celebrating its fortieth anniversary at this meeting. These are significant dates in the history of nursing in this country, and point toward many accomplishments which are the direct result of the efforts of the members of these two national associations.

Possibly the most outstanding of these accomplishments are due, in the main, to the fact that throughout the history of the American Nurses’ Association and the National League of Nursing Education, there has been a common purpose in the minds of those directing and participating in the activities of both associations. This purpose has been—“the advancement of nursing education and the elevation of professional standards for nurses and nursing.”

One cannot conceive of the possibility of elevating professional standards without realizing that little progress could have been made in this connection except through the advancement of nursing education. Also, that upon the advancement of nursing education has depended the relative status of the profession of nursing at any period of its history.

It is readily perceived, and fundamentally important, that these two national associations have not been motivated in their efforts by selfish desires; that while their aim has been to further the growth of the two associations, the underlying and real reason for this desire for growth has been to give to the community the finest type of nursing service.

If we study the history of nursing in this country during the past fifty years, without doubt we shall see that there has been need for the American Nurses’ Association and for the National League of Nursing Education as well—that each has had its place and made its contribution; that, because there has been coordinated and cooperative effort
on the part of both associations, and the acceptance of the same standards and objectives for nurses and nursing, the history of the progress of nursing in this country reads as it does today. Without the adoption of common goals, without programs planned with consideration and with respect for the functions and aims, the ideals and resources of both associations, comparatively little might have been accomplished.

Also, it is evident that the advancement of each association has depended to a great extent upon the progress made by the other, and today it is almost impossible to point out a single outstanding accomplishment of one association in which the other association has not been interested, or to list a single project in the tentative program of either association for the future, that does not depend upon the combined thinking, planning and efforts of both associations. This is the reason why it is difficult to answer the question: "What has the American Nurses' Association to offer to State Sections on Nursing Education?"

If we enumerate the opportunities which the American Nurses' Association can offer to State Sections on Nursing Education, we shall find that probably the most outstanding and most pertinent of these are the following:

From a National Standpoint—The American Nurses' Association can offer membership in the official organization for professional nurses in the United States, and all the privileges and benefits which such membership confers.

It can offer all facilities made available through National Headquarters of that Association, including the actions of its House of Delegates, the policies established by the A. N. A. Board of Directors, and the accepted recommendations of its standing and special committees. It can offer the results of the work of the National Sections on Private Duty, Government Nursing, Legislation, and Mental Hygiene, as well as the group thinking of the members of its Advisory Council. It can offer through the Public Information Program which has been undertaken at National Headquarters, assistance with Public Information Programs in State Associations and State Sections, in order to bring about a better understanding of the essentials for effective nursing education and the value of nursing service to the public. The American Nurses' Association can offer field service for the purpose of making professional studies and of giving assistance at state and section meetings.

It can impart knowledge of desirable federal legislation and point out procedures to be followed in bringing this about—such legislation may have a direct or indirect bearing on nursing education.

It can offer the American Journal of Nursing, a professional magazine owned by the American Nurses' Association and one which has played
a vital part in the history of the progress of nursing education, not only in this country but in other countries as well.

It can offer many of the findings of the Committee on the Grading of Nursing Schools, and suggestions relative to nursing education which have come from this same Committee. The American Nurses' Association has contributed generously to the work of the Grading Committee.

It can offer representation in the International Council of Nurses and affiliation with the National Health Council and the National Council of Women.

The American Nurses' Association can provide certain opportunities for enrollment in the American Red Cross Nursing Service.

The American Nurses' Association can offer results of the thinking and recommendations of the Boards of Directors of the three National Nursing Organizations, which meet jointly each year. This means the counsel of those in whom the national affairs of organized nursing are entrusted.

*From a State Standpoint*—The American Nurses' Association can offer:

Membership in a State Nurses' Association in each of the forty-eight states, the District of Columbia, Puerto Rico and Hawaii. Each of these State Associations has an effective type of organization—one well established, recognized, respected, and capable of carrying through almost any professional project undertaken. Further, the privileges of State and Section membership are conferred upon members of State Sections on Nursing Education through the payment of dues to one association.

Through state membership, members of State Sections on Nursing Education are given the opportunity of meeting and of working with other members of the profession who are engaged in different types of nursing work, thus, intimate and first-hand knowledge of the needs of nursing education is gained from the standpoint of those administering, supervising, and actually engaged in all types of nursing service.

The American Nurses' Association can offer through State Association membership, and the plan of organization which it provides, a means whereby contact can be made with individual members of the profession and with alumnae associations as well. Through alumnae associations, an opportunity is given for (a) working closely with practically all of the existing schools of nursing in the United States (and in its territories in which state associations have been formed) and (b) influencing the conditions and courses of instruction in each of these schools of nursing.

In twenty-four states, the American Nurses' Association can offer
state headquarters and either a full-time or part-time executive secretary who is prepared to study professional problems and opportunities and to give assistance in carrying through professional programs.

The American Nurses' Association can offer a state committee on legislation in every state, actively working for the protection of existing Nurses Practice Acts and on the alert for the necessity of instituting desirable, or defeating undesirable legislation, as the need arises. It is not necessary to point out the part that legislation has played in the advancement of nursing education.

In those States where one person (a nurse), has served in the dual capacity of executive secretary for the State Nurses' Association, and as state educational director for the schools of nursing, opportunity has been given to develop an effective and close working relationship between the State Nurses' Association and the State Board of Examiners. Too, in those states where appointments on the State Board of Nurse Examiners are made by the Governor of the state from lists submitted by the State Nurses' Association, there are many possibilities for assisting in the advancement of nursing education.

These lists of contributions which the American Nurses' Association can make to State Sections on Nursing Education could be continued; however, the assistance which has been extended to the six existing State Sections on Nursing Education, namely, those which have been formed in Ohio, West Virginia, Virginia, Maine, Connecticut, Alabama, has been because help has been requested and not because a definite program has been outlined and offered for this specific type of section.

As the National League of Nursing Education now functions as the Educational Department of the American Nurses' Association, the A. N. A. can offer to the State Sections on Nursing Education all that has been accomplished by the American Nurses' Association. In addition, it can offer all the accomplishments of the League as well.

We must bear in mind, however, that there is no organic relationship between State Sections on Nursing Education and the National League of Nursing Education. Also, that no National Section on Nursing Education has been organized as an integral part of the American Nurses' Association.

Although the National League of Nursing Education functions as the Education Department of the American Nurses' Association, this relationship is one of courtesy only, and all of the contribution which the A. N. A. may make to State Sections on Nursing Education because of this relation (and exclusive of its own efforts) are extended through courtesy of the League. No provision for this relationship has been made in the By-laws of either Association. It has been established be-
cause of a felt need for a closer working relationship between the two associations, and a better understanding of mutual problems; also, in order to eliminate duplication of effort and expense.

If the American Nurses' Association can offer to State Sections on Nursing Education all that has been accomplished by that Association and in addition to this all that the League has to offer, we may ask, "Why should State Leagues of Nursing Education continue to exist?" Again, if there is a National League of Nursing Education and provision for State and Local Leagues, we may ask, "Why have State Sections on Nursing Education been organized?"

The present status of the National League of Nursing Education is the result of years of effort on the part of its members. This effort has meant wholehearted interest and participation on the part of its membership, including payment of dues over a period of many years. The continuance of the National League of Nursing Education is dependent upon that of the State and Local Leagues of Nursing Education and the interest displayed by its individual members.

If the projects extended by the National League of Nursing Education are accepted by the American Nurses' Association and given to State Sections on Nursing Education, it is obvious that some consideration must be given to the obligations which this entails on the part of the American Nurses' Association.

Thoughtful attention to this question seems to point toward an amalgamation of the activities of the American Nurses' Association and the National League of Nursing Education. If such an amalgamation is brought about, it will come through cooperation, not as a result of competition, and because the two associations concerned believe such a relationship will further the interests of nursing, as well as those of the community.

III. WHAT HAS THE NATIONAL LEAGUE OF NURSING EDUCATION TO OFFER TO THE STATE LEAGUES?

CLARIBEL A. WHEELER, R.N., Executive Secretary, National League of Nursing Education

What has the National League of Nursing Education to offer to State Leagues? First and foremost, it has to offer the leadership of a national organization interested primarily in the advancement of nursing education. Conceived here in Chicago forty years ago by the leaders in the nursing world as the kind of organization most needed for the guidance of nursing education, it has had a profound influence on the progress of nursing in this country since that time. After hearing Miss
Taylor's splendid review of the early history of the Society last evening, one cannot help but be impressed by the vision and foresight of its founders, and by the wisdom of those leaders who have continued to carry high the banner of progress since its establishment. When we consider the fact that ours is one of the few professions which does not actually control its own destinies, except by indirect influence, the League has no cause for discouragement. The task which it has set before itself has not been an easy one, and many of its accomplishments have been dearly won by the self-sacrificing and devotion of its members.

Prior to 1924 there was no official connection between State Leagues and the National League; the former were separate and distinct, with their own plan of organization, their own programs, and their own dues. At this time there were twenty-nine isolated State Leagues whose members were individual members of the N. L. N. E., paying $5.00 dues to that organization besides their own local and state dues. It was in 1924 that the N. L. N. E. revised its By-laws, making it possible for a person to join a local or State League and thus automatically become a member of the National by the payment of a fee of $5.00, $2.00 of which was to be returned to the state for local use. By-laws for State and local Leagues were revised so as to conform to those recommended by the National. The purpose was to secure greater uniformity and at the same time to strengthen the whole organization in providing the machinery by which a program initiated by the National could be actually carried out in the states in the same manner as the A. N. A. carries out its program through its state and district organizations. It also provided the machinery by which a state could appeal to the National for advice or could suggest to the National a program based on its own needs. Far too little use has been made in the past of the opportunities to utilize the machinery of the League for carrying out definite programs, and this applies to the National as well as to State Leagues.

Generally speaking, the State Leagues have the same committees as the N. L. N. E., thus affording an opportunity for all to be working on one program. Take, for example, the Committees on Eligibility, which have been functioning as the membership drive committees in the states. They have done most of the work in connection with the membership drive. Another example is found in the Committee on Education. The National Committee on Education has been making a study of graduate courses in the clinical specialties, with the purpose of establishing criteria by which such courses may be evaluated, and to serve as a guide in the establishment of such programs. At the same time several of the Committees on Education in the states have been collecting data on courses now in existence for the National office. Undoubtedly state committees
could be helpful in carrying out the program of these national committees. Certainly, there are many more possibilities for making use of state committees in carrying out the program of the National than have ever been appreciated in the past. In fact, a national program cannot possibly be of any value unless it reaches and actually affects the local group.

While it is within the function of the N. L. N. E. to suggest programs to the states, it is equally important that the states make vocal to the National their needs for a special piece of work which they think requires doing.

For many years the N. L. N. E. has been the recognized authority in matters pertaining to nursing education. As such, it is able to furnish the states with guidance on the following:

1. Problems of schools of nursing as they affect: a. administration; b. teaching; c. qualifications, preparation, and functions of the faculty; d. curricula; e. school committees; f. university connections, etc.

2. Nursing service: a. administration, hours, salary, etc.; b. use of graduate staff nurses; c. staff education, etc.

3. Prevocational guidance in relation to nursing, and in a degree for vocational guidance for nurses who desire to enter fields in which their preparation is of definite value.

4. Postgraduate education except for courses in public health nursing.

As the Department of Education of the A. N. A., the N. L. N. E. has a very definite contribution to make to the State Boards of Nurse Examiners. This has never been possible before, due to the fact that the League has never had any official connection with State Boards, the A. N. A. being the only group which had such a connection. Since the League now functions as the Department of Education of the A. N. A. and since the A. N. A., by a special Board action, has delegated to the League all matters pertaining to inspection of schools, curricula, records, examinations, etc., and restricted its own activities to legislative matters, the National League, in working in close cooperation with State Leagues, can give assistance to State Boards of Nurse Examiners which will enable them to exert a greater influence for high standards than has heretofore been possible.

The N. L. N. E. also offers to State Leagues the benefits and advantages of its Department of Studies. State Leagues not only have available the studies made by the League, but they may call upon its field service for studies which they wish to have made in hospitals or schools, or by State Boards of Nurse Examiners.

Through its publications it may furnish State Leagues with articles and reprints, photographs of nursing leaders, slides on the history of
nursing, and other materials of interest to those engaged in various branches of nursing education.

To reiterate, I believe the N. L. N. E. can offer to State Leagues because of its objectives and uniformity of organization a service which no other organization or group can give.

I appreciate that there has been a growing tendency in some of the states to feel that there are too many organizations and that the nursing activities could better be carried on by one. In some of the states which have few large centers supporting local Leagues, one sees the same nurses working actively in both the State Associations and the State Leagues. In these states, where the League membership is very small, the State Association is the only organization which is able to finance a program. I have every sympathy with these problems. In 1922 or 1923 I was serving as a director of the State Nurses' Association in Ohio and at the same time as president of the Ohio State League of Nursing Education. At this time the leaders in the State Association were women who were interested in nursing education, and it was the feeling of both of our groups that better results could be accomplished by giving up the League and becoming a section of the State Nurses' Association. This was, however, before the reorganization of the N. L. N. E., and before the step was taken we consulted with the President of the National League of Nursing Education as we did not desire in any way to weaken the N. L. N. E. One of the chief provisions of our By-laws was the requirement that each member of the section should be a member of the N. L. N. E. It is my understanding that this is no longer a requirement in Ohio, which I believe has defeated the purpose which we had in mind. Shortly after, the N. L. N. E. reorganized, as I have explained.

Since that time, in Missouri I came again into close association with another state group in organization work, and served as president of the Missouri State League of Nursing Education. In that state I never felt that the work of the League could be better carried on in a section of the State Association. It makes a great deal of difference how a picture looks from where one is sitting. Now that I am Executive Secretary of the N. L. N. E. I believe I can see the picture in a much clearer light, and I am profoundly convinced that we need for some time to come, but probably not indefinitely, an organization set up primarily to promote the standards of nursing education and nursing service. The American Nurses' Association is for the promotion of nurses; its objective is the protection and advancement of the individual, while the N. L. N. E. is not so much interested in the individual, except to prepare her so that she may adequately serve the public. In other
words, we are less interested in nurses and more interested in nursing. At the same time, I believe most sincerely and heartily that our groups should not be isolated from each other. All nurses should be interested in better standards, and for this reason and to prevent duplication of effort and overlapping I believe that State Leagues should serve as departments of education of State Nurses' Associations, in the same happy manner as the N. L. N. E. serves as the Department of Education of the A. N. A. at headquarters. The A. N. A. has no educational section, and for that reason I believe that an organization which is set up as ours is, with automatic membership through local, state, and national, can much better accomplish its objectives by more direct methods than it can indirectly through the channels of another organization.

Our greatest need is that all nurses who are doing any form of executive or educational work either in schools or in public health agencies should be League members. Not only is it an obligation but it should be a matter of professional pride. The sooner schools of nursing require their faculties to be League members, the better it will be for the future of nursing education. Is it not a rather significant fact that in states where there is neither a League nor an educational section and few League members, educational standards have not progressed as they have in states where we have a large membership?

I trust that I have been able to convince you that the N. L. N. E. can best serve its members, advance professional standards, and assure the public of better and more adequate nursing service through its organic branches in every state, and that in this way, also, we can best realize the standards and ideals set by our Founders forty years ago.

The meeting adjourned.

General Session
Tuesday, June 13, 2 p.m.

Presiding: Sally Johnson, R.N., Director, School of Nursing, Massachusetts General Hospital, Boston, Massachusetts.

Topic: The Hospital, the Patient and the Nurse.

Nursing—An Economic Paradox

C. Rufus Rorem, Ph.D., Associate Director, Medical Services, Julius Rosenwald Fund, Chicago

The nursing profession is typified by high standards of loyalty, scientific achievement, and idealism. In these fields nursing is consistent. But nursing activities contain a series of economic contradictions which
surprise and confound the observer. It is my intention to discuss some of these paradoxes in order that the economic issues of nursing may be more sharply drawn and more intelligently faced by members of the profession and the public.

I refer particularly to "private duty nursing" in the home or hospital, that is, an arrangement whereby a private practitioner of nursing makes independent and individual financial arrangements with her patient. Private duty nursing is to be contrasted with institutional nursing, whereby the nurse acts as the agent or representative of an institution and has no direct financial arrangement with the patient, whether the institution is a hospital, a public health agency, or a visiting nursing or hourly nursing association.

I

Private duty nursing is purchased largely and almost entirely by the well-to-do members of the American public, meaning by the well-to-do those members of families with annual incomes of more than $5,000 before the times of depression. Private duty nursing never has been as widely used by the general public as other types of medical services, such as physicians' or surgeons' services or hospital care.

Only one white family in eleven in the United States received any paid private duty nursing service during a twelve-month period during the years 1928 to 1931. This ratio of one family in eleven or nine per cent of the families is to be contrasted with an average of eighty-six per cent of all families who received physicians' or surgeons' care during this same period. Although there are as many private duty nurses in the United States as private duty physicians, nearly ten times as many families avail themselves of the services of physicians as purchase private duty nursing.

The proportion of families receiving physicians' or surgeons' care is about the same among all economic groups, ranging from a minimum of eighty-two per cent for the poor to a maximum of ninety-six per cent for the well-to-do. But there is a much wider variation in the distribution of nursing throughout the general public. Only one family in twenty-five of those with $100 or less monthly incomes received any private duty nursing service during 1929, whereas one family in four of the well-to-do received some private duty nursing service. This fact is particularly significant when it is realized that the medical need for private duty nursing is probably lowest among well-to-do families, since they maintain servants or enjoy home facilities most suitable for care by the family during periods of illness.

The concentration of private duty nursing upon the well-to-do may be
emphasized from a different point of view, namely, the volume of service. The average amount of private duty nursing received by a family living on an income of $1,200 or less was approximately two hours per family per year. For families living on incomes of $10,000 a year or more, the average amount of private duty nursing service was approximately seventy hours per family per year. More than half the population of the United States were in families with $2,000 a year income or less in 1929. These people received 16 per cent of all private duty nursing rendered in the country. The 9 per cent of population in families with $5,000 or more received over half the private duty nursing service purchased during this time.

It is well known that the average amount of medical care received increases with the average income of families regardless of the amount of illness. But the increase in private duty nursing service is proportionately greater than in any of the other fields of medical care. For example, the average number of physicians' office and home calls is approximately two and one-half times greater for the well-to-do than for those of limited incomes. The average amount of hospitalization is about the same for all groups. But the amount of special duty nursing is, on the average, from twenty-five to thirty-five times greater for the well-to-do than for people of limited means. Patients engage private duty nurses only when other types of professional services have been arranged for, although not always after the other types of services have been paid for.

Another illustration of the concentration of private duty nursing among the well-to-do is the proportion of hospitalized cases attended by private duty nurses. Among families with incomes of $100 or less, only seven per cent or one-sixteenth of the hospital cases had private duty nurses in 1929. For families with incomes of $1,200 to $2,000, one-eighth of the cases had private duty nurses. This ratio increased to forty per cent for families with incomes above $5,000, and for families with $10,000 or greater annual income, sixty-nine per cent of the hospitalized cases engaged private duty nurses. Patients attended by private duty nurses are usually hospitalized in private rooms, and are not, according to the findings of various studies, more acutely ill than other patients suffering from similar illnesses in the wards and semi-private accommodations.

II

Private duty nursing is, on the average, purchased in large amounts. The private duty nursing bill, like the bill for hospital care or major surgery, is usually a large one. The experience of 9,000 white families
during a twelve-month period, as revealed by studies of the Committee on the Costs of Medical Care, showed the average cost of private duty nursing service to be $74 for those families receiving such care. The average hospital bill was $67 for families in which hospital care was required, and the average doctor bill was less than $50 for those families receiving services from physicians and surgeons. Even among poor families, the average nursing bill was $50 for those having private duty nursing, reaching a high average of more than $200 for all families with $5,000 a year income or greater.

The high average nursing bill arises in part from the present organization of private duty nursing. It is difficult for a patient to receive small amounts of nursing care, that is, small from the patient’s point of view. It is practically impossible for self-supporting people to obtain nursing care by the hour or by the visit, comparable to the office call or home call of a private physician, which frequently may be purchased at rates ranging from $1.00 to $5.00. The nursing bill is usually a large one or non-existent.

From a patient’s point of view, a bill of $74 is a large amount, even though the earnings of the nurse may not exceed those received by highly skilled technicians or mechanics in the field of industry or commerce. Viewed by the standards of skilled labor, a rate of $1.00 an hour for professional services certainly cannot be regarded as excessive. But from the standpoint of the patient who must purchase from twenty to 100 hours of service, the costs are often very high. The nurse is the one professional person who works “by the day.” It is true that the average day rate is not high. But the purchase of private duty nursing is an economic transaction of the first order of importance, and not an incidental purchase to be compared with an office call or the price of a bottle of medicine.

III

Although nursing service is purchased in relatively large amounts from the economic point of view, and although nursing service is regarded as an economic luxury, the nursing profession itself holds a very lowly position in the world of financial affairs. Even during good times, the average income of private duty nurses never exceeded $100 per month. To be sure, there were some nurses who were employed regularly and who earned good incomes. But large numbers have always waited day after day for their cases, and even during the period just preceding the present depression, private duty nurses were on the average occupied to less than one-half their maximum professional capacity.
It would be ridiculous to suggest that the average earnings of the nursing profession are too high, considering the quality and importance of the professional services they render. The problem is not to lower the average income, but rather to raise the degree of utilization of the profession, either by increasing the amount of professional service which the public purchases and receives, or by reducing and restricting the number of the profession who are allowed to enter private duty nursing service.

IV

In the field of private duty nursing service, there is no recognized or customary gradation of fees, either on the basis of differences in economic value for various types of service or differences in economic status of the patients. One private duty nurse is assumed to be as good as another, even though one may have enjoyed special education or long years of experience, and another may have recently graduated from a hospital nursing school. The specially qualified and highly experienced nurse has no economic advantage over the young and inexperienced member of the profession, in so far as recommendation for private duty nursing is concerned. Private duty nursing registries, by referring cases alphabetically or by rotation, tend to strengthen the impression that one nurse is as good as another.

The absence of a sliding scale of charges varying with the patient’s ability to pay differentiates private duty nursing from services of private physicians. It is not possible for a private duty nurse to serve people of limited means at reduced fees or at no charge and then to collect for this service through a higher scale of charges to people with greater ability to pay. This lack of a sliding scale is explanation in part why so few people in the lower economic levels avail themselves of private duty nursing service and why so large a proportion of private duty nursing is received by those who can purchase it on the present luxury basis.

V

The supply and demand, respectively, in private duty nursing have for some years moved in opposite directions. The development of hospitals has decreased the underlying need for private duty nursing in the home. The increased availability of hospital service makes hospitalization a regular and natural procedure in the care of the acutely-ill patient. Many cases which previously were cared for by private duty nurses in the home may now receive equally good if not better care in the hospital by registered nurses who are employees of the institution.
The floor nursing of well-managed institutions makes it less and less necessary from the medical point of view that private duty nurses be engaged on a full-time basis for the care of individual patients. It is true that many times the full-time services of a nurse are necessary for the adequate care of a patient, but the development of a well-staffed and well-coordinated hospital service makes these periods become shorter and less frequent in the care of acutely ill patients.

The need for private duty nursing on a full-time basis for individual home cases or hospital patients has been decreasing. But at the same time the hospitals themselves have created a rapidly expanding profession of registered nurses. In other words, the hospitals which have lessened to some degree the need for private nursing, have through their nursing schools increased the number of private duty nurses who seek employment. Registered nurses would normally expect to find employment in the new field of activity, namely, the hospital. But the hospitals create a new problem by utilizing undergraduates rather than graduates in the care of the hospital’s patients. The graduate nurse, therefore, is in a continuous dilemma. She cannot find employment as a private duty nurse in the home because more and more patients are going to hospitals. She cannot find employment as a staff nurse in the hospitals because the hospital patients are attended by undergraduate nurses.

In this paper I cannot discuss all the curious economic paradoxes of nursing education. For example, there is an amazing assumption in nursing education that two functions can be performed more cheaply than one; namely, that it is less expensive to provide nursing care and nursing education than to provide nursing care alone. It would be interesting also to comment on the situation by which a hospital director releases graduate nurses from his institution because students are more economical, and in turn urges patients to employ graduate nurses because the floor nursing is inadequate.

VI

These paradoxes indicate a very definite oversupply of and under-demand for nursing services in the United States at the present time. If the lack of balance is caused by producing too many nurses, the solution of the problem is clear. Nursing education programs should be planned according to the needs of the people instead of the immediate effects upon hospital budgets. But the lack of adjustment results in part from the absence of methods by which private duty nursing care can be made more available.

If nursing service is to be more widely used, it must be removed from the luxury class. As long as patients must purchase nursing service
by the day or by the week, the minimum cost of nursing care will for a large proportion of the population exceed their ability or willingness to pay. If nursing service were available to paying patients in smaller units, namely, by the hour or visit, there would be an increased demand on the part of the general public. This demand would not interfere with the nursing care now being purchased by those ten per cent of the people who receive the bulk of the private duty nursing service.

At the present time, nursing service by the hour or by the visit can be purchased in a few communities, but usually only with such delay and formality that the privilege is unknown to the general public. If nursing registries and nursing associations generally could organize to make nursing care available by the visit or by the hour in the home, and if these services could be purchased without the formality of special approval in every case by a medical practitioner, large amounts of additional nurses' service would be purchased by the American people. Moreover, greater service might be received from the medical profession through the suggestions of nurses who recognize the need for physicians' service when attending patients.

Nursing by the hour or by the visit need not be limited to private duty nursing in the home. The hospitals also could provide private duty nursing by the hour. A hospital patient who is paying from $5.00 to $8.00 per day for board and room service, including floor nursing, should not be required to face the alternative of relying entirely on floor duty nursing or of engaging a nurse on a full-time basis by the day, especially if two or three hours of undivided attention daily would serve all medical needs.

Private duty nursing by the hour in the hospital, if made available to the general public, should reveal a new demand for the services of registered nurses. Private duty nursing by the hour, with a nurse giving her undivided attention to a single patient, is not the same as "group nursing," by which a nurse gives her divided attention to a number of patients over an extended period.

**Conclusion**

There is at the present time a high economic barrier between the private duty nurse and the prospective patient. The patient on the one hand has very little opportunity to purchase nursing service in small units such as the hour or the visit. The nurse, herself a member of one of the lowliest professions from the economic point of view, is compelled to offer her services in large expensive units. As long as nursing care must be offered and purchased on a luxury basis, only after hospitalization and physicians' services have been arranged for, it may be expected
that the nursing profession will continue to be employed during small portions of its available time.

Nursing as a profession has a long and enviable history. The increasing skill and the improved qualifications of the profession make it desirable that the people of the United States enjoy them to the greatest possible degree. But the economic organization of nursing services has not received the same thought and planning as the professional organization for those services. Unless serious attention is given to the economic status of private duty nursing, this phase of the nursing profession will continue to be an economic paradox.

**SPEAKING OF STUDENT AND GRADUATE NURSING**

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

The information given in Miss Pfefferkorn’s talk will be found in the “Study on the Use of the Graduate Nurse for Bedside Nursing,” copies of which may be obtained through the League office.

**ADMINISTRATIVE RESPONSIBILITIES OF THE SUPERINTENDENT OF NURSES IN RELATION TO THE HOSPITAL**

Daisy Dean Urch, R.N., Director, School of Nursing, Highland Hospital, Oakland, California

A Superintendent of Nurses Looks at Herself

“All the folks are fighting in the land across the sea
Because the king and counselors went mad in Germany,
Because the king and counselors went mad my love and I
May never have a little home before we come to die.”

This extract from a poem popular in the British army during the World War expresses well how far-reaching may be the effects on others of the behavior of one person or group of persons. We all sense this principle. Witness how our apprehension is reflected in the general concern for what Hitler is doing—what Mussolini contemplates—the plans and policies of Japan and of Russia. We instinctively feel that the overweening ambition of individuals and groups has started a grabbing game which is liable to wreck the homes of many a “my love and I.” “We want larger and larger slices of China,” says Japan. “We want to serve Germany’s mission in the world,” say the Nazi. “We want security,” says France. “We want more power,” say the politicians. “We want what we want when we want it,” say our gangsters.
And in the midst of this wild orgy of wants we can hardly hear the Chicago teachers saying, "We want our honestly earned salaries"; or the great mass of unemployed saying, "We want work so that we can again be self-respecting"; or the professionally-minded saying to themselves and to each other, "We want to do something worth while, something significant for society. We want the labor of our hands and our heads and our hearts to produce goods which have social values and cultural values and spiritual values as well as economic values."

Many of the superintendents of nurses are thinking: "We want to do justice to the young women who are in our schools. We want the satisfaction of knowing that because of our efforts their lives will be richer and fuller and happier as well as economically and professionally useful." Have we not the right to raise this question: "Wherein lies our greatest obligation to the students? To the patients? To the hospital authorities? To society?"

In the very center of the health and sickness problems of the world is the superintendent of nurses. Upon what she wants and what she can succeed in getting depends largely the tone of not only the individual hospital in which she works but the whole health and healing program of the country. The quality of nursing service can make or break the hospital. This is not saying that nursing work is the only activity nor the most important one of the hospital. It is saying, however, that it is an essential without which no hospital can function. Nursing touches every other department. It operates twenty-four hours a day, seven days a week, three hundred and sixty-five days a year. Furthermore, the nursing service in our hospitals has been, is now, and ever will be (I fear) the producer and distributor of that more or less finished product—the trained nurse who goes out to serve the nursing needs of society.

In the last analysis, the selection and education of every nurse in the country is very largely dependent upon the want complexes of the superintendent of nurses. And as has so often been pointed out, her dual responsibility for the education of students and the care of the patients has kept her on tenterhooks, on a perilous perch like a rope dancer trying to keep her balance as she leans to the right in her zeal for the education of students, then to the left to meet her patients' needs. Small wonder that she so often leans too far in one direction, then back, and finally falls—usually to the left with the resulting sacrifice of students to the needs of the sick.

With her uncertain footing and heavy load, what chance is there that she will take the long view ahead and the broad outlook so essential to keeping an even balance between her dual functions!
Is it surprising that she and her "counselors go mad" and under the pressure, take and keep every possible pair of hands that lighten the hospital burden, resulting in the present oversupply of ineffectives in our profession? Whatever her ideals may have been when she started out, whatever her preparation for her work, the incessant pressure of want complexes of the other groups in the hospital is almost sure to break down her determination to be fair to all concerned. The physician wants (and has a right to expect) plenty of expert assistance for himself and care for his patients. The patients' wants are bound to appear unreasonable due to their abnormal condition mentally and physically. The maids and orderlies and porters want hours and wages which conform to those of their friends in industry: forty-eight hour weeks, holidays and Sunday off with pay. The Boards want expenses kept to a minimum and services to a maximum.

A heavy responsibility rests on the shoulders of every superintendent of nurses. She must reconcile the wants of the workers with the wants of the patients and the wants of the budget makers. She must reconcile the irreconcilable! Strange as it may seem she has to a limited extent done this impossible thing. And, if she can keep her vision clear and can secure the sympathetic understanding of the problems on the part of hospital executives her work can be quite effective in her dual but to some extent identical functions of caring for patients and at the same time educating the students.

I shall attempt to tell you some of the conditions under which I believe she can better meet these conflicting responsibilities, especially stressing her administrative obligations to the hospital itself. Since the hospital pays her salary she must of necessity give it first consideration.

I. Fitness for the Job. Before undertaking the work of a superintendent of nurses, any nurse should be sure that she is adapted to this work. She should have a physique which will enable her to do long hours of work, emotional stability to stand the strain of incessant detailed work interspersed with important decisions involving delicate human situations; a disposition which will enable her to keep sweet and sane in the midst of arduous duties which are not confined to the usual office hours of the average executive. Long after her banker board president has locked his office desk, played his game of golf, and gone to his palatial home to his loving wife who looks after his needs, the superintendent of nurses is usually still struggling with nursing problems. When her hospital duties are over, she may go to her hospital meal served in hospital style in company with her associates who have also spent long, strenuous hours struggling with the same type of problems. Then she returns to the nurses' home only to listen to more problems,
make more decisions—all relating to nurses, patients, and pocketbooks. And so to bed with the telephone by her bedside in case she is needed during the night. As one of our beloved leaders once aptly expressed it: "When I put on my pearls I am the professor's wife. Before I put them on I have spent a long day being the professor and after I remove them I shall prepare for being the professor the succeeding day."

A person who aspires to be a superintendent of nurses must not only have the innate ability to do this work but she is also obligated to become properly prepared for her duties before she assumes them. This preparation includes general and professional education at least as good and preferably better than her subordinates and it should include experience which has given her a practical working knowledge of her job. This training can only be gained by having actually done successfully most of the types of work for which she expects to carry the larger responsibility, viz: head nursing, supervising, and (if a school is included) instructing.

Conversely, the hospital executive has no right to select other than adequately prepared women for the position of superintendent of nurses. Our profession and the general public have suffered, are now suffering, from the fact that literally hundreds of young women have lost their courage carrying throughout their lives a sense of failure because they have been pushed into places where the demands were far beyond their ability to meet. And thereby the individual nurse, the patient, and society, are all the losers. I hope to see the time come when as carefully planned preparation is required for our superintendent of nurses as is required for public school teachers, physicians, dentists, and professors. No one employs a dental student who has completed a course in anatomy of the teeth to fill his teeth, yet it is a common practice to take a young woman who is prepared only to do bedside nursing and compel her to assume the responsibilities of the entire nursing service of a hospital. And then blame her because she fails!

II. Secondly, After assuring herself that she is in ability and preparation the person for the place, a superintendent of nurses should expertly administer and wholeheartedly identify herself with the objectives of the institution which she serves. Expertly administering includes: studying the needs; making, submitting and executing plans; organizing, centralizing and decentralizing; coördinating; coöperating with other departments; keeping her superior officers informed of her plans and achievements. It also requires selecting, teaching, and developing workers, providing them with proper tools with which to work, delegating duties and authority. As Theodore Roosevelt once said, "To have
sense enough to choose good men and women to do your work and self-restraint to keep from meddling is an essential to be a good executive."

III. The superintendent of nurses has a responsibility to society which is greater than her duty to the particular institution and profession which pays her salary. Just as the doctor who is called to care for a case of typhoid feels quite as responsible to the community as he does to the individual patient so should the nurse executive feel a sense of obligation to society. Furthermore, the final value of a thing lies in its contribution to the good of society as a whole now and in the future. To have produced an effective and economical nursing service for the benefit of a local group at the expense of the health and future of the workers, especially young women learning a profession, is to have built a dangerous machine.

We superintendents of nurses can well bow our heads in shame when we look at the numbers of graduate nurses who are unemployed and unemployable. Unemployable because they have tuberculosis; because they have not been prepared to do the needed nursing work; because they are temperamentally unsuited to nursing; because we have worked them such long hours that they have lost their perspective on life; because they have been erroneously encouraged to think that they are the stuff of which good nurses are made only to go out and face, alone, their failures. So our final responsibility is to look beyond the immediate needs of both patient and nurse and see whither we are all going; to keep in touch with social, political, economic and professional trends, and to contribute toward studies regarding these trends is a duty of every professional citizen including a superintendent of nurses. Specific data, conclusions, predictions, and recommendations affecting her particular group should be duly interpreted to those who finally determine the policies and projects of the institution which she serves, thus giving them better understanding of the problems which so vitally concern us all.

To summarize, the superintendent of nurse’s outstanding responsibilities to the hospital are that, (1) she should assume only such duties and responsibilities as are within her ability to perform reasonably well—her ability as expressed in her physical, emotional and mental health, her education and experience; (2) she should enter wholeheartedly into the spirit of her job—build, perfect, and run the machinery of organization so that she delivers the goods—viz., patients well nursed by a happily functioning personnel; (3) she can best serve her hospital if she also assumes her larger obligations to herself, to her profession, and to society at large with an eye to the future as well as the now. It
also includes keeping in touch with and helping to contribute to social and professional studies.

If she can direct along these lines her wants and activities she can satisfy them and serve her institution and her community well. And to paraphrase our opening verse it may at some future time be said by those whose lives are influenced by her that,

"Because the queen and counselors kept sane my love and I
May surely make a happy life before we come to die."

The Chair declared the meeting adjourned.

**General Session**

*Tuesday, June 13, 8 p.m.*

Presiding: M. Helena McMillan, R.N., Director, School of Nursing, Presbyterian Hospital, Chicago, Illinois.

**THE PLACE OF THE TRAINED NURSE IN OBSTETRIC PRACTICE**

George W. Kosmak, M.D., *Editor, American Journal of Obstetrics and Gynecology, New York, N. Y.*

There is no branch of medicine in which the services of the nurse have come to be considered so essential as in obstetrics. From time immemorial women in labor have felt the need of those ministrations in their hours of trial which only the skill and sympathy of another woman could supply. And in the course of time, when it was felt that practical assistance was needed as well as sympathy, the introduction of the midwife may be looked upon merely as a further development of these more simple functions. Nurse and midwife were synonymous terms for several centuries, and then there came a period when the care of those afflicted with illness and injuries in general developed into a profession, the beginnings of which may be related to the appearance on the scene of Florence Nightingale and her successors during the middle of the last century. After this the midwife and nurse again resumed their respective vocations, especially in European countries. However, special methods were found advisable for training women in obstetric nursing *per se*, either as assistants to doctors, or to carry out certain specific work in maternal and infant welfare activities.

In countries where midwife practice was finally superseded by that of the physician, the trained nurse, as we know her, was given definite
instruction in obstetrics to enable her to take on those functions which could not be properly carried out by the doctor. Accordingly, courses of instruction were developed in our hospitals in which theory and practice claimed almost equal attention. The shortcomings of some of these teaching methods have been widely discussed, as the importance of the nurse in obstetrics became more clearly recognized. The medical profession itself had in time to make acknowledgment of its lack of interest and responsibility in formulating ideas of what the trained nurse should actually know about obstetrics. As a result numerous textbooks on obstetrics for nurses were written by physicians and others, but a criticism which may be applied to them, with few exceptions, is that they present the needs of the medical student rather than those of the nurse. And there is a nurse’s point of view which must be taken into full consideration if satisfactory relations are to be developed between the doctor, nurse, and patient. Such stabilization of interests has been attempted by various agencies, the most recent of which perhaps is that of the White House Conference Committee on Nurses and Nursing Attendants. This Committee frankly stated that it would be of importance to know what is being done in this country today to train nurses in obstetrics and then to note whether this is adequate and what changes, if any, are demanded. In other words, what should the trained nurse know about maternity care? The latter ought to be the same the world over. A prospective mother needs medical and nursing supervision, care, and instruction during pregnancy, she should have an aseptic delivery by a competent physician or perhaps a midwife, and this responsibility should not cease until she and her baby have taken their places in the community as normal, healthy individuals. In all of this nurses bear an important part, both individually and collectively.

In order to learn how much nurses really know about maternity care, the Committee on Nursing Education of the White House Conference undertook to secure this information by submitting two questions to several groups of nurses. These were as follows: (1) State what you consider constitutes complete care for a mother from the beginning of pregnancy until the baby is six weeks old, and (2) How can maternal mortality be prevented? The groups of nurses selected included private duty nurses, recent graduates taking the State Board examinations, and nurses taking postgraduate courses in public health nursing. Sixteen hundred and twenty-two nurses returned answers to these questions, and while this group represents a very small proportion of all the nurses in the United States doing obstetric nursing, it may be regarded as fairly representative of the whole number. Taking it all in all, the
replies were rather unsatisfactory. Of course we must not judge the capacity or capability of a nurse from such a formal examination. Yet we may accept the result as indicative of the fact that in so far as the academic part of their training is concerned it will probably need revision. The Committee felt that there was no escape from the conclusion that nurses as a class are not fully appreciative of what adequate maternity care means. A grouping of the replies showed that about eighteen per cent considered a physical examination followed by continuous medical supervision during pregnancy as an essential element of adequate maternity care; about eight per cent mentioned pelvimetry; twenty-four per cent blood pressure; about twenty-five per cent an aseptic delivery, and a comparatively small number referred to postpartum care and postpartum nursing. The answers seem to reveal very little understanding of the value and significance of the individual procedures employed in obstetric practice. The question about preventing mortality was not answered at all by a discouragingly large proportion of these nurses. As a matter of fact, few of them replied in a way to indicate that they had any real knowledge of the causes of maternal mortality or of the means of reducing it. Some had no idea what the question meant and some of the answers were amusing. Certain nurses frankly admitted that they did not know how prevention was possible; others "by belief in God"; "by better obstetrics"; "by enforcing the Volstead Act"; by "birth control"; and one thought it was already so low that nothing more could be done about it.

From this may we assume that nurses do not really know that many puerperal deaths can be prevented and that obstetric nursing plays an important part in such prevention. The preventability factor in obstetric practice has been shown by careful studies to be a large one; estimates vary from forty to sixty per cent, which means that the high puerperal mortality of this country is a national problem challenging all the obstetric attendants, not only physicians but nurses and health workers who come into contact with pregnant women. A significant fact brought out by these questions was that nurses taking postgraduate courses in public health nursing answered the questions better than the other groups, and that private duty nurses did better than the new graduates,—in other words practical experience counted.

It may be claimed, and with some degree of justice, that examination questions constitute an unsatisfactory estimate of ability, yet they constitute one means of testing knowledge. If nurses are unable to explain how to care for pregnant mothers, the task of teaching the public itself is even greater than we had assumed. Furthermore, nurses influence patients and their friends, and what can be worse than influence based
on ignorance of the fundamental essentials of this important branch of a nurse's equipment. If the pupil graduating from a hospital fails to show that her training has been sufficient, then we can only regard a certain amount of postgraduate instruction as essential to a nurse who sets out to take care of obstetric cases. Perhaps our teaching is at fault and that we emphasize the "how" of our hospital routines at the expense of the "why." To do intelligent work nurses must be made to think as well as to act.

It may be appropriate at this point to refer more specifically to the position which obstetric training assumes in the hospital curriculum. Consideration must be given to the fact, and it constitutes an unfortunate admission, that schools of nursing have been established in hospitals in this country primarily to provide nursing service, and it may be stated, without exaggeration or intended offense, that the preparation of nurses for work in the community after graduation is a secondary consideration. The nurses' time in the hospital is often arranged to meet the needs of the hospital for nursing care rather than to secure for each student a balanced and complete experience in nursing. It may be that in our present scheme of hospital management there is no other course possible, for we have a similar state of affairs as regards the work of the young physician, where, even to a greater extent, internship provides for medical service at little cost to the institution. It is true that the educational value of hospital contacts is immeasurable, but the medical profession has already realized that it has responsibilities towards the young physician which are not being met by the present system of educating interns.

The labor entrusted to the nursing staff of a hospital is enormous and numbers therefore play an important rôle in the upkeep of the nursing work. In order that such numbers may be maintained it is necessary that numbers be graduated, and so we have a resultant profession with many practitioners;—too many in one place, too few in another, and, in the final analysis, dependent largely on the munificence of private patients to be secured at a later time. The nursing profession is overcrowded, just as is the medical, not only overcrowded but poorly distributed.

And may I be permitted to inject here a few references to a pertinent issue? It is hardly possible to discuss the relation of the nurse to any phase of medical practice without bringing into the discussion, the so-called economic side of the picture. For the public will say, granted that we must have better trained obstetric nurses, how shall we meet the cost? Of course that is a paramount question and of particu-
lar import at the present time when depression and its consequences seem to rule the world.

The Committee on the Costs of Medical Care has but recently published its pronouncements in the form of both majority and minority reports. Nurses as a group are perhaps unaware to what extent their interests are involved in the recommendations proposed. These have a pronounced tendency towards that socialization of medical service which should be approached with much caution by those who are concerned with the care of the sick. Many of these schemes have an appeal which is difficult to put aside, but where no underlying purposes can be uncovered, they are apt to be guided by the heart rather than by the head. Other countries have tried voluntary insurance schemes against the costs of illness which frequently failed and then were usually succeeded by those of a compulsory character. Such a system, with its many ramifications, means the introduction of bureaucracy, it means the mass treatment of patients, it tends eventually to lower medical and, consequently, nursing standards and ideals. Nowhere would this be felt more than in obstetric practice, for, as in Germany, when deliveries are compensated for by the character of the operative procedures, the latter are found to increase in number and such increase is apt to be to the corresponding detriment of the patient. And into this bureaucratic scheme, administered as it usually is by political groups, the nurse would be drawn; her individualism, her sympathy, all the qualities which make her helpful and desirable, would gradually be swallowed up in this huge machine. Nurses as a group should therefore consider most carefully what compulsory health insurance and similar schemes may mean to their future existence and progress before lending their approval to the same.

My personal experiences with training nurses in obstetrics has made me feel that much must be done to balance their education. It is a strange thing that in my own state, up to a comparatively recent date, a one-year high school course was all that was required of a girl who undertook to become a trained nurse. The inconsistencies of such inadequate preparation were well shown in the absolute lack of common, everyday knowledge which pupil nurses in hospitals should have had before undertaking theoretic instruction which was far beyond their ability to absorb and apply. I believe that this lack of preparation has resulted in such inadequate thinking as gave rise to the answers to the questionnaire prepared by the White House Conference Committee. In other words, fertilization at the root was made secondary to sprinkling the leaves of the tree. Without an adequate and firm root structure a good growth of branches and leaves is impossible. Perhaps
I differ in my belief for the simplification of nurse training from some of my colleagues in the nursing profession. However, I would venture the opinion that the generally accepted curriculum is overweighted with attempts to teach practically all branches of medicine with a degree of detail which is not only unnecessary but produces a state of confusion in the mind of the average pupil which detracts from the real purposes of her training. And this applies in particular to obstetrics. The exercise of such mental qualities as quick observation and ability to deal with emergencies is more dependent on a knowledge of the underlying obstetric facts and procedures than of the details of blood chemistry in toxemia, the histology and pathology of the generative tract, or the complicated fetal circulation. It is interesting to note that the National League of Nursing Education has admitted the need of a general all around high school course as the best foundation upon which to build a nurse’s training, but I believe it has yet to acknowledge certain simplifications in theoretic instruction.

Let me revert again to the matter of obstetric training for nurses. I am not prepared to go into the details of this teaching, but there is one fact of vital importance, namely the need of competent teachers. The survey made by the White House Conference showed among other things that there is a lamentable lack of sufficiently trained supervisors in the delivery rooms, wards, and clinics of various hospital services which aim to teach this branch. Less than one-half of the instructors had any postgraduate experience in obstetric nursing and apparently few had teaching experience. In about ninety-five per cent of the schools examined, the theoretical instruction includes ten lectures on obstetrics as such, which were given by an obstetrician in only seventy per cent of the number. Ward service was less than three months in sixty per cent of the hospitals which answered the Committee’s questionnaire. The student’s experience in the delivery rooms was usually that of a scrubbed assistant and in only a small number of the schools (fourteen per cent) was she afforded an opportunity actually to manage even one labor, which would give her some idea about what to do in the emergency delivery which almost every nurse is liable to meet with in her subsequent career. Antepartum and postpartum clinic attendance is likewise neglected in many hospitals, and home deliveries or instruction of mothers is taught, if at all, in an incomplete fashion, incommensurate with its importance.

Unsatisfactory conditions, according to the same Committee, exist in approximately sixty-five per cent of the schools but the lack of proper teaching need not be placed entirely at the door of the nursing staff; the medical instruction, responsibility, and participation in such is also
deficient. Lectures and practical demonstrations should be given by well-qualified attending physicians who have had sufficient clinical experience, rather than by the junior attendings or members of the house staff, whose estimate of a nurse's needs is measured largely by the medical student's point of view. The medical profession can only be made to realize the importance of this matter when the value of obstetric training in general becomes more widely recognized. American hospitals are acknowledged as among the finest in the world, especially in so far as the outlay of money for buildings and similar equipment is concerned. I often marvel at the elaborate hotel-like structures provided for the nurses. This probably is good publicity for securing pupils but it has seemed to me that a similar outlay expended in the direction of a properly-salaried nursing staff might, in the end, secure better results for all concerned. Period lounging rooms, swimming pools, and sun parlors are very agreeable and pleasant features of a nurse training scheme but they contribute little or nothing to the making of good nurses. This may appear a broad statement but a similar criticism is being developed towards hospitals in general in the United States, where a display of buildings and accessories often plays a more important rôle than the status of the medical practitioners who work within these same walls. And so we must come to a point where fundamentals in training will again constitute the foundation stone of the structure upon which good nursing practice will rest. I feel that the environment and methods of many modern nurse training schools have done much to separate the pupil from that normal, human relationship with the patient which is just as essential to her as it is to the recently graduated doctor.

It is most important that a pupil nurse be kept in intimate contact with her patient, and especially the maternity patient;—she should follow her, in so far as this is feasible, through the antepartum clinic, the crying-room, the delivery room, and the postpartum ward. The word "patience" should be made to loom large, particularly in the labor rooms, and normal physiologic labor should be made to assume an interest and importance equal to that of version and cesarean section. Until we can base a nurse's, as well as the doctor's knowledge and experience on the elementary and accepted principles of obstetrics, we need expect little improvement in our maternal mortality figures. For I can only repeat what I will refer to again later on, that conservatism must become more firmly impressed on the doctor and the public, because untimely interference with the natural forces of labor, resort to short cuts in delivery by means of operative procedures and routine practices of various kinds, have contributed more to a high maternal and fetal
mortality than have all those accidents of labor over which unfortunately we have little or no control.

Perhaps you will ask, what has the nurse to do with these problems? I believe she can exert much influence on both individual patients and the community, if she will impress them during the course of her work with the desirability and safety of physiologic labor. By extending her moral support to the woman clamoring for instrumental delivery or immediate relief from pain, by using her knowledge and skill to make such patients as comfortable as possible, she may do much to stave off that ready and often uncalled for resort to operative delivery which has contributed so largely to our high puerperal mortality rates. Nurses have a great personal influence, particularly on obstetric patients, and are thus in a position to contribute to that peace of mind which is so necessary in a prospective mother.

The field of activity in obstetric nursing has been gradually extended and modified in recent years. To private duty nursing as originally conceived, there has been added hospital nursing, various visiting nurse schemes, and other functions. Among these, the extension of public health nursing has made demands on the nurse for which apparently she has not always been sufficiently or satisfactorily trained, if we are to judge by the conclusions of this same White House Conference Committee. That this need is an evident one is shown by the special courses in this field which are offered by various institutions. In so far as private duty nursing is concerned the nurse stands in close personal relation with the patient and her physician and her activities therefore are necessarily limited. These limits are expanded of course in hospital practice, but it is in the field of public health nursing that greater requirements have been found necessary. It is here where the newer relations between the nurse and the medical profession have been largely extended that sometimes constitutes a source of conflict. The participation of the nurse in public health work is most important, especially in view of the efforts now being made to improve maternity care by bringing prospective mothers into earlier contact with physicians and hospitals. A great deal of the preliminary work in educating the patient and her family with reference to the responsibilities which they must assume,—the mother's hygiene during pregnancy, her home surroundings, and the preparations for the new baby, have been delegated to the nurse, and not only this, but the preparations for labor and the subsequent care of the mother and baby are also referred to nursing organizations in many instances. All of these increased responsibilities have called into question therefore the present-day methods of training nurses for obstetric practice.
A careful survey was made by the White House Conference Committee which dealt with this problem, the results of which will repay further study. The general conclusion reached by the Committee was that the teaching for such advanced work is inadequate and that, among other things, obstetrics is not regarded in many places as a part of the fundamental education of nurses. Therefore, improvement in the teaching of obstetric nursing is dependent either upon correcting conditions which affect it unfavorably in schools of nursing, or upon devising some means for teaching obstetric nursing as a postgraduate subject. In fact, the Committee felt that such intensive training was essential before nurses should be permitted to care for maternity patients. Of course this may call for a revision of the hospital curriculum and it would seem appropriate for organizations which have interested themselves in the matter of nursing education to take up and consider more fully this subject at an early date.

Community health organizations have come to realize the importance of the satisfactorily trained visiting nurse in the successful carrying out of their activities, and maternity work constitutes a very large element of the same. Such nurses in particular therefore should be thoroughly grounded in the principles of obstetric practice in order to be of the greatest value to the communities in which they work, and with it must go a better knowledge of the principles of public health nursing.

I want to make use of this opportunity to direct attention to another field of endeavor in which the trained nurse may find a most desirable outlet for her future growth, and, as the venture is rather new in American medicine, I believe it would be of interest to describe what has already been done. I refer to the graduate trained nurse as a midwife. This is scarcely the time and place to go fully into the midwife situation but we may note that, according to available statistics, between eight and ten per cent of the births in this country still are attended by midwives. In many, I may say in most localities, these women practice without adequate supervision or regulation. They are largely graduates of foreign schools, although this is not universal for, particularly in the South, the right to practice midwifery is granted practically to any person, male or female, upon the payment of a small license fee. Regulation is not only desirable but essential. American physicians must be made to develop a new and more liberal viewpoint as regards the midwife. There are men who feel that midwife practice may overcome some of the much criticized features of obstetric practice which characterize our maternity statistics. In looking about for a possible solution of the deficiency they have come to the conclusion that nurses trained in midwifery could either practice as such or supervise the existing midwives with good
results. The former has been satisfactorily demonstrated by the activities of our Frontier Nursing Association under the able leadership of Mrs. Breckinridge, who has done so much to stabilize and improve the maternity work in the mountain districts of Kentucky and Tennessee. Mrs. Breckinridge, however, found it necessary to go abroad for her midwife practitioners, although it is a pleasure to record that a graduate of an American school now has been enlisted in her ranks. Although the extent and perhaps the need of midwife practice is acknowledged by most of our states and there are numerous laws to control and restrict her activities, these are about as effective as the provisions of the Eighteenth Amendment. In other words, while most states recognize the existence of the midwife, little or nothing has been done to throw a mantle of respectability around her work. As already stated, she presides at ten per cent and probably more, of the confinements in the United States, and while some of her work is good, much of it is abominably poor. A great deal of her former practice has drifted to the hospitals with an outcome none too good if we are to judge the final results shown in certain puerperal mortality studies. There is a large segment of our dependent, indigent class which will be better off with home confinements in charge of capable, well-trained and supervised midwives than under our present scheme of being herded into crowded municipal hospitals, treated en masse and in many instances given little chance of exercising the powers of expelling the child which nature has granted them. And in this scheme of modern midwife practice there is a need and a place for the trained nurse midwife as an actual practitioner, as a teacher, or as a supervisor employed by public or private agencies. There is also an opportunity for this new group of midwives to practice with physicians as expert assistants in home confinements of patients who have previously been determined as probably destined to run a normal course. The development of such an improved midwife scheme will have to go forward slowly and carefully. The medical profession must be converted to the favorable aspects and convinced of its importance in a concerted effort to reduce the maternal mortality rate of this country. It means that the unqualified midwife practitioner, white or black, must be supplanted. It means that efforts must be made to line up, as already done in New Jersey and Pennsylvania, those midwives in practice, who are willing to keep abreast of the times with refresher courses provided by public or private agencies. It means actual supervision of midwife work by thoroughly qualified trained nurse midwives. Of the latter there were none in this country until the Association for the Improvement of Midwife Training of New York undertook the task recently at the Lohenstine Clinic. It may be of interest to make a further brief
reference to this venture which has been operating in a thickly populated area in upper New York. With funds secured by Mrs. E. Marshall Field as a memorial to the late Dr. R. W. Lobenstine and sponsored by a group of physicians, an outdoor obstetric service was started in February, 1932. Staffed by a resident physician, a certified British trained midwife, and a group of attending obstetricians, a ten months' training course of which four months are devoted to public health nursing at Teachers College, is given to registered nurses in small groups. The pupils live in the clinic building but conduct the deliveries under medical supervision in the homes of the patients. The latter attend regularly an antepartum clinic and if any abnormalities are noted which might lead to trouble in labor, the cases are referred for delivery to one of the group of affiliated hospitals. In this way the limitations of midwife practice are thoroughly impressed on the students, who are taught primarily the desirability and importance of normal, physiologic labor. Scholarships for public health nurses and others have been provided very generously by the Rockefeller Foundation. Over 200 women have been delivered by the staff and the pupils with no fatalities or accidents, with a very low morbidity rate.

I would like to believe that in the course of time the well trained midwife will assume in the United States a status similar to that which she holds in certain European countries. The public and the medical profession will have to be convinced that improvement in our puerperal death rates must come about and that this is one of the ways in which it can be accomplished. And in this accomplishment the trained nurse-midwife will play an important part, for she will find here an outlet for her numbers, her ability, and her energy if she approaches the problem in a sane fashion, free from prejudice and misconception.

The development of nursing as a profession is a comparatively modern affair. The function of midwife and nurse were combined for many, many centuries, but it is only a hundred years ago that a Lutheran minister in a little German town conceived the idea of training women to care for the sick. Acting on this impulse, Theodore Fleidner opened his parsonage to the discharged female prisoners of the neighboring jail and with the help of his wife instructed them in how to look after sick people. From this beginning the German order of deaconesses developed and today the term "Schwester" or "sister" is still the recognized term for the trained nurse in Teutonic countries. It was in Fleidner's school that Florence Nightingale received her instruction, and in 1854, when the Crimean War broke out, she took a group of English women similarly trained, to the barrack hospital at Scutari. In the face of bureaucratic regulations and prejudice, she quickly wrought a lasting
impression on the soldiers and officers through the skill and sympathy of her attentions to the sick and wounded. This finally made itself felt in England and swept away opposition and previous indifference. The Nightingale Fund of £50,000 was raised by subscription and the first recognized English school for nurse training established in 1860 at St. Thomas' Hospital in London. From this beginning the idea soon spread that the more or less incompetent servant group of hospital nurses was no longer to be tolerated and had to be replaced by those efficient women who, as has been so aptly stated, "helped the patient to live." The mainstay of this new system was cleanliness, and this same cleanliness was the basis of those epoch-making advances in surgery with which the name of Lister is so indelibly associated. For without Lister's application in a practical fashion of the discoveries of Pasteur and others, perhaps we would have been content with the simple knowledge of the contagiousness of puerperal fever which was imparted to us by Holmes and Semmelweis and would not have accomplished the numerous obstetric operations by which many lives have been saved. For obstetrics owes much to that first principle of successful surgery,—cleanliness, as enunciated by Florence Nightingale, to be followed by the recognition of bacterial organisms as the cause of infection where such cleanliness was neglected or failed of attainment.

I have stressed this subject because I feel that the nurse's participation in the maintenance of surgical cleanliness is the most important technical detail which is concerned with her work in obstetrics and for which she must never lose respect. These words may appear trite and superfluous in view of the now widely accepted knowledge of the subject, but the fact remains that perhaps 25 per cent of our puerperal deaths are due to sepsis, and there is evidently need to remember what Florence Nightingale and Lister taught. Adherence to the principles of cleanliness must be the anchor sheet of the nurse's participation in obstetric procedures as it should be that of the doctor's. A knowledge of the underlying principles by which this can be secured is the most valuable asset which the pupil nurse can carry away with her when she has completed her hospital training, for the failure to observe these principles may spell disaster to her patients.

It is possible that in the future the status of a nurse who cares for obstetric patients must be more closely defined and perhaps differentiated. I have no desire, however, to interpret this viewpoint as a further tendency to specialization. We have been surfeited in medicine with overspecialization, perhaps to the detriment of medical practice as such, but the care of the pregnant woman may have to be made more perfect from the nursing as well as the medical aspect, if we are to obtain better re-
sults in our puerperal mortality rate than we have in recent decades. For the progress of scientific obstetrics, if we may so regard it, has not been accompanied by an equally satisfactory improvement in the practical application of this theoretic knowledge. A death rate, for example, from sepsis hemorrhage and shock which has remained almost unchanging for over twenty years, calls for explanation. I fully realize that the nurse may claim that she has done nothing to merit criticism or fault finding in this respect, but have we not failed by our courses of instruction in impressing the nurse with an "obstetric conscience," just as we have the doctor? It seems to me that the two professions must work hand in hand. Educators have admitted the need for more effective teaching of both the medical student and the recent graduate, in obstetric art as well as in obstetric science, so that the gravity of the major obstetric procedures will be duly appreciated. And so we may find it necessary to stress in the nurse's mind the importance of natural labor and a better knowledge of what contributes to normal pregnancy, labor, and puerperium, rather than fill her head with the details of obstetric physiology and pathology, or to make her anxious to witness from the gallery seats of the amphitheatre the marvels of delivery by cesarean section. I doubt whether this reform can be accomplished during the comparatively brief space allotted to obstetrics in the average hospital curriculum, in which such a large proportion of a nurse's efforts is spent in nonnursing activities. Possibly, therefore, as brought out in the White House Conference Report, we may need to restrict obstetric nursing to those who have had some adequate postgraduate instruction. If this is done, and if the responsibilities of the obstetric nurse are properly stressed, then perhaps we can bring the medical profession to a similar point of view regarding its own graduates.

This may appear as an impractical although ideal situation and I may be accused of being both impractical and idealistic, if I dare to suggest, as I have already intimated, that a midwife and an obstetric nurse be regarded as synonymous terms. But from what we can witness all about us, of the lengths to which certain radical tendencies and obstetrics seem to lead, this may in time prove necessary in order to curb that evident incompetency of medical practice which has led to so many abuses. And in this reform the nurse must take a leading part, even if it necessitates a complete change in the teaching of that important branch of medicine with which her services are so closely connected.

I have faith that this will come about. It seems to me that there is a growing desire to simplify, if I may use that term, the training of nurses along more practical and humanitarian lines, a desire which recognizes the fact that a nurse is not an embryo doctor but that she occu-
pies a position in medicine which is set apart from those functions which come more properly into the domain of the physician. This is not a departure from higher standards, rather it is an adoption and a recognition of the valuable services which the trained nurse can render to humanity. The statement has been made that there exists a tendency among the high councils in nurse training to "go it alone," independent of the doctor. Perhaps this is an exaggerated statement and I would regard it as most unfortunate, if true. For the good of the public it is essential that a spirit of cooperation with the medical profession should be the guiding influence in the development of the trained nurse of the future. As the two professions must work together, a feeling of respect and consideration one for the other should be the leading principle of their relations. As a physician who has been interested in and has acknowledged the enormous importance of the trained nurse in modern medical practice, and particularly in obstetrics, I esteem it a privilege to have been afforded an opportunity to express my deep sense of obligation to this body of devoted and conscientious workers who have done so much to advance the cause of human relations in the past and undoubtedly will continue to do in the future.

The meeting adjourned.

General Session

Wednesday, June 14, 9:30 a.m.

Presiding: Marian Rottman, R.N., Division of Nursing, Department of Hospitals, City of New York, New York.

COMMUNITY RESPONSIBILITY FOR ADEQUATE MATERNITY CARE

BY HAZEL CORBIN, R.N.

Director, Maternity Center Association

The development of life in this country seems to indicate that the community must shoulder the responsibility for the services that are essential to its well-being when they can’t satisfactorily be provided by individuals for themselves. So it has been with education, police and fire protection, sanitation and the beginnings of health protection. So it must be with maternity care.

In the last fifty years the concept of that care has grown from a physical service at the time of delivery and a few days’ rest afterward to supervision, care and help from the time the mother thinks she may be pregnant until a year after the baby is born. Good medical and nurs-
ing care in home or hospital are only part of all that is necessary to make maternity safe. They are not enough without sufficient food of the right kind, adequate rest and recreation, and help with such social and economic problems as family maladjustments, distorted mental attitudes, habitual emotional disturbances, inadequate incomes and anything else which interferes with the normal progress of pregnancy, labor and puerperium. And such care is far beyond the power of the individual family to provide for itself. It requires that coordination of all the health, social and recreational resources of the community which will best meet the needs of each individual patient.

As yet, communities have assumed very little responsibility for making adequate maternity care available for all who need it. Many different types of official and nonofficial agencies and many individuals have given care to maternity patients. Some attempt has been made by many communities to control the practices of the agencies and to regulate the preparation and practice of the doctors, nurses and midwives who care for maternity patients. But the White House Conference reports and the recent study of maternal deaths by the Federal Children's Bureau have shown this regulation to be insufficient to assure good care, and the facilities inadequate to meet the need. Many women have had poor care. Many women have had no care. Very few women have had care that was adequate.

We stand, today, as a nation, where we stood twenty years ago with a maternal mortality rate that is admittedly three times as high as it should be—even as it could be if the knowledge we have about the needs of the maternity patient were applied in the care of every mother.

In the light of that situation, it is obvious that individuals have failed to provide for themselves the services that are necessary for adequate maternity care and communities have not yet taken on that responsibility.

No one questions that safe maternity is essential to the well-being of every community. The mother is herself a citizen of value. The future of the child, in the present organization of society, is influenced favorably by the survival of his mother undamaged mentally, emotionally and physically, by his birth. Theoretically, then, there is good reason why the community should assume the responsibility for making adequate maternity care available for all who need it. Is it a practical possibility? What precedents or traditions are there to support or hinder its accomplishment?

Education was one of the first services of value to the individual that was made available to all because it was essential to the well-being of the community. Today it is taken for granted that public money will be appropriated to provide educational facilities not for those below the
self-support level but for every resident who desires to use them. A minimum of education is compulsory but people are free to use private schools and tutors here or abroad when they prefer and can afford them. The community, furthermore, appropriates money for the education of teachers and licenses them to teach after they have demonstrated that they can meet certain requirements. Educators tell us that the system of public education is far from perfect. Undoubtedly there is room for improvement but it meets the first test satisfactorily in that it has reduced illiteracy. If we can accept the various studies of earning power in relation to education, it has at the same time increased and distributed the individual wealth of the community.

The spending of public money for health protection through a service to individuals has come much later. First there was disease prevention through community sanitation, then isolation of infected individuals who were a menace to others, then prevention of new infections by immunization of individuals, and now health supervision and instruction from the prenatal period on by periodic examination and teaching of the individual. Disease prevention has expanded into health protection. The daily hygiene of the individual, his nutrition, his mental attitudes and emotional habits, influence his health and that of the community, just as surely as do community sanitation, the quarantine of the infected individual and the immunization of individuals against epidemic diseases. And so we have communities assuming the responsibility for health departments that conduct clinics and classes and for health services and health education in the schools as well as for the distribution of health literature on a wide scale.

As soon as health work included a direct service to individuals, it was subject to two restrictions that have seriously limited its community-wide value. First, the services rendered to individuals must be preventive and educational only and be kept entirely separate from curative work of any kind. Education had been accepted as a community responsibility, so had the prevention of disease that endangered others, while the general care of the sick remained the concern of the individual family. So disease prevention through education was no new departure. It was simply a more logical method of work that became possible with the increase in knowledge. To include the care of the sick seems the next logical and inevitable step for all adequate care of the sick prevents further disease and so promotes the health of the group even when it cannot restore the sick individual to health. Sickness care is, therefore, an integral part of the health protection of the community. Any attempt to continue to keep the parts separate by division of either respon-
sibility or work is artificial, uneconomical and not in the best interests of the community as a whole.

Second, with the exception of the health supervision in the schools and the health literature, all health service to individuals in many communities is available only to those in families below the self-support level. And that, in spite of the fact, that the whole community pays taxes directly or indirectly and the money to pay for the work is appropriated from the tax money. Furthermore, these health protective services are way beyond the individual purchasing power of most families, who are otherwise self-supporting, when they must be purchased as individual services from individual private physicians.

This restriction probably would not withstand an enlightened public opinion bent on promoting the community responsibility for a complete community-wide health protection service. If the community's provision of educational facilities for all who care to use them has not destroyed individual freedom and initiative, why heed longer that time-worn objection to including the care of the sick in the health protection work for which the community assumes the responsibility?

And how does this organization and administration of community health services affect the care of the maternity patient?

First, the health literature teaches that every pregnant woman needs continuous medical care from the beginning of pregnancy until the baby is a year old; that the baby needs continuous medical supervision until he goes to school; that most families need help and instruction so as to plan the family life in a way to give the mother and baby all that they need without interfering with the rights, privileges and pleasures of the other members of the household. If the family is ordinarily self-supporting the mother can't get any part of this care from a community clinic or class; very few can pay the cost of care from a private physician qualified to give it or even a privately endowed hospital dispensary. What of the others—all the mothers who are neither poor nor so comfortably self-supporting that they can meet more than the minimum costs of existence? What of the peace of mind of the mother and father who see no way to get the care and help that they have been taught is necessary to give their baby his best chance? Has the community no responsibility for making this service available for all at a price which they can pay? Should not all residents share in the cost of the safe bearing of children as they do in many places in the cost of their education? Is the culture of their minds more important than the nurture of their bodies and the survival of their mothers?

Obstetricians are agreed that childbearing is a single process from the beginning of pregnancy until the cessation of lactation, and any
break in the medical care of the patient is a disadvantage. But the community health services seldom include the care of the patient during labor and the immediate puerperium. That phase of maternity care is thought of as curative or sickness care and kept separate from the community health service. And yet pregnancy is not a disease to be cured. It is a natural process that usually terminates satisfactorily when the health of mother and baby is protected from the known hazards of maternity and the strain of pregnancy and labor. That strain does not end when labor begins, nor yet two weeks later.

Every phase of maternity care is a health protective service to mother, to baby, and to community. That service is inadequate unless it is continuous, throughout the whole childbearing process. If the community can take the responsibility for giving any maternity care, it can take the responsibility for making all the care that obstetricians consider necessary to safeguard maternity available to all mothers. Inherent in this responsibility is the education and licensing of doctors, nurses, midwives, nutritionists and the other workers necessary to give the care. If the education of teachers is a community responsibility, why not the education of health workers, too?

The community, as an organized unit working through official governmental departments, assumes responsibility either by providing or paying for an essential service—or by regulating the service rendered by private individuals and agencies. The former implies a financial responsibility as well as a moral one, the latter implies only a moral responsibility. The financial responsibility cannot be assumed until the need for the service and the moral responsibility of the community is accepted by a proportion of the members of the community great enough to endorse and support the appropriation of tax moneys to provide or to pay for the service.

So the first step in the development of community responsibility is the education of the general public in the specific subject.

Before the community will assume the responsibility for maternity care the general public must become informed about the maternity situation in this country. Men and women must be taught that the maternal death rate is higher for the country as a whole, than it is among women who have had care that is considered adequate. They must know what the hazards of maternity are, what adequate maternity care is, and why it is necessary. They must understand the obstacles to be overcome before the facilities for adequate care can be made available to all mothers. One essential element in that education is good care, and the careful explanation of the reasons for every procedure.

The family of every maternity patient should be taught about her
needs and about maternity care in general. Her care is improved when her needs are interpreted to her family.

The qualified nurse in her hours of contact with the patient and her family has a great opportunity to reduce the widespread ignorance about the needs of the maternity patient. Their interest is keen and interest stimulates learning. The influence of the nurse is almost immeasurable. Her responsibility is to give authentic information—to keep herself informed of the why as well as the how of every new treatment, procedure or development in the whole maternity situation in relation to public health.

The young woman entering a school of nursing is usually a minor. She has little consciousness of her opportunities and responsibility as a citizen. For three years she lives a guarded life full of nursing responsibilities but quite devoid of community activities or obligations. At the end of this period she emerges into the community a nurse and a citizen. For economic reasons her nursing duties are of primary importance and her responsibilities as a citizen are seldom fully assumed.

We take for granted the benefits that come to us because of community organization. Do we as often take for granted our obligations as citizens? Community activities follow public opinion. Is the nurse careful to have informed opinions or is she satisfied with mere prejudices? Does she examine current practices and traditions to learn why they are what they are and whether or not they are sound in the light of present knowledge? Does her so-called loyalty blind her to possible shortcomings in her own training, her hospital or organization or even of physicians? Does she register her opinions? Does she work for her convictions? Does she give to the community something for the advantages she enjoys? Is not the nurse who knows the needs of the maternity patient morally bound to help create a public opinion that will overcome the obstacles in the way of adequate maternity care for all who need it at a price they can afford?

Something inherently wrong in our training or our thinking makes us question if we are the ones to try to improve a situation which involves so many other workers. Much can be done to improve the maternity situation even with inadequate facilities. Every nurse can learn exactly what the situation is in her own community: How many births there are each year; what the maternity mortality is; where and why the mothers died; what can be done to prevent similar deaths; how her own patients are a year after the baby is born; how effective her care and teaching was; what the facilities for care are; how they are used. When she really knows the whole situation she can do her share
along with doctors and the laity in creating a public opinion that will bring about the needed changes.

When Florence Nightingale went to Scutari she found conditions that were too terrible to describe and a mortality rate that was unbelievable. When she left she had established a nursing system, installed a water supply, equipment had been provided and the mortality rate had been cut in half and she had reorganized the time worn and inefficient system of the War Department. But that was not the greatest thing Florence Nightingale did. The greatest thing Florence Nightingale did was to change public opinion.

Changing public opinion is the job immediately ahead if maternity care is to be improved. What we need today is some more Florence Nightingales.

The meeting adjourned.

General Session

Wednesday, June 14, 2 p.m.

Presiding: Elizabeth C. Burgess, R.N., Associate Professor of Nursing Education, Teachers College, Columbia University, New York, New York.

The Nurse's Responsibility for Adequate Maternal Care

Anita M. Jones, R.N.,

Supervisor, Women's Clinic, New York Hospital, New York

Dr. George Kosmak, attending surgeon at New York Lying In, for twenty years, and at present, editor of the American Journal of Obstetrics and Gynecology, in a recent address said, "As we look straight into the face of the fact that almost half of the deaths in this country associated with childbearing have been found to be preventable, we cannot escape the inevitable question: 'Why don't we prevent them?'

The awakened physicians are trying to do something about it and are looking to nurses for help in solving many of the problems that thwart or block the physician in his plan for carrying out a program for adequate maternity care.

To know that physicians are willing to give us great responsibilities, and expect us to carry them, and to know that we carry with them a definite blame for the inadequacy of our present-day service, makes us pause and examine ourselves to see if we are prepared for the task.
Maternity care should be the same the world over. Whether the mother lives in the city or in the country, in a palace or in a hut, she needs medical and nursing supervision, care and instruction during pregnancy, an aseptic delivery under the direction of a skilled physician, and medical and nursing supervision, care and instruction until after she is able to resume her regular responsibilities and care for her baby. Physical surroundings and the attitude of mind of the patient and her family may differ but the actual care of the mother should be the same.

The Nurse's Part

The details of maternity nursing and the responsibilities the nurses have assigned to them will differ in different communities. Its breadth and depth will depend upon the available medical and nursing resources in the community, on the attitude and preparation of the doctor and nurse, and on the division of labor between them. Certain care must be given by the doctor, and under no circumstances delegated to the nurse, no matter how complete her knowledge of obstetrical nursing or even of midwifery.

Today, graduates of hospital schools of nursing are doing obstetric nursing in hospitals as "special," "head" or "staff" nurses, and in homes as "private duty," "hourly," "visiting," or "maternity and infant hygiene" nurses. In these various positions they are being asked and are expected to know how, to do any or all of the following:

Find pregnant mothers and teach them their need for medical care during pregnancy and persuade them to go to a physician.

Finding pregnant mothers early in pregnancy is no easy task. Methods need to be tried out and nurses can be the research workers. The birth of a baby is such an everyday occurrence. Few people realize that the margin between health and disease is so narrow during pregnancy that the maintenance of health can be assured only by continual medical supervision. Few mothers consult doctors until late in pregnancy and then, frequently only to arrange for care at time of delivery. Many do not see a doctor until they are in labor. Here lies at least one of the causes for high maternal mortality in this country. Expectant parents need to be discovered and educated as to the real need for medical supervision.

No nurse can attempt anything so difficult unless she herself knows obstetrics and, because of that knowledge, believes in the necessity for care for every mother and, because she knows how to teach, believes also that she can teach everyone the thing she knows.

Only when she has such a thorough knowledge and such a conviction can she gradually get all the mothers who come within her sphere of
influence under medical supervision early in pregnancy, and inspire the whole community with a sense of the importance of adequate maternity care.

The nurse’s duties may include (in caring for the individual expectant mother) any or all of the following:

1. Instruction during pregnancy in:
   (a) The mother’s hygiene—nutrition, rest, exercise, elimination, bathing, clothes, care of the breasts, care of the teeth, and how this hygiene may be fitted into the daily régime of the home.
   (b) The preparation for the baby, including clothes, bed, toilet supplies and the care of them.
   (c) The preparation of delivery supplies and a plan for the mother’s care when the baby comes and during the next few weeks.
   (d) The care of the baby; including bath, rest, exercise, food, habit formation and how the best daily régime may be secured without disrupting the family life.

2. Observing and questioning the mother to learn about symptoms and discomforts needing attention—including temperature, weight, simple urinalysis and measuring the blood pressure.

3. Studying the mother’s home surroundings and family relationships so as to discover, and help to solve, any problem which may disturb her peace of mind. This frequently means education of the husband, as well as the grandmother and father-in-law concerning the needs of mother and baby.

4. Knowing when and how to utilize community resources, to further the patient’s welfare, realizing a nurse’s limitations in solving certain medical and social problems.

5. Considering the health of every member of the family, teaching the fundamentals of personal and home hygiene and arranging for health examinations, the correction of defects, the following of treatment or advice.

6. Helping the doctor or midwife in preparation for and assistance at delivery.

7. Keeping the doctor or hospital informed by a detailed report, of findings, services, advice and apparent progress.

Each contact with the patient, whether she be in a home, clinic or hospital, must be part of a carefully planned scheme to carry the mother along, step by step, until at the termination of pregnancy she is not only physically competent, but in possession of all the helpful information she is capable of absorbing. The nurse should help see to it that the mother’s household is running smoothly, so that the mother can rest as long as necessary and resume her usual activities and increased responsibilities gradually and as the doctor advises. Then when the mother begins to care for her baby the nurse should explain again all those points, each so important, that the mother has been taught previously. She should then help the mother to plan her day’s work so she can have time for rest and other things and still give the baby the best of care.

Before the patient is dismissed she should be taught four things—
first, that she should see a doctor for a last examination that is so necessary to detect and correct at once, any bad effects of the pregnancy; second, that she has a copy of the baby's birth certificate and understands the reason for keeping it with her important papers; third, that the baby is registered with a doctor or clinic for regular health supervision and instructions until he goes to school; finally, that father and mother recognize that "an ounce of prevention is worth a pound of cure," and that regular health examinations for the whole family is that ounce of prevention which will reduce sickness to a minimum.

Giving nursing care means much more than doing urinalysis, taking blood pressure, asking questions, giving advice and bathing a baby and mother. It means finding and helping to correct the physical and environmental defects which may mar the happiness or destroy the peace of mind and the health of each individual pregnant mother. It means surrounding each mother and baby with an atmosphere of pleasant orderliness and calm security, because the family have learned to plan the care for the mother and baby as a routine and not as an emergency.

In an attempt to learn how nurses are being prepared for obstetrical nursing today and what they really know about maternity care, the subcommittee of the Committee on Prenatal and Maternal Care of the White House Conference, among other things, made a study of the nurse's knowledge about obstetric nursing in 1930.

In order to learn how much nurses really know about maternity care, the Committee submitted two questions to three groups of nurses.

The questions, chosen because they were comprehensive and avoided controversial differences of opinion about obstetric procedure, were:

1. State what you consider constitutes complete care for a mother from the beginning of pregnancy until the baby is six weeks old.
2. How can maternal mortality be prevented?

The groups of nurses selected were:

1. Private duty nurses registered in 1930 for obstetrical nursing in the ninety-three nurses' official registries.
2. Nurses graduating from schools of nursing in 1930 and taking the State Board examinations in the summer months.
3. Nurses taking postgraduate courses in public health nursing in nine universities in nine states and writing examinations in the summer of 1930.

The answers to the question about what constitutes complete maternity care did not contain any comprehensive statement of maternity care as a continuous medical and nursing service to mothers from the beginning of pregnancy throughout the puerperium. The nurses answered the question by listing the various items or the detail of that care and supervision. The lists were incomplete in almost every instance.
Nurses' Answers to Questions on Maternity Care

<table>
<thead>
<tr>
<th>Prenatal</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total answers</td>
<td>Aseptic delivery ..... 24%</td>
</tr>
<tr>
<td>Medical care</td>
<td>Delivery at home or hospital 21½%</td>
</tr>
<tr>
<td>Adequate medical care</td>
<td>Delivery at home ..... 3%</td>
</tr>
<tr>
<td>Care by obstetrician</td>
<td>Delivery at hospital ..... 25%</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Delivery by doctor ..... 11%</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>Delivery by midwife ..... 9%</td>
</tr>
<tr>
<td>Physical examination</td>
<td>Delivery by obstetrician ..... 5%</td>
</tr>
<tr>
<td>Pelvimetry</td>
<td>Nurse in attendance ..... 10%</td>
</tr>
<tr>
<td>Good personal hygiene</td>
<td>Prophylactic in baby's eyes ..... 4%</td>
</tr>
<tr>
<td>Good mental attitude</td>
<td>Medical care ..... 9%</td>
</tr>
<tr>
<td>Individual instruction</td>
<td>Nursing care ..... 5%</td>
</tr>
<tr>
<td>Care of breasts</td>
<td>Rest in bed ..... 22%</td>
</tr>
<tr>
<td>Nursing care</td>
<td>Postpartum examination ..... 17%</td>
</tr>
<tr>
<td>Father's part</td>
<td>Breast feeding ..... 12%</td>
</tr>
<tr>
<td></td>
<td>Medical supervision of baby 11%</td>
</tr>
<tr>
<td></td>
<td>Instruction ..... 17%</td>
</tr>
</tbody>
</table>

"There seems to be no escape from the conclusion that nurses do not know what adequate maternity care is." Those who answered the questions, almost without exception, seemed to be like the girl who visited the forest and complained that "She could not see the forest for the trees."

If these nurses had been asked to give their individual hospital's routine for a given procedure, results would have been more satisfactory. We emphasize the how of our individual hospital routine so often at the expense of the why, that our nurses do not learn to think, and they do not get the broader understanding that is essential if they are to act in the capacity of teachers.

The question about preventing maternal mortality was not answered at all by a large proportion of nurses. Very few of them answered it in any way to indicate that they had a real knowledge of the causes of maternal mortality or of the means of reducing it.

And so the committee concluded that, with few exceptions, nurses do not know that many of the deaths of mothers in childbirth can be prevented, that obstetrical nursing plays a part in that prevention.

It is significant that the nurses taking the postgraduate courses in public health nursing answered the questions better than did the other two groups and that the private duty nurses did better than the new graduates.

"Examination questions, are only one means of testing knowledge, but if we cannot expect nurses to be able to explain the care pregnant mothers need and why they need it, our task of meeting the needs of mothers is even greater than we thought it was." Among the recommendations for improving the preparation of the nurse for obstetric
nursing is this statement: "That this apparent lack of knowledge about maternity care among graduate nurses doing obstetric nursing be called to the attention of state and national nurses' associations, state and local departments of health and organizations concerned with the prevention of maternal mortality, and that they be urged to conduct institutes or other refresher courses for all nurses doing obstetrical nursing."

It would not be possible or desirable to discuss the work of various committees of the National League of Nursing Education that are considering ways of meeting our present-day need of adequate maternity care.

We all recognize that if our hospitals work out a more adequate service to the patient it will carry with it an opportunity for the better education of the nurse in giving that care. The student can not well be educated for a service, without such a service being available to the patients she serves.

One of the great difficulties lies in the inadequacy of the care given maternity patients even in the best of our maternity hospitals.

The results of a questionnaire presented to over 900 nurses attending maternity institutes in thirty-six states showed that ninety per cent of the nurses had never had prenatal experience which included instruction of patients concerning hygiene of pregnancy, preparation for baby or preparation for home delivery. In many, many instances, prenatal clinics were available, but a very small percentage of the maternity patients attended them regularly. Patients were not instructed and the nurse's duties consisted of getting the clinic set-up ready for examinations, care of the equipment, and getting patients in and out of examination rooms. The patients were not given an adequate service, as the hospital machinery had not been set up to give it. The nurses in such schools graduate without any appreciation of the continuous care of a pregnant woman, which should begin as soon as the woman thinks she is pregnant—and not be completed until the baby is born and the mother is all well as shown by the postpartum examination.

In a recent pre-test of graduates coming to a prenatal clinic for a month of experience, the following question was submitted:

"What is the purpose or aim of maternity care?"

The answers without exception were statements of the details of care, perineal care, daily baths, rest in bed, medical care, instructions in prenatal care, blood pressure and urinalysis.

There is need for every nurse to have a clearcut picture:

First, of what we are attempting to accomplish.

Second, what the essentials of that service are.

We all laugh when we ask a friend we meet on the street, "Where
are you going?" and she answers, "Oh, I don't know yet, but I'm on my way."

In nursing work we must know where we are going if we hope to arrive with speed and dispatch.

The undergraduate curricula in obstetrics is being revised. Hospital services are going to have to be revised too, to make possible the application of theory in supervised experience.

Postgraduate courses to make up deficiencies are being outlined, and attempts are being made to plan real postgraduate courses in obstetrics, for those eligible for advanced study.

The graduate nurse—who is doing maternity work, and who can not be spared to take a postgraduate course—or can not afford a postgraduate course—or who needs stimulation to take a postgraduate course, would be benefited by a refresher course or institute.¹

In the suggested outline for a refresher course, we have taken considerable time to review the nurse's part in the maternity program, the service she is expected to render, the responsibilities she is expected to meet. This discussion would not be complete unless we considered a moment what we expect the nurse to be.

When we study the curricula of our schools of nursing, and observe the student at work on our hospital wards, and compare this with the results we are getting from many graduate nurses, one is led to question the usefulness of a system that results in such apparent ignorance or indifference in the subjects taught. We too often teach a technique without proper emphasis on the principles involved. Care of the individual patient has not meant an understanding of the community environment from which our patient came.

We must strive toward a better balance between theory and supervised experience, in order to develop not only the technical skill, but also the humanitarian and professional ideals which will determine the spirit and attitude of the nurse.

To know how to carry out a given procedure has been the past accomplishment of our profession and to know why it must be done is yet another. To develop in the nurse a determination to see it done in spite of difficulty and resistance takes even a higher order of preparation and understanding.

Again quoting Dr. Kosmak: "As we look straight into the face of the fact that almost half of the deaths in this country associated with childbearing have been found to be preventable, we cannot escape the inevitable question, 'Why don't we prevent them?'" ¹

¹The outline of the Refresher Course as given by Miss Jones is published separately and may be secured through the Maternity Center Association, 1 E. 57th St., New York, N. Y.
From infirmity of purpose, from want of earnest care and interest, from the sluggishness of indolence, and the slackness of indifference, and from all spiritual deadness of heart, from dullness of conscience, from feeble sense of duty, from thoughtless disregard of consequence to others, from a low ideal of the obligations of our calling, and from all half-heartedness in our service, save us and help us, we humbly beseech Thee, O Lord.

Conference

Wednesday, June 14, 4 p.m.

Presiding: Claribel A. Wheeler, R.N., Executive Secretary, National League of Nursing Education.

NURSING PROBLEMS THAT AFFECT HOSPITALS

E. Muriel Anscombe, R.N., Superintendent, Jewish Hospital of St. Louis

The presence of this subject on the program is a frank acknowledgment that many of the dual problems of hospitals and nursing schools remain unsolved, a warning that you will hear prosaic truths, most familiar to you. But it also indicates that we recognize these problems as our common responsibility and are mutually determined to solve them. Nursing problems can never be dissociated or solved independently of hospital problems. Therefore, is it not wise to take advantage of every opportunity to discuss our problems and to be considerate of each other’s needs and limitations? If the long-dreamed-of day ever comes when nursing schools are financially emancipated from hospitals, they will still be dependent upon the hospital for the human laboratory without which a knowledge of nursing can never be acquired. On the other hand, the type of nursing rendered the patients and to a great extent the reputation of the hospital as a result of that service will continue to depend on the nursing school regardless of whether we have a student or graduate nursing service, for in either event the product is yours.

Perhaps at the present time, with all the financial problems confronting hospital administrators, it might have been more apropos to have discussed the subject from the angle of “hospital problems that affect nursing schools.”

Some of the problems that merit our serious consideration are:

1. Decrease in the number of special duty nurses employed in the hospital and the resultant increase of responsibility on the part of the hospital for the care of these patients.
2. Apparent lack of cooperation, on the whole, on the part of private duty nurses to meet the present financial stringency.

3. Sliding scale of charges for private duty nurses.

4. Difficulty in securing properly prepared nurses for positions of responsibility.

5. Unwarranted waste of hospital funds in the maintenance and education of large numbers of student nurses who drop out during their preliminary and freshman periods.

The depression has wrought havoc in the nursing profession but the hospitals have not been left unscathed. In former and more prosperous years the employment of sixty special duty nurses (including day and night) was a daily occurrence in the average hospital of from 200 to 300 beds. The nursing department was relieved of the immediate responsibility of caring for that many sick patients, among whom were usually found the acutely ill and newly operatives. I do not mean to infer that the hospital and nursing administrator relegated all of the responsibility for these sick patients to the special nurse, but I do mean that the constant attendance of a competent graduate nurse at the bedside of one patient, with her thoughts and energy concentrated on one individual, guaranteed a closer observation and recognition of symptoms and a more prompt personal service for the many small items that add to the patient’s comfort and final estimate of hospital service. Today hospital administrators find themselves confronted with the problem of rendering this additional service without the use of special nurses, which means a greater number of salaried nurses and added cost to the hospital.

We are conscious of our contribution to unemployment and social unrest by accepting and graduating large numbers of student nurses when there was no market for their product. This we did unwittingly but the final result was the same, just as poison given or taken accidentally has the same deadly physiological action as if administered with the full intent to take human life. A number of hospitals and nursing schools are trying to atone for their mistake by curtailing the number of students admitted annually and by absorbing as far as possible the graduate output, but the attempt at reparation was so belated that the good accomplished is infinitesimal compared to the problem created. Would it not be more practical for the American Hospital Association, in cooperation with the National League of Nursing Education, to limit the number of students admitted annually according to the size of the hospital, taking a certain per cent of occupancy—say eighty per cent—as the standard and allowing a definite ratio of nurses to patients? For example, a 300-bed hospital with eighty per cent
occupancy—240 patients—would be allowed thirty per cent of students for that number of patients, which would permit an enrollment of eighty students.

It would require the coöperation of the American Hospital Association and National League of Nursing Education to make this plan workable. If these organizations refused to accredit hospitals and nursing schools which failed to conform to these regulations, the success of the plan would be assured, as the public in general is quite well informed about accepted hospital and nursing school standards.

During the past two years, many graduate nurses throughout the United States have suffered extreme want but I regret that in many instances unfortunately it has failed to teach them some valuable lessons which they should have learned. Efforts toward securing employment for them have been initiated not within their own group but by those connected with institutions which have endeavored to create positions for them, but the hospital’s depleted income, due to a shrinkage of endowment funds, lowered bed occupancy, and bad accounts, has made it impossible for administrators to do what they would like to do for the unemployed.

Graduate nurses in the institutional, public health, and other specialized fields have accepted a drastic reduction in their salaries in order to meet the needs of the public during this trying period, but the private duty nurses, in whose ranks unemployment has been most keenly felt, have on the whole throughout the United States, with the exception of a number of alumnae associations, made little effort to meet this emergency.

The majority of the nurses who constitute the private duty group can not be induced to accept institutional responsibilities when private duty nursing is in demand, for they do not wish to conform to institutional regulations. Undoubtedly many private duty nurses have home responsibilities and obligations, but experience has taught that the majority can not be prevailed upon to accept institutional positions where their time is necessarily more or less regulated to meet institutional needs.

If the institutional, public health, and other specializing nurses used the same logic, they would all resign, for hospitals and other agencies throughout the country have been compelled to reduce salaries in order to “carry on.”

Moreover, many graduate nurses, in spite of the dearth of employment, continue to exercise a personal choice in the cases they accept. (And I do not refer to communicable disease or mental cases, which are frequently refused on the basis of a lack of adequate preparation.) Accustomed to modern facilities in the hospital, and unaccustomed to coping with problems that arise in the home, on account of their age
and immature judgment, these young women object to nursing in private homes where they have to improvise equipment and where there will be no head nurse or interne to share responsibility in an emergency.

With few exceptions, the private duty nurses have continued to charge $6.00 a day for their services, which the public is unable to afford, and the practical nurses have profited by the graduates' failure to meet this crisis. If the graduates would reduce their charges or shorten their hours, they might in a measure solve their problem, for many patients would be able and willing to pay for an eight-hour service, continuous or interrupted, at the usual rate per hour. Eight hours of nursing care out of the twenty-four would make it possible in the majority of cases for the patient to receive all of the treatment and medication requiring graduate nurse service, while such an arrangement would enable the nurse to live a more normal existence because of the additional hours of leisure time at her disposal.

Two valuable lessons which the graduate nurse, as well as every other wage earner, should learn from this crisis are: (1) To provide for the proverbial rainy day; and (2) To accept work when it is offered even if the financial remuneration is not that to which one has been accustomed in more prosperous times.

Nurses as a group have not established a reputation for frugality. Perhaps this statement sounds rather hard to some who have deprived themselves of things they longed for in order to safeguard their future, only to see their life's savings dissipated in the orgy of speculation that has swept over the country, but statistics, I believe, would verify the statement that the majority of nurses live beyond their means and their savings are not commensurate with their earnings.

Nursing leaders are fully aware of this and during the past few years articles on the value of endowment insurance as a protection for nurses have appeared in the professional magazines. Authorities on this type of investment have addressed national nursing conventions and in the schools the senior students' thoughts have been directed toward some definite plan of saving when they embark on their professional career. The time and energy expended in inaugurating and advertising the Harmon Plan testifies to a recognition on the part of leaders of the great need of nurses forming the habit of systematic saving.

Another situation worthy of consideration is a sliding scale of wages for nurses. Under the present system the same evaluation, at least from a monetary standard, is placed upon the services of the recent graduate as on the services of one with years of experience. The graduate from a school that barely meets state requirements is placed on a par with one who graduates from a school offering a superior type of nursing educa-
tion. A young physician is willing to practice his profession for a small income for years in the hope that in later years, through years of experience and study, he will be able to charge more for his professional services and reap the rewards of his efforts. Is it reasonable or fair for the young or poorly prepared nurse to reap the same reward as one who has years of experience and is well prepared?

Another problem that is a paramount issue is the difficulty of securing properly prepared graduate nurses for special positions. Just who is to blame for our failure to secure this type of nurse? Is it our nursing leaders’ failure to inspire students to seek perfection in some special field of nursing? Or is it the fault of the hospital administrator who does not offer adequate remuneration in a special field to make the responsibility worth the effort?

Some nursing educators advocate greater preparation before graduation. Undoubtedly the nursing school should lay a substantial foundation for a superstructure of advanced nursing education, but it is not the function or obligation of the hospital or nursing school to furnish specialists in any particular branch of nursing. Some one has said, “Knowledge is a seed planted, not a harvest reaped; a beginning, not an end.” The knowledge and experience gleaned in the nursing school should not only lay a good foundation for future development but also should provide the impetus to build on that foundation.

I believe every school should try to develop its own specialists, provided it has sufficient material; if not, that it should contact its young graduates with another school that has sufficient material. (It goes without saying that principals of schools should study their students and direct them to the nursing fields for which they seem best fitted.)

The young graduate should realize that anything worth while should be paid for by hard work and money, and she should be willing to spend six or nine months at her own expense in preparing herself for a specialty which would bring its rewards. For example, if a student desiring to specialize in pediatrics graduates from a large hospital with a good-sized pediatric department, there is no reason why she should not be allowed to remain in the hospital without remuneration for six or nine months, assist the pediatric supervisor, accompany the physicians on all pediatric ward rounds, attend interesting outside lectures on child hygiene, home care of the child, the normal child, and the deficient child, and spend part of her time at children’s clinics. At the end of the nine months, she would be prepared to accept a modest remuneration to act as assistant with the thought of a supervisor’s position in view, or, if she has little executive ability, she could become a specialist in the nursing of children’s diseases.
All of this brings us back to the point of the sliding scale of charges for nurses. Would the financial remuneration be worth the effort? No—only the satisfaction of knowing how to do one piece of work well.

Another nursing problem that affects our hospitals is the proper selection of students entering our schools. Educational requirements have been greatly raised, as shown by the second Grading report, and schools throughout the country have accepted better prepared women. However, there are many, many more applying to our schools than formerly and the selection of the student must be much more carefully handled. The high school diploma alone is no criterion by which to judge a student, when the requirements of schools in the different states are so varied. Certainly such states as Minnesota, California, and New York have much higher educational standards than Missouri, Arkansas, and Alabama. Consequently, the high school graduate of one state may be vastly inferior to the graduate in another state where there are higher educational levels.

From forty to fifty per cent of our students entering, despite all the precautions that we take, are dropped during their preparatory and freshmen periods, which means that the hospital furnishes them room, board, laundry, and classroom supervision without any return and at great expense to the hospital. Although we are becoming more careful to select high school graduates according to the subject material that has been incorporated in their courses, yet it is surprising to note that even students in the A and B groups from accredited schools have the most limited background in English and mathematics. Intelligence and personality tests, examinations in arithmetic and spelling, aside from the thorough physical examination, are undoubtedly guides in reducing the high percentage of failures in the preliminary period, with a consequent saving to the hospital for their maintenance and education.

It has been interesting to note that in the City of St. Louis in two or three of our schools the student with the low intelligence quotient drops out midway during the preliminary period, while many a student with a high intelligence quotient gives up because she is not interested in nursing after she has been placed on the wards and comes in contact with the patients. Many times she is more interested in the theoretical side and does not seem to possess the personality and humanitarian qualities which are so important in nursing. The student with the upper average intelligence quotient is more evenly balanced, is able to correlate her theory, and yet possesses the humanitarian qualities so essential to nursing.

While unquestionably a greater effort is being made today to eliminate undesirable entrants to nursing schools by means of higher educational
standards, the culling process should continue throughout the three years when indicated. Fine mental equipment and a good social heritage are splendid assets, but if these fine attributes are not supplemented by a social viewpoint, a love of humanity, and a desire to help the sick and unfortunate, regardless of creed, color, or nationality, then one may well question the wisdom of encouraging or permitting such an individual in the nursing ranks.

Some time ago I read an article on "Dangers to the Teaching Art," in which the statement was made that during the past fifteen or twenty years in education one of the most discouraging facts has been that we have practically forgotten that there is a spiritual element to be considered; that intelligence tests and grading curves have assumed an importance out of all proportion to other real values and in some places have almost dethroned the common sense of teachers and supervisors. The writer, who concedes the value of psychological tests, new type examinations, and other modern methods of measuring a student's ability, makes the following statement: "The movement to measure education in terms of objective results awakened the slumbering educational world from its easy and complacent certainty. But who does not discern the signs of falling into a state of mechanism far more disastrous than that from which we were awakened? We need teachers who are something more than I. Q. diagnosticians, who can inspire as well as drill, who can see beyond grades and graduation and provide the spiritual life with the 'great hunger' which will drive the student on and on to the fulfillment of her greatest possibilities."

An experiment was made some years ago in which a thousand superintendents and principals were asked to select their best teacher and specify five positive qualities that he possessed. Outstanding personality headed the list and sympathetic relations with students stood second.

When great universities that have served many generations make intensive study of the final results of their educational methods as a preparation for life and future usefulness, should not nursing schools, which have not yet attained their full stature as educational institutions, carefully analyze and scrutinize the product of their educational régime? Do we emphasize the importance of personality and leadership in those who direct and guide the professional development of student nurses? How do we account for the professional apathy of so many nurses after they leave their nursing schools? How do we explain the fact that students have to be coerced to join their alumnæ or meet other professional obligations by being told that it is a necessary requisite if they wish to practice their profession in the hospital? Statistics will show that the responsibility of carrying on the various professional
organizations, the alumnae association and the District and State Leagues of Nursing Education, is borne by a very small per cent of the large number who enjoy the privileges and advantages of organizations but contribute very little toward their maintenance. Does not this nursing problem affect the hospital? Is not professional apathy carried over into daily work? Before attempting remedial measures, should we not try to analyze the cause of this lethargy, that makes a nurse indifferent to her hospital, her school, her professional organizations, and even to her patient's needs?

These problems to which I have referred are of equal concern to hospitals and nursing school administrators and are a menace to the profession. To borrow the phrase with which Senator Cannon of Utah used to preface and end his famous address on the situation in his state, may I ask, “What are we going to do about it?”

After a period of discussion, the meeting was declared adjourned.

Banquet

Under auspices of the Central Council for Nursing Education, Chicago, Illinois

Wednesday, June 14, 6:30 p. m.

Toastmistress: Mrs. Ernest E. Irons, Chairman, Central Council for Nursing Education, Chicago, Illinois.

The Concern of the Medical School in Nursing Education

E. P. Lyon, Ph.D., Member, Committee on Nursing Education, Association of American Medical Colleges, and Dean, Medical School, University of Minnesota, Minneapolis, Minnesota

The search for the relationship between medical education and nursing education may lead me into such mazes and morasses of family life as I saw illustrated in a recent newspaper story. It seems that a certain young man married a widow. Then his father, a widower, married the widow’s daughter. Thus the young man became his dad’s father-in-law, and his mother-in-law was also his stepdaughter. Later, in due time and in accord with natural laws a baby boy was born to each of these couples. Then complications really and seriously began. For it was found that the original young man had become grandfather to his half brother; that the young man’s baby boy must learn that he is the grand-
son of his own sister and that his grandfather is likewise his brother-in-law; that baby No. 2 is alike uncle and nephew of baby No. 1 and vice versa. Thus through a page or more of print the kaleidoscopic relationships of this family were worked out in too complicated a manner to be learned or repeated. I believe in the end one of the persons proved to be his own grandfather.

I can show, I think, that medical education and nursing education had the same father and must therefore be brother and sister. I might be able to prove that medical education is father of nursing education. I could demonstrate, I am sure, that medical educators took prominent part in this reproductive culmination, but perhaps you would say as accoucheurs rather than progenitors. Finally in this gathering no argument or facts would be needed to prove that nursing education is a daughter of spinster Florence Nightingale and consequently never had any father at all.

First of all, then, I should like to establish the brother and sister relationship of medical education and nursing education. I shall trace them both to the organized medical profession. Of course if they have a common father they must be brother and sister.

That medical education is a child of the medical profession is universally acknowledged on historical grounds. Undoubtedly blood tests also would reveal familial relationship. To a certain extent they believe alike. It is true the medical profession has been much concerned by the misbehavior of its offspring. The early transactions of the American Medical Association are full of reports setting forth the unruly character and unsatisfactory behavior of its offspring, medical education. Not until 1910 or so through the efforts of the Council on Medical Education and the famous Flexner report was the child brought under proper discipline. Even now some doctors look askance at medical education and doubt whether the activities of the medical schools are wholly good or, at any rate, wholly beneficial to the medical profession. Nevertheless, through all controversies, the medical profession has never disclaimed parentage nor closed the doors of the family home against medical education. We may take it that the medical profession acknowledges medical education as its offspring.

As to nursing, I have been intrigued lately by reading the addresses and report made by the great Dr. Samuel Gross in the years 1868-69 on the subject of nursing education. In 1868 in his inaugural address as President of the American Medical Association, Dr. Gross said:

"I am not aware that the education of nurses has received any attention from this body, i.e., the A. M. A.; a circumstance the more surprising when we consider the great importance of the subject. It seems
to me it is just as necessary to have well-trained, well-instructed nurses as to have intelligent and skillful physicians. I have long been of the opinion that there ought to be . . . institutions for the education of men and women whose duty it is to take care of the sick, and to carry out the instructions of the medical attendant."

Through his influence, doubtless, the nineteenth annual meeting of the American Medical Association held in Washington, May, 1868, adopted the following resolution: "That all hospitals and public institutions for the care and benefit of the sick shall have educated, well-trained nurses only, and that this Association would strongly recommend the establishment in all our large cities of nurse training institutions for the sick."

Further, the Association at that meeting empowered a committee, with Dr. Gross as chairman, to report on the subject of nurse education at the next annual meeting. This report was presented at the New Orleans meeting in 1869 and may be found in pages 161 to 174 of Volume 20 of the Transactions of the American Medical Association. In it is included a historical sketch of nursing education in Europe and a description of the schools then existent in Germany, France, and Great Britain. Such sentences as these abound in this report: "Nursing in its more exalted sense is as much an art and a science as medicine." Again: "In private life there is hardly one really good, intelligent, or accomplished nurse in a hundred who exercises the functions of that office." Again: "It is a mistake to suppose as is so often done, that any and every individual . . . is fitted for such an occupation, as if nursing, like poetry, were a gift of nature." Again: "We need good well-trained nurses by the thousand." And yet again: "Such institutions [schools of nursing] are undoubtedly much needed, and they should be established in every city and town in the United States."

Finally are incorporated the following recommendations:

"To afford the proper facilities for carrying out this grand design, the Committee are of opinion: 1st. That every large and well-organized hospital should have a school for the training of nurses, not only for the supply of its own necessities, but for private families, the teaching to be furnished by its own medical staff, assisted by the resident physicians.

"2dly. That, while it is not at all essential to combine religious exercises with nursing, it is believed that such a union would be eminently conducive to the welfare of the sick in all public institutions; and the Committee therefore earnestly recommend the establishment of nurses' homes, to be placed under the immediate supervision and direction of deaconesses, or lady superintendents, an arrangement which works so well in the nurses' homes at London, Liverpool, Dublin, and other cities in Europe, and at the Bishop Potter Memorial House in Philadelphia.

"3rdly. That, in order to give thorough scope and efficiency to this scheme, district schools should be formed, and placed under the guardianship of the..."
county medical societies in every state and territory in the Union, the members of which should make it their business to impart, at such time and place as may be most convenient, instruction in the art and science of nursing, including the elements of hygiene, and every other species of information necessary to qualify the student for the important, onerous, and responsible duties of the sickroom.

"The Committee would further suggest the importance of forming in every convenient place nurses' societies, the regular members of which should, in all cases, other things being equal, have the preference, as it respects the recommendation of the practitioner, over the ordinary ignorant or uneducated nurse. In this manner an esprit de corps could be established which could not fail to be highly advantageous to the public as well as to the medical profession."

The report ended by offering the following resolution:

"The Committee, in view of the importance of the subject discussed in this report, beg leave to offer the following resolution: Resolved, That a copy of this Report, authenticated by the signatures of the President and Secretary of this Association, be sent to the State Medical Societies of the different states of the Union, inviting their coöperation in the establishment of schools for the training of nurses for hospitals and private families, in accordance with the principles therein advocated."

Now I know that students of nursing are taught that the first modern school of nursing in this country was established in 1873 at Bellevue Hospital, and that this school was mothered by Florence Nightingale by some sort of long-distance or telepathic process. But I think I have made a good case that the father was the American Medical Association. Apparently in the period between conception and parturition, as in so many other cases, the father disappeared from the scene, and the paternity of the lusty adult now known as nursing education in the United States has never been adequately cleared up. For many years the American Medical Association has said nothing officially about nursing. It actually seems it has forgotten its child and is inclined to deny its parenthood. It did not, for example, continue to participate in the work of the Grading Committee. Meanwhile the child has fostered a spirit of total independence and tried to develop the tradition of origin through artificial parthenogenesis.

To my mind this is all wrong, and for two or three years, on every proper and important occasion, I have preached that the medical profession whether guided only by selfish motives to secure properly trained nurses as adjunct personnel for its own work or guided by impulse of helpfulness to an allied profession, ought to take an active and helpful part in nursing education, ought to bring its great influence and power to help clear up the deplorable condition in nursing education and bring it to what it should be in the realm of education as a whole. I think the American Medical Association and medical profession generally should
say to nursing: "Come home, my child, and together we will work out your destiny. We shall slay that Jabberwock, the hospital superintendent, who has controlled for so long a time your educational machinery.

‘One, two! One, two! And through and through
The vorpal blade went snicker-snack!
He left it dead, and with its head
He went galumphing back.’

We shall open the way for nursing as a recognized branch of higher education. We shall place licensed nurses on a collegiate basis. Of 2,000 nursing schools we shall save 100 adequately endowed, equipped and staffed schools as departments of universities and colleges. The others alike in the interest of good nursing, good medicine and the public welfare must disband."

I would say further if I were the A. M. A.: "Like most good movements this one has gone too far. Too literally have we followed the advice of the enthusiastic Samuel Gross that there be a nursing school in every hospital and in every city and town. Together, and through the fault of both of us, we have overdone a good thing. Together let us retrace our steps, preserve the good we have developed, cut away the weeds around your fair domain and place the edifice of nursing education where it belongs on the sightly campus of professional education along with medical education, its brother, and all the others. Thus shall we serve your cause and our cause and the cause of the public."

This, in effect, is what I think the medical profession should say to the nursing profession, and what medical education should say to nursing education. If we can get these forces together nothing can stop the movement to consolidate and preserve present good and to eliminate present evils any more than sixty-five years ago anything could stop the forward movement initiated, as I believe, by Samuel Gross and carried forward so energetically by doctors and nurses alike during intervening years.

That these thoughts are beginning to be held by prominent members and officers of the American Medical Association is evidenced by the program before the Conference on Medical Education and Hospitals held in this city in February last. It was really what it should be in name—a conference on Medical Education, Nursing Education, and Hospitals. Its interests were and should be as wide as those of the two professions and of the institutions in which they both collaborate for the benefit of the sick and the advancement of health.

That medical educators are alive to the thoughts and questions here outlined is evidenced by the report unanimously adopted by the Asso-
ciation of American Medical Colleges at its meeting in November last. This report has been printed in the Journal of the above named association. I think this report should be studied alike by nurses and nurse educators, physicians, medical educators, and hospital authorities.

The committee which drew up the report was representative and well-balanced. Dr. A. C. Bachmeyer, the chairman, has had long experience as Superintendent of the Cincinnati General Hospital, has an equally long and sympathetic knowledge of nursing education, has made a comprehensive study of university schools of nursing, and, finally, as Dean of the University of Cincinnati School of Medicine, is broadly informed in matters of medical education and the ideals and aims of practical medicine. He was the balance wheel of our Committee. Father A. M. Schwitalla, Dean of St. Louis University School of Medicine and President of the Catholic Hospital Association, an educator of sound training and excellent balance, represented the conservative standpoint and urged the practical point of view particularly as to existing relations between hospital finances and nursing education. As for myself, I was the Bolshevik and iconoclast and Clarence Darrow of the group. To quote the modest matrons of New England, "If I do say it, as shouldn't," we concocted a good report. And it was the first official pronouncement in the present situation in nurse education to be adopted by any medical body.

Some of the things we said may be summarized as follows:

1. Medicine and the medical profession have a vital interest in nursing and the proper education of nurses. Therefore medical educators and medical schools quite additional to their responsibilities for university nursing schools with which they may be associated should have an active and informed opinion on the whole subject of nursing education.

2. Nursing is an overcrowded profession. Overproduction in education tends to lower quality. Particularly it drives away the more capable candidates.

3. There are far too many nursing schools. The condition in nursing education is like that in medical education a generation ago when there were twice as many medical schools as now and a large number of poorly trained doctors were being graduated every year. This condition should be corrected alike for the nurses themselves, the doctors with whom they work, and the public welfare which is the final objective of any profession.

4. That safe nursing demands good intelligence, considerable scientific attainment, adequate technical training, reasonable cultural outlook, and personality; and that nurses need at least the minimum education demanded of public school teachers. That, you note, is a radical statement. We believe it is true, and the Association agreed by unanimous adoption of our report.

5. That nursing does not have such educational advantages at the present time.

6. That nursing education should be integrated with other educational fields. This means that it should be controlled by colleges and universities and not by
hospitals, although the hospitals since they supply facilities for practical training should have some voice, just as they do in medical education, as to how nurse students should be fitted into their organizations and so on; but not in the curriculum or methods of administration.

7. That student service should not exceed the value of maintenance supplied and other costs borne by a hospital in keeping up the school. In other words, there should not be profit in nursing education.

8. Standards and tests should be devised so that only high grade and well-adapted candidates will be admitted into nursing schools.

9. All concerned should work toward these ideals as rapidly as possible.

I cannot do better in closing than to state again that the concern of the medical schools and the concern of medical educators in nursing education is that nursing education be placed on a solid foundation because good nursing is essential to good medicine and good medicine, in final analysis, is the object of medical schools and of medical education. While medical schools—or some of them—have a particular interest and responsibility for university schools of nursing in their respective institutions, their interest and responsibility do not stop there but rather extend to the whole subject of nursing education in all its ramifications and aspects. As leaders of medical opinion and especially as those representatives of the medical profession best informed on the subject of education as a whole in its relation both to professional efficiency and to the public good, medical educators should seek to bring home to the medical profession generally and to its official body, the American Medical Association, the evils of the present situation and the necessity for radical changes. Medical educators also should seek to impress upon nurse educators and the nursing profession the desirability—indeed, I say, the necessity—of seeking the cooperation of medicine in meeting the present critical situation. If this situation drifts, nothing systematic or effective will be done for decades to come to give nursing a real place in education and it will remain a profession in name only. If one may parody Tennyson, nursing will be

"A little higher than the barber,
A little better than the beauty doctor"

but not a real profession. But if medicine and nursing get together, nothing in the existing situation as regards hospitals and their schools, or state laws and their standards, or individual adverse opinion by doctors as to over-educated nurses and sub-doctors, can withstand a united effort to attain a well-thought-out ideal for nursing in the scheme of education and established professional recognition.
PUBLIC RESPONSIBILITY FOR THE EDUCATION OF NURSES

MICHAEL M. DAVIS, PH.D., DIRECTOR FOR MEDICAL SERVICES, JULIUS ROSENWALD FUND, CHICAGO

We have had much talk about inflation. There are a good many kinds of inflation. During the Civil War the government found it hard to pay its expenses and turned the printing presses loose, printing greenbacks which dropped greatly in value when the government issued more than public demand would make use of. President Roosevelt now has authority to use the government printing presses freely, but he declares his policy to be to keep the amount of currency controlled within the amount that is effectively demanded by the needs of commerce. If his declared policy is carried out, and we have what he calls "a controlled and adequate currency," we shall retain the benefit of higher prices without incurring the disasters of inflation.

In nursing in the United States we have inflation and it is not controlled. Inflation in nursing did not take place during the depression; it began years before that. During the thirty years ending with the last census, the number of graduate nurses in the United States increased from less than 12,000 to over 213,000, or nearly eighteen times. During these years the number of physicians in proportion to population slightly decreased, but the number of nurses in ratio to population multiplied itself nearly fifteen times, and there are some 1,800 printing presses known as training schools which are turning out greenbacks, labelled R. N.'s, at the rate of 20,000 more every year.

The result we know. Nurses even before the depression were on the average unemployed from a third to a half of their time and earned only $1,200 to $1,300 a year in private duty work. Certainly inflation in nursing service is not controlled. Nor is nursing service adequate. Among the well-to-do, one family in three before the depression appears to have had some private nursing service during the year, but the well-to-do are only a small fraction of the population. Among the mass of the people less than one family in ten had any paid nursing service. Nurses are concentrated in the cities. There are few in small towns and generally no trained nurses in rural areas except inside of hospitals. Yet even in the cities with nurses in prosperous years sitting idle half of their time, only one middle-class family in ten employed any nurses.

And yet in spite of this, and even during the depression, a flood of 20,000 new R. N.'s a year continues to be poured out by the training schools!

There are interesting comparisons to be made with other professions from which I shall select two, medicine and teaching. The physician
is the primary factor in dealing with the sick. How does this profession shape its educational program and its output of students? Teaching is somewhat like nursing in the sex and the usual earning capacity of many of its graduates. How does teaching manage its educational programs?

In 1904 there were 160 medical schools with over 28,000 students and in that year 5,747 graduates. It was just at this time that the Council on Medical Education of the American Medical Association was established and began its series of surveys and studies of medical education, and its persistent and effective campaign for improvement. Five years later came Abraham Flexner’s epoch-making report for the Carnegie Foundation.¹ We know from these studies of the 160 medical schools in 1904 that the majority were giving poor education, judged even by the standards of that time, and that about half of them were in the business of getting students, not in order to give them an education, but because they made money out of them. You are all familiar with the story of improvement in the past twenty-nine years. The number of medical schools has been reduced to seventy-six, a cut of more than half. The number of students was 22,000 in 1932, a slight decrease as compared with 1904, and the number of graduates was 4,936, a decrease of a little less than ten per cent. It must be remembered, however, that the population of the United States has increased about thirty-five per cent since 1904.

Now I wish to direct attention not merely to the great improvement that has taken place in the quality of medical education. That is important, but it is the result of another and more fundamental change, namely, that furnishing medical education to students is now in the hands of people who are so selected and so situated that their only interest in the student is to give him an education, not to make use of him or his money or his labor.

The recently-completed studies of the Commission on Medical Education² exemplify this change. Careful estimates are made of the number of physicians that will be needed in the future and of measures that may be taken to proportion output to need; and, in fact, the experience of the last twenty-five years shows that some real progress has been made in this proportioning.

The profession of teaching is nearly, if not quite, as old as that of medicine. The public long ago assumed responsibility for the training of teachers and along with the enormous expansion of elementary and

particularly of high schools that has occurred during this generation, a great expansion in the number of teachers and in colleges and normal schools has taken place also. There is some oversupply of teachers, particularly during the depression, but considering that there are over 700,000 elementary and high school teachers (which is more than three times as many as the number of graduate nurses) the amount of oversupply is not serious, or will not be when the depression lifts. Moreover, there are in hand the facts and the machinery of control to proportion the output of teachers to the number demanded by the public.

If we turn back to nursing, we shall see that nursing education is now in the position that medical education was thirty years ago; and in the position that teaching was more than one hundred years ago. The trouble does not lie merely in the fact that we have, even in prosperous times, too many student nurses, too many training schools, too many poor training schools, too much unemployment and low incomes among nurses. The real vice of the position is found when we go behind the facts to the cause of all of them. We have dangerous and destructive inflation in nursing, and we have it because the production of nurses is going on without reference to the demand of the public for nursing service. The incentive to training nurses now rests, not upon educational demands nor upon public need, but upon the demand of hospitals for nursing and maid service which they get from student nurses.

To deal with the evil we must reach its root. Higher standards for nursing education, laid down by law and enforced by state boards, are only means to an end. The closing of training schools in hospitals which have neither the equipment nor the point of view to give good training is only a means to an end. The end is that nursing ought, like medicine and teaching, to be regarded as a dignified and essential profession for the education of whose practitioners educational institutions are to be responsible.

To solve the problem for nursing education is in some respects more difficult and in some respects easier than it was in medicine. In medical education thirty years ago there were only 160 schools of training whereas in nursing education today there are over twelve times as many. The work of national and state agencies is thus made more difficult and expensive for there are so many more points where it is needful to survey, inspect, exercise moral suasion, or commit some form of authorized murder. On the other hand, the average hospital is not run for profit as was a large proportion of the medical schools that flourished thirty years ago. Most hospitals are not organized for profit. They are supported by taxes, local philanthropy, or by religious orders. They are dependent upon public good will and are sensitive to public opinion.
American public opinion must be reached in terms of the fact that it is no service to a group of fine young women to put them through three years of hard work and then turn them out with a certificate into a profession so overcrowded that, even in prosperous years, most of them will spend much of their time looking for something to do. This fact is of practical significance to the young women themselves and to their parents. It is also a fact which is arousing to the moral sentiments. In this lies the source of the grip that it will have upon public opinion and upon the hospitals.

It is time to give the facts in plain terms to the public. Most of our student nurses are recruited from the high schools. It is time to tell high school students in their third and fourth years, and to tell also their teachers, parents, and vocational advisers, that nursing is now an overcrowded profession; that there is room in it for really able young women who go to the best training schools, but that most other young people won't be able to make a living by it. Tell them that there is room at the top for capable and really well-trained nurses; that even in this time of depression, there are jobs for able young women who are graduates from the best training schools. But obviously there is not room for a large number of such people, and the annual total must be greatly diminished. Tell young women that a training school should be picked at least as carefully as a husband.

These are the facts and they ought to be stated as such. It is appropriate for educators, physicians, and hospital administrators to discuss nursing standards and educational curricula, but it is necessary to talk to the American public in much more simple terms which will get under the skin of the average young woman, her parents, and her teachers.

I have found that some of my good friends in nursing education, women for whose attainments, standards, and activities I have the highest respect, display considerable anxiety when I propose that we talk to the public in this plain fashion. They express fear that nursing will be harmed. When I probe a little deeper, I discover that this fear centers on anxiety lest able young women be frightened away from nursing and particularly away from the very best training schools, which are just the ones with which these friends are associated. I should not want to see the number of able students coming to these training schools diminish. I do not feel that they will, if the right things are said and are said loudly and clearly enough.

In conversation with other nurse educators, some hospital superintendents, and some physicians I also find objection to any utterance of this kind lest they should reduce the number of student nurses and wipe
out many training schools. My sentiments on this point do not require to be uncovered.

And Oh! declares another group, think of the effects of putting nurs-
ing education under the auspices of colleges, universities, and normal schools; of having students in nursing live like other students, and work in hospitals only as science students work in laboratories during specified hours! Would not such a scheme close all the training schools for nurses except in a few large cities in each state? Would not the small hospitals in small towns cease to have training schools? Where then will they get their nurses? Where will the young women in the towns of ten- or twenty-thousand people, who are fired with the idea of nurs-
ing as a profession, get their training for it? Here is a real and im-
portant issue which must be faced.

Perhaps some suggestion comes from the experience of medicine. Practically all the medical schools are in large cities. Are the middle-
sized cities, the small towns, the rural areas without doctors? It is quite true that in medicine we have one doctor to about every 500 popu-
lation in the larger cities, but only one doctor to every 1,500 or so in most rural areas. The distribution of nurses, however, despite the training schools scattered all over the country in small towns as well as in large cities, is just as bad as in medicine. Over fifty per cent of the population of the United States live in towns of less than 10,000 and in the rural areas, but only 10 per cent of private duty nurses are found in such sections. On the other hand, in cities of over 25,000 there is about one third of the population of the United States, but these cities have four-fifths of all the private duty nurses.

The truth of the matter is that the distribution of practicing physicians and practicing nurses follows not the distribution of population but the distribution of wealth. Several careful studies have demonstrated that fact. Now we do not have normal schools to train teachers in every town in the state. We have instead a few colleges and normal schools located at a few points within each state. Here is where the teachers are trained who go to the cities, the towns, and the villages; and girls from the cities, the towns, and the villages, when they have the am-
bition and ability, find their way to colleges and normal schools for train-
ing. Public responsibility will wipe out, when it becomes effective, training schools in many small hospitals and in some larger ones, but it will not wipe out the opportunities of the small-town girl to go into nursing and it will increase her chances of making a living by it. It will not wipe out the opportunity of the small town to get nursing service. The small town will get nursing service as and when its people pay nurses to serve.
May I also point out that at the present time the great evil of the small training schools, and indeed of most hospitals under 100 beds, is that so large a majority of their cases are surgical or in the surgical specialties and the experience they give to the student nurse is preponderantly with a type of illness which she will not have in the home. The kind of nurse the people mostly need is not and cannot be trained with the clinical material, not to speak of the teaching staff, available in these institutions.

Public responsibility for nursing means that junior colleges, colleges, normal schools, and institutions of similar grade will, as educational institutions, establish training for nursing in cooperation with local hospitals which will provide opportunity for supervised practical work in the care of the sick. It means that universities will give postgraduate training in cooperation with hospitals, with public health and social agencies, in public health nursing, institutional nursing, and in teaching and educational administration for nurses. Will such a program of public responsibility for nursing education involve greatly increased financial support from private endowments or still more from taxes? No daily reader of the Chicago Tribune could contemplate any increase in the tax burden without sentiments of horror. The assumption of public responsibility for nursing education means financially that people who now pay for nursing education when they pay their hospital bills will pay for it in another way. On the whole the chances are that the total burden of nursing education may be less, because there will be a great many less nurses to support and many of them by paying tuition along with other students in other branches will carry their part of the load.

I must turn now to my friends among hospital administrators whose eyes I note have been fixed upon me during portions of this address with a stony glare. I know well, perhaps too well for my own happiness, that the public has been uttering violent complaints about the high cost of hospital service. I know that the costs of well-managed hospitals are not high in comparison with the expense of good service. I know that the costs are often very high in comparison with the incomes and resources of many patients. I am well aware that hospital trustees and administrators sit on very anxious seats these days. Will not the closing of training schools and the substitution for student nurses of graduate nurses and maids add to the cost of running hospitals and, therefore, to what patients must pay or hospitals must raise from taxes or from what is left of the purses of philanthropists? The hospital administrators and cost accountants have been arguing for some years concerning the relative expense of running a hospital with or without a training school. These experts are not agreed as to which way the answer will
turn. I suspect the truth is that when a hospital of less than 100 beds is giving a good education to its student nurses, it could give good nursing care to its patients more cheaply by closing its training school. A hospital of 200 beds or more can perhaps give a good education to its nurses as cheaply or more cheaply by running a training school than by using graduates.

I make even these statements with hesitation. I have no hesitation, however, in making the statement that whatever the exact truth may be as to these relative costs, the comparison is relatively unimportant. The really important comparison is not what it costs the hospitals, but what it costs the public to secure nursing service. I have no hesitation in saying that, to the public, the cost of a hospital with 200 beds which runs a training school would be no greater, and might be less, if the hospital closed its training school and went on a graduate basis. Why? Because it is not only the charges the hospital puts on its bill to the patient, but the charges which the special nurse puts on the bill which have to be considered. As my associate, C. Rufus Rorem, showed in the paper\(^3\) which he presented at the Annual Medical Education Congress last February, the total cost to thirty general hospitals for caring for an average of 133 patients with student nurses and floor supervisors was $1,355,000; but the special nurses required for these patients on the usual basis of employment amounted to nearly one million dollars extra, making the total cost to patients $2,341,000. These special nursing costs were borne by less than one quarter of the hospital patients, but increased the total cost of nursing service by sixty-five per cent.

When it was figured out what these same hospitals would have had to pay to nurse their patients without a training school, the direct cost to the hospitals was larger by $270,000 than when the training schools were maintained. On the other hand, the amount of special duty work would be diminished by more than $500,000 when the hospitals go upon a graduate basis so that the total costs to patients according to Dr. Rorem’s estimate, amounted to $2,125,000, a saving to the public of over $200,000. At the present time, special duty nursing means larger charges upon those receiving it than the average hospital bill itself to these patients. Incidentally it renders less likely the full payment of the hospital’s and the surgeon’s bills. Going on a graduate basis would lead to the employment by hospitals of a substantially larger number of graduate nurses than they employ today.

Suppose we accept the conclusions indicating that it would cost the public less if most hospitals went on a graduate basis; that this step

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\(^3\) Rorem, C. Rufus: "Is Student Nursing a Real Economy?" *American Journal of Nursing*, April, 1933, p. 369.
would also do much to reduce unemployment among nurses as an immediate result; and that it would do still more to lessen the threat of increased future unemployment, because it would greatly reduce present annual output of nurse graduates. Nevertheless it would remain true that the costs of running some hospitals would increase so far as these hospital budgets were concerned and the trustees and administrators of these hospitals would have to find somewhere the money to meet these extra costs. As one greatly concerned with hospitals I should be anxious about this if I anticipated that methods of providing nursing service in hospitals would change all at once or suddenly. I am not enough of a revolutionist to anticipate this; and even if I were, I do not believe that a change which would be financially beneficial to the public, and which would be educationally and financially beneficial to the nursing profession, would really be disadvantageous to hospitals, or would present insoluble financial difficulties. When the problem is, as I think in this case it is, not one of adding to total expenditures, but of redistributing them, I think that given a little time a readjustment can be brought about without too much upset.

New money in some measure will have to be found by the schools and colleges which will undertake the training of nurses. I am inclined to think that except in the cases of the universities which will undertake postgraduate nurse training, we must look rather to contributions from private or tax funds towards the current expenses of nurse training institutions rather than to endowments for them. And even in a time of depression I do not believe we should hesitate for a moment to advocate a desirable and indeed necessary change because we do not at the moment see the money wherewith to effectuate it.

I am far from blaming either hospitals or nurse educators for anxiety or for some resistance. They need to be "shown" and they have a right to be "shown." The essential point is, however, that the present situation is not tolerable. The trained nurse of today is not an educational product. She is not even an educational by-product. She is, in eight out of ten cases, a hospital by-product. She must be made an educational product, produced under educational auspices; if not, we will reach the point in thirty years or less when there will be one nurse to every 250 people (we now have one to every 600), and when most of the women receiving an R.N. diploma cannot make a living by it. The meaning of a nurse training course will not be the preparation for a job, much less for a profession.

The present system, if we let it run its course, will break down to the accompaniment of grave distress to large numbers of young women and to the hospitals themselves. If we take hold of it courageously there
will be grief to bear also, but it will be less sharp and less prolonged. We must count the cost, but not so much that we hesitate in courageous action. The responsibility rests particularly upon those who have the facts and who therefore feel keenly the serious present situation in nursing.

**Conclusions**

1. The public, including potential candidates for nurse training schools, must be enlisted to deal with the overproduction and under-employment of nurses.

2. The public can be enlisted if those who have the facts make them known forcibly and fearlessly.

3. Educational institutions, supported as such, should be responsible for the education of nurses.

4. The creation of a public opinion which will demand this is more important than the search for endowments.

5. Whatever we do, let us not permit the urgency of present problems and our anxieties concerning the manner of their solution to give us any doubt regarding the future of nursing. The growth and achievements of nursing during the last fifty years furnish ample assurance that nursing service will be permanently demanded by the public and will be maintained on a high plane as a profession. For nursing rests, on the one hand, on the sound economic basis of the human need of the sick and, on the other hand, upon the firm spiritual foundations of the passion for service and the instinct of workmanship.

The meeting adjourned.

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**Session Conducted by Instructors' Section**

**Thursday, June 15, 8:30 a.m.**

Presiding: Lucille Petry, R.N., Chairman of Instructors' Section and Instructor, University of Minnesota School of Nursing, Minneapolis, Minnesota.

**The Use of Psychological Tests in Selection of Students**

Edith M. Potts, R.N.

This is a partial report of an experiment which is being carried on for the purpose of developing a battery of psychological tests which shall aid in the selection among applicants for admission to schools of nursing. This work has been made possible by the Rockefeller Foun-
dation. It has been in progress since February, 1932, and while the
time set for the close of this immediate section is January, 1934, the
actual work will doubtless progress for at least several years more. It
is not to be expected, therefore, that any report given at this time should
be other than incomplete.

During the last ten or twelve years there has been done a considerable
amount of rather disconnected work along this line. The first step,
therefore, was to assemble all reports of this work and to look for any
consistent findings or trends which might serve as guides. As early as
1923 Mrs. Earle had indicated that we should and probably could set a
score below which students could not be expected to carry the course
successfully. That the score which she then set tentatively now seems
to us far too low does not affect the validity of the recommendation.
In 1928 Miss Metcalfe reported to the National League of Nursing
Education that there was a positive and significant correlation between
the degree of intelligence possessed by a student nurse and the quality
of her classroom work. She further reported that there was a positive
and very large correlation between the classroom work and ratings in
practical work. Both of these studies, as well as several others, indi-
cated that the quality of nursing is also affected by factors other than
intelligence. Perhaps the most frequently mentioned of these factors
were personality traits; though there was also occasional mention of
mechanical aptitude or manipulative skill. One or two articles hinted
that the social background of the student might also be a factor in her
success. It was along this fourfold line, then, that the present experi-
ment was planned.

The second step was to decide upon which of the personal factors it
would be possible to measure and to learn what already standardized
measures there were available for this and the other parts of the work.
Several sources were consulted at this point. Some analyses of nursing
have been made and these were studied for what of value there might
be in them for this purpose. An unpublished and in fact but partially
completed study of the personality of nurses upon the educational staff
of schools of nursing gave several leads upon which to work. The re-
results of several questionnaires concerning the qualities necessary for
success in the profession were also studied. Many articles concerning
general usage of tests were read and many standardized tests were ex-
amined in an effort to determine which would best meet the needs of
the occasion. It was necessary to consider such items as ease of admin-
istration, time for scoring, cost of tests, and correlations with other
known measures of one kind and another. In all, this period of reading
and examination of measures consumed two or three months of full-
time work. This was in addition to reading previously done and to that still being carried on; the latter in order to take advantage of any refinements of technique and any legitimate and safe statistical short-cuts which may be developed from time to time.

The preliminary period of reading over, and the already standard tests to be used decided upon, the next step was to write out in detail the plan for the remainder of the work and to submit it to the judgment of several authorities. This group included among others Dr. Rudolph Pintner, Dr. Harry Dexter Kitson, and Dr. Julius Mallor. After all the suggestions from these and other persons had been received and the plan amended here and there, work on the development of such new measures as seemed necessary was begun.

The entire battery of tests contained six measures. One of these was a standardized test of intelligence or scholastic aptitude. For this a revision of the Army Alpha was chosen. The particular revision used is known as the Revised Alpha Examination Form 5. This embodies all of the most desirable features of the older Alpha forms and lacks some of their weak points. It is easier to administer, the wording is suited to women as well as to men, and it is far easier to score than were the older forms. Added to this, it is comparatively inexpensive and there were available not only many figures showing its correlation with college grades but also some showing its correlation with work in schools of nursing. It also has a wide enough spread to measure not only the slowest student who might be admitted to the preliminary class but also to differentiate among those of high intelligence. In addition to these reasons for choosing it, it contains one subtest which consists wholly of following written directions. It is planned to correlate the scores upon this subtest with certain ward and practice reports in the belief that by the use of a separate score for this test we may be able to predict the ability of the student to obey orders; surely an important ability for a nurse to possess.

Another of the tests used is the MacQuarrie Test for Mechanical Aptitude. While this test admittedly does not measure all of the manual abilities needed by a nurse, it does measure speed of reaction, muscular control, and visual and motor coordination. Because of this it seemed nearer to meeting the needs of the situation than did any of the other tests on the market with the one exception of the Minnesota Mechanical Ability Test. The latter, however, is far more costly in the matter of equipment and is extremely difficult to transport from place to place as would have had to be done in the course of this experimental work. In addition, it must be administered individually rather than in groups. These conditions made it seem wiser not to attempt to use it at this
time. However, some rather casual experimentation with it seems to show considerable promise of value for use in schools of nursing. There is, moreover, some rather definite experimentation going on with it elsewhere and perhaps before long there will be available reports of this work.

It was recognized that ability to carry classroom work and to use her hands well did not insure that a young woman would become a successful nurse. While lack of these qualities might well hinder success, there are personality traits which might do so to an even greater extent. For this reason measures of some such traits were chosen. The development and standardization of such measures has been rapid and widespread during the past few years and there was a wide choice here. Again the factors of ease of administration and scoring and of keeping the cost within a reasonable limit were considered in the final choice of the measures used. One of these was the Bernreuter Personality Inventory. This inventory is a combination of the work done along several lines over a period of years. It is the result of the work done on such blanks as the Woodworth-Matthews Personality Inventory; the Colgate Personality Inventory blanks; the Allport A-S Reaction Study for the measurement of dominance and submission; and several others. It consists of a list of one hundred and twenty-five questions to be answered affirmatively or negatively; and the scoring is entirely objective, consisting of adding the value of the answers algebraically. The method of obtaining these values is too complicated and too technical to be included here. It may be found however in Miss Manson's monograph to which reference is made later in this paper. The inventory can be scored to indicate the degree of emotional sensitivity, of self-sufficiency, of extraversion or of introversion, of dominance or of submission, possessed by the individual. It can be administered in from ten to twenty minutes and because of this brief period and the large number of overlapping questions there is little opportunity for or probability of dishonesty in answering it. The results are statistically usable. The scores on this measure do not correlate highly with scores in general intelligence. For all of these reasons the inventory seemed suitable for use in this experiment.

Another of the measures used is the Manson Occupational Interests Blank for Women. This is a list of occupations for which the student is asked to indicate her degree of liking or disliking. It was originally standardized on ten groups of professional and business women, among them a group of graduate nurses. The quality which made it seem particularly suitable for our purpose was that the graduate nurses upon whom it was standardized had resembled one another more closely in
their choices among occupations than had most of the other groups and that they differed markedly in their likes and dislikes from the other groups. The blank completes the list of standardized measures used.

In addition to the standardized measures there are two new and unstandardized ones which have been used in this work. One of these is a further attempt to discover the likes and dislikes of nurses. This was an adaptation of several of the subtests of the Strong Interests Blank for Men. The original blank has been validated for two dozen or more occupations for men. The interests of doctors, for instance, have been found to be quite different from those of engineers, who in their turn differ from salesmen or men in any one of several other occupations. This test would seem to have rather decided possibilities. Interestingly enough, there is a wide demand for such a test on the part of other occupational groups, which makes help in the securing of such data much easier to obtain.

The last test used is a somewhat longer one containing several subtests. The first of these is a reading test. The material for this subtest was chosen from some of the texts commonly used in schools of nursing. The second subtest is a pretest of the arithmetical processes and reasoning used in the course in elementary materia medica. The third and fourth subtests are largely for the purpose of determining whether or not the student has a vocabulary which will enable her to read with understanding the texts and reference books common in schools of nursing. The last subtest is based upon general information and may be scored in such a manner as to measure general intelligence, interest along certain special lines, and general cultural background. On the first page of this test there is collected certain detailed information concerning the family background of the student.

The process of correlating the standing of students on each of these tests and on the entire battery with success in schools of nursing is only begun, hence only a very sketchy report can be given of it here. Rather, the methods which have been and will be used must be indicated. The schools which are cooperating in this study were given the opportunity to do so because they met the following criteria:

1. They must be within easy traveling distance of New York City. There were no funds available for traveling long distances. The fifteen schools tested were in Greater New York, Pennsylvania, New Jersey, and Connecticut.

2. They must be of moderate size or larger. This was simply to save travel time for the testing of eight or ten students.

3. Their standards of work must be generally reported to be average or better.
4. They should not be part of a combined course leading to a degree. This was in order to avoid the criticism that the conditions met in the schools tested could not be duplicated by good average schools of nursing.

5. They should have reasonably well prepared instructors so that the grades and ratings received could be relied upon as being fairly valid and comparable.

6. They should include not only schools drawing their students from a narrowly localized area, but also those whose student body represented a wide area.

This method of selection seemed to promise a group which should be representative of desirable though not of unattainable conditions. It was desired to set high standards for admission to schools of nursing but not to set them so high that other schools could not use the material secured in the study.

The schools agreed to furnish information on the following matters:

I. Those students who were retained in the junior class and had completed the preliminary period successfully.

1. Grades on all classroom work.
2. Ratings on ward practice.
3. Estimates of general ability as a nurse.
4. Rating on certain personality traits and characteristics.

II. Those students who did not complete the preliminary course successfully and hence did not enter the junior class. For these students there was asked a report on all the items above plus the reason for separation from the school.

There has as yet been time to complete only a small part of the computations which will be necessary for establishing the value of the battery of tests. Some indication of the magnitude of the task may be given by the statement that there will need to be computed about sixty correlations of the zero order for the group of about five hundred students, and approximately the same number for each of the fifteen schools concerned in the experiment. The number of partial correlations has not as yet been planned but the plan for a somewhat similar piece of work worked out a couple of years ago covered about six sheets of typewriter paper. This was not the work—merely the plan; for a set of partial correlations must be carefully planned in order to avoid much needless computation. Such few of the computations as have been made are here presented.

The distribution of the scores on the Alpha Examination form approximately a normal curve, therefore the median or middle score and the mean or average score are approximately the same; that is 131.
This is about the same score as that found for student nurses by Miss Metcalf and those reported by Dr. MacPhail and Dr. Bregman. It is also approximately that of first year college students reported by a number of experimenters. Previous experimentation has shown us that student nurses with scores below 115 on this test are not often able to carry the course successfully, and that it is not until scores rise above 125 that the student has better than an even chance of success. Twenty per cent of the group fall below 115. That is, there are ninety-seven of these preliminary students whose Alpha scores make it seem improbable that they will be able to enter the junior class. Some recent figures compiled by the State Board of Examiners of New York tend to indicate that it costs about one hundred and fifty dollars to maintain a student for a four months' preliminary period, quite apart from educating her. The cost to the school of these ninety-seven students can readily be computed. Several of these schools of nursing have already computed this loss sufficiently accurately to lead them to test applicants rather than students already admitted to the school; others are considering doing so. The saving which these schools make thus is far greater than the cost of even the most elaborate testing program is apt to be.

The correlation between scores on the Alpha Examination and the MacQuarrie Test has been found to be 0.35 for this group. This indicates two things. One is that persons with high scores on one of these tests are not apt to have low scores on the other. The other is that the correlation is low enough to enable us to know that we are not measuring the same things by the two tests. The correlation between the first half of the MacQuarrie (which measures primarily speed and muscular control) and the Alpha Examination proved to be markedly lower, being only 0.14. The correlation between the second half of the MacQuarrie test (which measures several forms of mechanical insight) and the Alpha Examination was 0.41. The correlation between the two halves of the MacQuarrie was 0.43. It seemed desirable to know what the correlation between the two halves of the MacQuarrie Test would be if the intelligence of the entire group were the same. For this reason a partial correlation was computed. This was found to be 0.42. Hence general intelligence apparently does not have any great part in the correlation between the two parts of this test. A second partial correlation was computed; this time in order to learn what would have to be the correlation between general intelligence and mechanical insight with the factors of speed and muscular control held constant. This was found to be 0.40. When we compare this with the correlation of 0.41 between mechanical insight and general intelligence with varying amounts of speed we find that these factors also make but little change. In other
words: Intelligence and mechanical insight have a positive and some-
what significant relationship to one another, even though that relation is 
not a very close one, and this relation is not markedly affected by speed 
of movement or the lack of it. Perhaps not the least interesting point 
to be derived from all of this is that while a student might be low in 
intelligence and far above average in mechanical ability as a whole it is 
not very probable that she will be. This rather upsets the old theory 
upon which we have retained in the school the student who has per-
sistently failed in classwork in the belief that she was therefore apt to 
be doing superior work with her hands. We have been so impressed 
by the very few who have done this that we have generalized from far 
too little data. (Even had the original premise been true, could we 
honestly say that we kept her to give her an opportunity, or that we 
kept her because there was need in the wards for a skillful pair of 
hands? Have we always been honest with ourselves?)

The scores between the Alpha Examination and those on the Bern-
reuter have been computed also. Again we find that we must revise 
some old beliefs. We have been told so often that the person with 
superior intelligence is not able to meet situations of emotional stress 
that we have almost come to believe it. Yet the correlation between 
Alpha scores and emotional sensitivity as measured by the Bernreuter 
is 0.58; that is to say, the more intelligent person is the less emo-
tionally sensitive. As a matter of fact, this is not quite true. There is 
a higher proportion of those of high intelligence who stand in the middle 
ground in this trait than there are of either the entire group or of those 
of low intelligence. Perhaps in view of this distribution of scores, we 
shall need to revise somewhat our long held opinion that the intelligent 
student is unable to adapt to situations. We may rather need to con-
sider the nature of the situations to which we have asked her to adapt. 
May not some of them have been those which should not have been 
adapted to but changed?

As we look at the correlation chart of the scores of Alpha and those 
on dominance and submission as measured by the Bernreuter Inventory 
we find a slightly different picture. Here the correlation is 0.03; prac-
tically no correlation at all. Neither is there any tendency for the ex-
tremes of either dominance or submission to be any more common among 
any one level of intelligence than in any others. The more intelligent 
group tend to be slightly more self-sufficient, that is, to be able to work 
on without encouragement and praise to a slightly greater extent than 
do the less intelligent. The difference is not marked, however, and 
neither group tends far toward either extreme in this trait.

The results from the Manson Occupational Interests Blank for
Women are not as yet very decisive. In the original report made by Miss Manson all persons making scores above forty were put in the A group, as possessing to a decided degree the interests of the group used originally for developing the scoring scale. Those whose scores fall between zero and thirty-nine were ranked as belonging to the B group, or possessing to a slight degree the interests of the original group. Those whose scores were less than zero were placed in the C group, as having interests quite unlike those of the original group. The possible fallacy in this particular case is that Miss Manson’s group of graduate nurses appears to be weighted somewhat heavily with private duty nurses and those doing somewhat unusual pieces of nursing work. Such an error is unfortunate, but does not necessarily wholly invalidate her work. It only makes more work along the line seem desirable. As a matter of fact, exactly the opposite error has been made, though knowingly, in the administration of this measure in a part of this experiment. In addition to administering it to several hundred preliminary students it has been taken by two or three hundred graduate nurses, about seventy-five per cent of whom held institutional positions, the remainder being public health nurses. Of this group, about fifty per cent were ranked as A; about twenty-three per cent as B; the remainder as C. Until adequate numbers of public health and private duty nurses have been added to this group no positive statements concerning the value of the measure for the purpose of selection among applicants can be made. Almost the same proportions of A, B, and C papers were found in a student group of approximately five hundred. Until the work has been carried on further, until the distribution of graduate nurses has been equalized, and until the correlation of the scores of preliminary nurses with their success in the schools of nursing have been computed, it is only possible to say that for the moment there would seem to be a difference between the interests of graduate nurses holding institutional positions and those in the public health field. It may eventually become necessary to develop three separate scoring scales and to score each blank with all of these, in order to determine to which group of nurses the applicant’s interests most nearly correspond. It is difficult to know just what this may come to mean in terms of deciding upon the curriculum or the objectives of any one school. There would seem to be a tremendous opportunity for several studies to be made along this line.

There has as yet been very little work done with the second interests measure. It has been administered to the same group of graduates as was the Manson Blank and the results have been tabulated. In general it may be said that these nurses like active sports; like most types of movies and plays other than tragedies; and like the better types of
magazines. They have relatively few dislikes in the way of recreation. Comparisons between these nurses and women in other occupations, between student nurses and young women who are not student nurses, and between student nurses who succeed and are happy in schools of nursing and those who do not do so, must all be made before a scoring scale can be developed. It will also be necessary to administer it to a large group of private duty nurses, successful and doing private duty because they like it better than any other form of nursing, and to more public health nurses. This is a part of the work which we cannot hope to complete within the original two-year period, although a start is being made.

The new composite test has been scored. With a possible score of three hundred and seventy-five points, the scores for the group of approximately five hundred preliminaries range from seventy-seven to three hundred and twenty-two. The material, consisting of some eleven thousand pages, is now being tabulated in order to discover the relative difficulty of the items. When this is completed it will be possible to discover which items distinguish between student nurses who succeed in their first year of work in the school of nursing and those who do not do so. The test will then be reformulated using only these items, and using them in the order of difficulty. This should markedly shorten it. It is hoped that this part of the work will be completed in time to administer the test to some 1,500 or 2,000 preliminary students this fall and thus to obtain some tentative norms which may be used for the purpose of determining the probable chances of success of any given applicant for admission to a school of nursing. In order to obtain so large a number of students it will probably be necessary to ask a fairly large number of schools of nursing to offer their help in the matter. It will be necessary to obtain schools of all sizes and in several different parts of the country, in order that the norms may not be invalidated because of failure to obtain a random sampling.

Although considerable progress has been made in the work there is still much to be done. Some small beginnings have been made on some few of the many auxiliary problems which have presented themselves as the work has progressed, but this has had to be done in a very incidental manner as the main portion of the work has been too time-consuming to allow these extra pieces of work to be carried on with any degree of completeness. Small and incomplete as most of these have been, however, they have shown certain definite trends which promise much help when or if they can be carried to completion. The work is not of a kind which can be done by any one person, neither will the best results ever be obtained without the assistance and encouragement of
the entire profession. There is no probability that even the best battery of tests can ever replace all other information for the purpose of selection among applicants; there seems every certainty that even a fairly good battery will aid much in this task. It is hoped that before long it will be possible to offer to schools of nursing the type of service along this line which is already being offered to colleges and secondary schools. The complete battery of tests which should ultimately be used would probably be larger than the one used in this experiment. It should probably include not only tests of aptitude and personality traits, but also very definite tests of achievement in the scholastic field. It is interesting to note in this connection that the North Central Association of Colleges and Universities at their last annual meeting showed a very strong tendency to be looking toward the use of a battery of achievement and other psychological tests as one of the major factors in the admission of students from secondary schools or to advanced standing. The idea in this is, it has been said informally and unofficially, to rely less upon the mere piling up of "units" and more upon the actual ability and knowledge of students seeking admission to institutions of higher education. May it not prove very helpful to us to go along side by side with the colleges in this matter?

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This bibliography is of course only a small portion of the material actually used in this experiment but does cover the articles to which specific reference is made in the paper.

TESTED QUALITIES OF GRADUATE NURSES

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A story may illustrate my meek acceptance of the very brief time allotted me. An employer had presented his old negro servant with some liquor. Upon inquiring how the old man liked it he was told rather vaguely it was "jes' right." "But what do you mean 'Just right'?

urged the employer. "Well sah, if it 'ad been any wuz, ah couldn't a' drunk it, and if it 'ad been any bettah you wouldn't a given it to me." I mistrust that if there had been any less time available, this report could not have been included and if there had been more time your Minnesota program chairman might not have felt free to let Minnesota have it.

The importance of the problem of better selection of nurses need not be discussed here. Obviously some form of testing—which is really an attempt to sample an individual's conduct in certain situations—is the simplest and most objective means of obtaining information on which to base selection; provided of course that tests can be found to give the desired information. Perhaps such tests can never be found, or perhaps they are still to be devised. It is only reasonable, however, to make careful survey of those tests already in existence for the purpose of saving the long and expensive procedure of creating new tests if adequate ones now exist or at least for the purpose of providing a background for future attacks on the problem.

One aspect of the problem of test selecting for nursing schools needs special emphasis in that it differs from that for the general educational institution. Whereas the academic college, for example, is concerned primarily with the student's ability to carry work required of him as a student, the professional school has the added obligation of selecting not only those who can succeed in the school situation but if possible admitting only those persons who when graduated can be expected to hold their own satisfactorily in their chosen occupation. That ideal, when applied to a testing program for nurses, seems to me to imply the necessity for careful definition of the successful graduate nurse in the terms of the tests that we hope to find useful in selecting the student nurse. Take an example—most of us are convinced, I believe, that there is a minimum mental level for abstract thinking below which failure is bound to result for the individual whose abilities fall below this level. But just what is that minimum and what, as indicated by tests scores, is the range of mental abilities contributing most satisfactorily to success in the nursing profession? Ability to carry the class work as a student nurse cannot be the sole criterion because the level of difficulty of that class work is itself too arbitrary a matter, fixed at best by the needs of the profession, at the worst by the needs of the hospital. Therefore, I repeat, it is not the school situation alone but the situation in the field itself that should govern our use of psychological tests of all kinds.

The study which I have been asked to report deals with this phase of the problem, this "testing of tests" in relation to the graduate nurse group. It is part of a program being carried on at Minnesota through the efforts of Miss Katharine J. Densford, Director of the University
of Minnesota School of Nursing. This particular project was undertaken by the Employment Stabilization Research Institute of the University. The direction of the work was in the hands of Dr. M. R. Trabue, of the Institute, and Professor Donald G. Paterson, of the Psychology Department, under whose guidance I carried on the study. The immediate purpose of the study might be expressed as follows:

(1) To obtain from a representative number of graduate nurses, active in their profession, scores on a group or battery of psychological tests that might serve as indications of the amounts of certain tested traits present in those members of the profession now practicing in Minnesota.
(2) To compare scores made by the three groups of nurses, institutional, public health, and private duty on the same battery of tests and to indicate what, if any, differences are made evident between the three groups.
(3) To compare scores made by four groups of nurses when rated by supervisors into four ranks on general nursing ability and to indicate what, if any, differences in qualities tested appear between these groups.

The battery of tests was made up with one exception from those with which the Employment Institute has for some time past been working. There are two reasons for this. First, they had been selected after careful study of the field, and, therefore, gave assurance of being among the best on the market for testing among adult subjects showing a wide range of abilities. Second, since they had been extensively used by the Institute valuable data was available for comparison.¹ Time does not permit detailed descriptions of these tests but samples are on exhibit for those interested. Only the name and brief comment on each is included here.

(1) Pressy Senior Classification Test. This is of the so-called "intelligence test" variety, included to give us the educational placement of the subjects. It takes only 15 minutes to give, an important item in giving a series of tests, and has been found by Dr. W. S. Miller of the University of Minnesota to agree remarkably well with the results from many longer tests.
(2) Minnesota Clerical Aptitude Test, included to test that speed and accuracy in handling written material which would seem to come into play with the reading of doctors' orders, labels on medicine, patients' names, and so forth.
(3) O'Connor Finger and Tweezer Dexterity Tests, included to test, as the name implies, inherent deftness in use of fingers or delicate instruments.
(4) Minnesota Mechanical Assembly Test. Devised primarily to test varying degrees of mechanical ability among boys and workmen. It is rather less reliable for use with women since boys seem to have a more uniform background than girls in at least taking apart every mechanical device in the house even though they vary considerably in their ability and inclination to get them together again. However, it had proved sufficiently useful to be included.

¹ There is no implication that these represent the only valuable tests by any means. Actually others may be found to be of more value.
(5) Monroe Fractions Test. This was the only test not already used by the Institute and was included because of the feeling that arithmetic, and particularly handling of fractions, was essential for the nurse. Our difficulty in handling these scores came from the fact that the test had been standardized on school children and we had no data on what scores other adults would make on the test for comparison with the nurses’ score.

(6) The Bernreuter Personality Inventory. The devising of test situations for character and emotion analysis has so far proved the most baffling of all in the field of psychological testing. Such tests if they can be devised will help to answer the question not simply, “How much ability has an individual” but also “To what extent will she use her abilities, and in what way.” The importance of the question and lack of any satisfactory answer has led to numerous experiments in the field, largely with rather dubious success so far. The Bernreuter Personality Inventory has seemed to be one of the best of these attempts and was included in our battery in the hope of finding some valuable indications in the traits it tests. As indicated by Bernreuter these are in four scales, from “neurotic to stable, from gregarious to self-sufficient; from introversion to extroversion, from submission to dominance.”

The terminology is somewhat unfortunate. “Neurotic” for instance does not carry in this case the ordinary, undesirable connotation so much as a sort of sensitiveness, a tendency to be “thin skinned” perhaps.

This brings to our attention a point that should always be borne in mind, namely that we do not need to have exact definitions of the traits tested in order to have test findings valuable. We could easily have and actually do have, tests which measure something quite unrecognized by name but if that something is present in varying amounts, reliably indicated by the test score, and if these amounts bear a direct relationship to achievement in a given field, then we have an important and usable test, for a specific purpose.

One more test is included in the summary of findings. The strength of grip test, inserted not with any expectation of important returns but because it only took a moment to give and supplied interesting data on one physical measurement.

Two other tests were given but not included in the findings. One was the Ishihara Color Blind Test which also was of slight value but took only a moment to give. Out of the 300 nurses tested only two or three exhibited marked color weakness.

The other was the Manson Interest Blank. The scores in this test indicate the degree to which the subject’s interests fall within those typical of the group. The purpose of the blank is not to answer, “How much ability has the person for this particular line of work?” but “How happy will she be in it, how congenial will she find it?” A reasonably accurate answer to this latter question used in connection with, not in place of, answers to the former should certainly be of value in vocational guidance since our interests and satisfactions undoubtedly play a large part in our successes. Since to say that nurses are like nurses or not like nurses is an empty statement, the scores are not included in the
final results, but the data obtained is none the less valuable in evaluating the test.

The subjects for these tests were about 300 graduate nurses engaged in active work in the City of Minneapolis. All of them gave their time—from two to three hours—voluntarily outside of working hours and it is by their outstanding coöperation that the study was made possible. It is really their study undertaken through a desire to be of service to their profession. One-third of the number were from hospital positions, head nurses, instructors, supervisors or superintendents of nurses, and were classified under the heading institutional. They were employed in eight hospitals and had graduated from more than that number of hospitals. One-third of the total were employed in public health positions from four different organizations and one-third were from the Third District Registry on call for private duty nursing. The Registry staff deserves special mention for its helpful coöperation in contacting the private duty nurses for us. The age range for the group was from twenty-one to fifty-two with the median or middle age for all subjects approximately twenty-eight years. The rating of the nurses in the case of institutional and public health groups was done by their present employers; in the case of private duty by the superintendent of nurses of the hospital from which they graduated (since that would be the place of major employment). No elaborate system of rating was used but general impression only was asked for. The ratings are open to all the criticisms that are applicable to this procedure but taken as a whole we believe represent tendencies that would be borne out by more detailed rating judgments.

Turning now to the findings made in the study let us look first at the chart (see Chart I) for the total group. The material is given in percentile of so-called total population. This means that from large quantities of data the Employment institute has prepared norms or standards showing what sort of scores the total population of employed or employable women in Minnesota would probably make, and against this our nurses scores are compared. The center vertical line indicates where the median or average score in each test would fall for this total population. The lower vertical line indicates where the twenty-five percentile is placed; in other words out of every hundred women to be tested (if all types could be included in the 100) twenty-five would make a poorer score and seventy-five a better. At the upper end the vertical line represents the seventy-five percentile or that point at which only twenty-five out of every 100 total population make better and seventy-five poorer scores. These three lines cutting across the vertical ones show the twenty-fifth, fiftieth or average and seventy-five percentile
respectively, for the entire group of nurses tested in our study.

What then briefly does the chart tell us? First, that in the educational (or intelligence test if you will) the average for nurses is as high as the seventy-five percentile for total population; in other words, that 50 out of every hundred of our nurses made as high a score as twenty-five out of every 100 of the total population. Second, that the nurses in the clerical aptitude test for numbers averaged slightly lower than that of total population and were almost identical with the total in the aptitude test for names. Next (what was to us most astonishing), the finger dexterity test showed the nurses' score distinctly lower than total population while the two averages again coincided for the Tweezer Dexterity Test. Another unexpected result was in the Mechanical Assembly Test in which the nurses' average appeared at the seventy-five percentile for the total figures.

The personality inventory as I indicated early is difficult to interpret, and, frankly, we do not now feel able to place confidence in the findings. We can see that the average scores of the nurses hover around the average for total population except in the last section where the tendency dominance can be interpreted as executive ability or bossiness, according to your point of
view. Couple this last with the nurse's strength, which is almost "as the strength of ten" and you can see that you are a most formidable group of individuals.

Let us look now at the chart (see Chart II) comparing the averages of the three groups, public health, institutional, and private duty. We cannot stop for detailed comment but in general we note that the lines connecting the average scores—the profiles we call them—are very much the same in all three groups and in no test startlingly far apart.

The final chart (see Chart III) depicts the comparison of the "rated nurse" when ranked by employers. Because of the large source of errors in such ratings we will do best probably to consider only the top and bottom groups, since no doubt these two groups at least represent real differences in ability. You will notice that in the first part of the chart the poorer group makes scores that are markedly lower than the better group,—a difference of twenty percentile or more—except in two cases, Finger Dexterity Test and Mechanical Assembly Test, where the two averages meet. In one of these cases the scores were markedly below the general average and in one markedly above. In the Personality Inventory the lines are more closely associated and tend to crisscross rather bafflingly.

In this chart we have the arithmetic scores appearing for the first time since they can be compared with one another if not with other adults. You will note a steady improvement in score from poorer to better groups.

The matter of drawing conclusions from a study of this kind must be so carefully hedged round with "it might be thars" and "on the other hand" that at best we have no conclusions but beginnings. I should like to give one brief example as to how such studies might be used as a basis for further work in the testing field. Let us take for example the two tests in which the averages fell below those of total population, the Finger Dexterity and the Clerical Aptitude. If we are looking for tests to produce nurses equal to the average of those now practicing in Minnesota we can say positively that we need not look for high scores in either of these two tests. That in itself furnishes an undoubtedly useful piece of information even though somewhat negative. Suppose, however, our aim is to begin selecting nurses that are not so much like our average but are like our best nurses. Then we turn to the chart of rated nurses and find that the average of the A and D groups are practically identical for Finger Dexterity but in Clerical Aptitude the A Nurses have markedly higher scores than the D. May we perhaps conclude that Finger Dexterity (which you must remember is a very specialized movement of finger muscles and tells us nothing of general arm
or body deftness) is not essential to even our better nurses while clerical ability seems to be an aid to good nursing ability; though not present in today's nurse in so large a degree as is the educational ability, shall we say?

At least, I believe, the tendency indicated here would warrant the inclusion of a clerical ability test in a program for entering students, so that further check on the relationship of the resulting scores to the student's nursing ability could be made, while such a program does not seem warranted for the Finger Dexterity Test. This is, I believe, the type of suggestions to be found in the material presented. I should like to think of the study as having set up some sign posts to give information about the roads in the immediate vicinity. Perhaps these will serve others in choosing the best route to the desired destination.

A pleasant journey to you!

**DISCUSSION**

**Sister M. Ancina, R.N**

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In determining an applicant's ability to meet the academic requirements of the nursing course, more and more of our schools are learning to ask, what rank did the applicant have in her high school graduating class and what is her intelligence quotient, rather than, what grades did she obtain.

The many contributing factors influencing and determining the success of the student nurse, make it impossible to predict her ultimate achievement on the basis of psychological tests alone. Our experience, however, has shown that a student with an intelligence quotient of less than 100 has practically no chance of completing the nursing course; while the student with an intelligence quotient of 125 or over is likely to remain in a school of nursing until her graduation.

In the interest, therefore, of the applicants, as well as for the efficiency of our educational work, we select our students from the higher levels only. According to Terman, the intelligence quotient of the bulk of the population is between ninety and 110. Eighty per cent of the students in our school have an intelligence quotient of 115 or over according to the Miller Mental Ability Test, and of this eighty per cent, approximately sixty per cent complete the course. Of the total number of students accepted for the preliminary course, about fifty per cent are graduated. This ratio compares favorably with that of freshmen to graduates in our American colleges.
One of the most important problems of nursing school administration is that of eliminating the failing student as early as possible; intelligence tests help us to some extent in doing this. If a student's work remains consistently at a lower level and her intelligence test indicates a low level of ability, the inference is that she should be encouraged or advised to resign from the course. Particularly is this true if she is still a member of the preliminary group.

On the other hand, if a student is not doing acceptable work although her intelligence quotient shows that she has more than average ability, investigation may reveal that she has too many outside interests, that she has lost interest in or liking for nursing, that she has home or financial worries; the specific cause of her failure would suggest the technique to be used in dealing with it.

We have found the arithmetic test mentioned by Miss Potts very valuable in sectioning students for classes in elementary materia medica. Those of you who have taught this subject know the need of some means whereby students of similar ability may be selected to form class units for teaching. It is not possible to make this selection on the basis of general intelligence alone, for students of very superior general ability frequently possess this special ability only to an average and sometimes to less than an average degree. It has also been found that among students of the same intelligence quotient there is a wide variation in arithmetical ability. If, however, students are grouped according to the scores they have attained in a reliable arithmetic test, teaching problems will be minimized and the teaching itself will be facilitated to a worth while extent.

The tests used in our school are the Stanford Achievement Test and Form B of the Los Angeles Diagnostic Test for Reasoning in Arithmetic. They are given on succeeding days during the first week the student is in school. The scores are then used in dividing the class into roughly homogeneous groups of twelve or fifteen members. Experience has shown that for the poorer students it is necessary to allow five or six extra class hours to give them drill on the fundamentals of arithmetic in order that they may have a better foundation, for more laboratory work to give them self-confidence, and for the thorough review essential to their ultimate success. A study which we made showed a low coefficient of correlation of ability in arithmetic as determined by the Los Angeles Test and the grades achieved by students in dosage in solutions, indicating, we think, that there are many factors, such as accuracy, diligence, industry, which invalidate the findings of the tests.

The study of psychological tests especially in their application to the field of nursing, has only begun. The great need for further experi-
mentation is only too apparent, but one or two or a dozen full-time workers can accomplish little unless every school of nursing coöperates. This can best be done by beginning to use some of the psychological tests already standardized and available to every school, and by accumulating such data as will eventually enable us to reach definite conclusions. In a study published not long ago in School and Society, it was revealed that fifty-one colleges in the United States make advantageous use of psychological tests for the purpose of sectioning students. May we not profit by their experience?

RECENT EXPERIMENTS IN NURSING PROCEDURE

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A century of progress brings to mind the expansion that science has made, but it is difficult to ascertain to what extent nursing has accepted this contribution and applied it to those problems familiar to nurses. At a very early date modern industry realized that by maintaining a corps of scientific workers for the sole purpose of experimentation and testing results, enormous benefits were reaped in production and improvements as well as profits. The field of nursing practice can well emulate this example and extend this method beyond the confines of the institution even into the field of public health.

Within the last decade much time and thought has been devoted to ways and means of improving the care rendered the sick. The school of nursing having an affiliation with a university or having financial independence will make possible the fulfillment of a dream of nurse educators. That is, a chance to conduct a more diligent search for facts, principles, reliable methods, and safer techniques, and relate the findings to the every-day problems of the bedside nurse.

Nursing problems do not require the exhaustive research of pure science but merely the application of the methods of science, especially ability to arrange ideas and observation into a form from which reliable conclusions can be drawn. In considering the means at the disposal of such workers, the wealth of allied and associated sciences is available; chemistry, bacteriology, psychology, physiology, sociology, etc., provide usable tools for research. Some sciences do not lend themselves as readily as others to the testing of thought. However, depending on the problem at hand, the principles of any science can be of assistance in effecting a solution.
With the increase in educational advantages and the improvement of her scientific background, the young person coming to nursing brings with her a healthy curiosity. If she is training in that hospital, partially staffed with graduate nurses, she will observe a variety of techniques being applied to patient care. For example, the simple procedure of preparing a hypodermic injection may vary with as many institutions as are represented. At the present time there is no way to prove one method superior to another except by experimentation.

A cursory survey of many existing nursing practices reveals that the majority are based on opinion, snap judgment, tradition, or past experience rather than on scientific facts. This is not so startling as the fact that so little tangible proof exists of the value of one over another.

With recognition being given the growing need, it is plausible to expect that persons will be found or developed to carry on scientific experimentation aimed toward reducing the variety of nursing techniques as well as increasing their safety. The logical person for this task is one whose function it is to teach and supervise nursing practice on the ward. She has the opportunity to evaluate past and present procedure and organize the machinery to test her methods. Nurses spend the major part of their time in surroundings conducive to scientific research and it is here that experimentation and studies should be conducted, for in the controlled confines of the laboratory, solutions of problems do not present the variety of factors that one finds on the wards when the human equation is introduced.

A review of available literature reveals considerable being done along the lines of the scientific method. Such research may take the form of psychological measurements, efficiency ratings, special surveys of ward management, cost studies, evaluation of nursing practice, bacteriological experiments, and, depending on the problem at hand, may have a very humble beginning with a resultant growth that requires elaborate and detailed work.

This study represents a problem entailing findings of bacteriology, one of the sciences that lends itself readily to nursing experimentation. Members of the nursing group believed that adequate and less expensive methods for the disposal of typhoid excreta could be found for use on the communicable disease ward of the hospital. Tradition, sanctioned by the medical group and strengthened by the opinion of the pharmacist, who refused to purchase any other disinfectant on grounds that it would be more expensive, dictated that five per cent liquor cresolis compositus be used to disinfect the excreta of typhoid fever patients. For those cities possessing a sewage purification plant such a problem presents
little difficulty, but in this instance where a dilution system existed, one did not feel it safe to direct untreated sewage into a bay used for public bathing and the production of shellfish.

It was felt by members of the nursing group that a cheaper and as effective a type of disinfection under working conditions could be found. Two phases of the problem were considered:

1. Is the use of liquor cresolis compositus (USP) the cheapest and most effective method of disinfection for the excreta of typhoid fever patients under hospital working conditions?

2. What evidence can be produced to show the relative advantages of possible methods of excreta disinfection?

EXAMINATION OF AVAILABLE LITERATURE AND ASSEMBLING OF DATA

Bacteriological authorities class the organism causing typhoid fever as a nonspore-forming rod easily destroyed at 60 degrees C. (140 degrees F.) in ten minutes unless imbedded in fecal masses.

In the disinfection of excreta it is not always possible or practical to use heat, and reliable disinfectants are often substituted. Rosenau in his text on Preventive Medicine and Hygiene, p. 1833, 1927 edition, states that in considering agents of disinfection for practical instances, a variety of factors must be considered before a selection is made. The agent should not have an unpleasant odor; should be reasonably cheap; should be readily miscible with water; should not deposit from solution or suspension; and should not be greatly influenced by the presence of organic matter. Tests should be conducted to determine the value of disinfecting agents under working conditions in order to establish a satisfactory knowledge of their power and limitations. This is usually the reason why such disinfectants as bichloride of mercury, phenol, chlorine, and the cresols in variable strengths, are commonly used. In considering bichloride of mercury as a disinfectant, it must be recalled that in the presence of organic matter very little disinfection is achieved due to the compound formed. However, it can be used in the disinfection of urine. Additional care must be exercised in selection of the type of equipment to be used if this agent is employed, as it decomposes in the presence of lead, tin, and copper.

Slaked lime in the presence of water provides an adequate agent unless it is to be used in connection with a sewage system, when the resultant insoluble compound clogs sinks and drain pipes. Hence its use in hospital practice would not be considered advisable.

In the final selection of disinfectants three agents were chosen for trial:

1. Heat in the form of steam is considered to be one of the most satisfactory agents and becomes more effective with increase of pressure. Streaming
steam is often used and has the same disinfecting properties as boiling water. In this instance, the bedpan sterilizer, directly connected with the sewage system, seemed a desirable method of excreta disposal.

2. Chemical disinfection by the use of chlorinated lime in covered receptacle to be emptied into the sewer after a period of disinfection. A survey of the literature seemed to reveal that this was the method of choice and the standard outlined by the United States Army was the one considered. This method called for equal parts of four per cent solution, made by the addition of six ounces of chlorinated lime to one gallon of water. At the present price of chlorinated lime this would cost five cents per gallon of disinfecting solution. Chlorinated lime is one of the most powerful germicides and owes its effectiveness to the liberation of free chlorine and nascent oxygen and chloramines which are formed in the presence of organic matter.

3. Chemical disinfection by the use of liquor cresolis compositus in a covered receptacle to be emptied into the sewer after a period of disinfection. Since this was the preferred method of the hospital, the five per cent strength was the one selected. The price per gallon delivered to the wards in this strength was thirty-five cents each of disinfecting solution.

DEVELOPMENT OF A POSSIBLE PROCEDURE

General Ward Conditions:

Formulation of a possible method required consideration of the physical plant. The ward accommodating typhoid fever consisted of six cubicled spaces on a subacute communicable disease unit of thirty-five beds in a general county hospital. Each cubicle was provided with a bed, bedside table, chair, and a hand basin. A toilet room adjoined the ward. One utility room with a large sink, work bench, bedpan sterilizer, basin sterilizer, and cabinet served all communicable cases and was used as the ward laboratory for experiments. Additional equipment in the form of covered crockery jars of three-gallon capacity was secured for use in the chemical disinfection.

The ward was in charge of a graduate head nurse and the working personnel consisted of seven graduate staff nurses, two undergraduate student nurses, and one postgraduate student nurse. Auxiliary help consisted of one orderly and one ward maid. Available nursing time had to be considered since the time element in the care of these patients has much to do with the selection of method. In this instance the census was normal and nursing time per patient averaged two hours and twenty-two minutes per patient in the twenty-four-hour period.

SET-UP OF EXPERIMENTAL TECHNIQUE FOR HEAT DISINFECTION BY STREAMING STEAM

With the foregoing conditions in mind, a plan was devised to test the disinfecting power of steam under ward working conditions. Freshly voided urine was used for preliminary tests to determine the minimum
time required to heat the solution in the bedpan to the thermal death point of the colon typhoid group.

I. Equipment:

Bedpans are emptied into a cone-shaped covered flush vault with steam and water attachment. This apparatus is listed as a bedpan sterilizer in hospital equipment catalogues. The type of sterilizer in use allowed the entrance of streaming steam at sixty pounds of pressure per square inch through an aperture measuring $\frac{3}{4}$ inch in diameter. The interior attachments consist of a rack to hold the bedpan while an additional water supply assists in rinsing the pan. Excreta emptied into this vault go immediately into the sewer before any action of steam can take place.

II. Preliminary Heat Test:

A white enamel bedpan (adult size) containing urine at 40 degrees C. was placed in the sterilizer and the steam valve opened to its widest. By testing the specimen with a thermometer at one-minute intervals, it was found that it required five minutes to bring the solution to a temperature of 60 degrees C.

In the preliminary survey for method on excreta the following procedure was carried out. Liquid excreta (40 degrees C.) were heated in a bedpan in streaming steam. It was found that with the increase in specific gravity of the material requiring disinfection six minutes were required to bring the mass to 60 degrees C. After this point was reached the mass was kept in steam for ten minutes. Bacteriological tests were then made by the laboratory technician, who used a sterile pipette.

III. Bacteriological Test of Heated Excreta—Methods and Results:

One broth fermentation tube containing an inverted Wasserman tube (to measure gas formation) in 10 c.c. of sterile media was inoculated with 1 c.c. of the heated fecal mass. This tube was incubated at 37 degrees C. for forty-eight hours. According to the standards of the American Public Health Association, any one culture showing ten per cent or more of gas constitutes a positive test for the presence of members of the colon group. No gas was found on the first trial. Two days later the trial was repeated with the same results. On May 22, 1933, a third trial was made using a semiformed stool containing mineral oil, which had been broken into smaller masses by the use of the traditional wooden paddle. Ten minutes were required to heat this mass to 60 degrees C., an increase of four minutes over the initial time. Steaming continued for ten additional minutes and cultures made as before. The tube was incubated forty-eight hours and this specimen showed seventy per cent gas, a positive test for the members of the
colon group. In carrying the work this far the heat method had consumed twenty minutes and the organisms were still present. It was considered impractical under working conditions and another method formulated for the care of the excreta mass. Three trials could not furnish sufficient evidence for a sound conclusion but were used to assist in selecting a method for further trial. The bedpan sterilizer test for care of the pan only was further considered.

IV. Bacteriological Test of Bedpan Sterilization—Methods and Results:

In this instance the used pan was rinsed and placed at right angles to the side of the sterilizer directly in front of the open steam valve, allowed to steam for ten minutes, and then rinsed with 10 c.c. of sterile water. (One c.c. of the solution was introduced into each of two tubes containing 10 c.c. sterile lactose broth.) The pan was again returned to the sterilizer and fermentation tube tests made by the same method at fifteen and twenty minutes respectively. These six tubes were incubated for forty-eight hours at 37 degrees C. with the tabulated results, illustrated by the accompany diagram:

**TABLE I**

Date: May 26, 1933

<table>
<thead>
<tr>
<th>Sample</th>
<th>Time</th>
<th>Tube 1</th>
<th>Tube 2</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10 min.</td>
<td>80% gas</td>
<td>75% gas</td>
<td>Plus for colon group</td>
</tr>
<tr>
<td>B</td>
<td>15 min.</td>
<td>0% gas</td>
<td>0% gas</td>
<td>Negative for colon group</td>
</tr>
<tr>
<td>C</td>
<td>20 min.</td>
<td>0% gas</td>
<td>0% gas</td>
<td>Negative for colon group</td>
</tr>
</tbody>
</table>

Modifying the above technique by using a separate sterile pipette for each set of tubes and increasing the number of tubes to five, a recheck was done with the tabulated results:

**TABLE II**

Date: May 30, 1933

<table>
<thead>
<tr>
<th>Sample</th>
<th>Time</th>
<th>Tube 1</th>
<th>Tube 2</th>
<th>Tube 3</th>
<th>Tube 4</th>
<th>Tube 5</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>10 min.</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td>80% gas</td>
<td>Plus for colon group</td>
</tr>
<tr>
<td>B</td>
<td>15 min.</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0% gas</td>
<td>Neg. for colon group</td>
</tr>
</tbody>
</table>

Having had nine negative results when the time interval had reached fifteen minutes and above, it was decided to repeat a fifteen- and twenty-minute test with a stool containing oil, since this had been a factor in previous disinfecting tests. The following results were obtained:

**TABLE III**

Date: June 2, 1933

<table>
<thead>
<tr>
<th>Sample</th>
<th>Time</th>
<th>Tube 1</th>
<th>Tube 2</th>
<th>Tube 3</th>
<th>Tube 4</th>
<th>Tube 5</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>15 min.</td>
<td>65%</td>
<td>0%</td>
<td>30%</td>
<td>60%</td>
<td>0%</td>
<td>Plus for colon group</td>
</tr>
<tr>
<td>B</td>
<td>20 min.</td>
<td>0%</td>
<td>35%</td>
<td>0%</td>
<td>20%</td>
<td>0%</td>
<td>Plus for colon group</td>
</tr>
</tbody>
</table>
V. Conclusions:

Under ward working conditions—

1. Consistency of the stool has a decided influence on the rate of disinfection, liquid stools being more easily disinfected than others.

2. The presence of such substances as oil probably inhibits the effect of heat and requires more than twenty minutes for sterilization. This is impractical on wards having many typhoid cases.

3. Due to the time involved in carrying out the procedure, the method would be impractical in carrying out disinfection of mass feces.

4. Disinfection of the bedpan by the heat method in the so-called bedpan sterilizer does not appear reliable under working conditions.

Set-Up of Experimental Technique for the Use of Chemical Disinfectants

As previously mentioned, the chemical disinfectants selected for the experiment were solutions of chlorinated lime with available chlorine content of twenty-five per cent and liquid cresolis compositus. These solutions were freshly prepared for each trial. Two alternatives presented themselves: (1) Use of approved strengths with a varying time interval; (2) Increased strengths with the recommended laboratory time interval. The first alternative was selected for trial.

I. Equipment and General Procedure:

Covered stone jars of three-gallon capacity were secured and placed in the ward utility room. Excreta were emptied into these receptacles and, if formed, broken up with a wooden paddle. One gallon of the disinfecting solution was placed in each container and excreta were added at intervals until the total volume of excreta equalled the original volume of disinfecting solution. Thus, throughout the experiment, with each addition the dilution was increased and disinfecting power was being reduced.
II. Preliminary Test for Method:

One gallon of the disinfecting agents was placed in each of two crockery jars and excreta were added at five-minute intervals for four trials. This allowed five minutes of disinfection between additions with the exception of the last when fifteen minutes were allowed. Twenty-one broth fermentation tubes were inoculated with 1 c.c. of the solution and incubated for forty-eight hours. A variety of results were anticipated as the stools varied in consistency and much oil or mucus would be expected to decrease the penetration of the disinfecting agent.

**TABLE IV**

**CHLORINATED LIME**

<table>
<thead>
<tr>
<th>Trial</th>
<th>Period of Disinfection</th>
<th>Number of Tubes</th>
<th>Per cent of Samples Showing Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5 min.</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>B</td>
<td>5 min.</td>
<td>5</td>
<td>40%</td>
</tr>
<tr>
<td>C</td>
<td>5 min.</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>D</td>
<td>5 min.</td>
<td>4</td>
<td>75%</td>
</tr>
<tr>
<td>E</td>
<td>15 min.</td>
<td>3</td>
<td>0%</td>
</tr>
</tbody>
</table>

Of four trials, groups at five minutes, 75% showed plus gas.
Of one trial, groups at fifteen minutes, 0% showed negative gas.

**TABLE IV—Continued**

**LIQUOR CRESOLIS COMPOUND**

<table>
<thead>
<tr>
<th>Trial</th>
<th>Period of Disinfection</th>
<th>Number of Tubes</th>
<th>Per cent of Samples Showing Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5 min.</td>
<td>6</td>
<td>15%</td>
</tr>
<tr>
<td>B</td>
<td>5 min.</td>
<td>5</td>
<td>40%</td>
</tr>
<tr>
<td>C</td>
<td>5 min.</td>
<td>3</td>
<td>75%</td>
</tr>
<tr>
<td>D</td>
<td>5 min.</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>E</td>
<td>15 min.</td>
<td>3</td>
<td>0%</td>
</tr>
</tbody>
</table>

Of four trials, groups at 5 minutes, 100% showed plus gas.
Of one trial, groups at 15 minutes, one showed negative gas.
III. Conclusions:

A strong positive test for colon-typhoid group was found for both chemicals at five minutes and negative for both at fifteen minutes. Further tests under working conditions should be made with variation of the factors enumerated below:

A. Increase in number of trial tubes for each sample to ten.
B. Use of a sterile pipette for each set of ten.
C. Increase time interval to fifteen minutes or above.

IV. Check of Preliminary Method Under Ward Working Conditions—Methods and Results:

The strength of the solution remained the same but the time interval between the addition of specimen was extended to fifteen and thirty minutes. The number of broth fermentation tubes were increased to ten per trial and a sterile pipette was used for each set. After a control had been run, three workers (an orderly, a student nurse, a graduate nurse, representative of the groups which would contact the patient) were asked to add specimens as if caring for the excreta under ward working conditions.

The same variety of factors; varying consistency of the stool; presence of oil and mucus, were in effect, and the results were as follows:

<table>
<thead>
<tr>
<th>TABLE V</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLORINATED LIME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTROL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Trial</th>
<th>Period of Disinfection</th>
<th>Number of Tubes</th>
<th>Per cent of Samples Showing Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>5 min.</td>
<td>10</td>
<td>20%</td>
</tr>
<tr>
<td>B</td>
<td>5 min.</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>WARD PERSONNEL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>15 min.</td>
<td>20</td>
<td>0%</td>
</tr>
<tr>
<td>15 min.</td>
<td>20</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>15 min.</td>
<td>5</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>30 min.</td>
<td>10</td>
<td>50%</td>
</tr>
<tr>
<td>30 min.</td>
<td>10</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td>30 min.</td>
<td>10</td>
<td>100%</td>
<td></td>
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Conclusions:

Findings of the last experiment with increased time interval and increased number of samplings were contrary to all previous tests. Practically negative disinfection was shown. The strength of the chlorinated lime is open to question. The strength of the liquor cresol is compound which does not decompose was the same as in previous tests. Some other factor not present to the same degree in previous tests may have distorted the results.

**SUMMARY OF FINDINGS AND CONCLUSIONS ON FINDINGS**

1. With the type of bedpan sterilizer described, having direct sewer connection and depending on streaming steam, heat disinfection for colon typhoid group probably cannot be safely used. Equipment of this type should not be listed as a sterilizer, under ward working conditions.

2. Neither the United States Army standard chlorinated lime solution nor liquor cresol compound five per cent solution showed sufficient evidence of safe disinfection in the time tested.

3. Further experimentation should be conducted to eliminate possible error for fifteen- and thirty-minute periods under ward working conditions.

4. Small hospitals frequently add disinfectant to excreta in bedpans. The adequacy of this method should be tested.
GENERAL CONCLUSION

Time-honored nursing procedures accepted in practice and in literature should be scientifically tested to demonstrate their reliability. This is of particular importance in conditions affecting the public health as well as the individual.

A STUDY OF VARIOUS TECHNIQUES FOR FEMALE CATHETERIZATION

ELIZABETH C. PHILLIPS

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The accepted technique for female catheterization in many hospitals has long approximated a minor operation; and in an endeavor to find a safe, simple and time-saving means of carrying out this important procedure a series of experiments were made during this past spring on the surgical service.

The work was divided into two groups of study. In series A we sought to discover two things:

1. How the bacteria commonly causing cystitis are affected at the meatus of the urethra by various disinfecting solutions suitable for use on mucous membrane.
2. What number of wipings of the area give the most satisfactory results.

The solutions used were: saturate solution of boric acid, tincture of green soap, mercurochrome (acetone-alcohol solution), alcohol 70%, merthiolate \( \frac{1}{1000} \), and a mixture of bichloride of mercury \( \frac{1}{2000} \) and sodium oleate 0.2%. The number of wipings used were one to six, and one toothpick swab in the case of the mercurochrome.

The conclusions to series A were based on the number of colony growths of streptococcus, staphylococcus, proteus and coli revealed to the naked eye from a total of 100 cultures. The conclusions were:

1. Boric solution did not seem to affect to any degree any of the organisms studied.
2. A mixture of bichloride of mercury \( \frac{1}{2000} \) and sodium oleate 0.2% seemed to be the best of all the solutions used.
3. Four seemed to be the optimum number of wipings, after that number the law of diminishing returns began to act.

In series B an attempt was made to ascertain the relative merits of the mixture of bichloride and sodium oleate and boric acid solution in protecting the whole area touched by the catheter, that is the walls of the urethra as well as the meatus. In order to do this the catheter was kept uncontaminated save by the walls and meatus of the urethra and
was then put into broth from which actual bacterial counts were made. A control culture of urine was taken in each instance.

The conclusions to series B were based upon the actual number of organisms per cubic centimeter of broth from a total of sixty cultures, all the counts being made after four hours of incubation. The conclusions were:

1. The counts when the boric was used were consistently higher than when the dichloride and oleate mixture was used.
2. The difference in the two solutions was not nearly as great when the cultures were taken from walls of the urethra as well as from the meatus as they were when the cultures were taken from the meatus alone, as in series A.
3. Neither of the solutions studied reduced the organism count within the urethra to any significant extent. (And surely this is an argument against elaborate catheterization techniques.)

It is the opinion of many leading urologists that the technique of catheterization plays very little part in the cause or prevention of cystitis; this infection being due, rather, to trauma caused by overdistention of the bladder. These experiments seem to indicate some other cause than the technique, otherwise no catheterized patient could hope to escape cystitis. Therefore it would seem that the emphasis should be placed upon when the catheterization is done rather than on how it is done; the only "hows" worthy of consideration are the thorough lubrication of the catheter to prevent damage to the walls of the urethra, which may cause a urethritis which may later spread to the bladder causing a cystitis; and the employment of a technique which cannot augment the existing bacterial count within the urethra, even though it cannot reduce it; and a technique which is simple enough to conserve the strength and mental poise of the patient and the time and energy of the nurse who is carrying out the treatment.

**DISCUSSION**

*Lona Yates, R.N.*

*Obstetrical Supervisor and Instructor, University of Washington School of Nursing, Seattle, Washington*

(Miss Yates gave the results of experiments in nursing procedures made by Henrietta M. Adams.)

The account of "Recent Experiments in Nursing Procedures" just presented shows the method of established bacteriological technique applied to nursing problems. The survey of available literature to make use of previous scientific experimentation is an important first step. The statement of general working conditions gives a clear picture of the whole nursing problem.
Record of the conditions, methods, and detail of experimental technique makes it possible for others to duplicate the work in their own institutions. Reliable conclusions can be drawn from analysis of data submitted in such form. Miss Tuttle has given us an excellent pattern for use in experiments on nursing procedure.

The following discussion is given to show the application of the same experimental methods to an obstetrical problem.

**Statement of Obstetrical Problem and Work Conditions**

Early in 1931 a situation on the obstetrical division of our county hospital led to a series of tests on perineal techniques used in giving postpartum care.

The postpartum unit contains thirty beds, arranged in wards holding from four to eight patients, with two single and two double rooms used for patients having complications. Bed, chair, stand, and screen are the only ward furnishings. One utility room placed at the center of the corridor serves the entire unit, but there are toilet rooms, with two flush toilets and two hand basins in each, between all the wards. Single rooms have individual toilet and wash basins.

The hospital has just opened and the first method chosen necessarily made use of the equipment provided. This consisted of a tray containing sponge forceps in denatured grain alcohol 50%, one quart pitcher of sterile ½% lysol solution, a two-quart enamel can of sterile pads, and one of sterile cotton balls. Newspaper to wrap soiled dressings was carried with the bedpan and the tray to each patient's bedside. Perineal irrigation completed, the nurse emptied the pan into the inter-ward toilet and returned it and the tray to the next patient.

There were several objections to this technique:

- Too much nursing time was used in walking to and from the toilet rooms.
- The tray was too heavy for convenience in carrying it.
- Extra nursing time was used in placing the tray on a crowded bedside stand.
- The tray was left while the nurse carried the pan out of the room.
- Alcohol evaporates rapidly and forceps jars were often found less than half filled.
- Alcohol is more expensive than some other reliable disinfecting solutions.
- The forceps used on patients went into the supply cans for additional sponges without disinfection during the process of cleansing the perineum.
- Waste was frequently carried to the utility room on the tray with sterile goods.

Analysis of this first technique indicated failure to meet three nursing objectives:

1. Economy of time and effort.
2. Economy in cost of disinfectant supply.
3. Safety to patient from possible use of denatured alcohol and from bacterial contamination of supply cans.

Need for a change in perineal technique was discussed at the weekly instructing-supervisors' meeting. The group agreed on the following points for a trial procedure:

A borrowed dressing cart to be equipped in the place of the tray and used to transport both perineal irrigation supplies and bedpans. The saving in nursing time to be estimated and, if appreciable, carts to be requisitioned for the obstetrical division.

Separate transfer and individual patient forceps to be provided in 5% lysol solution.

The inside of sterile folded newspaper kept on top of cart and used to place individual supply of pad and cotton balls for each patient.

Plain sterile water for irrigation instead of lysol solution.

A waste bag of newspaper to be hung on end of the cart.

There was disagreement on the following points:

Some of the group thought:

Use of forceps to hold the cotton balls, in cleansing the perineum, awkward and time-consuming for the nurse and uncomfortable for the patient.

Holding the cotton balls at the back would avoid gross contamination of the nurse's fingers and this procedure would be more comfortable for the patient and take less nursing time at the bedside.

Hand technique with three-minute hand scrub between patients would be less apt to transfer infective material than a forceps immersed a short time in 5% lysol solution and not boiled between cases.

It was decided to secure time and bacteriological facts on two methods, using the recommended cart set-up for both procedures.

1. Hand technique for perineal care.
2. Forceps technique for perineal care.

Experiments were made on the postpartum ward units under working conditions. They were set up and supervised by a nursing faculty member whose master's study had been in the field of bacteriology. Technical laboratory work on the bacterial phase was done by a university student-laboratorian. All nurses on the division were graduates with the exception of one.

**SUMMARY OF EXPERIMENTAL METHODS**

I. NURSING PROCEDURE

A. Equipment.

A small dressing cart was equipped as suggested and used on one ward. The nurses were unanimous in stating that much time and energy was saved, so no detailed time study was made covering the cart pro-
cedure. It was put into general use and all nurses instructed in both hand and forcep methods of giving perineal care.

B. Method.

On five days—April 22d, 27th, and May 1st, 4th, and 8th—a nurse on the service was arbitrarily selected to care for three patients using hand techniques and for three using forcep technique. The four graduate nurses who were selected were told to work according to their usual practice. One student was supervised. Results from two patients were discarded because of error. This left a total of twenty-six trials recorded, thirteen for hand techniques, and thirteen for forcep technique.

Time required for steps in both procedures was watched by the director of the study and recorded in minutes and seconds. Special care was taken in checking time that forcep remained in lysol before use on the next patient.

C. Nursing Technique.

Details of nursing technique used are included in report of time study method.

D. Summary of Bacteriological Results and Conclusions.

1. Summary of hand technique data:

Three out of four graduates used a scrub brush lying on the sink. One scrubbed with a sterile brush. One student was supervised and given a sterile brush. The number of colonies per c.c. shown on plates from the fingertips following the three-minute hand scrub varied from twenty-six to 4,000 per 1 c.c. of each 20 c.c. sample. Counts varied from 480 to twenty-six in the two cases of scrubs with sterile brushes. Water from the brush drippings showed 570 colonies per c.c.; water from the tap 5 colonies; and water from the irrigating pitcher 10 colonies. Hands might have been actually contaminated by scrubbing with used brushes. It was decided in the future to use only autoclaved brushes where hand scrubs were needed on the obstetrical division. Soap and water only should be used for routine hand washing.

After perineal care of a patient, using fingers to hold the cotton balls, the number of colonies per 1 c.c. of 20 c.c. sample varied from thirty-one to 12,000. Out of thirteen trials only two showed plate counts less than 1,000 per c.c.

2. Summary of forcep technique data.

The number of colonies per c.c. shown on plates from forcep tips, after one minute or more of disinfection in lysol 5%, varied from naught to fifty-five. Six out of thirteen were sterile and only two
showed counts over ten. The mass of infective material shown was very small with use of the forceps in lysol 5% one minute or over.

After perineal care of patient using forceps to hold cotton balls, the number of colonies per 1 c.c. of 20 c.c. sample varied from naught to 6,000. Out of thirteen trials only four showed counts above 100.

3. Conclusion from bacteriological findings.

Exposure of nurse and patient to possible mass infection is much greater with hand than with forceps technique. The bacteriological evidence favors forceps over hand technique in giving perineal care.

E. *Summary of Time Study Methods and Results.*

Preliminary time study.

Time data was recorded during the bacteriological study and the first tabulation shows six trials on hand, and four on forceps technique.

1. The average time taken for hand scrub was 184 seconds and for procedure at the bedside 240 seconds.
2. The average time forceps remained in lysol was 84 seconds and the time for bedside procedure was 114 seconds.
3. Marked economy in time for forceps over hand technique is shown.

The question arose as to whether four time trials were enough for reliability. It was also questionable whether the forceps would actually remain one minute in the disinfectant as the nurse went from patient to patient carrying out the bedside procedure. It was decided to check the reliability of the forceps time study by observations after the technique was well established as a standard practice.

Recheck of time study.

Two weeks after the cart procedure had been in use on the postpartum unit procedure and disinfection times were checked under regular working conditions.

Seven nurses giving perineal irrigations were timed to determine each average period of forceps disinfection and of bedside procedure.

1. The shortest interval of forceps disinfection between patients was 30 seconds, the longest 120 seconds.
2. The shortest procedure time was 30 seconds, the highest 120 seconds.
3. The final average of all trials for all seven nurses in the group showed a period of 80 seconds for forceps disinfection and of 75 seconds for the bedside procedure in perineal care.

F. *Conclusions from Time Study Findings.*

1. Compared to the hand technique of 184 and 240 seconds, respectively, the economy of time in the forceps technique is apparent.
2. Comparison of first and second trial average-times shows the preliminary study reliable enough for selection of method.
3. Need for further experiment is indicated by the short period forceps remained in disinfection solution. Bacterial checks should be made covering intervals shorter than one minute for further evidence on the safety of the forceps disinfection method.

GENERAL CONCLUSIONS

This experiment in obstetrical nursing procedure is merely another indication of our profession's need of fact finding in a practical field. We can dispense with some of the elaborate control systems and detail of pure scientific research, but we must have checking methods which rule out gross error, and workers qualified to set up and conduct experiments from which reliable conclusions can be drawn.

Other more recent experiments in nursing procedures show that workers are coming forward who are able to test time-honored methods of nursing practice. This will insure growth in the profession and protection of the patients' welfare within our hospitals.

The meeting adjourned.

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: Edna Groppe, St. Luke's Hospital, Chicago, Illinois.

The meeting adjourned.

General Session

Thursday, June 15, 11 a.m.

Presiding: Shirley C. Titus, R.N., Dean, School of Nursing, Vanderbilt University, Nashville, Tennessee.

Topic: CLINICAL AND CLASSROOM INSTRUCTION.

COORDINATION IN PROGRAMS OF NURSING EDUCATION

Edna S. Newman, R.N.

Director, Cook County School of Nursing, Chicago, Illinois

The title of this discussion is advertised as "Coördination of Clinical and Theoretical Instruction in the Graduate and the Undergraduate Program." Doubtless the thought occurred to many of you, "What new and original ideas could anyone possibly have to offer on that sub-
ject?” In reviewing programs of meetings of the National League of Nursing Education we find the subject introduced at the annual meeting in 1910 by Dr. Frank McMurray of Teachers College in an article entitled “The Relation of Theory to Practice.” In 1928 there were two papers by Miss Gladys Sellew and Miss Elizabeth Melby on the correlation of theory and practice. In the 1931 Proceedings the title “Correlation of the Nursing Load with the Theoretical Program” has a familiar sound—naturally enough—since the author of it was the present speaker. In addition to those we remember the articles published in our journals of nursing and introduced at various state meetings. To avoid duplication and plagiarism, and lest I tire my audience with hackneyed phrases and ideas, I have taken the liberty of a few changes with the text and title. Read into the title “Coördination in Programs of Nursing Education” and let us entertain the idea that there can be a correlation between something besides theory and practice. Perhaps it will be possible to interpret correlation or coördination in a somewhat different way. With your permission I would discuss (1) nursing education and its coördination with other kinds of professional education, (2) how certain aspects of our curriculum may make a closer affiliation with the student’s previous education and act as a basis for her future professional activities and personal life, (3) what we may accomplish and how we are to achieve a closer correlation with general education.

Nursing education is younger than many other forms of professional education. We can learn many lessons from the study of the development and progress of these older forms, adopting what is practicable and best and avoiding a repetition of mistakes. A few examples may suffice. At Antioch College a few years ago an experiment in education was initiated and has had several years of trial. Out of that have grown various modifications, adapted to our own problems, notably the “block system” of alternating theory and practice. There are other examples in contemporary education—the problem and the project method, forms of progressive education, from which much could be learned. Our classroom and laboratory teaching are often behind the times and follow the methods in vogue a quarter of a century ago. We older teachers need “refresher” courses in principles and methods of teaching, just as much as we need to enter university classes to learn about newer developments in the sciences. A system of “exchange instructors,” as is practiced in universities, attendance at institutes, a period of observation in public schools, as well as in other schools of nursing, would afford inspiration and stimulate our teaching. Why do we not grant a “sabbatical year” or shorter term leave of absences to our instructors and supervisors to be used for intellectual refreshment and recreation?
It has paid for itself in other educational institutions in renewed spirit and improved teaching.

We should, perhaps, at this stage of elevating standards, think of a warning that was sounded by those leaders in the training of school-teachers for elementary grades, who asserted that the training of this group was placed at such a high level and teachers were so highly and expensively prepared that it was difficult to find teachers for the lower grades. Are we with our emphasis on higher education, headed toward the millennium of university affiliations and schools of nursing, placing so much emphasis on the training of instructors and administrators and other specialties that we are making unattractive the field for the bedside nurse? Of course we have not traveled far in that direction. Actually there is much left for us to do in our schools which have failed in their function of providing even the basic essentials of nurse education, if we are to take seriously the investigations and published reports of the committee which have studied our system of education.

Had we been more awake to lessons taught by the medical profession we might have had earlier a "Committee for the Grading of Nursing Schools." This brings up the question of what is to happen next. It has been suggested that the nurses' organizations establish a "Council on Nursing Education and Standardization" with functions and authority similar to the committee in the American Medical Association. "Grade schools of nursing, A, B and C"—they say,—"Make a set of standards. Give schools time to reach these standards or go out of business." On the other hand the Committee on Grading has decided that "minimum standards" are too inflexible; there is danger of unfairness; of limiting growth and development. Granting that the grading of medical schools has been useful and beneficial to medical education and practice, has not the time come for us to move toward a plan embodying its most important features, demanding at this propitious time higher standards than ever before?

In medical education there are other valuable lessons. You will recall that at one time their teaching had become academic. They realized that except for a few notable examples they were drifting away from clinical teaching. Back to the patient and to the bedside they brought it, learning from that mine of teaching material, utilizing clinical records, autopsy reports, and case studies. Nursing has gone through a similar experience and it is true that in its adherence to practical application lies one source of strength in nursing education, and in that there has been no tendency to divorce practice from theory.

The coordination of the undergraduate program with programs of general education means that we must make our curriculum touch life
at many points. It should reach into our student's social and cultural background; make use of her past experience, and "tie it up," so to speak, with her work as a student nurse as well as with her work in the future as a graduate nurse. The girl who has been a leader of student activities in her high school should direct these energies into class organization and other extra-curricular activities. In the student with a cultural background of art and music, dramatic and literary clubs, these interests should be kept alive and encouraged. Thus she makes a contribution to the esprit de corps of the student body, widens her own outlook, and develops her abilities along other lines as well as in nursing. We can build constantly on these foundations, foster the pre-existing interests and ideals in the individual, and contribute to her future professionally. Thus, the student who has been a teacher, or who has organized girls' clubs, been a leader of Girl Scout Troops, who has been active in her church and young people's societies, should be encouraged to direct these energies into undergraduate and graduate organizations.

More specifically, how are we to incorporate into our curriculum the courses from the broad general programs of education that are of value to the student as a civic leader, as a citizen. Much of a nurse's training tends to seclude her from world activities. The Education Committee of the National League of Nursing Education has been working along these lines. In discussing objectives they ask, "Are they consistent with progressive aims of nursing education, i.e., a truly professional type of nursing service for all social groups and constantly increasing opportunities for growth on the part of the nurse?" Joint committees have been appointed and projects have been planned which have brought together subcommittees and consultants working on subjects in the nursing curriculum and representatives from the American Social Hygiene Association, the American Association of Hospital Social Workers, the American Dietetic Association, the National Committee for Mental Hygiene, and the American Psychiatric Association. There is a statement in the report of their proceedings "that there was obvious need for cooperation between the (two) groups on this study."

The question has often been discussed in formulating the content of the science courses in schools of nursing as to what amount of the fundamental sciences is necessary for students of nursing. There are those who say they need only a smattering of anatomy, chemistry, bacteriology, sociology, psychology, etc. There are others who maintain the opposite point of view and argue strongly in favor of a more extensive knowledge of these subjects. Teachers and formulators of other forms of professional education, such as home economics courses, dentistry, pharmacy, have been confronted with similar problems. Here again
we may borrow some suggestions from programs of general education. In the April 12, 1933, number of the *Educational Research Bulletin*, published by the College of Education of the Ohio State University, we find an article by W. W. Charters entitled “Constructing Service Courses.” It begins as follows: “Fighting about the content of arts-college courses which are required as prerequisites to professional courses is a favorite indoor sport on many university campuses. The fighting is, of course, merely verbal, and the customary arguments follow these lines. The adherents of the professional schools assert that the required service courses—chemistry, mathematics, anatomy—as ordinarily taught contain much material which is of no use to the professional-school student and are taught with no attention to potential professional applications. The arts-college sympathizers maintain the position that the student, whether in a professional school or in the arts college, should learn the fundamentals of the service subjects, and that he should be expected to make his own applications. The one group favors a functional service course in each subject for each profession; the other believes in the same course content for all professions. These are the extreme positions taken in the controversy; all shades of belief are held between the two by various individuals within the respective schools.

“In this case, as in all cases where intelligent and honest men disagree, each of the opposing points of view possesses some merit, and the most valid position is one which combines the merits of each extreme. The administrative problem is to apply some technique which will produce the proper combination of a functional treatment of a course with regard for the effective organization of the facts and principles of service subjects.

“For several years the writer has advocated the conference technique by which the faculty members of professional schools and the departmental teachers offering service courses should confer about the content of courses. Specifically, if the introductory course in chemistry in a dental curriculum is under consideration, it seems reasonable to assemble teachers of chemistry and certain members of the dental group to discuss what use the dental courses have for chemistry and arrive at a course which in respect to logic and coherence would suit a scholarly chemistry instructor and at the same time fit the needs of dentistry. But so far as I know this procedure is not widely practiced. The cause probably lies in the indefiniteness of the steps that would be taken in such a conference. Some teachers of service courses who have sought information of this sort from professional faculties tell me that when the rounds have been made the net result is the idea that all topics must
be taught." The writer goes on to suggest two plans by which the instructor of the service courses (chemistry, physiology, anatomy) may be informed of the master courses—materia medica, surgery, pathology, for which the service courses are prerequisite, and the topics in these which should be known by the student before he studies specific topics in the master courses. For example, the service course may be physiology, the advanced course, materia medica. Prerequisite topics are functions of the brain and functions of the spinal cord. The uses in the advanced or master course to be made of this information are to teach students drugs stimulating and depressing the brain and spinal cord. The entire article is illuminating and could be very well applied to some of the questions occurring in this same connection to those employed in constructing the curriculum in schools of nursing.

The coördination of programs of theory and practice for the graduate student should be devised to supply her requirements and prepare her for the future. The student should know or be given guidance in helping her to select the course of most value to her. Here again the Education Committee of the National League of Nursing Education in its recent studies and reports to be published is pointing the way and helping graduate students to evaluate courses best suited to their needs and qualifications. Psychology and the social sciences, fifteen to thirty hours of each, as generally taught, are inadequate for the nurse in any field. Those students who wish to prepare themselves by postgraduate courses for public health nursing need always to supplement deficiencies by the repetition of entire courses. The plea for stronger courses in the sciences is based on the need of the students who wish to prepare themselves for teaching and administration or for those who will continue their education by obtaining a university degree, of which there is an increasing number each year. Only after we insist on courses with real content and of sufficient length will universities accredit them and accord nursing education respect as a professional system of education.

Occasionally the graduate nurse student who has been practicing her profession and reëneters a school of nursing for further study has a clearly defined knowledge of what her needs are. Usually we, her teachers, must help her understand her requirements; we must clarify her aims and purposes, plot the course for her; assist her to enrich her experiences, and give her a new faith in the future by enlarging her vision of community service and of professional standards and progress.

At this time there come to us in large numbers graduate students with little or no graduate experience, who have only recently completed their hospital training and who, for one reason or another, desire additional preparation before selecting their future field of work. We must
encourage them in this, convincing them of the correctness of such a course of action, provide that they have practice and theory which will make them better prepared and educated to choose wisely and perform more efficiently their functions as graduate nurses. For this reason it is essential that the graduate student choose for graduate study one of the "half dozen clinical centers in the whole country" which would furnish the "exceptionally good clinical facilities needed for the more advanced students and the more highly trained medical and nursing staff." (American Journal of Nursing, April, 1933, p. 368.) The field of clinical experience should be thrown open to her. There is danger, as has been pointed out, that these so-called "postgraduate courses" will be means of exploitation; taking advantage of the economic necessity of the student and the impoverishment of hospitals to get nursing of patients cheaply done. Courses in advanced theory with correlated nursing experience require careful and special planning and supervision. The graduate nurse student may care for the usual, as well as the more unfamiliar cases, presenting unusual and rare features; she makes a study of her patient, does assigned readings; makes case reports, and is given the opportunity to discuss and present the cases. For the student who is preparing to enter specialized fields of teaching and administration, the emphasis should be on thorough general preparation. If the school of nursing is itself not prepared to offer courses of university rank, it may offer inducements in the form of specially arranged programs of alternating theory in a near-by university and correlating supervised practice in supervision or teaching. The need of an adequate practice field and faculty well prepared to carry on such programs is self-evident. There is some danger of beginning these final programs too early, before the candidate has had a thorough knowledge of the clinical field in which she is to be the administrator and teacher. In other words, as some one has said, the supervisor of surgery or of obstetrics should know the field of surgical or of obstetrical nursing as thoroughly as the chemistry instructor in the university knows the subject of chemistry. For the teacher of sciences or nursing at least two years in a university with the completion of several majors of work in her chosen subjects is essential.

What has been said in this rambling dissertation indicates why we should have coördination of nursing education programs with the broad aims of general and diversified education. Our leaders and educators must be more generally aware of what these are. It is not enough that we attend meetings of our own professional group, and read our own professional magazines; we must also learn from reading magazines of other professions, from membership in educational organizations,
attendance at meetings of such groups as teachers, social workers, and other allied groups. Their plans, aims, programs can be adopted, modified and woven into our own curricula. Do we know what the standards of membership are in the American Association of Hospital Social Workers? What are the educational standards required by the American Dietetic Association? Much could be gained by acquainting ourselves with the aims and activities of the National Committee for Mental Hygiene and the American Social Hygiene Association, learning what part is to be played by the nurse in these activities and obtaining from these various organizations mutual understanding and coöperation. Nursing education would benefit and progress with such aid and support. Attendance at conferences of social workers, whose work is so closely allied to our own, would help us in solving common problems during these times of economic stress. In Europe the newer programs of nursing education whose leaders understand the importance of the nurse as a social worker, are built upon this as a solid foundation. Only when the leaders and teachers themselves fully appreciate the importance of diversified interests and a wider knowledge will our basic education for student nurses show the results.

TEACHING THE PRINCIPLES OF MEDICAL SUBJECTS TO STUDENT NURSES

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A preliminary report of a method of clinical instruction for nurses has been published in the current issue of the American Journal of Nursing. Since this article has probably come to the attention of a majority of this audience, my remarks today shall be brief and in the remaining time I hope we may have the benefit of an open discussion.

It is unnecessary to remark that our preliminary report is not yet ready for amplification; the method described has been in operation less than a year and it is absurd to consider talking about results. Students are not precision instruments which record stimulus and response, and as far as I know the only method for assaying an educational project is observation of the development of individuals over an extended period of time. I sometimes dream of a gravimetric technique.

Before we review the structure of our method you may properly inquire—what are we trying to accomplish? We are trying to develop
a method of instruction designed to equip professional workers with a point of view and a body of knowledge which will enable them to cooperate with other professions towards a better understanding of the problems of human welfare. We may borrow a device from chemistry and view the problem of human illness as an equilibrium system comprising two phases: the disease which a patient has and the patient who has a disease. In the past it may have been relatively easy for a physician to have an adequate concept of both phases of this system; the meager knowledge concerning disease was quite within the limits which his brain could encompass and his comprehension of the patient was in direct proportion to his "Geist." The men who had an adequate concept of this equilibrium system are the adornments of medical history. There may be today physicians who seem to have an intuitive apprehension of the patient, a cultivated appreciation of his needs, and a comprehensive knowledge of his disease, but anyone close to medical progress must admit that the species bids fair to become extinct. It is becoming increasingly infrequent that the present-day physician gives adequate consideration to both the patient who has a disease and the sort of disease the patient has. Perhaps this is not the unfortunate circumstance that it might first appear; the quality of men in medicine is not degenerating but the facts of medicine are generating too rapidly to be entirely absorbed by any one human mind. Specialization is simply an expression of human limitations. Something may be lost in the passing of the beloved physician, something which will probably never find expression in beloved clinic, but I dare say human welfare does not suffer by the expansion of medical knowledge.

Concerning the other phase of our system—the patient who has a disease—we are witnessing an extraordinary growth of purposeful study. Medical schools are instituting or enlarging their facilities for the investigation of human relations, and in the teaching of medical students one may discern an increasing emphasis on the necessity for considering the personality and psyche of patients. Unfortunately we have no simple method for estimating personality and psyche, and the man whose attention is directed toward the everchanging and fascinating field under the microscope cannot afford the time to probe into the psychological and sociological complexities of his patients—if, indeed, he felt disposed to do it! But this phase has its specialists, too: they are the psychiatrists and sociologists and upon them we must depend for the advancement of knowledge concerning "the patient who has a disease"; they are the investigators, the commentators, the editors.

Where does the nurse fit into this scheme? Here, I believe, it is wise to drop our chemical device lest it be too easy to visualize the nurse
as an equilibrium symbol inserted between an internist and a psychiatrist.

It would seem hardly necessary to remark that we are not trying to make doctors or psychiatrists out of nurses nor are we trying to displace professional social workers. I believe there is abundant opportunity for useful service by individuals who not only understand the point of view of the specialist and contribute to it by accurate pertinent observation but who also have developed their own point of view embracing the interrelationship of the disease, the patient, and the community. An educational method designed to inculcate such a point of view may seem remote from the practical problem of teaching the principles of medical subjects to student nurse, but such, indeed, is the aim of our experimental enterprise.

I cannot approve of the attitude which permits a nurse to say "I had a scarlet fever case last week." It implies too much automatism, it suggests the elaborate ceremony of isolation technique, throat cultures, blood cultures, urine cultures, skin tests, fever charts. Of course these are essential activities, and at times their execution may require the full attention and energies of the nurse, but there is some time and I believe there should be some inclination on the part of the nurse to inquire what manner of man, woman, or child is that lying there in bed with a rash and a fever. Who are his dependents or his parents? What have his contacts been? Where will he go when he leaves the hospital? What is his reaction to the experience of the acute disease, and if he develops sequelae that may produce invalidism what adjustments can he make? What does this man's illness signify to the community? Perhaps in a large majority of cases the nurse will find she is quite unable to alter adverse conditions but even a few opportunities for service are ample reason for bringing to every situation the concept of the patient as a human being suffering from the experience of a certain disease.

Merely advising our students to entertain such a point of view is, I believe, quite futile. Our educational methods must establish the habit patterns which we think are desirable. This is what we are trying to accomplish.

In presenting to you the method with which we are experimenting, I shall quote freely from the published report. I scarcely need to emphasize that the method is still fragmentary in form and the simplest description of its structure will best serve to focus our discussion.

I have chosen to call our enterprise a laboratory exercise in clinical nursing. Our laboratory is the patient, of course, and although we do use the data pertaining to an individual patient, the exercise departs
radically from the classical case study method. In the first place we
do not select a case of extraordinary interest presenting clinical oppor-
tunities not easily duplicated and requiring unusual treatments or pro-
cedures. We attempt to select cases for presentation that are repre-
sentative of the main load of the hospital. We wish to sharpen the
tools for everyday use.

In the second place, we believe that the painstaking analysis of a
patient and his disease should be available for more than a single stu-
dent, and thus the presentation is assumed by a group of students each
of whom is responsible for a careful investigation of a specific facet.

We have arbitrarily divided the problem into five parts. These are:

1. Clinical-Pathological.
2. Dietotherapy, Nursing Care and Procedures.
4. Social.
5. Psychiatric.

Five students are assigned to investigate and report on these five
aspects before an audience composed of their colleagues, a group of
consultants, and, not infrequently, interested visitors from the medical
and nursing staffs. At the conclusion of the presentation of each aspect,
which usually occupies about ten or fifteen minutes, the particular aspect
is discussed by a consultant who emphasizes the important points which
may or may not have been brought out in the student’s presentation, and
who develops generalizations from the specific data. The preparation
for these exercises contributes not a little to whatever merit they may
possess as instruments of education. Announcement of the clinical prob-
lem for presentation and the assignments of students is always made a
full week in advance. Likewise, the names of the consultants are posted
in ample time to permit the student to arrange personal conferences.
These conferences afford an opportunity for guiding the students’ efforts
along lines which may utilize their especial interests to the fullest profit.

The advantage of securing able consultants is perhaps too obvious to
deserve mention, but one cannot fail to be impressed by the enthusiasm
with which students welcome the opportunity for these conferences.
We have been singularly fortunate in having the cooperation of con-
sultants from the fields of psychiatry, sociology, public health, and
dietetics. The effort of each representative from the faculty has been
to open wide the stores of knowledge in his particular field suggesting
authentic sources, encouraging further investigation, but never losing
sight of the fundamental purpose of our laboratory exercise—the inte-
gration of a mass of isolated facts and opinions into the concept of a
human being suffering from the experience of a certain disease.
It might be emphasized that the students contribute the major performance at the actual conduct of the laboratory exercise. Theirs is the responsibility to present the results of their study of special aspects of the problem under discussion. It is worthy of mention that participation is purely voluntary and it is gratifying to find the sentiment among the students so enthusiastically in favor of a procedure which entails not only assiduous study but the difficult discipline of standing on one's feet and making a report to one's colleagues.

The student assigned to the clinical pathologic aspect presents the patient's history, the positive findings in the physical examination, the reports of laboratory and special examination, and describes the patient's course in the hospital. In the earlier personal conferences the student has had an opportunity to discuss obscure points in the patient's record, and thereby the mere recitation of medical jargon is discouraged. Following the clinical report the student describes the lesion underlying the particular manifestation of the disease in her patient, and reviews briefly the usual characteristic features of the disease in general. The chief complications and sequela are then enumerated with emphasis on the precautions which may avoid them and on the signs which may herald their appearance.

The medical consultant then comments on the important features in the student's report. Occasionally it is necessary to spend some little time correcting an erroneous impression, but usually the physician's discussion focuses on points of similarity or difference between the findings in the particular case and the usual clinical and pathologic manifestations of the disease.

The second student then takes the floor and describes the patient's course in the hospital from the point of view of therapy, including diet and medications as well as nursing care and procedures. Any departure from usual routine is carefully explained, the indications are reviewed, and unfamiliar techniques are sometimes demonstrated. The discussion of the medications includes naturally a statement concerning the toxic effects of drugs and warning signs of overdosage.

Following this student's presentation, the supervisor of medical nursing contributes her criticism and discusses the fundamental principles of the bedside care in the particular disease. The consulting dietitian enlarges upon significant points which the student has mentioned and supplies any omissions. The physician may choose to comment on the student's interpretation of the indications and toxicology of the drugs employed.

The third student presents the epidemiological and preventive aspects of the disease and emphasizes the measures that might have been suc-
cessful in preventing the appearance of the disease in the patient. The prevention of sequelae and chronic invalidism is considered, and, if the disease is communicable, the necessary precautions to avoid contagion are enumerated and explained. Convalescent care with its relationship to the community is described and the rôle of the nurse in the various situations is stressed. The physician then comments, emphasizing the opportunities and responsibilities of the nurse in this type of community service.

The fourth student presents the complete social history of the patient. The environment to which the patient must return is described and the probabilities and possibilities of carrying out necessary therapy are analyzed. Under the guidance of a skilled medical social worker, through the earlier personal conference, the student usually has reliable information regarding the available resources, the means of care for the patient, and not infrequently has a fairly thorough understanding of the patient's background and family relationships. The subtler interpretations and the broader implications remain for the consultant social worker to develop.

The psychiatric aspect of the patient is the last to be presented. The student's contribution is usually brief and consists in a description of the patient's personality and his reaction to the experience of his disease. The consultant psychiatrist, avoiding any attempt at diagnostic classification or psychologic terminology, offers his evaluation of the patient's personality and points out the mental and emotional factors which may modify the manifestations of the disease, the prognosis, and the selection of therapy. From his experience, the psychiatrist brings forth examples of contrasting personality types and their reaction to the experience of the same disease. The difference in the attitudes which attendants should take, contributes a significant thought about the practical management of the patient.

Here briefly is the framework of our laboratory exercise. I shall omit any discussion of the use of the lecture to supplement these exercises, but I would like to reiterate my conviction that the lecture as a medium of clinical instruction has a restricted usefulness. It may conveniently be used to stimulate, orient, integrate and summarize and there its value ends.

The reading lists compiled in connection with these exercises and the bibliographies supplied by the consultants at the preliminary personal conferences are, of course, items of the greatest importance. I have already recorded my opinion that the selection of a bibliography requires the widest experience, the fullest knowledge and the nicest discrimination that is available. Accordingly, it is our practice to enlist the help
of the most scholarly representative of each specialty, before a reading list is published. Liberal use of current literature in the fields of medicine, sociology, and psychiatry is encouraged.

You will perceive that our method which seeks to train skilled cooperatives in professional service is not a method of "spoon feeding"; it is a rigorous discipline, and indeed it should be, for the profession itself is one in which sentiment can not be a primary motive.

In this connection I should like to reply to a criticism that has already been offered before the meeting is opened for discussion. The inclusion of the social and psychiatric aspects of a clinical problem—features which we believe contribute to the development of the art of nursing as distinct from the technical phases of the profession—has occasioned some dubiety.

We feel that if the intuitive apprehension of a patient is to function for his best interests and the best interests of the community it must be supplemented by a cultivated appreciation of his needs based on objective, intellectual judgments.

I am not proposing that we discard humanitarianism in our professional relations—that is, of course, absurd; I am merely suggesting that the art of nursing may be further developed by exposing the affective impulses of our students to the censor of experience.

It may seem a far cry from "teaching the principles of medical subjects to student nurses" to developing the art of nursing but we are attempting to combine the two in our educational enterprise and therein, I fear, my own predilections are betrayed. Emphasis must be directed toward the patient as well as toward his disease.

The meeting adjourned.

General Session

Thursday, June 15, 2 p.m.

Presiding: Stella Goosby, R.N., Superintendent of Nurses, Children's Hospital, Boston, Massachusetts.

Topic: Schools of Nursing.

Progress Report of the Committee on the Grading of Nursing Schools

William Darrach, M.D.

Chairman, Committee on the Grading of Nursing Schools, and Dean Emeritus, College of Physicians and Surgeons, Columbia University, New York, New York

The Grading Committee is in the midst of its last year of existence. Originally the work was to have taken five years, and for this a budget
of $200,000 was planned. At the end of five years it was decided to extend the work for another two years. It has not, however, been necessary to ask the parent organizations for any further financial aid in order to do this. The support which these organizations have given to the work of the committee has been most generous. The help given by the nursing organizations has been in magnificent measure. They have contributed nearly $113,000 to the work of the committee.

When this work was started the technique was distinctly new. No profession had ever attempted to study itself in just this manner before. Some years earlier, the first great survey of nursing had been made by the Rockefeller-Winslow-Goldmark Committee. This survey was based on only twenty-three schools. Most of the schools in the country were not in the study, and because they were not, they failed to apply the principles and practices which that report so ably set forth.

It was because of the need that was felt for discovering in all schools the vital facts that had been learned about these few, that the Grading Committee started its first nation-wide grading study. When this was started it was planned to bring home to every school a few fundamental educational concepts. No one could tell just what the results would be. The First Grading had to be more or less of an experiment. The test came when the Second Grading study was made. If the committee had been right, there would be improvement in the schools; if it had been wrong, no improvement would be evident. The Grading Committee believed that most schools desired higher educational standards and that they would work for them if they were shown just what was needed and how they might obtain them. The First Grading study showed each school where it was and where the others were. The Second Grading demonstrated triumphantly that when you tell the schools how to do a thing they set out and do it.

The Second Grading is not as yet complete; but as far as we have gone, we have been able to compare the standings of the schools on 119 separate items. In twenty of these the records of the schools are not as good as they were three years ago, in eleven they have not changed one way or the other, and in 88, or 74 per cent, of the items studied, the schools have made decided improvement over their records of three years ago. It seems quite evident that the remainder of the study will show the same encouraging results.

After the Second Grading is complete, the rest of the time will be spent in making up the final report of the committee. An attempt will be made in that report to formulate principles which will furnish a basis for nursing education on a truly professional scale.

Unfortunately, the work of the committee has been delayed by the
temporary illness of its able director, Dr. May Ayres Burgess. I am glad to report, however, that she is making satisfactory progress and I hope will soon return to work.

It is especially gratifying to see how many schools are insisting upon the completion of high school and the meeting of college entrance requirements. The chairman of the Grading Committee personally believes that all schools should immediately adopt this policy. Schools of nursing undoubtedly should aim towards a collegiate point of view which means that the instructors should have the same qualifications as instructors in colleges and the type of instruction given should be on that plane. This should apply not only to science subjects, but also to the principles and practice of nursing.

On behalf of the Grading Committee, I should like again to express our appreciation for the hearty support given to our work by the national nursing organizations both from a financial and spiritual point of view.

EXPERIENCE IN CLOSING A SCHOOL OF NURSING

FAITH COLLINS, R.N.

Director of Nursing Service, Kenosha Hospital, Kenosha, Wisconsin

In an age like this, when business, industry, banking, and education are all in a state of flux, it is not startling to find that schools of nursing are ceasing to maintain a student body, rather than to turn out more graduate nurses on an already glutted market. No doubt, hospital boards of directors, primarily, have scrutinized schools of nursing as they related to their budgets. The evidence, however, as presented by the available comparisons of the cost of student care of patients versus graduate staff care, would hardly be sufficiently convincing to close 39 per cent of all the schools of nursing in one state when the surveys, although inadequate, do in the main agree that only schools in hospitals with a daily average of 20 patients or less almost invariably run at a loss, while hospitals with a daily average of over twenty patients may derive an appreciable profit from the school. I am pleased to believe that the cause lies in the increasing tendency on the part of nurses to sincerely and unreservedly take stock of their own situation.

Although it may be beneficial to the graduate nurse and the nursing profession of tomorrow if many more of our schools of nursing closed, yet such action should be undertaken only after the problem has been very carefully considered from the angle of the community, the student, and the hospital; and should, I believe, be preferably a matter
of growth toward the idea rather than concerted effort to arrive at an early decision.

Tradition and sentiment surrounding agencies that no longer perform a real function in a community are often found to be very powerful factors in the face of obvious effort to eliminate them. It may be helpful to ask your board of directors, your school committee, nurses, and other friends of the school the following questions: Does the school actually perform an educational function in the community? If the school were closed, how would this program be carried on? Is the school an economic asset or a liability? Would it be possible to secure graduate nurses for the care of the sick from some other source?

Next, let us be honest in evaluating the educational facilities in order to consider our problem from the student’s angle. Does the content of the courses and their presentation measure up to the present recognized standards of nursing education, or is the school finding it difficult to meet even minimum standards? Is the practical experience varied enough and rich enough to give the student an adequate nursing background? What are the possibilities of enrichment of both the theoretical courses and the ward practice in the home situation, or through affiliations or electives?

The consideration of the problem from the hospital angle would no doubt center on the costs involved. A comparison of the cost of a given student body with a possible graduate staff is not complete unless the factor of the expense of future improvement in the school is taken into account. This matter of new facilities such as classrooms, laboratories, and additional housing space was a very potent factor in closing the school which I represent. It is obviously unfair to compare a student nursing service with a graduate service in a school which only aspires to the minimum standard of nursing education. The potential superior nursing service rendered by a graduate staff should also be given consideration.

Granted that after careful deliberation it has been decided to close the school, the first step in the program would be to discontinue admitting students, the second would be a careful rechecking of each student’s theoretical and practical experience in order to, as nearly as possible, equalize the student’s experience before a possible transfer to another school was effected. There is no doubt in my mind that transfer should be made due to the lessening of school spirit after a decision to close has been definitely made. If there is, however, considerable time to be spent in affiliations and electives, that would really constitute a transfer. The third problem is the finding of a school that will be willing
to accept the students and at the same time be equipped to give them
the courses and ward practice that they lack.

The difficulties encountered at this point should in many cases efface
all doubt as to the advisibility of closing the school. Schools having the
desired experience are often unwilling to accept students from schools
that are discontinuing. This hesitancy has not just happened simulta-
neously in various parts of the country. The reason probably lies, first,
in unfortunate past experience in accepting students from other schools
in which the standard of teaching, content of courses, and supervision
has not been comparable to the work carried on in the school accepting
the students; second, the meager ward experience of these students may
interfere with their ready assimilation into the new situation. In some
instances it has been necessary for the accepting school to work out a
special theoretical and practical program for the incoming group. Third,
inadequate health supervision in the home school may necessitate stu-
dents’ elimination in a school with a more complete health program.
Fourth, the payment of allowances becomes a problem for the students
who have depended upon them in the original school. Fifth, there may
be lack of ward experience available in a school willing to accept stu-
dents, inasmuch as the upper classes in most schools have been and are
still overcrowded in relation to the clinical material at present available
in many of our hospitals. The foregoing present a challenge to our
schools. If it is true that our educational programs vary so widely that
it is difficult for students to be transferred from one school to another,
is there not grave doubt as to the justice in graduating nurses from
schools with the apparently inadequate preparation, and if the clinical
material for upper class students is low in proportion to students, have
we not all erred in accepting students without taking into account the
possible variation in clinical service? If our students do not meet the
accepted standard of preprofessional education of a good school, are we
not guilty of attempting to build on a weak foundation?

In the event that a school has been found that is willing to accept
these students, which school shall grant the diploma? In Wisconsin
the Committee on Nursing Education has ruled that a diploma shall not
be granted to any student who has not spent at least one year in the
school granting the same. Then, too, many schools are loath to grant a
diploma to a student whose full course has not been given under their
direction. In most cases, therefore, it is the duty of the original school
to grant diplomas to their entire group.

After placing the students satisfactorily, we are now ready to analyze
and reevaluate the hospital service and classify duties into those that
by their nature must always be performed by nurses, those that may be
performed by ward maids, orderlies, and maids. I speak of this analysis because recent findings still discover student nurses performing work which should be delegated to maids. The superintendent of nurses is now ready to select and employ her new staff on the basis of approximately eight graduates to each ten students, unless there has been much time of students occupied in the performance of maid's work.

The institution is now faced with the problem of maintaining a fairly stable service through an interested and satisfied personnel. Interest may be stimulated through an educational program in which classes for the review of procedures might be conducted in order to pool the experience of all, and receive suggestions for the standardization of the institution's technique. This should result in an improved technique and a growing more enthusiastic staff. The staff, too, might be encouraged to undertake part-time educational programs at colleges and universities or to participate in university extension courses and to be interested in local community projects such as concerts and lecture courses.

Right here I wish to state that our three-months' experience with a graduate staff has been very satisfactory. I must add, however, that the present economic condition has no doubt influenced some of our graduates in choosing staff duty. The proposition is not new to them inasmuch as we have, for approximately ten years, maintained a graduate staff for the purpose of carrying on the care of patients partially independently from the student body, whose educational services did not coincide with the proportion of experience available. We have up to the present time been able to secure a sufficient number of our own graduates to staff our hospital, which has minimized our problem of technique.

In summarizing, it becomes apparent that we have in the past expected students in schools of nursing to carry a large percentage of the labor load incident upon the illness in our communities. We are unique in this inasmuch as no other profession expects of its student body more than the merest hint of a contribution to the actual work load that that profession carries in the world's work. With our attention for years fixed on our responsibility to the sick, it has been difficult to see clearly. May we not learn from other professions that in order to carry on an educational program the actual labor load must be shifted to some other group, leaving the education of student nurses to those institutions that are abundantly equipped to offer a well balanced practical experience coupled with a theoretical program patterned after the best that has been visioned in nursing education?
THE PRINCIPAL'S DILEMMA

ELIZABETH C. BURGESS, R.N.

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It has taken me a long time to reach a conclusion on what I should say on the topic which has been assigned me. Every time I attempted to write something, I would scratch it out, or tear it up and begin anew. I finally came to the conclusion that what I had in mind to say might be said more appropriately under another title and so without the knowledge or consent of the Program Committee I have changed the topic. It is quite possible that when I have finished speaking you will say, or at least think, that I have presented no paper whatever, and that all I have done is to raise questions, and at that no new questions. There is indeed nothing new in what I have to say. I shall attempt to be brief for a discussion will be more valuable than a lengthy paper. I shall speak intimately yet wholly impersonally—frankly, yet I trust with understanding on the topic which I choose to call "The Principal's Dilemma."

As a matter of fact the conscientious principal of a school of nursing has always been to a greater or lesser degree in a state of uncertainty concerning the affairs of the school of nursing. In recent years the reports of the Grading Committee and the economic situation have greatly disturbed her peace of mind. She attends a meeting of her State League of Nursing Education, she comes to the convention of the National League of Nursing Education, she reads the American Journal of Nursing. Everywhere she hears that schools of nursing should be fewer, that the number of students should be reduced, that more graduates should be employed, that colleges and universities should be conducting schools of nursing rather than the hospitals, that schools should be endowed. She sees reports which indicate that the faculties of schools should have better preparation, both academic and professional, and she begins to question whether the graduate faculty and staff in her school are sufficiently well qualified for their work—and perhaps even before this question comes to her she is already wondering if she herself is prepared for the work she is doing.

Probably before she attempts to answer these questions for herself she needs to determine what is her actual status in the organization. Is she the director of the school in fact or in name only? If the relationship is right she should be directly responsible for its conduct, and her authority and support should come directly from the board or committee representing the institution. That relationship does not always
exist. Sometimes, too many times, she is given the responsibility for the conduct of the school but is given it practically without authority, even sometimes without the knowledge on the part of the hospital board of what the responsibility actually is which is resting upon her. In such a situation she is standing not on solid ground but as it were, on quicksand, never knowing when it may give way under her.

In many situations she is not only responsible as director of the nursing service to the superintendent of the hospital but is also responsible to that individual for the conduct of the school. While this relationship may many times be a harmonious and pleasant one, the actual director of the school in such instances is the hospital superintendent. I believe that the great majority of nurses who are in name at least heading the 1,700 and more schools of nursing in this country are handling to the best of their ability an increasingly difficult situation. It is not for me or any self-appointed critic to indicate that we could do better in the situation. No one of us actually knows what she would do when placed in a situation about which she knows little.

Nevertheless the fact is evident that there are a very large number of schools which are schools in no sense of the word, and that there are many graduates who are bringing nursing into disrepute. These two facts are closely related. There are many individuals who should never have been accepted into schools of nursing, and certainly never should have been graduated. There is lack of intelligence, lack of culture, even in some instances, the lack of the spirit of service, which, if it were possessed, might to a certain extent obscure the lack in general education and even in nursing technique.

The second fact is the miserable preparation for nursing which many have received. The school may have met the standards set by the state. To realize how poor these may sometimes be, I would advise that we all familiarize ourselves with the meager provisions which have been all it has been possible to secure as yet in many states.

These poor schools are perpetuated, for they always seem able to secure some graduate nurse who is willing to accept a salary for a position she is unqualified to fill; who is even selected at times because, since she is unqualified, she will not make demands upon the hospital administration which will cause expense or embarrassment in the conduct of the school. She is sometimes acceptable because she can be depended upon to do as she is told. How desperate the situation in such a school! How can good teaching go on with the nominal head scarcely knowing what good teaching is, and with little conception of her obligation to her students?

Now this arraignment of some school principles is not made entirely
without understanding on my part, nor is it by any means always the unqualified who find themselves tied hand and foot by the circumstances in which they are placed.

It would indeed be interesting to know how many in this auditorium are the actual heads of the schools with which their names are associated as principal.

As a result of the studies and the publicity of the Grading Committee and as the result of the economic situation (I am uncertain which has had the most influence), an increasing number of schools are going out of existence. Credit indeed must be given to those heads of schools who have assisted in bringing this to pass. In some instances it has been at the expense of position and has been done under criticism.

We would even ask whether in some instances schools have been given up which were not better in many respects than many which remain! Schools unable to give a sound basic education to their students should be closed. True, we will all agree. Fewer nurses should be turned into an overcrowded field. We agree. But who is to designate the schools which are unable to give a sound basic education, and who acknowledges that it is her school which should take in fewer students? As ever we are inclined to believe or at least desire to make ourselves believe that these things do not refer to our school, they refer to some one else's; and when defects are pointed out we are inclined to believe that "present company is excepted."

All of this and much else constitute the principal's dilemma.

She is asking herself many questions. Should the school which is carried on in the hospital where I am superintendent of nurses and the head of the school continue?

In answering this question she must determine whether the students are receiving the kind and amount of nursing education which will enable them to meet the public need. She knows that this involves many things, standards which have only tentatively been set. She goes back to the ever-important item of financial ability on the part of the hospital to properly maintain the school and the equally important one of the institution's ability to provide clinical experience in amount and type for the student body. Has she convinced herself or been convinced against her will of the need of the school in the community?

It is decided that the school shall continue. Then comes the question, "How large shall it be?" What guides the decision? The need of the community or the need of the hospital, or perhaps that old and trusty guide, the size of the nurses' home?

Possibly we are more scientific in our decision, and question the number to whom an adequate education can be given. This question is not
only asked but studied before we reach our decision. Again I have heard the statement made that since the institution has large resources and is able to give a sound and adequate basic course, the school should proceed to educate nurses to its capacity and those who so justify large classes determine that it is the other institutions which should think in terms of smaller numbers.

Another similar question arises, and I am sure has been pondered by many an harassed and perplexed principal, and that is, "What attitude should I take toward reducing the number of students when by so doing the hospital will suffer financially?"

Another question comes close on the heels of the above: "How will the nursing service of the hospital be carried on if the school is given up?"

Perhaps that is not the concern of the head of the school, but I have heard of sad things happening. After all, is it not our job to see it through? Sometimes she may not be given the opportunity but sometimes she does not grasp out for it and so loses the chance to establish a good nursing service on a sound basis.

I could continue. The questions which must be answered surge into my mind, but I have promised to be short, for we need to know how you believe the nursing organizations can help. These questions, while individuals must acknowledge they exist, must face them squarely, and must grapple with them to the best of their ability, are questions which organized nursing must deal with.

Forty years ago the superintendents' society embarked upon a pioneer effort in nursing education; today the N. L. N. E. is embarking upon an even more difficult and perplexing stage of progress.

We need for ourselves the qualities evidenced by our founders and we need to instill, if we may, those same sterling qualities in the younger graduates and students of today, for it is they who will carry on tomorrow.

President Butler at the commencement exercises of Columbia University held on June 6th spoke on the "True Bases of the Social Order," and as I listened it seemed to me that his words might help us in our thinking. I quote one paragraph:

"Once again it is shown that the oldest lesson which mankind has had to learn, and which mankind does not now fully comprehend, is that the social order rests upon a foundation which is not economic at all but moral; that the gain-seeking motive unless it is to become a pathogenic phenomenon, must always and everywhere be subordinated to the ideal of human service."
THE NEW SCUTARI

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If a text were necessary for the remarks which I have been asked to make relative to the subject of nursing education, especially as it relates to the future, I think I should offer as this text the following quotation:

“There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune;
Omitted, all the voyage of their life
Is bound in shallows and in miseries.
On such a full sea are we now afloat;
And we must take the current as it serves
Or lose our ventures.”

Throughout the long centuries that have marked the tortuous and weary journey of man toward that unknown goal, the future, there seems to have been recurring intervals where the tide of social change sweeps to the flood, engulfing, obliterating, and even destroying, the old familiar landscape of social and cultural life. And always upon the ruins of the old, verdant fields have arisen which cultivated by a new and hopeful people have been productive of another and richer social harvest.

That we of this generation have been appointed to live through one of these great flood tides of social change there seems little doubt, for already we have experienced an acceleration in social change that no previous generation, so it is claimed, has witnessed. Whitehead in his remarkable essay, “On Foresight,” in commenting on this acceleration states that whereas in the past the time-span between notable changes in social customs was considerably longer than a single life, today it is distinctly shorter. Therefore, he goes on to state, while it was possible for each past generation to assume with certainty that it would live substantially amid conditions governing the lives of its fathers and that these same conditions would mold with equal force the lives of their children, our generation may cherish no such assumption.

Because of this shortening of the time-span, because of this violent acceleration in social change, we of this generation have seen the passing of that world in which our forefathers lived and we shall most probably see the birth of a complete new social order. It is already clearly recognized that the new highly integrated social order which promises to take the place of the loose, individualistic democracy of our fore-
fathers can be no laissez-faire growth, that only a rational, conscious, deliberate direction of human affairs will preserve our civilization.

Such thinking has found expression in certain new phrases, phrases which already have grown stale to the ear because of excessive repetition in their use. However stale the phrases—"a planned society," "social planning," etc.—may grow, let us not overlook the preëminent importance of the thought giving rise to them. Walter Lippman says that the idea that a social order can and should be planned and managed has taken root amongst the peoples of the world and such thinking constitutes a revolution in the outlook of mankind. "In the magnitude of its implication it is like the discovery of reason in ancient Greece, like the intuition of the sanctity of human life among the sages and the mystics, like the revival of interest in the natural world during the Renaissance."

I hear you ask—"But what has all this to do with nursing education?" Indeed it has much to do with nursing education, very, very much indeed. Nursing, like every form of life activity, is a part of the warp and woof of the whole social fabric. Nursing cannot be an isolated, separated thing-in-itself; the flow, the interplay of social forces inevitably as day follows the night exerts an effect on nursing and nursing education. "Divine Omnipotence itself cannot ordain that effect should not be effect; it cannot change the earth to what it was a thousand years ago."

The most striking attribute of the standard pattern of nursing education today is its social ineffectualness. The lack of correlation between the production and utilization of graduate nurses has become increasingly great with the passing of the years. That this is true is not a matter of wonder for the curriculum of the nursing school is substantially the same today as it was twenty or thirty years ago, although during these two or three decades the social changes have occurred so rapidly, and have been of such magnitude, that one might with complete truth say we have already lived through a social revolution.

No deep and searching analysis is necessary to determine the reasons why nursing has ceased to be a truly effective social instrument. A fixed and rigid curriculum in a changing world is accountable for the fact that the nurse no longer is adequately prepared to meet properly the varying nursing needs of the community and is likewise accountable for the fact that the nursing school today is an educational anomaly and an anachronism.

The rigidity and stereotyped nature of the nursing curriculum is attributable to the fact that the school of nursing, unlike other vocational and professional schools which are created and maintained for the sole
purpose of serving educational ends exclusively, is not free to make changes in its curriculum in accordance with changing social needs. It has not been able to do so because of its organization setting and the economic basis on which it rests.

For the sake of brevity and clarity, I shall ask you to visualize for a moment a superstructure resting on a double foundation. The superstructure is the educational program of the school, and the two foundations which support it are:

(1) The Organization of the School—
that is, the school of nursing is an integral part of a hospital, an institution which is created and maintained for the purpose of caring for the sick and not for the purpose of carrying on the business of education.

(2) The Apprenticeship System of Nursing—
that is, the student nurse is an employee of the hospital as well as being a student in the school of nursing.

Now the thesis which I wish to postulate is that the two foundations on which the educational program of the nursing school rests not only influence its development but actually determine it—that, in fact, no other educational program than the one now offered by the standard school of nursing has been possible, or ever will be possible, as long as the program rests on either one or both of the foundations that now support it. This is to say, that in my opinion, if conditions are to be made such that nursing and the nurse may properly serve society in a complete and satisfactory way, we as a profession must anticipate the establishment not only of an entirely new curriculum but the establishment of a new pattern or system of nursing education. New foundations as well as a new superstructure must be erected if the school of nursing is to properly prepare nurses for the varying nursing needs of the modern community.

However, we may shrink from it, how impossible, how colossal it may seem to us, the fact remains that today nurses—all nurses—are confronted with a task that they cannot ethically avoid. It is our lot, it is our fate, to serve destiny in a period of creation; we as a group face a second and more tremendous Scutari. This hour seems pregnant with the power to influence and determine the future course of nursing and to restore it once more to the social effectiveness that has distinguished it in former centuries. Let us not beguile ourselves into believing that a laissez-faire attitude is any longer possible, that somehow or other blind chance will come to the rescue of nursing. Can we doubt that change is necessary, that action is needed, when bleak and stark before us lies that grim reality, that paradoxical situation, an ever-

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1 The economic aspect of the apprenticeship system alone is referred to at this point.
increasing army of unemployed nurses and an undernursed community? As I see it—

"On such a full sea are we now afloat;
And we must take the current as it serves
Or lose our ventures—"

But how shall we take the current? Well, why not face our problems as others are facing world problems, others who realizing that no longer may human affairs be safely left to the blind interplay of social forces, that man must become master, rather than victim of destiny if civilization is to endure, dare to pit human intelligence against so-called "natural law." Social planning is no more nor no less than the bending of natural law to human will, and logic rather than experience promises to be the essence of the new social order.

Perhaps no group has been more passionately devoted to their profession than have nurses; we nurses have literally fought and sacrificed and died for our profession and its standards. But we as a group must face the fact that our efforts in behalf of our profession have been diffuse rather than concentrated; we have acted individually rather than as a group, and we have dealt with our problems largely in an emotional way rather than a rational way.

If ever a group needed to conceive and to establish a plan of practical action—a conscious, deliberate, purposeful, intelligent plan of action—we are that group. I myself am led to believe that nursing will never become truly socially effective, that it will never become the dynamic force it should be in this great program of social reconstruction that now challenges the peoples of the earth, unless we as a group avail ourselves of this latest form of social engineering, the social plan. If we do not, our profession without doubt will continue to be the victim of destiny it has been during these past two or three decades, and the affairs of nursing will continue to be directed by those who, blind to the true social import and value of nursing, have demanded a program of nursing education which could successfully serve only the lesser social need, the providing of a nursing service at lowest cost to the hospital sick, rather than a program of nursing education which would successfully meet the larger, and preeminently more important social need, namely, the need of the community at large for a skilled and adequate nursing service.

Therefore, "if I were king," to ape our good friend Dr. Lyons, I would call my wisest councilors together and immediately draft a social plan for nursing. As I see such a plan it would probably consist of three parts. First, I would instruct these councilors to determine the
basic, central problem of nursing—the prima mobile, so to speak, of all our problems—and I would instruct them on pain of death to reduce this problem to the simplest possible formula and to set it forth in simple, clear language so that all might understand it.

One of the singular, almost incredible, facts about nursing is that the true nature of our professional difficulties is not known or appreciated by the large majority of nurses. How often do we spend our energies attacking the related rather than the basic, central problem itself; how often we think we are treating the disease when in reality we are only taking the patient’s history or ascertaining the ravages of the disease that besets our profession. For example, we are prone to believe that time-studies offer a solution to the basic problems of nursing. Unfortunately, the time-study, like any other assembling of facts, can only measure for us the extent, the depth, and the redness of the sore; it cannot eradicate it. Time-studies cannot give us a plan, a method, for removing the conditions which give rise to our difficulties.

It has been said that insight and foresight are necessary to the making of any social plan. This is to say, there must be a clear understanding of the present before any understanding may be reached as to how the future may be gauged and controlled. Only by means of a thorough-going study and analysis of the present, and a determination of the real connection and significance of the facts so disclosed—that is, only through a study of cause as well as effect—may any plan of action for “the masterful administration of the unforeseen” be made.

The past eight years have seen nursing engaged in the very worth while occupation of gathering facts about itself. There has been, in my estimation, however, a considerable lag between the assembling of facts and the determination of the connection or significance of these facts, and the causes giving rise to them. It does seem that by this time sufficient facts have been assembled so that the basis of the ills of nursing could be determined and a plan formulated for the solving of our difficulties.

We may blame ourselves that the public so little understands the problems of nursing and has given so little support to us in our struggles to meet more adequately the nursing needs of the modern community. We may blame ourselves that, with three or four notable exceptions, no nursing school has been the recipient of any of those great monetary gifts which so characterize the history of education in this country. Is it possible that with the deeply intimate, personal relationships nurses have with all kinds and varieties of people, our profession should have been so passed over, so isolated and so unsupported in its struggles, if the individual nurse had thoroughly understood the problems besetting
her profession and had been able clearly to indicate to the public wherein and by what means the cause of nursing could be supported and assisted?

The first step in making a social plan for nursing as you see deals, so to speak, with the general problem of “how and why nursing got this way”; the second step should logically deal with the problem of “what are we going to do about it.” Now, “if I were king” and held the power of authority, I should direct the councilors to prepare forthwith a scheme or plan by which nursing could seek state support for schools of nursing.

While we may hope that as years go on more of our schools may become privately endowed, the salvation of nursing does not lie in this direction. Even if the gods proved most kind, we may anticipate at best that only a small number of the total number of nursing schools might become endowed.

Neither may we hope that through any process of enlightenment, or through the development of mere good will, will the hospitals of this country give up the goose which has laid for them so golden an egg. Money is money and we may never hope that our schools of nursing will be removed from their present organization setting until we as a profession find a way by which a new system could be substituted for the apprenticeship system of nursing, a system which would necessitate no increase in the cost of nursing service to the hospital over and beyond what it now must meet with the operation of the apprenticeship system of nursing.

The basic problem of nursing—the prima mobile of all the problems of nursing—has been the revenue bearing aspects of the apprenticeship system. I have already indicated in a previous part of this paper that it is my belief that nursing can never become really socially effective as long as nursing education rests on its present foundations. The way out, it would seem, is to place schools of nursing on a full fee paying basis (by “full fee paying basis,” I mean student nurses should be required to pay both maintenance and instructional fees), and to have the state assume the responsibility for operating the school of nursing in precisely the same way as it does for its junior colleges, normal schools, and universities. Then and then only will the school of nursing become as other vocational and professional schools, namely, entirely free to serve educational ends exclusively, and entirely free to modify its curriculum in the light of social needs.

I can hear you say, “A wonderful dream—but only a dream.” I do not believe this idea is Utopian; I do not think it is impossible to realize. Nothing is impossible to achieve if intelligence backs the scheme
and the goal is the true improvement of social welfare, the effective meeting of a basic human need.

It would seem that this period of depression would be the time to move forward with a plan for a change in the pattern of nursing education. Why do not those schools who boast of long waiting lists make efforts to establish themselves on a full-paying basis (not, of course, increasing the revenue of the hospital, but automatically reducing the service hours rendered by the student in proportion to the maintenance and instructional fees charged). Why do we not in this period of depression lay our plans to tap state resources when boom times return again, or shall we again let a golden opportunity—golden both literally and figuratively—slip through our fingers as we did the prosperity period of 1920-1929?

If any indictment could be drawn against nursing it is that we have been most derelict in this matter of thinking through a plan or scheme by which state support for schools of nursing could be sought. The scheme I have in mind is not a scheme for actually getting money out of a legislature; it is a scheme for the organization and administration of a school of nursing which would operate under the auspices of the state system of education. I draw your attention to the fact that at the present moment if some Mussolini were to approach us and say, "I'll back your schools of nursing—just tell me how to do it," we could not tell him how it could be done!

On the Pacific coast there are several schools of nursing which are affiliated with junior colleges, but we need not look to them for organization suggestions for a state supported, fee-paying school of nursing for such schools are still an integral part of a hospital organization and the junior college does not come into the problem of the education of the nurse except during the preclinical period. The management of the preclinical period under such conditions is simple; the management of the clinical education of the nurse is the real problem.

The plan I have in mind conceives of a thoroughgoing reorganization of the school of nursing and its educational program. Such a reorganization is necessarily a most complex, technical problem and would require the most intensive and intelligent thinking of the best experts in nursing education. Such thinking, it is my firm belief, should be going on in an official way at the present time, for without such a scheme in hand we may never hope to secure state support for our schools of nursing. Without state support, I repeat again, the present pattern of nursing education will necessarily continue, and with it will continue this social waste which cannot in any way be justified or
excused, namely, an increasing army of unemployed nurses and an
undernursed community.

And so I pass to the third part of a king’s social plan for nursing. This part has to do with leadership.

In Plato’s beautiful Allegory of the Cave, it is told, as you will no doubt remember, that there was a great cave in which a large group of people sat chained in such a way that their backs were to the doorway of the cave and they faced its posterior wall. Outside of the cave there ran an elevated roadway, and back of this roadway burned a large fire so that as people and objects passed up and down the roadway their shadows fell upon that wall of the cave which the chained prisoners faced. Now the prisoners, never having been outside the cave and never having seen aught else than the shadows of the world without, mistook appearance for substance; they believed the shadows to be real objects. The story goes on to tell how one of the prisoners, a philosopher, escaped from his chains and went forth into the outer world and how he returned to the cave again and pleaded with his former companions to break their chains and to go with him out into the glory and wonder of the world of reality. The prisoners, knowing nothing else than that which they had experienced, could not conceive of anything different or better, so they laughed at the philosopher, and hugging their chains the tighter, refused to accompany him.

If Plato’s philosopher had been able to persuade any of his former companions to shake off their chains and to go out into the world of real and true things, I am confident it would have been the youngest, not the oldest of the group. The nearer the person is to the coming generation, the shorter the period of time he is taught to think of appearance as substance, the more readily he will adjust himself to new conditions and thoughts and the less satisfied he will be that the world in which he lives is “the best of all possible worlds.” Each generation is caught in the pattern of thought of its own generation and may progress only within the limits of this thinking.

Around the council boards of nursing the younger generation or generations are missing. While I do not advocate that gray hair shall not be found at these boards, I do state that a balanced or dynamic leadership for nursing in this rapidly changing world will alone be possible if we avail ourselves of the thinking of the younger generations of nurses.

So, “if I were king,” I could command a revamping of our lines of professional organization and would definitely provide for the inclusion of a certain proportion of younger nurses on our boards of directors and the appointment of some of these nurses to certain important committees. These younger women being born as they were amid different
social and cultural conditions, possessing as they do a different standard of values, and thinking as is their wont in an entirely different manner from the older generation, could and would make, without doubt, a peculiarly valuable contribution to the sum total of thinking that is clearly needed if nursing once more is to be restored to its old and honored position in the hearts and affection of mankind.

This hour seems pregnant with the power to influence and determine the future course of nursing and to restore it once more to the social effectualness that has distinguished it in former centuries. May this hour bring forth a conscious, deliberate, purposeful effort on the part of our profession to meet the great challenge that clearly confronts us. Then, like Simeon upon the temple steps, one may say, "Lord, lettest thou thy servant depart in peace."

The meeting adjourned.

General Session

Friday, June 16, 9:30 a.m.

Presiding: Elnora Thomson, R.N., Director of Nursing and Health Education, University of Oregon, Portland, Oregon.

Topic: The Nursing Care of Patients in State Mental Hospitals.

What Are the Nursing Needs in State Mental Hospitals from the Standpoint of the Superintendent of Nurses?

Anne How, R.N.

Superintendent of Nurses, New Jersey State Hospital, Greystone Park, N. J.

Nursing in a state mental hospital suggests certain comparisons with the conditions Florence Nightingale faced in the old barracks so many years ago. We have the vastness and the numbers that she encountered. We have the compulsory admissions, routine, red tape, lack of equipment, and lack of understanding by the public. If these be incentive, then we have them. We have also staunch friends and supporters. Perhaps most satisfying is the response, benefit, and occasionally the appreciation from the patients themselves. That is as it should be. If the real satisfaction of activity is not derived from the activity itself, it leaves something to be desired. Certainly those of us who are engaged in nursing in state hospitals are not reaping riches; social prestige and ease are not among the rewards. But there is gratification in knowing
that however far short one may fall in attaining objectives, every effort
does count; that the little one can do has real value.

Is nursing of benefit to mental patients?

Many people have thought so. Linda Richards, America’s first nurse,
said many years ago, that the mentally sick should be at least as well
cared for as the physically sick and she spent several years in organiz-
ing schools for nurses in state hospitals.

Dr. William Russell thinks so. He said:

I can, therefore, testify from personal observation that the advantage thus
far gained by the mental hospitals from the establishment and maintenance of
schools of nursing is so great that one can think of it as the widespread ex-
tension of Pinel’s dramatic achievement of more than a century ago, when he
struck off the chains of the insane in the hospitals of Paris . . .

The hope of psychiatrists in regard to the nursing situation is that the
nurses of America through their organizations, and individually, will take a
hand in advancing psychiatric nursing . . .

Dr. Alter, editor of Nosokomeion the official organ of the Interna-
tional Hospital Association, says:

Nursing, especially in the hospital, has long been quite as useful to the
patient as medical treatment, because it is by no means seldom that nursing
stands far above medical attendance in its direct and indirect service to the
patient. In psychiatric hospitals, 90 per cent of all the good and harm done
to the patients is done by nursing.

I think Clifford W. Beers and his story, told in A Mind that Found
Itself, is sufficient proof that this statement is correct.

To make this 90 per cent good, we must then have nurses who are
trained in this branch of nursing, and to get such nurses we must first
change the viewpoint of nurses in general. It has been said to me many
times that any one can take care of a mental patient. That statement is
absolutely incorrect. In a large state hospital (and all of them are
large), you have really a cross-section of the world in general. We
receive in state hospitals patients with every ill that flesh is heir to:
Contagious diseases, venereal diseases, all surgical conditions, dental
conditions, medical, such as diabetes, et cetera, maternity cases (before
and after), and children. To successfully nurse the mentally ill patient,
the nurse should have all the preparation that a good general school
can give, plus a broad and workable, not just a theoretical, psychological,
and a foundation of good mental hygiene. She must have the ability to
detect symptoms which on account of his mental condition, the patient
is unable to tell her. For the same reason she has to be able to adapt
the fundamental laws of treatment and procedure to the condition im-
posed by the patient’s lack of coöperation.
How near to meeting this need does nursing come today? The bulletin issued by the United States Census Survey as of December 31, 1930, shows 291,077 mental patients in residence in 166 state and federal hospitals for mental disease. There were 1,531 women nurses and 339 men nurses caring for these patients, which means one nurse to about 153 patients. The distribution of these nurses is as follows: Seven states are maintaining hospitals without any graduate nurse. Six states have one nurse. Thus, six nurses in thirteen states representing a patient population of 22,626 patients have a proportion of one nurse to 3,771 patients. This might represent the low in nursing standards. The thirteen states representing the highest number of nurses have a total of 1,640 nurses caring for 136,866 patients which gives a proportion of one nurse to eighty-three patients. When one recalls that this number of nurses includes night and day executives and teaching staffs it reduces the number of nurses in the ward situations considerably.

Of this group of nurses employed in state hospitals, many are graduates of schools whose entrance requirement is one year of high school or less, and whose school equipment has not been up to the standard. Classrooms and teaching staff have not always been adequate. Living conditions—by that, I mean homes and dining-rooms—have not always been acceptable. But, if we are to have efficient care of our patients in mental hospitals, we must have better than average nurses, for the reason that due to the various classes and types of patients that are admitted to state hospitals, the nurse in a mental hospital must be well trained in all branches of nursing.

The report of the United States Department of the Interior on the statistics of nurse training schools for 1930-31, states that “there are 1,778 schools connected with general hospitals, and sixty-six schools maintained by hospitals for the insane.” This report also states “that there were 25,971 graduates from schools for nurses in 1930-31, of which 524 were trained in hospitals for the care of the insane.” There is no need to go further into statistics or detail, as the figures just mentioned will show you the dire need of nurses in the mental hospitals, and especially, the need of nurses that have been trained to care for the mentally sick.

How many nurses are enough? Just to give an estimate to work toward, one nurse to sixty patients would give a better proportion. The majority of the patients in a state hospital, while they are not physically sick, are not mentally able to care for their personal hygiene and needs, and it is up to the nurse to see that the patient is made to feel comfortable in every way possible and to feel at home. This type of nursing care includes housekeeping and all the duties that are included in home-
making so that in addition to all her general technic, the nurse must be a good house-mother as well. A large number of these patients can be cared for by the attendant group under direction of a charge nurse or supervisor. In the acute services, such as admitting service, clinic or hospital service, or tubercular service, we must have well-trained nurses and should have rather a larger number of nurses, namely graduate and student, than in the general hospital.

How are we to produce these nurses? It seems to me we are asking for rather an ideal nurse for this work, but I have not mentioned any quality or preparation that is not needed in mental nursing.

Estimating the lowest possible number needed on a 1-60 basis, or approximately 5,000 nurses, and with all the schools of nursing in mental hospitals graduating considerably less than 1,000 nurses a year (750 would be a more accurate figure, I am not worried concerning overproduction in this field of nursing), it would seem to me that if we could work toward a good school of nursing in one state hospital in each state, which would measure up in quality and standards to the best schools in the general hospitals, we would go a long way toward reaching our goal. This would not overcrowd the ranks of the nursing profession.

I know of no formula that turns out nurses equipped to give satisfaction in every situation, but if the professional standards be used the following might be considered as elemental requirements: (a) Graduate from an accredited school of nursing; (b) registered in the state in which she is practicing; (c) at least a year of experience with psychiatric patients either as part of her three-year course or postgraduate work; (d) membership in the district and state nurses' association and active interest in the progress of nursing; (e) subscription to the nursing journals and Mental Hygiene Quarterly; (f) interest and ability to participate in community affairs; (g) she should be wholesome and without organic or functional disease; (h) intellectually alert; (i) most important is her personality. She should be able to adapt harmoniously, get along with others cheerfully, and do her share for the upkeep of morale. She should work as well when unobserved as when under the gaze of officials.

Is this asking too much? Obviously not. At the hospital where I am at present, about a sixth of the graduate staff fill these requirements, the others fill part, if not all. If this is so now, when selections are restricted to state residents, salary cuts are with us, and many of our privileges curtailed, it should not be an impossibility elsewhere.

This superintendent of nurses would express a summary of her desires thus:
1. I would like nursing organizations, district, state, and national to study the mental nursing problems. An excellent approach would be by taking one of the mental hygiene courses available in most parts of the country.

2. Read the Mental Hygiene Quarterly for the best presentations on the subject.

3. In each state, sponsor and urge a nursing survey of mental hospitals and be advised as to the needs and available assistance. I should not need to point out that such survey will be waste of time and money unless it has on its committee at least one nurse or doctor who understands mental hospitals and their needs.

4. Form mental hygiene sections in all state nurses' associations to act as forums of education and discussion on the care and prevention of mental disease.

Does it seem that I am going too far afield? In reality I am not. Our program at the League meeting has stressed obstetrical nursing, which we all agree is a vital need. Dr. James Rowland Angell, President of Yale University said at the twenty-fifth anniversary of the founding of the Mental Hygiene Society, held at Yale on May 6th, "Between 10 and 15 per cent of college students are hampered by emotional and personality difficulties, sufficiently serious to diminish very much their effectiveness and their happiness." At this same meeting, William John Cooper, United States Commissioner of Education, said that a course in Mental Hygiene should be added to the public school curriculum.

If the prevalence of maternal deaths and infant mortality is worthy of the interest of the League members, be sure it will be worth while to make the adult life of the infants you propose to save, safer. To what purpose will you save babies at birth? Why inoculate and vaccinate them in preschool days, educate and diet them, if by the time they are adolescent or young adults, thousands are to be admitted yearly to mental hospitals? We might better devote a whole League session to the effective care of those who are admitted to such institutions and with the cooperation of the A. N. A. and N. O. P. H. N., organize for prevention as nurses have done for tuberculosis and contagious diseases.

With all the world turning to mental hygiene for help in adjusting its ills, surely it is time that organized nursing should take its place.

Forty years ago, at the World's Fair here in Chicago, this organization came into being. You all know the history of this organization and what it has meant in nursing care and nursing education. Long before another forty years have passed, I hope we may look back at this
meeting as the beginning of a new era in the nursing care of the mentally ill.

State hospitals present a wealth of clinical material. Many of them are well equipped with x-ray, laboratory, and diagnostic equipment. The superintendents of these hospitals are, on the whole, vitally interested in the nursing care of their patients. With the cooperation of the nursing organizations, the obstacles in the way of good nursing, which in the past have been largely housing conditions, teaching staff, and equipment, can be overcome. In other words, the nursing needs of the state hospital are: more nurses; better-prepared nurses; cooperation and understanding of the nursing organizations.

WHAT ARE THE NURSING NEEDS IN STATE MENTAL HOSPITALS FROM THE STANDPOINT OF THE SUPERINTENDENT OF NURSES?

GRETCHEN E. NIND, R.N.
Worcester State Hospital, Worcester, Massachusetts

Faultless custodial care can no longer be offered as proof of good psychiatric nursing, for the time has come when the quality of this remedial measure will be judged by the number of patients sufficiently restored to health to take their places in the community. When the full import of this criterion, with which every socially minded person is in hearty accord, has penetrated our lethargy, the exact nature of our needs will be sought. Paramount to the more obvious requirements stands the need for an educational program so comprehensive in its scope that graduate nurses in the future can more effectively participate in the hospital’s therapeutic projects, and so progressive in its teaching policies that recognized institutions of learning will sponsor its courses.

Painstaking investigation and thorough preparation must precede such a plan if it is to be undertaken with any hope of success. Without reflection certain questions loom on the horizon of our thinking, but deeper ponderings will elicit questions of equal importance. For example, we will wish to know:

1. What social and educational elements shall we agree to include under so broad a term as “comprehensive”?

2. Are all state hospitals suitable laboratories in which to teach psychiatric nursing?

3. Granted an affirmative answer to the second question, which is doubtful, ought teaching programs to be organized in hospitals that are not strategically located in relation to population centers, universities and medical schools, and social agencies that cooperate with state hospitals?
4. What are to be the prerequisite qualifications of the prospective students?
5. How many graduate nurses are needed to adequately care for the mentally ill?
6. When we plan for the future do we include in our thinking patients who are now thought to require custodial care only?
7. Can the state afford to employ trained personnel on the nursing staff in sufficient numbers to make the educational program worthy the name?
8. How long will it take to determine the quality and quantity of available resources?

It is not the purpose of this paper to suggest possible answers to the questions. Creative thinking on the part of nurses who dare to dream will evolve answers sufficiently practical to withstand the crucial test of experience and so far-seeing that nursing education can keep step with the advances which psychiatry will continue to make. Already medical schools, colleges, and allied institutions have recognized in the state hospital a wealth of opportunities which, until recently, have been slightly appreciated and little used. Psychiatrists, with characteristic acumen, have done the pioneer work which has made such recognition possible. A notable record of recent efforts to evaluate clinical material in state institutions is to be found in the modest but inspiring pamphlet entitled, "The Effort for Mental Health in the State of Illinois," prepared by the Illinois Board of Public Welfare.

In the meantime, what shall we do while devising better ways and means of educating young women to care for the mentally ill? We can do no better than to focus our attention on the grave nursing problems that baffle that state hospital administrator. The policies adopted today in solving these problems will probably determine the trend of psychiatric nursing for the next hundred years. No more auspicious time has ever presented itself for raising nursing in mental hospitals to a level deserving of the public's respect than now.

Consider first, if you will, that thousands of nurses are idle while attendants nurse the sick. For them it is a means of livelihood. No serious thought of restoring the unfortunate sufferers to health motivates their time-serving efforts. We need graduate nurses to care for the patients. It is true that there are not enough nurses trained in psychiatry to fill the places of the attendants who now hold positions of responsibility, but certainly a background of three-years' training in a general hospital is much to be preferred as evidence of fitness than the usual next-to-nothing evidence produced by applicants who come seeking work. We maintain that intelligence, emotional maturity, and the will to learn, far outweigh the value of a brief course in psychiatric nursing without these qualifications. A program of education for the staff would in time overcome this lack, providing the nurses are care-
fully chosen. If we wait until suitable candidates present themselves, the major portion of nursing care will be carried by attendants for years to come. We ought to seek out graduates as diligently as we used to seek neophytes for our schools of nursing, but select them with greater care. This need is not stressed simply because there is a known oversupply of nurses, but rather because the social treatment of the patient increasingly requires more intelligent supervision on the wards.

Nurses today are privileged to share in the care of mental patients to a degree never dreamed of a hundred years ago. In the old days daily ward rounds included much more than a perfunctory inventory of patients’ difficulties which had accumulated since the last visit. With great tact the early psychiatrist combined the rôle of physician and friend as he moved leisurely from ward to ward. State hospitals were small and were conducted like private institutions. By reading old reports one can better appreciate how much time the doctor personally devoted to the social treatment of the patient. In the first annual reports of the Worcester State Hospital, Dr. Woodward frequently referred to the patients as “the family.” Furthermore, the early psychiatrist was jealous of his prerogatives. Without special permission, no attendant was permitted to share in the games, sewing circles, and parties arranged for patients. The doctor closely supervised all social activities and frequently participated in them.

Many factors have arisen during a century of progress to make such personal supervision impossible. The hospital which originally shepherded two hundred patients now domiciles over two thousand. Methods of diagnosing and treatment have multiplied until the patient, in most state hospitals, has the benefit of expert judgment from many specialists in contrast to the early days when the psychiatrist had to be all things to all men. In the process of time the responsibility for the social treatment of the patient gradually shifted to other specialists delegated to carry out the ideals of the psychiatrist. Today this particular form of therapy rests largely with the occupational, social, and nursing services. Important as the two former are, in the last analysis the greatest responsibility devolves upon the latter. It behooves us to see to it that the quality of that service is of a high order day and night.

In an attempt to provide better nursing care, state hospitals have established schools of nursing. Their courses of study have been shaped according to the advices of that highly approved instrument, the Curriculum for Schools of Nursing. One wonders what would happen if this valuable guide were to vanish suddenly from the face of the earth. Excellent as it is, it never was designed by its authors to serve as an
infallible guide for the proper education of nurses concerned with the care of the mentally ill. We ought to set up objectives, specifically planned, to fulfill the responsibilities incumbent upon us. The Curriculum will never take the place of creative thinking.

If one considers the expense incurred by the state, the valuable time of physicians devoted to teaching, and the general functioning of the nursing school in a state hospital, it resembles nothing so much as a parasitic growth. The number of students, the educational policies, and the dearth of teaching equipment simulate, in many respects, schools conducted in small general hospitals. The apprenticeship system flourishes at its best and its worst. In relation to the fostering hospital the school tends to stand aloof from other departments, the relationships not exceeding those necessary for making teaching appointments. The consequence is that the nursing personnel have only a superficial appreciation of the accomplishments of departments that are making contributions of incalculable value to the well-being of patients, and which ought to play a much larger part in the educational set-up than is the case at present. In particular the departments of social service, psychology, pathology, research, and occupational therapy could greatly enrich the nursing experience, both directly and indirectly.

What experience does the average state school offer students? During the first year, in common with all pupil nurses, they carry a heavy schedule of studies. For lack of time, formal instruction in mental nursing is meager and may not be introduced until the second semester. For the same reason very little ward teaching is carried on systematically. The second year is spent in a general hospital where a complete readjustment is necessary. Difficulty is still encountered in securing general hospital affiliations where the theoretical work paralleling the ward experience is taught on all services. The third year is spent in the home school where all the third-year subjects plus the psychiatric course must be crowded in. There is no demonstrable difference in the psychiatric courses offered state hospital students and the affiliating students. In most instances the hours on duty are longer than those now prevailing in general hospitals. After three years thus spent, state hospital students, with few exceptions, are not conspicuously better prepared to assume nursing responsibilities in a mental hospital than are their affiliating sisters. Furthermore, very few who graduate from state hospitals linger in the psychiatric fold.

Assuming that the state could afford to thoroughly equip and staff a school, there are still reasons why it might advisedly hesitate to do so. One reason is that as long as the apprenticeship system prevails, as long as students are paid attendants' wages while pursuing their studies, the
most desirable type of candidate will not be attracted to the state hospital. Although some authorities contend that the school is an indispensable asset, there are those equally eminent who gravely doubt the wisdom of attempting to maintain schools in a special hospital for these and other reasons so well known that restatement does not seem necessary here. Under the circumstances it seems proper to ask whether or not administrators are justified in encouraging the establishment or continuance of these schools.

Would it not be wiser to direct our efforts towards improving the quality or instruction offered undergraduate students, particularly on the wards? Let's put the emphasis on better teaching where it is most needed. Formal instruction in psychiatry in the better schools now existing is already of an exceptionally high order, which makes the need for better ward teaching more keenly felt. All too frequently students are assigned to wards where adequate instruction is out of the question because the head nurse is not prepared to give it. It clearly becomes a case of the blind leading the blind. By raising our standards affiliating schools will be stimulated to raise theirs, to say nothing of the mutual, increased respect accruing to all concerned.

Here we are again—back to the question of education for the staff. If we succeed in interesting general hospital graduates in taking the places of attendants, we will need to offer them a supplementary course, as has already been suggested. It now appears that we need another course to fit the present staff to discharge their duties as teachers. Time will not permit an elaboration on any phase of graduate education, although the temptation to do is very great.

Other needs could be enumerated. You may be disappointed because the one which keeps you on tenterhooks has not been mentioned. An effort has been made to consider the larger needs. Lesser ones are really aspects of the greater.

Nursing in mental hospitals has not escaped the approbrium associated with any aspect of psychiatric enterprise. Misapprehension on the part of the public and even the medical profession has set the state hospital apart, but now that these institutions have been discovered, so to speak, by thoughtful leaders in many fields of social endeavor who profoundly desire to improve the care of the mentally ill, there is every reason to believe that the nursing opportunities now challenging us will be appraised for their true educational worth.

In conclusion our needs may be summarized as follows:

1. Painstaking investigation to seek out the exact nature of nursing needs in state hospitals, qualitatively and quantitatively.
2. A program for the education of graduate nurses:
   a. A supplementary course for new recruits.
   b. A program for the advanced study of psychiatric nursing.
   c. Psychiatric education for head nurses and supervisors.

3. An effort to ascertain, by a process of judicious, unbiased consideration, whether the state mental hospital is warranted in establishing and continuing schools of nursing.

4. Improvement in the quality of instruction offered resident and visiting undergraduates, particularly on the wards.

WHAT ARE THE NURSING NEEDS IN STATE MENTAL HOSPITALS FROM THE STANDPOINT OF THE MEDICAL SUPERINTENDENT?

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Progress in any movement concerned with human welfare may be measured by certain outstanding events in its development. Sprinkled along the tardy course which the amelioration in the care of the mentally afflicted has followed are such instances as Pinel’s dramatic release from their chains of over fifty patients at the Bicêtre Hospital in Paris in 1792 and the presentation in 1842 to the Massachusetts legislature by Dorothea Dix of her indicting “Memorial” in behalf of the insane confined in the jails and almshouses of that state. Passing from this challenge, provoked by righteous wrath, a third but no less constructive achievement was the organization at McLean Hospital in 1882, by Miss Mary F. Palmer, of the first training school for nurses in a mental hospital—just twenty-two years after Florence Nightingale, at St. Thomas’, London, had founded the first training school in a general hospital. Although the present occasion, when the educational leaders of American nursing, gathered to reconsider their agenda and reaffirm their ideals, set aside a session for the discussion of the needs of mental nursing,—although such an occasion, I repeat, is less dramatic in character than the historic ones I have just mentioned, it may, nevertheless, prove to be equally significant and is surely prophetic of keener interest and more intelligently directed progress in the largest single nursing and medical problem which now confronts our respective professions. Doubtless most of you realize the extent of this special nursing problem, the relative magnitude of which is indicated\(^1\) by an analysis made by Miss Clara Quereau, Secretary of the New York State Board of Nurse Examiners. Miss Quereau found that 52 per cent of the

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\(^1\) Quereau, Clara: The Preparation of Nurses for Community Service. *Psychiatric Quarterly*, 7: 294, April, 1933.
total days of hospitalized illness in New York occurs in hospitals for mental diseases. Presumably the distributive ratio is approximately the same in other states. Of course the relatively long hospital residence of the mental patient makes this figure somewhat misleading, yet Miss Quereau found that 6 per cent of the estimated community morbidity at any one time is mental.

Following his dramatic release of patients from restraint Pinel instituted a movement for what was then called the "moral treatment" of patients. "The aim of the newer system," wrote Sankey some years later, "is to cheer, to conciliate the patient, to produce good feeling toward his custodian; to raise, not to depress him, to fill his mind with the pleasurable emotions of hope, love, thankfulness." Unfortunately this ideal of treatment, although altruistically conceived, was not based on enlightened, rational medical or nursing principles. Under this treatment at its best the institutions remained but asylums. Various superintendents attempted to improve the personal care of the patients through lectures and elementary lessons in nursing technique, yet but little progress was made, with the result that all remedial measures remained bungling or neglected until organized skill was made possible through the establishment of training schools with their systematic theoretical and practical instruction and constant intelligent supervision. Coincident with this establishment of training schools, and largely through their direct and indirect influence, striking improvement occurred not only in the nursing of the psychotic but also in their medical diagnosis and treatment and in general standards of care. It is rather remarkable what the organization of nursing service accomplished in stimulating the activity and morale of the mental institutions.

If this development in nursing education and practice has already contributed so much toward raising the standards in the state psychiatric hospitals, are there further nursing needs in these institutions? Do the public mental hospitals have any important contribution which they may make either in the way of perfecting the professional education of the nurse or of enriching her personal life? An affirmative answer must be given to all these questions. Let us briefly consider, therefore, a few of these needs and contributions—some practical, some ideal. Perhaps, too, there may occur to us certain ways and means which from the medical superintendent's point of view may make the nurse more proficient as a coworker toward that common objective which the supplementary professions, psychiatric nursing and psychiatric medicine, should hold before them, viz., the correction or amelioration of those disorganizations or distortions of personality which result either from its unadjusted demands or from the disintegration of
its physical component and finally lead to disturbance in the relation of
the patient to his social group.

Among the specific needs of the state mental hospitals I would in-
clude that of a larger number of psychiatrically trained registered
nurses. All admission wards, all wards for acute medical and surgical
cases, wards for infirm and bed-fast patients, and wards for patients
who are convalescing from their mental disorders,—all these wards,
whether for men or women, should be under the charge of these nurses,
all of whose assistants should be registered or pupil nurses except for
a minor number of trained male attendants on some wards for men.
You will note that I have not included the continued treatment wards
although I believe that it would be desirable if most of these also were
under the charge of registered nurses. All supervisory positions should,
of course, be filled by registered nurses, the chief supervisor of male
wards being a registered male nurse. The employment of registered
nurses in the state mental hospitals has been constantly increasing in
recent years and in some instances approximates the standards I have
indicated. In many other cases, however, tradition, insufficient appro-
priations, or inadequate supply of registered nurses experienced in
mental nursing, have served to keep the ratio of registered nurses with
psychiatric training below a desirable standard.

In these times when the amount of unemployment among nurses is so
great, the statement that there is an inadequate supply of registered
nurses qualified for responsible positions in public mental hospitals may
seem surprising, but I am sure many other superintendents of mental
hospitals, like myself, continue to have difficulty in finding experienced
psychiatric nurses for such positions. The replies to a questionnaire
issued in January, 1933, by the Committee on Nursing of the American
Psychiatric Association will shed some light on the supply from the
principal source of qualified psychiatric nurses, viz., the public mental
hospital. This committee found that in 1932, 375 nurses, and in 1931,
304 nurses, were graduated from forty-nine of the fifty-three under-
graduate nursing schools accredited by the American Psychiatric Asso-
ciation. Although by far the great majority of these graduates con-
tinued on with the hospitals at which they had studied their numbers
were insufficient for the actual nursing requirements of the public hos-
pitals for mental diseases. Only about one-tenth entered private nurs-
ing and there was a tendency for those who had entered this field to
return to positions in the public mental hospitals. It will thus be seen
that from the standpoint of increasing the present overcrowded field
of nursing the graduates of these hospitals not merely constitute an
almost negligible addition but that they scarcely at all enter into competition with the private medical or surgical nurse.

Both medical and nursing educators are coming to realize that patients are not merely representatives of the species Homo sapiens in which certain abnormal biological processes take place uninfluenced by significant psychological experiences or by deeply seated but often unrecognized strivings, goals, and tensions of the personality, but rather that the patient is an integrated individual with some aspects designated as physical and others as mental, both of which profoundly influence each other and between which no sharply dividing line can be drawn. For this reason a highly desirable movement has been developing to have the general hospital pupil nurse spend a period of affiliation in a psychiatric hospital. The suggestion may therefore be made that such affiliates may provide an important part of the nursing personnel needed in a mental hospital. Quite apart, however, from the fact that the time of the pupil nurse should be largely devoted to receiving instruction and training rather than employed in rendering essential services, is the very practical reason that such pupils with their two- or three-months' period of affiliation are able to contribute but little to the psychiatric nursing of the patients. Most affiliates have usually had sufficient instruction in bedside nursing so as to be of service in nursing physical conditions in comparatively quiet patients. They are of value, too, in attending to the personal wants of many patients and in guarding them from danger. The presence of affiliate nurses in an institution contributes certain intangible values. Their instruction, too, in certain basic psychiatric principles is a duty which the mental hospital should cheerfully and faithfully perform. The pupil affiliate, however, frequently afraid of the psychotic patient, unprepared for responsibility, unskilled in the fine art of managing the resistive, irritable, destructive, or suicidal patient (an art acquired only through long experience and sympathetic understanding), is a novice who is frequently as much a hazard as an assistant. The affiliate in the mental hospital, therefore, although a welcome student, contributes but little to its nursing needs.

Strictly speaking, all nursing in a mental hospital is psychiatric yet there are constantly certain cases in which medical or surgical phases of nursing are for the moment more important or at least more urgent. Probably the extent of the physical nursing required is not realized. When we remember that 60,000 patients are admitted annually to the mental institutions and that 18,000 persons die in these institutions in the same period it is apparent that the morbidity must be very large. Reports received by the Committee on Nursing from state hospitals for mental diseases would indicate that this phase of nursing had not yet
developed to a desired standard either as an available resource for training by the institutions' schools of nursing or probably in actual bedside care, particularly on wards for men. This committee found that in forty-nine state hospitals conducting training schools, only thirty-nine institutions had registered nurses on male wards. Ten training schools reported women student nurses on wards for men. Comparison with similar reports for previous years shows, however, an increase in the employment of both male and female registered nurses in the male wards. There is no question but that a more extensive employment of women nurses, both student and registered, on male wards improves morale and raises standards of care in many respects.

The contribution made to the enlightened care of a large group of our distressed and neglected fellows by the training schools for nurses in the public mental hospitals is incalculable. No other nursing schools training the same number of students have begun to do so much in alleviating distress of body and mind. This nursing group remained comparatively inarticulate but no other one of equal size has done so much, through direct service and indirect constructive influence, to relieve the suffering and perplexity of so many individuals. Like so many other beneficent contributions and services of nursing those of this relatively small group have been rendered with that modesty which Fielding describes as a candle to its merit.

As a natural, and indeed as a desirable, step in the evolution of nursing in the public mental hospital, attention has hitherto been particularly focused on the physical care of the patient. On the whole, it is true, the nurses who have been developed in these hospitals have been women of unusual tact, patience, resourcefulness, discernment and poise—qualities essential to and particularly educated by ministration to the disorganized personalities of the psychotic. With the increasing standards of educational and personal qualifications required for admission to the nursing profession, with the emergence of the state hospitals from custodial institutions to ones of psychological study and treatment with specialized techniques, with the rapidly growing field of abnormal psychology, with the increasing realization of the unity of the organism and of the interrelations between morbid functions of organs and morbid inner experience and their common determination by underlying needs and tensions of the personality,—in view of all these foundations upon which to build has the time now come when the psychiatric nurse may be a more apprehending and therefore, to some extent, a more participative associate of the psychiatrist in the care, guidance, and treatment of the mental patient? Should not the training of the psychiatric nurse be more carefully and thoughtfully planned to this
end in order that she may become the continuation and adjunct of the psychiatrist on the ward and in the home just as the psychiatric social worker has become the extension of the psychiatrist into the community? Even better than the social worker should the nurse realize that the personality is an instrument with two keyboards which should operate in harmony,—one physical, the other psychic. In assigning her a larger place as an active therapeutic agent I would not, of course, expect the psychiatric nurse to undertake any formal psychotherapy or to become an expert in the complicated and difficult task of analyzing personality defects and distortions. And yet, in order intelligently to assist in restoring disordered functioning of the human organism as a whole in its highest and most complete integration—as a person, in other words,—the nurse should have much knowledge of the psychological, social, and psychopathological factors that may operate to produce personality disorders. This means, of course, that the psychiatric nurse should receive considerable instruction as to the psychological factors influencing personality formation and personality function and therefore as to the psychodynamics that may distort the personality and disturb social adjustment. The psychiatrist has come to place great value on the histories and investigations of the psychiatric social worker, backed as they are with a fundamental knowledge of the forces of the personality. Similarly, the observations of the psychiatric nurse, although they should be descriptions rather than interpretations, may be of even greater value if made in the light of a knowledge of the purposes, goals, and values of the patient’s personality, of his unadjusted subjective demands and an acquaintance with physiological processes and physical symptoms. Such a knowledge will assist the psychiatric nurse in realizing that symptoms and behavior are often the subtle forms in which the underlying forces of human nature may express themselves above the surface, will increase her skill in observing reaction sets rather than mere fragment-like symptoms, will assist her in an appreciative discrimination as to what is significant in activity and speech, and will help her in acquiring a broader conception and a keener appreciation of the emotional factors contributing to the clinical picture. Her value as a psychiatric observer will be promoted if the physician points out the configurated pattern that the various morbid phenomena really form as well as the coherent synthesis that actually exists in the psychosis. It will be of great advantage if the psychiatric nurse has some knowledge of the various psychological devices by which mental factors may influence organic processes. Like the physician the nurse should be aware of the extent to which medical or surgical conditions may be imitated or exaggerated by mental causes. She should recognize that
the personality of the patient has needs as well as his organs, that the personal factors in disease require consideration and attention no less than the impersonal ones. Finally, the nurse does not need to be a profound psychological counselor to be a helpful psychotherapist, although a valuable psychological insight will be promoted if discriminat
ingly trained along the lines I have indicated.

The percentage of social, and indeed of psychological, recoveries in a mental hospital is in direct proportion to the individual attention received by the patient. The psychiatric nurse, particularly if possessed of a knowledge in the various fields mentioned, is, through her pro-
longed daily contacts with the patient, the logical professional representa-
tive to supply most of this attention. The modern psychiatrist con-
structs a program of treatment in the light of the psychobiological needs of the individual. If the nurse has an intelligent understanding of these needs and has some knowledge as to how they and the forces within the individual may be in conflict one with another and with those in the environment she should be able understandingly to take some part in the execution of the program. For the nurse to promote a rational confidence on the part of the patient in the face of an apprehension arising from a deeply seated insecurity of personality is as much psychotherapy as if it were known under the name of some formal system. The same may be said of the encouragement of self-esteem in the self-deprecatory or of self-reliance in the timid. The mere fact that the patient has someone to whom he may unburden himself may promote a needed serenity. The manner of the nurse may do much to convince a suspicious patient that an environment supposed to be hostile is, in fact, friendly and sympathetic. Frequently she will be the great mobilizer of affect or emotion through which psychic energy will be transferred from a world of unreality to one that is concrete and real. The nurse should remem-
ber that the chief end of treatment of the psychotic patient is to make him again a socialized member of his community. By reëstablishing emotional bonds, the severance of which has isolated him from his fel-
lovs, the nurse may often be the socializing agent which restores the patient to social health and creates the feeling, essential to personality integrity, that he is a member of the social group.

In another respect the psychiatric nurse, appreciative of emotional and other imponderable values, may be of great value to her patients. I refer to the opportunity which is hers to avert or mitigate many of the psychological traumatata sustained by the enforced hospitalization of the psychotic patient. Taken from his home, often unceremoniously and against his wishes, thrust behind locked doors and barred windows, frequently deprived not merely of his liberty but of his own clothing
and of his treasured personal trinkets, exposed to all too frequent thoughtless remarks of employees, forced to associate intimately with strangers, many of whom are repulsive, and compelled to live under the highly artificial conditions of institutional life in an atmosphere that may be imagined to be hostile, the injuries to pride and self-respect under such conditions must seem to the patient to be unnumbered. Here the psychiatric nurse may do much to promote regard for the patient's dignity and sensibilities.

No thoughtful nurse whose instruction has acquainted her with the motives and dynamics of behavior, who has watched persons struggling with problems by methods that have brought confusion instead of solution, can fail to develop to some extent those internal resources that add richness and spiritual value to living. Her observations and experiences in dealing with disorders of personality that trouble the patient within or disturb his adjustment without should lead to a smoother functioning of the elements of her own personality and make her more sensitive and intuitive in the understanding of others.

I have indicated some of the nursing needs of the state mental hospitals. Among them are more nursing personnel, both of registered and student grades, more women nurses for men's wards, in many instances still higher standards in medical or general nursing care. In a mental institution, however, the major part of the nursing is not, or should not be merely physically remedial, as extensive and as absolutely indispensable as that is. All patients whether ill or sound in body have physical personal wants requiring attention from nurse or attendant, but in a state hospital or in any other mental hospital the bulk of the nursing, some avowedly, some incidentally, should be directed to the total needs of the individual,—in other words be psychiatric.

One of the important forces in the evolution of the state hospitals has been the fact that the art and spirit of nursing penetrated and has been diffused throughout them. Hitherto, however, in the educational system employed the emphasis has been largely on the general nursing aspects in the care of the patients. The progress already made in that field must be constantly and energetically extended. This, nevertheless, I believe will occur as an effort is made to advance nursing in that field also where the greatest room and indeed its greatest need for development now lies—the fully developed psychiatric phase.

I have indicated, perhaps in too highly idealized terms, the rather extraordinary training and the qualities of personality which the psychiatric nurse should possess. Some progress, however, toward this goal has already been made and its attainment may well be a challenge to the efforts of you here today. It is obvious that instruction confined
to basic biological sciences, to manual and scientific technique, and to the observing and recording of objective symptoms will not complete the training for the type of psychiatric nursing which I have indicated to be needed. All this fundamental instruction and training is, of course, essential since the successful psychiatric nurse must first be a good general nurse. Where may this comprehensive training essential for the well rounded psychiatric nurse be secured? I believe for the most part it must be received in the state mental hospitals, since 95 per cent of the mental cases under treatment are in these institutions. No other institutions, either, are such complete laboratories for study in medical, social, psychological, and psychiatric problems. All but four of forty-nine training schools in these institutions now require a high school education of candidates for admission. As time goes on, some of these schools will, no doubt, require even more preliminary education. They should, too, consider somewhat more carefully the degree of maturity of the applicant's emotional life—an important consideration in the prospective psychiatric nurse. Attention will be called later to a desirable training agency for future directors of nursing of the state hospital schools.

The establishment of psychiatric postgraduate schools by a certain number of state mental hospitals as a means of supplementing the training facilities for psychiatric nurses offers much to be commended. The period of training in such schools should, however, not be for less than one year and should consist of carefully graded lectures, demonstrations, and practice. Nurses accepted by such schools should possess a desirable maturity and an interest in this phase of nursing. A necessary knowledge of psychopathology and the experience required for positions of major responsibility could not ordinarily be secured in less than the period recommended.

A word as touching their relations to psychiatric nursing should be said concerning the endowed schools of nursing organized within the universities. Probably, for various reasons, always limited in number and in attendance, such schools would do well not to train their students primarily for ward work, either general or psychiatric. Although trained, of course, in the fundamentals of general nursing and in the outlines of psychiatric nursing a foundation should be laid for a subsequent career in nursing education and administration. Many superintendents of state mental hospitals would doubtless be glad to have one or more of these university nursing school graduates associated with his institution where, after a few years of experience and preparation, such a person might become capable of assuming the directorship of the institution's training school. The standards of a training school
are reflected in the general psychiatric and nursing practice of the institution. Such a training school director with her university background should tend, therefore, to influence favorably the standards not only in her own but in allied fields of care.

Finally, I am convinced that the future of psychiatric nursing is bright. Remarkable strides have already been made in it and interest in the subject is constantly increasing. To many of those engaged in it it brings many intangible satisfactions, one of which is to profit by what the mental patient may teach. Indeed, one distinguished American psychiatrist suggests that a real millenium will be “when all of us can learn as well as mental patients can teach.”

THE EDUCATIONAL RESOURCES OF THE STATE MENTAL HOSPITAL

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Great strides have been made in the humane care of the mentally sick since the illustrious work of such persons as Dorothea Lynde Dix, a Massachusetts school-teacher; Dr. John Evans of Ohio; Dr. Edward Mead, who came from England to Ohio and then later to St. Charles, Illinois, and others who assisted them in bringing about the establishment of state mental hospitals. It was chiefly through the influence of Dr. Evans that the legislature made an appropriation for the first state mental hospital at Indianapolis, which was opened in 1848. Dr. Mead did much of the hard labor in arousing interest in the building of the Jacksonville State Hospital in Illinois, beginning his work as far back as 1842. We are told that Dorothea Lynde Dix was responsible for the establishment,—or at least the enlargement—of more than thirty public institutions for the insane, and it was finally through her efforts that the Jacksonville State Hospital was opened in 1851.

The Platform of the Principles of the Charity Law in Illinois is:

“To provide humane and scientific treatment and care, and the highest degree of individual development for the dependent wards of the state."

“To provide for delinquent such wise conditions of modern education and training as will restore the largest possible portion of them to useful citizenship."

“To promote the study of the causes of dependency and delinquency and mental, moral, and physical defects, with a view to cure and ultimate prevention.”

1 Bond, E. D.: Psychoses as a Basis of Insight into Human Problems, Mental Hygiene, XVI, 597.
"To secure the highest attainable degree of economy in the business administration of the state institutions consistent with the objects above enumerated, and this act which will be known as the Code of Charities of the State of Illinois shall be liberally construed to these ends."

The early institutions were very large, sombre looking, prison-like structures with heavily barred windows and massive doubly-locked doors. The keynote of the reforms which have been made in the physical aspects of these institutions is struck in the change of title from "Asylum" to "Hospital." The older type of building has given way to a simpler, smaller unit called the "cottage," built in groups in the midst of beautiful, well-kept grounds which are enchanced with trees, flowers, tennis courts, baseball diamonds, etc. As far as possible, the normal atmosphere is retained in these buildings, a large number of the windows being without bars and the doors unlocked, giving patients complete freedom and providing for normal community activities in connection with the farms, gardens, sewing rooms, bakeries, butcher shops, laundries, libraries, amusement centers, chapel, and the like. The cottages are made cheerful and homelike by being attractively decorated and provided with colorful window hangings, pictures, books, pianos, and radios.

A number of the state mental hospitals are providing facilities for the purpose of scientific research work in psychiatry, up-to-date dentistry and dental clinics, consulting staffs made up of skilled physicians in their specialties, intensive courses of lectures for the staff physicians, laboratories for research in related fields, and experience in the newer types of treatment.

The establishment of schools of nursing for affiliate and postgraduate students has been urged with a threefold aim stated as follows:

"First, to give better care to the mental patients in the hospitals for the insane.

"Second, to assist in the education of the nurse; since it is believed that the mentally ill patient is really a sick person and is entitled to the same attention and consideration as the physically ill, this work can best be done by the nurse, —the individual whose specific interest is to bring people back to health. The care of the mentally ill will never be on a par with the care of the physically ill until nurses are in charge and working in the hospitals for the insane as they are now in charge and working in the hospitals which are predominantly for the care and treatment of the physically ill. Every physically ill person is affected mentally to a greater or less degree, therefore nursing in general involves nursing both the physical and the mental. If a nurse does not have an organized experience with the mentally ill, she will find herself handicapped in taking care of the physically ill, to say nothing of her unpreparedness to take care of a psychopathic patient.

"Third, to prepare the nurse to take an active part in the great mental hygiene movement, which is claiming so much attention in the scientific, busi-
ness, and social world today. To attain these aims organized effort must be made to give the student every opportunity and assistance in acquiring the knowledge necessary to become well equipped to enter the general field of nursing, the psychiatric field, or the mental hygiene field."

In the state hospitals of Illinois alone, we have today a population of over 24,000 patients, affording extraordinary opportunities for the observation and practical experience in the care of every type of patient suffering from a mental disease. In the A. N. A. Bulletin for June, we find the statement that it is estimated that over one-half million psychiatric patients will be under hospital treatment in the United States by 1934.

In addition to this large number of patients and variety of cases, the experience of the nurse is enriched by having access to case records giving data on problems of heredity and other etiological factors, as well as clinical histories. There are opportunities for the study of abnormal psychology as demonstrated during daily contact with patients while the nurses perform routine duties, and didactic and clinical lectures by psychiatrists of the state hospital staff.

Another department of the state hospital in which specialized training may be obtained is the physiotherapy department. Some of these departments, equipped with tubs, Scotch douche tables and showers, whirlpool baths, cabinet baths, diathermy machines, galvanic and sinusoidal machines, ultra-violet lamps and bakers of various types, are prepared to offer to graduate nurses a twelve-week course in hydrotherapy and electrotherapy. This course, which is planned particularly to meet the needs of the patients in the state hospitals, includes practical work for five hours each day for six days of each week, during which time an average number of sixty patients are given 100 treatments daily, and didactic work as follows: hydrotherapy, 30 hours; electrotherapy and thermotherapy, 12 hours; physical exercises, 9 hours; massage, 9 hours; anatomy, 24 hours; physiology, 9 hours; nervous and mental diseases, 24 hours; recreational therapy, 6 hours, and medical diseases, 9 hours. It is felt that the graduate nurse who completes this course is well equipped to give special treatments recommended for psychiatric patients.

The mission of the psychiatric nurse, whether on duty in a state institution or a private mental hospital, is to provide her patient with as normal activity and mental attitude as is possible, to make more effective the psychotherapy offered by the psychiatrist. From the viewpoint of the student nurse, an acquaintance with the possibilities of occupational therapy and a direct application of its principles in the treatment of the mentally ill not only enlarges the nurse's field of vision
in the therapeutic field but also during the period spent in occupational therapy, provides an intimate means of contact with the patient. The latter is of much value from the standpoint of the diagnosis and observation, as well as establishing a comfortable rapport with the patient. Unless a nurse travels with her patient in his stream of thought, or at least makes an occasional contact with the workings of his thought processes, she is not giving to the patient the maximum benefit which should be derived from contact with one trained for psychiatric nursing.

It is not expected that the nurse should replace therapists nor acquire much skill in crafts from her short contact with occupational therapy, but she should glean from this contact the therapeutic effect of self-expression in some concrete medium which facilitates the problem of keeping the patient in as normal a surrounding and as normal a frame of mind as is possible.

Among the population of the average state mental hospital are patients of varying mental age and emotional stability, who come from all walks of life. The opportunities this group offers as a practice field, in the experience of adjusting one's own personality to every and all types of people to be encountered in the social work, on the hospital ward, or in one's family, are untold. This is just the situation in which the nurse finds herself, more particularly when she is training in the psychiatric field. This particular situation is more definitely paramount when she enters into the field of recreation or occupation. The only medicine she has to offer is her personality and a few tricks in the nature of games or crafts. Each nurse may spend as much as three weeks during a three-month course, specializing in therapies—hydrotherapy, occupational therapy, and recreational therapy. About twenty-four hours of this time is spent in learning theories of color and design, and practical experience in six crafts. A thorough analysis is made of three crafts, considering the application of each craft with reference to various mental, emotional, and physical capacities of patients, and the possibilities the craft offers as a therapeutic medium. She is given twenty hours of instruction in exercises, card games, and parlor games, outside of duty hours during the three months. The knowledge thus acquired in recreational and occupational activities gives the nurse sufficient background to carry on under supervision some therapeutic activity. She spends four and one-half hours each day in direct contact with patients during her service in occupational therapy and recreational therapy.

In occupational therapy the nurse assists the therapist in charge of the work on the ward to which she is assigned, to help the patients adjust to the hospital, to strengthen their attention defects by crafts, to
provide ways of increasing their powers of concentration, to introduce some new stimulus to their fields of interest.

In recreational therapy, the nurse directs simple group games, bedside diversion, outdoor activities, card parties, reading groups, and accompanies the patients on walks. In either field, the work may be carried on at one time with a large group, or again with a small group requiring more concentrated work. During these weeks, a definite effort is made to note and record symptoms which are observed during the nurse’s close contact with the patient.

While pursuing the graduate course, more extensive instruction is given the nurse in handicrafts in the occupational therapy field. In the recreational therapy field, the graduate nurses assist in conducting the activities of a club made up of the younger patients in the hospital, the purpose of which is to encourage social contacts and broaden the interests of these young patients, which interests may act as a prophylaxis in guarding against future mental disorders.

The meeting adjourned.

Closing Business Session

Friday, June 16, 2 p. m.

Presiding: Effie J. Taylor, R.N., President.

Committee on Nominations for 1934

Members of the Committee on Nominations appointed by the President, in accordance with the By-Laws,1 were:

Ruth Bower, Pennsylvania, Chairman.
Evelyn Hall, Washington.

Nominations from the floor were:

A. Isabelle Byrne, New York.
Ada R. Crocker, Illinois.
Clara Wright, Texas.

On motion made, seconded, and carried, these nominees were elected.

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 of this, our Thirty-ninth Annual Convention and our Fortieth Anniversary.

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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.
Especially do we wish to mention:

The Illinois League of Nursing Education, the Central Council for Nursing Education, and the First District of the Illinois State Nurses' Association, not alone for their contributions of music, flowers, favors, and other material things that have made this convention so pleasing and so beautiful, but also for the warm, wholehearted welcome extended to us on every hand.

The manager and the staff of the Drake Hotel, whose delightful courtesy and kind attention have insured this convention, as indeed it is their policy to underwrite all conventions held at the Drake, one that has been "successful, memorable and never-to-be-forgotten."

Our friends of the press, the editorial and associate writers, especially of the Tribune, for their comments of praise and the generous space allocated to reports of our proceedings.

The Information Committee always standing by with ready assistance.

The monitors for their promptness in the calling and dismissing of sessions and for their efficiency in securing quiet and comfort during the meetings.

The Arrangements and Program Committees whose strenuous work built the intricate network supporting the entire program of this great session which history will now enfold in the volume of the Thirty-ninth Report, and memory keep alive in our hearts. Through the foresight of these committees, doors of Chicago's temples of healing were opened wide and the courtesy of their institutions extended to us. Through them, too, we acknowledge the charming hospitality of the Women's Aid Society of the Passavant Hospital for the delightful afternoon tea given Thursday last.

The Reverend Duncan Hodge Brown, whose invocation opened our meeting on so spiritual a plane.

Our fraternal associates, representatives of the Illinois Board of Public Welfare Commissioners; of the Department of Medical Service of the Julius Rosenwald Fund; of the American College of Surgeons; of the Association of the American Medical Colleges, and of the American Psychiatric Association, for the wisdom of their deliberations, whose interpretations related to the welfare of our profession.

Clara D. Noyes, master workman, a servant of the public, whose portfolio preserves so truly the magnificent records of abilities wisely invested in the welfare of humanity.

The speakers who have so generously and in so large a measure shared with us inspirations whose sources reached by them abide only in long years of rich experience.

The 583 officers and members whose coöperation is this convention.
The many thousands of actual and potential League members in state and local organizations nationwide, whose vast relationships make possible this Fortieth Anniversary and those of all succeeding years.

The Committee on Exhibits whose efforts have afforded us an entrance into the corridors of time where stand shining monuments built by the pioneers in nursing education.

At this convention we salute their guardians:

School of Nursing, Bellevue Hospital, New York, New York.
School of Nursing, Mercy Hospital, Chicago, Illinois.
School of Nursing, Children's Hospital, Boston, Massachusetts.
School of Nursing, John Sealy Hospital, Galveston, Texas.
School of Nursing, Jewish Hospital, Cincinnati, Ohio.
School of Nursing, Newport Hospital, Newport, Rhode Island.
School of Nursing, Presbyterian Hospital, Chicago, Illinois.
School of Nursing, Farrand-Harper Hospital, Detroit, Michigan.
School of Nursing, Long Island College, Brooklyn, New York.
School of Nursing, Presbyterian Hospital, New York, New York.
School of Nursing, St. Luke's Hospital, Chicago, Illinois.
School of Nursing, St. Louis City Hospital, St. Louis, Missouri.
Wesley Memorial Hospital, Chicago, Illinois.
School of Nursing, Michael Reese Hospital, Chicago, Illinois.
School of Nursing, Massachusetts General Hospital, Boston, Massachusetts.
School of Nursing, St. Mary's Hospital, Brooklyn, New York.

_The American Journal of Nursing._

Our salute, too, for the parallel lanes of demonstration materials of the Instructors' Section and the revealing findings of the Committee on Studies. A great corridor, one of visions, imaginations, and ideals leading on from pioneer realms to frontiers whose barriers loom steep but not insurmountable.

Last and greatest, the beloved founders, whose light more radiant than Arcturus beams, strike human mechanisms in response more sensitive than the photo-electric cell and illuminate measures, conceived forty years ago, proposed and dedicated anew during this conference, whose achievement will fall not short of the goal of professional nursing in and for all communities.

Respectfully submitted,

ETHEL SMITH,
CAROL MARTIN,
ELIZABETH MELBY, Chairman.
REPORT OF THE TELLERS

Total valid votes .............................................. 218

For First Vice-President
Nellie X. Hawkins ........................................ 123
Dorothy Rogers ............................................. 93

For Secretary
Stella Goosray ................................................ 171
Marion Durell ................................................. 43

For Directors
Sally Johnson .................................................. 171
Daisy Dean Urch .............................................. 135
Isabel M. Stewart ............................................. 133
Anna D. Wolf .................................................. 117
Sister John Gabriel .......................................... 98
Gladys Sellew .................................................. 78
Laura R. Logan ................................................ 70
Henrietta Froehlke ........................................... 59

Respectfully submitted,

MARY ELIZABETH ALLANACH,
LAURA COLEMAN,
ANNA McGIBBON,
MARGARET CARRINGTON, Chairman.

The report was accepted, and the motion carried to destroy the ballots.
The Chair declared the following officers elected:

First Vice-President: Nellie X. Hawkins.
Secretary: Stella Goosray.
Directors: Sally Johnson, Daisy Dean Urch, Isabel M. Stewart, Anna D. Wolf.

The President then introduced the newly elected officers.
The total registration was announced as 582, the largest registration recorded at a League convention.
The Thirty-ninth Annual Convention was declared adjourned, to meet in Washington, D. C., April 22, 1934.
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; June 12, 1933.

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.

Active membership shall include fellow and junior active.

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-
mum 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 of the American Nurses' Association of the state in which she is residing;

d. Holding an advisory, executive or teaching position in an educational, preventive or government nursing organization;

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

Sec. 3. An applicant for junior 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 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 of the American Nurses' Association of the state in which she is residing;

d. Holding the position of assistant supervisor, head nurse, or assistant head nurse in an educational, preventive, or government nursing service;

e. Such membership shall be limited to a period of two years, after which one shall become a full active member.

Sec. 4. A fellow shall be an active member of at least ten years standing who has rendered marked professional service.

Sec. 5. An applicant for active or junior 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 states which have no State League of Nursing Education, or upon special action of the Board of Directors.

Sec. 6. 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. 7. 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.
h. 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. 8. 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. 9. 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. 10. A fellow shall be elected to membership by a majority vote of the Board of Directors.

Sec. 11. 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 Directors. These fourteen officers, with the President of the American Nurses’ Association, the President of the National Organization for Public Health Nursing, the nurse President of the Association of Collegiate Schools of Nursing, and the Editor of the *American Journal of Nursing*, shall constitute a Board of Directors.

**ARTICLE III**

**Elections**

Section 1. The President, the Second Vice President, the Treasurer and four Directors shall be elected in the even numbered years to serve for two years. The First Vice President, the Secretary, and four Directors shall be elected in the odd numbered years 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 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 cooperate 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, who shall be appointed by the Board of Directors, and shall be as follows:

a. Convention Arrangements.
b. Education.
c. Eligibility.
d. Finance.
e. Nominations.
f. Program.
g. Publications.
h. Headquarters.
i. Revisions.

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 Curriculum for schools of nursing and any other activity approved by the Board of Directors.

Sec. 4. The Committee on Eligibility. This committee shall check the qualifications of the applicants applying for individual membership 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 nominating 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 approved list the Committee on Nominations shall prepare a ticket consisting of two names of the nominees receiving the highest number of votes for each office, and eight names for the office of Directors. No name 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, and is free to serve if elected. This 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. The Committee on Headquarters. This committee shall have the power to act between Board meetings upon all matters which are referred by the President or Executive Secretary which do not require the formation of new policies,
and to pass upon applications for membership which come from states where there are no State Leagues.

Sec. 10. The Committee on Revisions: This committee shall investigate the eligibility of all State Leagues applying for membership in this organization. It shall devise ways and means for cooperation with states and territories for securing members and report its findings to the Board of Directors, whose decision as to the eligibility shall be final. It shall receive all proposed amendments to the By-Laws of this association, and submit them for action at the annual convention. This committee shall also advise State Leagues concerning proposed amendments to their Constitutions and By-Laws for the purpose of keeping them in harmony with the Articles of Incorporation and By-Laws of this organization.

Sec. 11. 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 for all active members of the National League of Nursing Education, except fellows, shall be $3.00.
   a. In states where there is a State League, dues ($3.00) for all active members, except fellows, shall be paid through the State League on the basis of membership March 1st of each year, except the first year of membership, when dues shall be paid at the time of application.
   b. In states where there is no State League, dues ($3.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 2. The annual dues for junior active and associate members shall be $2.00.
   a. In states where there is a State League, dues ($2.00) shall be paid through the State League on the basis of membership March 1st of each year, except the first year of membership, when dues shall be paid at the time of application.
   b. In states where there is no State League, dues ($2.00) shall be paid directly to the National League of Nursing Education. Dues shall accompany application.

Sec. 3. The annual dues for fellows shall be $10.00, which shall be paid directly to the National League of Nursing Education.

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 membership. 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 and junior active members of State Leagues in good standing, and individual active and junior 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 Education;
b. To know that the dues are paid by the first day of April of each year on the basis of membership the first day of March of each year;

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

d. To report the activities of the State and Local Leagues at the annual convention, and at such other times as may be required;

e. To confer with the Committee on Revision of the National League of Nursing Education, regarding changes in 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 Education, 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 "Parliamentary 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 unanimous 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
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.

Drown, Lucy L. .... 70 Fairmont Street, Lakeport, N. H.
Riddle, Mary M. .... 17 North Washington Street, Muncy, Pa.

LIFE MEMBERS

Brown, Anna Alline .... Addison Ridge, Harrington, Me.
Dod, L. L. .... Fayetteville, Pa.
Sniveley, Mary A. .... Private Pavilion, Toronto General Hospital, Toronto, Canada

ACTIVE MEMBERS

The asterisk (*) preceding state names indicates that State Leagues have been organized.

ALABAMA—13 Members

Andrejeski, Irene Rita .... St. Vincent’s Hospital, Birmingham
Bailey, Laura Olka .... St. Margaret’s Hospital, Montgomery
Denny, Linna Hamilton .... 1320 N. 25th St., Birmingham
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Golightly, Berta E. .... Garner Hospital, Anniston
McDermott, Catherine Mae .... Employees’ Hospital, Fairfield
Sister Alberta Sullivan .... St. Vincent’s Hospital, Birmingham
Sister Alphonsa Aucin .... St. Vincent’s Hospital, Birmingham
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Thrasher, Jewell White .... 814 So. St. Andrews, Dothan
Walter, Agnes M. .... Employees’ Hospital, Fairfield

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Hefner, Augusta J. .... St. Joseph’s Hospital, Phoenix
Sister Mary Evangelista .... St. Mary’s Hospital, Tucson

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*ARKANSAS—8 Members

BUFFALO, RACHEL ELIZABETH ... St. Joseph's Hospital, Hot Springs
MACNALLY, MARY AGNES .......... Ozark Sanatorium, Hot Springs
ROSE, DAISY ...................... Baptist Hospital, Little Rock
SISTER MARIE EVANGELIST ...... St. Edward's School of Nursing, Fort Smith
SISTER MARY ANGELA FLANAGAN ... 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

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Francisco
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PECK, PURCELL ...............1401 E. 31st St., Oakland
PETCHNER, MIRIAM ..........Cottage Hospital, Santa Barbara
PETERSEN, MARGRETTE E. ......1414 S. Hope St., Los Angeles
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<tr>
<th>Name</th>
<th>Affiliation</th>
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<tr>
<td>Petersen, Florence J</td>
<td>San Bernardino County General Hospital, San</td>
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<td>Pickering, Mary May</td>
<td>University of California, Berkeley</td>
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<td>Pilant, Edith Barto</td>
<td>Los Angeles County General Hospital, Los Angeles</td>
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<td>Pope, Amy</td>
<td>P. O. Box 1013, San Francisco</td>
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<td>Porter, Nellie M.</td>
<td>703 State Building, Los Angeles</td>
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<td>Potpourri, Elizabeth S.</td>
<td>Hospital of the Good Samaritan, Los Angeles</td>
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<td>Puckett, Rose S.</td>
<td>308½ S. Lincoln Park Ave., Los Angeles</td>
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<td>Purcell, Anna Laura</td>
<td>San Bernardino County Hospital, San Bernardino</td>
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<td>Regier, Marie</td>
<td>750½ S. Daly St., Los Angeles</td>
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<td>Rice, Helen Naomi</td>
<td>Paradise Valley Sanitarium, National City</td>
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<td>Richardson, Agusta B</td>
<td>Sacramento Hospital, Sacramento</td>
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<td>Ringressy, Grace E.</td>
<td>1101 Green St., San Francisco</td>
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<td>Rinker, Anne</td>
<td>1145 Britannia St., Los Angeles</td>
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<td>Rockstroh, Edna Carolyn</td>
<td>.285 Faxon Ave., San Francisco</td>
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<td>Romstead, Petra J.</td>
<td>Riverside Junior College, Riverside</td>
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<td>Ruddy, Sarah</td>
<td>Community Hospital, Long Beach</td>
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<td>Salisbury, Julia M.</td>
<td>411 N. Emily St., Anaheim</td>
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<td>Sanders, Helen F.</td>
<td>St. Luke's Hospital, San Francisco</td>
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<td>Saunby, Dora</td>
<td>2340 Clay St., San Francisco</td>
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<td>Schmidt, Ida Julia</td>
<td>736 Duboce Ave., San Francisco</td>
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<td>Schmidt, Verna</td>
<td>1100 Mission Rd, Los Angeles</td>
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<td>Scott, Jessie D.</td>
<td>5105 Dover St., Oakland</td>
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<td>Seitz, Frances</td>
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<td>Sewell, Mary</td>
<td>2635 Dwight Way, Berkeley</td>
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<td>Shanholzer, Gladys W</td>
<td>447 8th Ave., San Francisco</td>
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<td>Shugren, Margaret</td>
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<tr>
<td>Sister Dolores Carlos</td>
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<td>Sister Esther McKenze</td>
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<td>Sister Helen</td>
<td>St. Vincent's Hospital, Los Angeles</td>
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<td>Sister John of the Cross</td>
<td>Providence Hospital, Oakland</td>
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<td>Sister Joseph Ignatius</td>
<td>Providence Hospital, Oakland</td>
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<td>Sister Mary Agnes Cummings</td>
<td>St. Joseph's Hospital, San Francisco</td>
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<td>Sister M. Baptist</td>
<td>Mercy Hospital, San Diego</td>
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<td>Sister Mary Rita</td>
<td>St. Mary's Hospital, San Francisco</td>
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<td>Sister Stephanie Wall</td>
<td>O'Connor Sanitarium, San Jose</td>
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<td>Slocum, Olive A.</td>
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<td>Smalley, Sally E.</td>
<td>Travelers Hotel, Sacramento</td>
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<td>Smith, Marie J.</td>
<td>99 Bellefontaine St., Pasadena</td>
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<td>Solbeck, Hansine K.</td>
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<td>Sparks, Helen Alice</td>
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<td>Sparks, Verna Marie</td>
<td>1401 E. 31st. St., Oakland</td>
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<td>Starcevic, Margaret A.</td>
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<td>Sterling, Martha Irene</td>
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<td>Stewart, R. Elizabeth</td>
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<tr>
<td>Stockton, Eleanor</td>
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</table>
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ALEXANDER, MABEL C. ..............2650 Wisconsin Ave., N. W., Washington
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<td>Baker, Ida Ann</td>
<td>Emergency Hospital, Washington</td>
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<tr>
<td>Ballard, Miriam Frye</td>
<td>Apt. 47, 1701 Oregon Ave., Washington</td>
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<td>Berdan, Elsie T.</td>
<td>Providence Hospital, Washington</td>
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<td>Blackman, Josephine W.</td>
<td>1140 North Capitol St., Washington</td>
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<td>Bowling, Gertrude H.</td>
<td>810 Keith-Albee Bldg., Washington</td>
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<td>Bowman, Josephine Beatrice</td>
<td>Navy Nurse Corps, U. S. Navy, Washington</td>
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<td>American Red Cross, Washington</td>
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<td>Cadel, Inez Louise</td>
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<td>Connor, Mary Catherine</td>
<td>810 Keith-Albee Bldg., Washington</td>
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<td>Cook, Elsie A.</td>
<td>2217 14th St., N. W., Washington</td>
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<td>Cowan, Amy R.</td>
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<td>Crum, Henrietta C.</td>
<td>Sibley Memorial Hospital, Washington</td>
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<td>Dalton, Bernice L.</td>
<td>Georgetown University Hospital, Washington</td>
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<td>Deveau, Dorothy</td>
<td>Emergency Hospital, Washington</td>
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<td>Dutton, Harriett Riley</td>
<td>1140 North Capitol St., Washington</td>
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<td>Earle, Elizabeth C.</td>
<td>St. Elizabeth's Hospital, Washington</td>
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<td>Fish, Janet</td>
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<td>Flikke, Julia O.</td>
<td>Walter Reed Hospital, Washington</td>
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<td>Gaffney, Mary Claire</td>
<td>3146 Que St., N. W., Washington</td>
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<td>Gibson, Ella I.</td>
<td>1339 H St., N. W., Washington</td>
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<td>Gibson, Mattie M.</td>
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<td>Graham, Mary E.</td>
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<td>Gregg, Elinor D.</td>
<td>The Indian Office, 3245 O St., N. W., Washing</td>
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<td>Griffith, Pearle A.</td>
<td>1523 Wisconsin Ave., N. W., Washington</td>
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<td>Hand, Kathryn M.</td>
<td>65 M St., N. W., Washington</td>
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<td>Hasselbusch, Charlotte</td>
<td>637 Ingraham St., N. W., Washington</td>
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<td>Havey, I. Malinde</td>
<td>912 19th St., N. W., Washington</td>
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<td>Hawthorne, Mary L.</td>
<td>American Red Cross, Washington</td>
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<td>Haydon, Edith Mary</td>
<td>St. Elizabeth Hospital, Washington</td>
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<td>Hickey, Mary Agnes</td>
<td>U. S. Veterans' Administration, Washington</td>
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<td>Jenkins, Emma Wilson</td>
<td>St. Elizabeth's Hospital, Washington</td>
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<td>Jensen, Kathryn L.</td>
<td>Seventh Day Adventists, Tacoma Park</td>
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<td>Jones, Alberta Irene</td>
<td>Garfield Memorial Hospital, Washington</td>
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<td>Keech, Catherine E.</td>
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<td>Kinnaman, Clara Perry</td>
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<td>Kler, Emily M.</td>
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<td>Knotts, Laura S.</td>
<td>Homeopathic Hospital, Washington</td>
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<td>Larkin, Nina</td>
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<td>Leaf, Jennie E.</td>
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<td>Livesay, Mary V.</td>
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<td>McKeon, Anne Gertrude</td>
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<td>Emergency Hospital, Washington</td>
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MANSFIELD, BERNICE DEANE .......... Navy Nurse Corps, Washington
MARTIN, YVONNE EMMA .......... Georgetown University Hospital, Washington
MILLER, JOSEPHINE ............. 2101 B. St., S. W., Washington
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EHMAN, IDA 132 Coolidge Ave., Barrington
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<td>Essig, Maud F.</td>
<td>Brokaw Hospital, Normal</td>
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<td>Faber, Marion J.</td>
<td>509 S. Honore St., Chicago</td>
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<td>Fee, Esther Irene</td>
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<td>Given, Leila I.</td>
<td>Michael Reese Hospital, Chicago</td>
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<td>Gooch, Maud</td>
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<td>Coplin, Anna Sophie</td>
<td>1044 N. Francisco Ave., Chicago</td>
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<td>Gordon, Bertha Nancy</td>
<td>950 East 59th St., Chicago</td>
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<td>Graham, Lydia Bliznak</td>
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<td>1108 Park Ave., River Forest</td>
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<td>Groffe, Edna Blanche</td>
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<td>Guetzlaff, Esther M.</td>
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<td>Hagele, Marie Anna</td>
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<td>Hall, Naomi Grobe</td>
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<td>Hammergren, Elsie L.</td>
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<td>Henrotin Hospital, Chicago</td>
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<td>Hill, Eutta Gertrude</td>
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<td>Hofseth, Astrid</td>
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<td>Holtman, Anna M.</td>
<td>1509 Illinois Ave., East St. Louis</td>
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<td>Horn, Margaret E.</td>
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<td>Howard, Mary Ellen</td>
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<td>Howe, Minnie E.</td>
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<td>Hubbard, Elizabeth B.</td>
<td>1416 Indiana Ave., Chicago</td>
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<td>Hughes, Margaret Monica</td>
<td>1540 N. State St., Chicago</td>
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<td>Ingersoll, Margaret M.</td>
<td>Children's Memorial Hospital, Chicago</td>
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<td>Jackson, Dorothy Hartley</td>
<td>536 Webster St., Chicago</td>
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<td>Jackson, Mona</td>
<td>660 Groveland Park, Chicago</td>
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<td>James, Dorothy</td>
<td>Decatur and Macon County Hospital, Decatur</td>
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JEFFREY, GENEVIEVE .............303 E. Superior St., Chicago
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FRISZ, MARY L. .............St. Anthony’s Hospital, Terre Haute
FRITZ, ADELAIDE M. ..........Lutheran Hospital, Fort Wayne
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<td>Zurstadt, Clara Louise</td>
<td>Protestant Deaconess Hospital, Evansville</td>
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HOF, GERTRUDE E. .................. Allen Memorial Hospital, Waterloo
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Bare, Anna Mary 1001 Canal Bank Bldg., New Orleans
Bostick, Besse Mae Shreveport Charity Hospital, Shreveport
Bourgeois, Mary Viner Charity Hospital, New Orleans
Boyer, Beatrice Marie Charity Hospital, New Orleans
Boyett, Christine Tri-State Hospital, Shreveport
Broussard, Eunice Touro Infirmary, New Orleans
Burton, Nellie L. Charity Hospital, New Orleans
Cameron, Delia A. St. Francis Sanitarium, Monroe
Caniche, Lillian Anne Charity Hospital, New Orleans
Colomb, Bessie Brooks Touro Infirmary, New Orleans
Crochet, Genevieve P. Charity Hospital, New Orleans
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Fabregas, Sue Charity Hospital, New Orleans
Fletcher, Vianna New Verda
Frey, Louise G. Tri-State Hospital, Shreveport
Golden, Lora Comella Baton Rouge General Hospital, Baton Rouge
Greene, Annie Mae 1240 Texas Ave., Shreveport
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Guidry, Louise Marie Charity Hospital, New Orleans
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HENESSY, AGNES V ................Rumford Community Hospital, Rumford
MORSE, ALICE M .................Western Maine General Hospital, Bangor
NAYLOR, ELIZABETH P ............Waldo County Hospital, Belfast
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Location</th>
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<tbody>
<tr>
<td>Osborne, Mary R.</td>
<td>Maine General Hospital</td>
<td>Portland</td>
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<tr>
<td>Stanfield, Florence B.</td>
<td>Central Maine General Hospital</td>
<td>Lewiston</td>
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<td>Adamson, Jane Craig</td>
<td>Johns Hopkins Hospital</td>
<td>Baltimore</td>
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<td>Anderson, Nannie Virginia</td>
<td>Johns Hopkins Hospital</td>
<td>Baltimore</td>
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<tr>
<td>Bartlett, Helen Conkling</td>
<td>604 Reservoir St.</td>
<td>Baltimore</td>
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<tr>
<td>Beckwith, Anna T.</td>
<td>Johns Hopkins Hospital</td>
<td>Baltimore</td>
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<tr>
<td>Belyea, Margaret S.</td>
<td>Sheppard and Enoch Pratt Hospital, Towson</td>
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<td>Black, Jessie Baxter</td>
<td>Johns Hopkins Hospital</td>
<td>Baltimore</td>
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<td>Black, Marjorie Osborne</td>
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<td>Branley, Frances M.</td>
<td>St. Joseph's Hospital</td>
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<td>Brilhart, Gertrude B.</td>
<td>Sinai Hospital</td>
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<td>Brude, Lucy Alvey</td>
<td>University Hospital</td>
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<td>Craig, Claire</td>
<td>Union Memorial Hospital</td>
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<td>Crawford, Helen H.</td>
<td>Johns Hopkins Hospital</td>
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<td>Creutzburg, Freda</td>
<td>Church Home and Infirmary</td>
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<td>Davis, Marjorie B.</td>
<td>624 N. Broadway</td>
<td>Baltimore</td>
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<td>Dick, Grace Eleanor</td>
<td>University Hospital</td>
<td>Baltimore</td>
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<td>Durrant, Constance S.</td>
<td>Church Home and Infirmary</td>
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<td>St. Agnes Hospital</td>
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<td>Fazekas, Freda G.</td>
<td>University Hospital</td>
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<td>Fields, Florence M.</td>
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<td>624 N. Broadway</td>
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<td>Gross, Elsie</td>
<td>South Baltimore General Hospital</td>
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<td>Hay, Mabel N.</td>
<td>Johns Hopkins Hospital</td>
<td>Baltimore</td>
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<td>Hemle, Dorothy Anna</td>
<td>2116 Lake Ave.</td>
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<td>Hildebrand, Mary A.</td>
<td>Hospital for Women of Maryland</td>
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<td>Hobson, Harriett McEachern</td>
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<td>Hytton, Mary Brooke</td>
<td>801 N. Broadway</td>
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<td>James, S. Blyth Terrill</td>
<td>707 Carroll Ave.</td>
<td>Takoma Park</td>
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<td>Kennedy, Loula E.</td>
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<td>Johns Hopkins Hospital</td>
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<td>Latb, Jane Newman</td>
<td>3523 Wabash Ave.</td>
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<td>Lawler, E. M.</td>
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<td>Manahan, Maud E.</td>
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<td>Martin, Sarah F.</td>
<td>414 Kensington Road, Ten Hills</td>
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<td>Miller, Mary Hilda</td>
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<tr>
<td>Mowbray, M. Ruth</td>
<td>Maryland General Hospital</td>
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</tr>
</tbody>
</table>
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MULLIN, BERNADETTE A. ..........Johns Hopkins Hospital, Baltimore
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ALLEN, LUCY EMMA ..........The Children's Hospital, Boston
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Bourget, Irene C. .......... St. Joseph's Hospital, Lowell
Bowen, Eleanor P. .......... Lowell General Hospital, Lowell
Bowker, Helena D. .......... Salem Hospital, Salem
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Brown, Nora Agnes .......... Symmes Hospital, Arlington
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Campbell, Katharine A. .......... Lynn Hospital, Lynn
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HEARN, GERTRUDE AMY ............400 Walk Hill St., Mottapan
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Shephard, Mary Estelle .............. 7 Page St., Hyde Park
Sinclair, Bernice J .................. 721 Huntington Ave., Boston
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Sister Marie Wallace .............. 14 Bartlett St., Lowell
Sister Mary Camilla .............. 73 Vernon St., Worcester
Sister Mary Evangelist ............. St. Luke’s Hospital, Pittsfield
Sister Mary Hildegard .............. 679 Dwight St., Holyoke
Sister Mary Incarnation ............. St. Luke’s Hospital, Pittsfield
Sister Mary John .............. 73 Vernon St., Worcester
Sister Mary Norbert .............. 233 Carew St., Springfield
Sister Regina Carrigan .......... St. John’s Hospital, Lowell
Sister Serena Murphy .............. 90 Cushing Ave., Dorchester
Sleep, Ruth .................. Peter Bent Brigham Hospital, Boston
Small, Ada May .................. McLean Hospital, Waverly
Smith, Helen Mae .............. 220 Fisher Ave., Boston
Smithies, Jennie Kay .............. 538 Prospect St., Fall River
Snider, Neva M .................. Brockton Hospital, Brockton
Storm, Elsa E. C. ....Springfield Hospital, Springfield
Strand, Edith Fay ............New England Sanitarium and Hospital, Melrose
Sullivan, Elizabeth ..........10 Bradford Ave., Haverhill
Sweet, Trizaah J. ...........Leonard Morse Hospital, Natick
Tappen, Alice M. ............Station Hospital, Fort Banks
Trasher, Gertrude B. .......565 Lebanon St., Melrose
Thurlow, Josephine E. ......Cambridge Hospital, Cambridge
Torrop, Hilda M. ............64 Huntington Ave., Boston
Tufts, Lutie ................26 Calhoun Ave., Everett
Upton, Carolyn ..............Salem Hospital, Salem
Waldron, Joan ...............538 Prospect St., Fall River
Walker, Loraine H. .........120 High St., Springfield
WARBURTON, Olga I. .......Faulkner Hospital, Jamaica Plain
Watson, Susie A. ...........370 Longwood Ave., Boston
Wharton, Mernetta S. ......100 Bellingham St., Chelsea
Wiggins, Bernice L. .........149 Hillside Ave., Arlington Heights
Wood, Helen ................1036 Walnut St., Newton Highlands
Wood, Marguerite W. ......8 Columbia Park, Haverhill
Woodrige, Florence M. .....Medfield State Hospital, Medfield
Ziegler, Harriet May ......370 Longwood Ave., Boston
Zutter, Louise S. ..........Boston Lying-in Hospital, Boston
Zwisler, Irene L. ..........Malden Hospital, Malden

*Michigan—88 Members

Anderson, Lyda W. ........51 West Warren Ave., Detroit
Apter, Susan Fisher ......709 Hawthorne St., Grand Rapids
Austin, Anne L. ..........Harper Hospital, Detroit
Bartlett, Barbara H. .....University Hospital, Ann Arbor
Bayer, Christine C. ......3245 E. Jefferson St., Detroit
Beare, Amy Marie ..........Children's Hospital, Detroit
Bearse, Katheryn B. ......Providence Hospital, Detroit
Beers, Adelaide ..........Hackle Hospital, Muskegon
Beers, Amy .................Hackle Hospital, Muskegon
Black, Margaret Nancy ....3740 John R. St., Detroit
Buude, Eleonora ..........Grace Hospital, Detroit
Carpenter, Barbara S. ...Cousens Hall, Ann Arbor
Caster, Alvera C. .........Mercy Hospital, Muskegon
Clark, Frances S. .......51 Elm St., S. W., Grand Rapids
Coward, Helen A. ..........City Hospital, Grand Rapids
Durell, Marian ..........University Hospital, Ann Arbor
Feist, Louise E. ..........Children's Hospital, Detroit
Foy, Mary Staines ..........Sanitarium, Battle Creek
Funk, Mary Anna ..........Cousens Hall, Ann Arbor
Germain, Lucy Domar ......Harper Hospital, Detroit
George, Juliet A. ........Henry Ford Hospital, Detroit
Gretter, Lystra ...........887 Pallister Ave., Detroit
Harder, Daisy Beatrice ...State Hospital, Kalamazoo
Harvey, Grace Helen ......Sparrow Hospital, Lansing
Herc, Milenka ..............51 West Warren Ave., Detroit
HUBER, LILLIAN E. ..........Couzens Hall, Ann Arbor
JENSEN, EDNA ..........Blodgett Memorial Hospital, Grand Rapids
JOHNSON, ESTHER ..........Couzens Hall, Ann Arbor
JOHNSON, THEODORA OPEL ..........Couzens Hall, Ann Arbor
KELLER, DORIS E. ..........Highland Park General Hospital, Highland Park
KRIEGER, DOROTHY ..........3740 John R. St., Detroit
KUITT, HELEN ..........Children's Hospital, Detroit
LANE, SUSAN ..........Herman Keifer Hospital, Detroit
LEITZ, ANNE ..........Grace Hospital, Detroit
LIGHT, ANTOINETTE ..........Foote Memorial Hospital, Jackson
LUDINGTON, CHARLOTTE ..........1306 West Lenawee, Lansing
LYNCH, ROSEMARY ..........Memorial Hospital, Owosso
MCNEAL, MABEL L. ..........Henry Ford Hospital, Detroit
MATTINGLY, EMMA MARIE ..........307 West Spruce St., Sault Ste. Marie
MURDOCH, ELLA MAE ..........Evangelical Deaconess Hospital, Detroit
NELSON, KATHERYN MARIE ..........Couzens Hall, Ann Arbor
NEWTON, MARGARET ..........Couzens Hall, Ann Arbor
NICHOLSON, HELEN ..........Harper Hospital, Detroit
NIPER, CORA ..........Herman Keifer Hospital, Detroit
OSWOLD, C. JEANETTE ..........University Hospital, Ann Arbor
PEARSE, MURIEL FERRIS ..........Port Huron Hospital, Port Huron
PELTIER, LEONA ..........Providence Hospital, Detroit
PRINGLE, MARGARET ..........St. Luke's Hospital, Marquette
PENELLO, ANN Y. ..........Grace Hospital, Detroit
POPPS, HENRIETTA J. ..........Children's Hospital, Detroit
RASMUS, JUNE A. ..........Harper Hospital, Detroit
RANKIN, EMILY N. ..........2404 West Grand Blvd., Detroit
REHM, ESTHER H. ..........Blodgett Memorial Hospital, Grand Rapids
REYNOLDS, SARA ..........Memorial Hospital, Owosso
RIEDER, MARTHA ..........1821 S. Michigan Ave., Saginaw
ROGERS, MARGARET ANNE ..........Children's Free Hospital, Detroit
ROPER, JEANETTE MARY ..........Saginaw General Hospital, Saginaw
ROBINSON, NORA GARDEN ..........Harper Hospital, Detroit
ROSS, GRACE ..........646 Hazelwood St., Detroit
SARGENT, EMILIE G. ..........51 West Warren Ave., Detroit
SCHNEIDER, ELIZABETH C. ..........109 W. Lake St., Petoskey
SEWELL, OLIVE ..........206 Capt'l Loan & Savings Bldg., Lansing
SHEICHE, FERN ..........Sparrow Hospital, Lansing
SHIMEK, JOHANNA ..........St. Joseph's Mercy Hospital, Detroit
SISTER EMMA MARTZKE ..........3245 E. Jefferson St., Detroit
SISTER EMMA MARZAHN ..........Evangelical Deaconess Hospital, Detroit
SISTER MARTHA MURRAY ..........St. Mary's Hospital, Saginaw
SISTER M. ASSISIUM HYNES ..........St. Lawrence Hospital, Lansing
SISTER M. GONZALES BALDWIN ..........Mercy Hospital, Muskegon
SISTER M. IMMACULATA ..........St. Joseph's Mercy Hospital, Ann Arbor
SISTER M. JEANNE D'ARC ..........St. Joseph's Mercy Hospital, Detroit
SMITH, MARY E. ..........St. Luke's Hospital, Marquette
SMITHERS, ELIZABETH ..........University Hospital, Ann Arbor
SPENEMAN, LYDIA ..........University Hospital, Ann Arbor
MEMBERS

STUTTER, MABEL .......... 7470 Byron St., Detroit
SWEET, LEONE ............ Sanitarium, Battle Creek
THOMPSON, SHIRLEY ...... 3740 John R. St., Detroit
TIBBETTS, GRACE ........ Highland Park General Hospital, Highland Park
UGGAARD, MILDRED IRENE .......... Henry Ford Hospital, Detroit
VAN DOMELEN, MARY ...... Visiting Nurses Association, Detroit
VER WIEBE, CLARA .......... Grace Hospital, Detroit
WADDELL, ELIZABETH C. ... Woman’s Hospital, Detroit
WALLACE, KATE MAUDE .... Detroit Tuberculosis Sanitarium, Detroit
WAUZERCK, MARIE V. ...... University Hospital, Ann Arbor
WENZEL, ADELE C. .......... Providence Hospital, Detroit
WHITACRE, ELLA HINTZ ... 133 McKye St., Manistee
ZEIGLER, WILHELMINE H. ... Hurley Hospital, Flint

*MINNESOTA—72 Members

ACKERMAN, ETHEL AMY .......... Bethesda Hospital, St. Paul
ALLISON, CATHERINE H.......... Winona General Hospital, Winona
BAER, MAPLE ALICE .......... St. John’s Hospital, St. Paul
BELAND, IRENE .............. Eitel Hospital, Minneapolis
BERGH, INGER .............. Lutheran Deaconess Hospital, Minneapolis
BURGREN, HANNAH .......... Swedish Hospital, Minneapolis
BUTZERIN, EULA B. ......... University Hospital, Minneapolis
Caldwell, Florence L. M. ... 706 5th St., S. E., Minneapolis
CAMPBELL, JEAN H. .......... 694 W. Winslow, St. Paul
CARLSTED, EMMA S. .......... Swedish Hospital, Minneapolis
CORNELSEN, DORA M. ......... 1602 Berkeley Ave., St. Paul
CROWL, MARGARET A. ......... 1728 Hague Avenue, St. Paul
DANIELSON, MARY ........... 222 Earl Street, St. Paul
DENSFORD, KATHARINE J. ... University of Minnesota Hospital, Minneapolis
EINERSON, EMMA C. .......... Glen Lake Sanatorium, Oak Terrace
ENGLISH, IRENE R. .......... Kahler Hospital, Rochester
GATES, JENNIE ANN .......... St. Lucas Deaconess Hospital, Faribault
GINTHER, LENA ............. 226 Marshall Ave., St. Paul
GUSTAFSON, RUTH A. ....... 200 Earle St., St. Paul
GYNILD, RAGNA E. .......... 1412 East 24th St., Minneapolis
HALVORSON, LEILA .......... 619 State Office Bldg., St. Paul
HAUGE, CECILIA H. .......... University Hospital, Minneapolis
HEIN, SOPHIA E. .......... 219 S. Lexington Ave., St. Paul
HINES, DELPHINE .......... Ancker Hospital, St. Paul
HODGKINS, MYRTLE .......... General Hospital, Minneapolis
HOLLO, MYRTLE MARY ....... Ancker Hospital, St. Paul
HOUTON, RUTH ............. 404 S. 8th St., Minneapolis
HUGHES, MARGARET ........ 389 Dayton Ave., St. Paul
JOHNSON, ELSA A. .......... Ancker Hospital, St. Paul
LARSON, MABEL LUCILLE .... General Hospital, Minneapolis
LOHEDEZNER, FRED A. ...... St. John’s Hospital, Red Wing
LUBBERTS, ETTA .......... Ancker Hospital, St. Paul
LUNDE, BERTHA .......... Lutheran Deaconess Hospital, Minneapolis
MCGREGOR, MARGARET A. ... Gillette State Hospital, St. Paul
MELEY, SYLVIA MAY .......... Fairview Hospital, Minneapolis
MILLER, JULIA MAY ..........University Hospital, Minneapolis
NAYSOUTH, SUE THIECE ..........Glen Lake Sanatorium, Oak Terrace
NELSON, IONE ZADA ..........Gillette State Hospital, St. Paul
NEWCOMBE, LOUISE ..........St. Luke's Hospital, Duluth
NEBEE, MARGARET ..........St. John's Hospital, Red Wing
OLSON, M. LYLA ..........Kahler Hospital, Rochester
ORDAHL, OLENE ..........1515 Charles St., St. Paul
PAULSON, MYRTLE V ..........St. Luke's Hospital, St. Paul
PETTERSON, REBECCA MARIE ..........St. Andrews Hospital, Minneapolis
PETTY, LUCILLE ..........University Hospital, Minneapolis
POWER, ISABELLE A ..........General Hospital, Winona
RANKIELOUR, CAROLINE M ..........2642 University Ave., St. Paul
RAU, MAGDALENA ..........St. John's Hospital, St. Paul
REYNOLDS, ELIZABETH MAY ..........Miller Hospital, St. Paul
RIHARDS, M. DOROTHY ..........St. Barnabas Hospital, Minneapolis
SANDS, MARY CECILIA ..........Miller Hospital, St. Paul
SAUNDERS, LULU A ..........Kahler Hospital, Rochester
SCHROEDER, EVELYN H ..........Minneapolis General Hospital, Minneapolis
SCHUFF, ESTHER CAROLINE ..........St. Lucas Hospital, Faribault
SCOTT, ANNA GRACE ..........St. Luke's Hospital, St. Paul
SELVIG, MABEL MARION ..........State Hospital, Fergus Falls
SISTER CAROLINE PERMEIER ..........St. Lucas Hospital, Faribault
SISTER M. DOMITILLA ..........St. Mary's Hospital, Rochester
SISTER MARY EPHREM ..........St. Mary's Hospital, Rochester
SISTER MARY JEROME ..........St. Joseph's Hospital, St. Paul
SISTER M. OLIVE ..........St. Mary's Hospital, Minneapolis
SISTER M. OSWALD ..........St. Joseph's Hospital, St. Paul
SKANSE, CATHARINE ..........4009 Park Ave., Minneapolis
SMITH, FRANCES MARY ..........St. Luke's Hospital, St. Paul
STALKY, MARGARET EMILY ..........St. Luke's Hospital, Duluth
STROM, CHRISTINE D ..........Lakeview Memorial Hospital, Stillwater
TAYLOR, AGNES J ..........Asbury Hospital, Minneapolis
THOMPSON, BARBARA ..........General Hospital, Minneapolis
TOFFE, BIRGIT ..........Ancker Hospital, St. Paul
VANDEWALL, CLEMENCE V ..........St. Mary's Hospital, Rochester
WILLIAMS, DONNIE HELEN ..........Gillette State Hospital, St. Paul
YONGE, SOPHIE ..........Children's Hospital, St. Paul

MISSISSIPPI—3 Members

JONES, BERTIE G ..........Sanatorium,
LORD, KATE LOU ..........717 Arledge St., Hattiesburg
LOVELL, IVA W ..........Meridian Sanitarium, Meridian

*MISSOURI—88 Members

BAYLESS, CORA A ..........General Hospital, Kansas City
BEATTIE, MABEL ..........2711 Bellefountain Ave., Kansas City
BOLLINGER, MAYME W ..........216 S. Kingshighway, St. Louis
BREEZE, CATHARINE ..........St. Luke's Hospital, St. Louis
BRENNER, FRIEDA M ..........Lutheran Hospital, St. Louis
Brockman, Marie .................................. 3449a Crittenden St., St. Louis
Carlson, Anna .................................. General Hospital, Kansas City
Churney, Julia .................................. Levering Hospital, Hannibal
Coleman, Clara Adele ......................... 1515 Lafayette Ave., St. Louis
Davis, Jessie Viola ......................... St. Luke's Hospital, St. Louis
Dawson, Mary Elizabeth ..................... 5535 Delmar Blvd., St. Louis
Dersch, Esther H. ............................. Research Hospital, Kansas City
Deskins, Iva M. .................................. Mercy Hospital, Kansas City
Durnin, Mary N. .................................. 1515 Lafayette Ave., St. Louis
Farnsworth, Helen .................................. 4420 Lloyd St., Kansas City
Feaster, Mary Dorothy ....................... Research Hospital, Kansas City
Flanagan, Jannett G. .......................... P. O. Box 631, Jefferson City
Flowers, Pearl B. .................................. 305 S. 6th St., Columbia
Ford, Virginia E. ............................... 216 S. Kingshighway, St. Louis
Frauens, Grace .................................. V. N. A., Rialto Bldg., Kansas City
Garrett, Elizabeth A. ......................... Research Hospital, Kansas City
Gartiser, Louise ................................. 416 S. Kingshighway, St. Louis
Gray, Elsie I. .................................. 416 S. Kingshighway, St. Louis
Hackettzel, Lucy Fitzhugh .................... 416 S. Kingshighway, St. Louis
Heisler, Anna .................................. 416 S. Kingshighway, St. Louis
Heikkamp, Talitha .................................. City Hospital, No. 2, St. Louis
Herwick, Mary Katherine ..................... General Hospital, Kansas City
Hobbs, Mona Leone ............................. Mercy Hospital, Kansas City
Hollis, Grace .................................. Jewish Hospital, St. Louis
Hunter, Edith L. .................................. 1515 Lafayette Ave., St. Louis
Ingram, Ruth .................................. 416 S. Kingshighway, St. Louis
Johnson, Josephine ............................. 416 S. Kingshighway, St. Louis
Kallister, Letitia E. .......................... 5600 Arsenal St., St. Louis
Karstenson, Hulda A. ......................... Lutheran Hospital, St. Louis
Kiely, Theresa Helen ......................... 307 S. Euclid Ave., St. Louis
Landsky, Frieda .................................. Lutheran Hospital, St. Louis
Leger, Amy L. .................................. University Hospital, Columbia
Leonard, Alta .................................. 1515 Lafayette St., St. Louis
Linguist, Ada .................................. Methodist Hospital, St. Joseph
Loveland, Hazel L. .......................... General Hospital, Kansas City
Lueker, Esther .................................. Lutheran Hospital, St. Louis
Lycan, Hazel Irene ............................... 306 S. Kingshighway, St. Louis
Mackenzie, Margaret ....................... 5535 Delmar Blvd., St. Louis
McCaskie, Maude ................................. 4512 McPherson Ave., St. Louis
McClellan, Rose A. .............................. 306 S. Kingshighway, St. Louis
McKinley, Margaret .......................... 4543 Westminster Place, St. Louis
Mark, Hilda E. .................................. 6150 Oakland Ave., St. Louis
Marrodrick, Jewel .............................. Lutheran Hospital, St. Louis
Martin, Helen A. ............................. 611 Central Trust Bldg., Jefferson City
Maull, Alice F. .................................. 416 S. Kingshighway, St. Louis
Moore, Marjorie M. .......................... 416 S. Kingshighway, St. Louis
Mullins, Addie Ray .............................. 2903a Geyer Ave., St. Louis
Nahm, Helen .................................. University Hospital, Columbia
Over, Gladys .................................. 416 S. Kingshighway, St. Louis
Peterson, Edna .................................. 216 S. Kingshighway, St. Louis
THIRTY-NINTH ANNUAL CONVENTION

PETERSON, HAZEL ..........................1515 Lafayette Ave., St. Louis
PITTMAN, MARY HELEN ..................4539 Parkview Blvd., St. Louis
PLUNKETT, MABEL M. .................1515 Lafayette Ave., St. Louis
PUSIC, ELLA MARGARET .............416 S. Kingshighway, St. Louis
RAHE, LELA MAYBELLE ..................4034 Warweck St., Kansas City
ROBINSON, EVELINE M. .........Mercy Hospital, Kansas City
ROBSON, EMILIE G. .....................2221 Locust St., St. Louis
ROUNSEVILLE, VIOLA .....................216 S. Kingshighway, St. Louis
SCHAERKOTTER, LYDIA ..............416 S. Kingshighway, St. Louis
SCHMITT, FRIEDA .....................Lutheran Hospital, St. Louis
SCHRINER, RUTH SHAW ..............416 S. Kingshighway, St. Louis
SISTER BEATA M. SCHIEK .........6140 Oakland St., St. Louis
SISTER MARGARET KEenan ........St. Joseph's Hospital, St. Joseph
SMITH, MADELEINE LORRAINE ..........Research Hospital, Kansas City
STEPHENS, MARY E. ..................5928 Maple Ave., St. Louis
STEWARD, MYRTLE FLORENCE .........5535 Delmar Blvd., St. Louis
SWAN, FLORENCE ...................Children's Mercy Hospital, Kansas City
TROTT, LONA ..........................5512 Delmar Blvd., St. Louis
VAUGHAN, ELSBETH H. .............1709 Washington Ave., St. Louis
WEBER, DORIS .........................2221 Locust St., St. Louis
WEGERNER, ESTHER H. .............Research Hospital, Kansas City
WEGMANN, BERTHA L. ............Bethesda Hospital, St. Louis
WELCH, ORREL .........................216 S. Kingshighway, St. Louis
WHALEN, FRANCES .................General Hospital, Kansas City
WHITE, ANNA M. ....................4420 Lloyd St., Kansas City
WILKINSON, MYRTLE E. ..........Levering Hospital, Hannibal
WINTER, LENORA A. ..............Missouri Baptist Hospital, St. Louis
WOOD, WILMA LOUISE .............5600 Arsenal Ave., St. Louis
WORRELL, DOROTHY ..............416 S. Kingshighway, St. Louis
WYLIE, PAULINE .................1744 N. Euclid, St. Louis
ZIEGENBUSCH, CATHERINE .........Research Hospital, Kansas City
ZOLLER, ALMA KATHARINE ....Grim-Smith Hospital, Kirksville
ZSCHOCH, LOUISE MARIE ........Lutheran Hospital, St. Louis

MONTANA—13 Members

BAIN, BEATRICE ..........................Deaconess Hospital, Great Falls
BANE, MONTA .............................Bozeman Deaconess Hospital, Bozeman
BROWN, EDITH LUCILLE ............Box 928, Helena
BUCKLES, GERTRUDE .................Deaconess Hospital, Billings
CAFFERTY, KATHRYN W. ..............St. Vincent's Hospital, Billings
CHERRY, MARY T. .....................St. James Hospital, Butte
LONG, ETHEL S. .....................St. Ann's Hospital, Anaconda
SISTER FRANCES CLARE
HARRINGTON .............................St. James Hospital, Butte
SISTER GERARD .........................St. Joseph's Hospital, Lewistown
SISTER GERMAINE JOSEPH .........St. Patrick's Hospital, Missoula
SISTER M. GERMAINE BERLINGER ......Sacred Heart Hospital, Havre
SISTER M. THERESE RORBACK ......Sacred Heart Hospital, Havre
SISTER MARY SYLVESTER ........St. Vincent's Hospital, Billings
*NEBRASKA—53 Members*

**ABOTT, LULU FLORENCE** .......... 847 North 26th St., Lincoln  
**ANDERSON, IRENE O.** .......... 4514 North 34th Ave., Omaha  
**BARKER, DELSIE F.** .......... Methodist Hospital, Omaha  
**BREDENBERG, DOROTHY O.** .......... Bryan Memorial Hospital, Omaha  
**BRENN, MERCEDES M.** .......... St. James Orphanage, Omaha  
**BREHM, ALMA** .......... 2100 Howard St., Omaha  
**BURGESS, CHARLOTTE** .......... University Hospital, Omaha  
**CARLSON, ELLENORE C.** .......... 3706 N. 24th St., Omaha  
**CHAMBERLAIN, HELEN E.** .......... Methodist Hospital, Omaha  
**CHRISTIANSON, AUGUSTA V.** .......... Mary Lanning Hospital, Hastings  
**DEAN, MYRTLE** .......... Bryan Memorial Hospital, Lincoln  
**DORSEY, JOSEPHINE J.** .......... Nicholas Senn Hospital, Omaha  
**GAGNE, ANNA L.** .......... Bryan Memorial Hospital, Lincoln  
**HAIN, AGNES** .......... 2100 Howard St., Omaha  
**HALVERSON, AMY** .......... Bryan Memorial Hospital, Lincoln  
**HANSEN, ELLEN A.** .......... 3549 Fontenelle Blvd., Omaha  
**HIGGINS, JENNIE M.** .......... 2100 South St., Lincoln  
**HOLDBEGE, LEETA A.** .......... 5105 Underwood Ave., Omaha  
**HULL, ANNA MAYE** .......... Immanuel Hospital, Omaha  
**JACOBSON, ALIDA** .......... Nebraska Methodist Hospital, Omaha  
**LANE, MARGARET E.** .......... Bishop Clarkson Memorial Hospital, Omaha  
**LARSON, ADELINE E.** .......... Evangelical Covenant Hospital, Omaha  
**LUNDBERG, ESTHER E.** .......... Clarkson Hospital, Omaha  
**MAKSEN, A. VIOLA** .......... Immanuel Hospital, Omaha  
**MARTIN, CAROL L.** .......... Dept. of Public Welfare, State House, Lincoln  
**MEEKER, VERA J.** .......... Nebraska Methodist Hospital, Omaha  
**MEISTER, CECILIA** .......... Clarkson Hospital, Omaha  
**MILLER, AMELIA** .......... 827 North Cedar St., Hastings  
**MORTENSEN, DOROTHEA E.** .......... Lutheran Hospital, Norfolk  
**PARKER, GRACE J.** .......... Bryan Memorial Hospital, Lincoln  
**PENNER, URSULA L.** .......... Mennonite Hospital, Beatrice  
**RHODES, CLARA** .......... Beatrice Sanitarium, Beatrice  
**ROBBINS, IVA** .......... Orthopedic Hospital, Lincoln  
**RODEKOHR, ADELE** .......... 3218 Holdredge St., Lincoln  
**SAMPSON, ELSIE MYRTLE** .......... Bryan Memorial Hospital, Lincoln  
**SHAFER, JEANETTE** .......... Clarkson Hospital, Omaha  
**SHAFER, ANNA MAY** .......... Methodist Episcopal Hospital, Omaha  
**SHEPHERD, BERNICE C.** .......... Methodist Episcopal Hospital, Omaha  
**SISTER M. ALEXIA HATKE** .......... St. Elizabeth Hospital, Lincoln  
**SISTER MARY CYRIACA** .......... Creighton Memorial St. Joseph’s Hospital, Omaha  
**SISTER M. EDWARDS** .......... Creighton Memorial St. Joseph’s Hospital, Omaha  
**SISTER M. JOHN O’CONNOR** .......... St. Catherine’s Hospital, Omaha  
**SISTER MARY KEVIN CORKORAN** .......... St. Catherine’s Hospital, Omaha  
**SISTER M. LIVINA** .......... St. Joseph’s Hospital, Omaha  
**SISTER MYRTLE A. PETERSON** .......... Immanuel 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
TUPLET, Anna M..........Bishop Clarkson Memorial Hospital, Omaha
WALKER, Mary C..........Lincoln General Hospital, Lincoln
WILSON, Florence Kissick..University Hospital, Omaha
WILSON, Helen E..........Methodist Hospital, Omaha

*NEW HAMPSHIRE—37 Members

ACKERMAN, Gertrude .........241 Elm St., Claremont
Bacon, Mary Frances .........Mary Hitchcock General Hospital, Hanover
Batchelder, Charlotte .........Portsmouth Hospital, Portsmouth
Bryant, Hazel H.............Community House, Littleton
Curtis, Anna Smith .........Portsmouth Hospital, Portsmouth
Denny, Madeleine Ethel .........Mary Hitchcock General Hospital, Hanover
Dugan, Beatrice ..........Elliott Hospital, Manchester
Dunsworth, A. Myrtle .........New Hampshire State Hospital, Concord
Fuller, Hazel Ella ..........Elliott Hospital, Manchester
Hitchings, Clara E..........241 Elm Street, Claremont
Ingalls, Thelma Louise .........Elliott Hospital, Manchester
Jetie, Jessie H..............Exeter Hospital, Exeter
Kenneally, Cecilia M.........New Hampshire Memorial Hospital, Concord
Larrabee, M. Gladys .........Claremont General Hospital, Claremont
Littelfield, Maude E.........Exeter Hospital, Exeter
McReary, Katherine ..........Laconia Hospital, Laconia
MacAskill, Christine .........Claremont Hospital, Claremont
MacDonald, Charlotte C.....66 South St., Concord
Messer, Jennie Belle .........Balch Hospital for Children, Manchester
Messer, Mary A..............Balch Hospital for Children, Manchester
Miles, Maude Amanda ......New Hampshire Memorial Hospital, Concord
Moore, Addie M.............Hillsboro Co. Hospital, Goffstown
Nicholl, Sarah S............Exeter Hospital, Exeter
O'Donohue, Rosanna .........Portsmouth Hospital, Portsmouth
Roberts, Hilda C..........New Hampshire Memorial Hospital, Concord
Seabron, Ardelia L..........New Hampshire State Hospital, Concord
Sister Cordilla Gagne .......St. Louis Hospital, Berlin
Sister Guy ................St. Louis Hospital, Berlin
Sister Marie Rose Larivee ....Notre Dame Hospital, Manchester
Smith, Hazel M.............105 Pleasant St., Concord
Valentine, Belle G.........105 Pleasant St., Concord
Van Pelt, Alma B...........Margaret Pillsbury Hospital, Concord
Wark, Doris Margaret ......241 Elm St., Claremont
White, Lena M.............Morrison Hospital, Wakefield
Williams, Alta Irene .......Margaret Pillsbury Hospital, Concord
Williams, Lillian G..........Laconia Hospital, Laconia
Young, Eileen M............Margaret Pillsbury Hospital, Concord

*NEW JERSEY—130 Members

Abt, Ernestine ..........City Hospital, Newark
Ahlers, Caroline ........220 Engle St., Englewood
Allen, Margaret B..........Orange Memorial Hospital, Orange
ANDERSON, Bernice E. Mountsinde Hospital, Montclair
APPLETON, Grace G. St. Mary's Hospital, Hoboken
ASHMUN, Margaret Orange Memorial Hospital, Orange
AUSTIN, Ida F. 91 Prospect St., East Orange
BARNES, Edyth G. General Hospital, Paterson
BEALER, Nettie E. Wm. McKinley Memorial Hospital, Trenton
BEKER, Clara 540 Central Ave., Newark
BLACKMAN, Abigail Port Norris
BLAUVELT, Minnie P. Essex County Homeopathic Hospital, East Orange

BORDA, Maude R. 313 High St., Millville
BURNS, Florence P. Babies' Hospital, Newark
CADDY, Eva St. Barnabas Hospital, Newark
CAMPBELL,ABEL S. Monmouth Memorial Hospital, Long Branch
CAPERSON, Elise Atlantic City Hospital, Atlantic City
COMPTON, Mary 22 Hillyer St., Orange
COPE, Ada E. 425 Central Ave., Orange
COPELAND, Mary A. St. Joseph's Hospital, Paterson
CORCORAN, Mary E. N. J. State Hospital, Greystone Park
CORKELL, Edith E. General Hospital, Elizabeth
COSGROVE, Edna Memorial Hospital, Newark
CREECH, Arabella R. 42 Bleecker St., Newark
DAKIN, Florence 468 Ellison St., Paterson
DEARTH, Hazel M. Presbyterian Hospital, Newark
DENK, MAY City Hospital, Newark
DEUTCH, Barbara Beth Israel Hospital, Newark
DILWORTH, Lula P. State Dept. of Public Instruction, Trenton
DOWLING, Nora L. Orange Memorial Hospital, Orange
DUNBAR, Virginia M. Englewood Hospital, Englewood
DURHAM, Jane Englewood Hospital, Englewood
EARLE, Grace J. Hackensack Hospital, Hackensack
EDGECOMBE, Mary E. Englewood Hospital, Englewood
EITERS, Hedwig M. 15 Roseville Ave., Newark
ELDON, Blanche E. N. J. State Hospital, Marlboro
ERSKINE, Cornelia D. Hackensack Hospital, Hackensack
FERGUSON, Rachel O. Homeopathic Hospital, East Orange
FERRIS, Lucille Monmouth Memorial Hospital, Long Branch
FORAN, Rose M. Memorial Hospital, Orange
FORVE, Dorothy G. Christ Hospital, Jersey City
FRAENTZEL, Agnes K. 35 Durand Road, Maplewood
FULPER, Camilla B. 85 S. Main St., Phillipsburg
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GOUGH, Margaret All Souls Hospital, Morristown
GRAY, Mary E. 176 Palisade Ave., Jersey City
GREEN, Louise A. 201 Lyons Ave., Newark
GUENTHER, Catherine Memorial Hospital, Newark
HAGLE, Margaret C. St. Michael's Hospital, Newark
HALL, Priscilla K. General Hospital, Paterson
HARDY, Esther Ann Essex County Hospital, Cedar Grove
HARTNETT, MARY I. St. Mary's Hospital, Passaic
HASENJAEGER, ELLA Essex County Isolation Hospital, Belleville
HATHAWAY, CLARA Orange Memorial Hospital, Orange
HEID, AURELIA City Hospital, Newark
HELMERS, ELSIE M. City Hospital, Newark
HETTLER, EDITH M. General Hospital, Elizabeth
HIBBT, ELIZABETH J. 449 Van Houten St., Paterson
HORNICKLE, MARGARET J. N. J. State Hospital, Greystone Park
HOW, ANNE N. J. State Hospital, Greystone Park
HUGHES, JOSEPHINE Mercer Hospital, Trenton
HUNTLEY, MABEL F. General Hospital, Elizabeth
HUXLEY, FLORENCE N. J. State Hospital, Trenton
HYDE, SADIE A. Essex County Hospital, Cedar Grove
IRELAND, MINNIE R. 42 Bleecker St., Newark
JANATA, BARBARA Cooper Hospital, Camden
JEFFER, ALICE General Hospital, Paterson
JOHNSTON, HELEN R. Mountainside Hospital, Montclair
KENNEDY, FRANCES C. N. J. State Hospital, Trenton
KERLEY, ARTE SUE N. J. State Hospital, Greystone Park
KONRAD, CLARA MARIE Margaret Hague Maternity Hospital, Jersey City

LANDRAU, CECILE A. St. Elizabeth's Hospital, Elizabeth
LARNER, ESTHER City Hospital, Newark
LEIDIG, MARIE Homeopathic Hospital, East Orange
LEFENDRE, EVA L. Greenville Hospital, Jersey City
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LOUIS, MARIE Muhlenberg Hospital, Plainfield
MCKEE, BIRDIE MAY Presbyterian Hospital, Newark
MANSFIELD, E. BELLE Barnert Memorial Hospital, Paterson
MARLEY, AGNES M. St. Mary's Hospital, Hoboken
MURDOCH, JESSIE M. Jersey City Hospital, Jersey City
OLSON, ALICE M. Monmouth Memorial Hospital, Long Branch
OVERMYER, PAYE G. Somerset Hospital, Somerville
PIPER, CORDELIA H. Hillside Ave., Livingston
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ROBB, GENEVIEVE I. Elizabeth General Hospital, Elizabeth
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SCHMOKER, CAROLYN City Hospital, Newark
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SISTER M. DE CHANTAL St. Mary's Hospital, Orange
SISTER M. DOLORES Holy Name Hospital, Teaneck
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SISTER M. FELIX St. Mary's Hospital, Orange
SISTER M. FRANCESCA St. Mary's Hospital, Orange
SISTER M. LORETO Holy Name Hospital, Teaneck
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Sister Tarsicia ..................... St. Michael's Hospital, Newark  
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Frost, Harriet ...........................New York Hospital, New York
Gammell, Gladys A. .....................320 E. 42d St., New York
Gannon, Hazel Richmond ................White Plains Hospital, White Plains
Gardiner, Ruth M. ......................Grasslands Hospital, Valhalla
Gardner, Agnes Jane ....................Grasslands Hospital, Valhalla
Garland, Ellen Emma ....................Flushing Hospital, Flushing
Garvey, Florence Cecelia ..............Lenox Hill Hospital, New York
Geiger, Elfetta E. ......................1320 York Ave., New York
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Griffin, Gladys G. ......................St. Lawrence State Hospital, Ogdensburg
Gillett, Harriet M. .....................City Hospital, Welfare Island, New York
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Glendinning, Ella ......................426 E. 26th St., New York
Goldberg, Elsa M. ......................Utica Central School of Nursing, Utica
Goldsmit, Josephine F. .................Cumberland Hospital, Brooklyn
Goodine, Catherine .....................5 E. 98th St., New York
Gordon, Clara ..........................315 E. 16th St., New York
Grady, Mabel F. .........................Lebanon Hospital, New York
Granahan, Helen P. .....................Kings County Hospital, Brooklyn
Grass, Annie E. ........................Grasslands Hospital, Valhalla
Gray, Carolyn E. .......................City Hospital, Welfare Island, New York
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Greener, Elizabeth A. .................Mt. Sinai Hospital, New York
Greener, Margaret Leslie ..............127 Ashburton Ave., Yonkers
Grievex, Malvina M. ....................University Hospital, Syracuse
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Grube, Eva Amelia ......................City Hospital, Welfare Island, New York
Guyot, Lena ...........................Lenox Hill Hospital, New York
Hall, Elizabeth .........................St. Mary's Hospital, Brooklyn
Hall, Frances Whitlock ...............Metropolitan Hospital, New York
Halsey, Katherine T. .................."Crows Nest," Box J, Bronxville
<table>
<thead>
<tr>
<th>Members</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Hanford, Lillian A.</td>
<td>Postgraduate Hospital, New York</td>
</tr>
<tr>
<td>Harman, Lilly</td>
<td>59 Park Ave., New York</td>
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<tr>
<td>Harper, Edith Marie</td>
<td>Williard Parker Hospital, New York</td>
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<td>Harriman, Margaret B.</td>
<td>Roosevelt Hospital, New York</td>
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<td>Hauck, Della</td>
<td>St. Mary's Hospital, Brooklyn</td>
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<td>Haupt, Alma</td>
<td>2 Horatio St., New York</td>
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<td>Hayes, Edith Viola</td>
<td>Roosevelt Hospital, New York</td>
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<tr>
<td>Heal, Jessica S.</td>
<td>Genesee Hospital, Rochester</td>
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<tr>
<td>Healy, Annie M.</td>
<td>Jewish Memorial Hospital, Inwood, New York</td>
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<tr>
<td>Hearn, Dorothy M.</td>
<td>1185 Dean St., Brooklyn</td>
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<td>Hearn, Katherine F.</td>
<td>100 White Plains Rd., Bronxville</td>
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<td>Heller, Pauline B.</td>
<td>Beth Israel Hospital, New York</td>
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<td>Hehner, Minnie Joy</td>
<td>St. Johns Hospital, Brooklyn</td>
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<tr>
<td>Henderson, Louise</td>
<td>235 E. 57th St., New York</td>
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<td>Henry, Helen Roberta</td>
<td>622 W. 168th St., New York</td>
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<td>Hicks, Emily J.</td>
<td>450 7th Ave., New York</td>
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<td>Hinckley, Grace Brown</td>
<td>Methodist Episcopal Hospital, Brooklyn</td>
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<tr>
<td>Hofmeister, Rose</td>
<td>22 W. 107th St., New York</td>
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<tr>
<td>Hohmann, Justine</td>
<td>564 Linwood St., Brooklyn</td>
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<tr>
<td>Hoilien, Geneva F.</td>
<td>99 Columbia St., Albany</td>
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<tr>
<td>Hoke, Charlotte</td>
<td>207 Foote Ave., Jamestown</td>
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<td>Holmes, Ethel L.</td>
<td>161 W. 61st St., New York</td>
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<td>Houston, Hazel I.</td>
<td>440 E. 26th St., New York</td>
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<td>Houston, Mary C.</td>
<td>179 Fort Washington Ave., New York</td>
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<td>Howard, Evelyn</td>
<td>New York Orthopedic Hospital and Dispensary,</td>
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<tr>
<td>Howard, Nellie</td>
<td>White Plains</td>
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<tr>
<td>Howath, Rose Veronica</td>
<td>426 E. 26th St., New York</td>
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<tr>
<td>Howitt, Helen</td>
<td>129 E. 10th St., New York</td>
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<td>Hubbard, Miriam</td>
<td>Babies Hospital, New York</td>
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<tr>
<td>Huffcut, Dorothy L.</td>
<td>600 W. 116th St., New York</td>
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<tr>
<td>Hugelken, Katherine Hazel</td>
<td>175 E. 68th St., New York</td>
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<tr>
<td>Hugelken, Ruth J.</td>
<td>85 Bushwick Ave., Brooklyn</td>
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<td>Hughes, Irene G.</td>
<td>Champlain Valley Hospital, Plattsburg</td>
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<td>Humphreys, Ann Jane</td>
<td>St. Luke's Hospital, New York</td>
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<tr>
<td>Hurt, Clara Louise</td>
<td>2124 Midland Ave., Syracuse</td>
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<tr>
<td>Hutchinson, Mary Jane</td>
<td>United Hospital, Port Chester</td>
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<td>Hutchinson, Mildred M.</td>
<td>Lenox Hill Hospital, New York</td>
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<td>Hyatt, Beatrice Faye</td>
<td>St. Francis Hospital, Poughkeepsie</td>
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<tr>
<td>Irwin, Pearl E.</td>
<td>General Hospital, Syracuse</td>
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<tr>
<td>Ivers, Leone Norton</td>
<td>Strong Memorial Hospital, Rochester</td>
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<tr>
<td>Jacobson, Elsie</td>
<td>Lenox Hill Hospital, New York</td>
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<td>Jacobson, Olga C.</td>
<td>141 W. 109th St., New York</td>
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<tr>
<td>James, Katherine I.</td>
<td>Kings County Hospital, Brooklyn</td>
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<tr>
<td>Jenny, Mary Olive</td>
<td>106 Morningside Drive, New York</td>
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<tr>
<td>Jesse, Ruth Winslow</td>
<td>Long Island College Hospital, Brooklyn</td>
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<tr>
<td>Jimmerson, Eva W.</td>
<td>360 Stockholm St., Brooklyn</td>
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<tr>
<td>Johnson, Hulda L.</td>
<td>Lenox Hill Hospital, New York</td>
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<tr>
<td>Johnson, Florence M.</td>
<td>.134 E. 19th St., New York</td>
</tr>
<tr>
<td>Johnston, Leona M.</td>
<td>.112 Goodrich St., Buffalo</td>
</tr>
</tbody>
</table>
THIRTY-NINTH ANNUAL CONVENTION

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MacMillan, Nettie ............ Lockport City Hospital, Lockport
Macker, Marion S. ........... Benedict Memorial Hospital, Ballston Spa
Magnuson, Constance ......... Swedish Hospital, Brooklyn
Manley, Mary Ellen .......... Fordham Hospital, New York
Manz, Elizabeth M. ........... Amsterdam Hospital, Amsterdam
Marker, Ida Maude ........... Kings Park State Hospital, Kings Park
Marshall, Ruth ............... Methodist Episcopal Hospital, Brooklyn
Martin, Agnes ................ 418 City Hall, Syracuse
Matheson, Grace .............. Lenox Hill Hospital, New York
Mattice, Marguerite L. ...... 308 W. 82d St., New York
Meehan, Mary R. ............. Grasslands Hospital, Valhalla
Meek, Elizabeth N. .......... New York Eye and Ear Infirmary, New York
Mendelsohn, Fanny L. ......... 1 E. 100th St., New York
Meteer, Edna Beck ........... Lenox Hill Hospital, New York
Meyer, Clara M. .............. Roosevelt Hospital, New York
Miller, Cora M. ............. Arnot Ogden Hospital, Elmira
Mitchell, Lorna Doone ...... Willard Parker Hospital, New York
Mitsak, Anne ................. 100 E. Gunhill Rd., New York
Moe, June .................. Genesee Hospital, Rochester
Moerl, Bertha ................. Lenox Hill Hospital, New York
Moer, Helen M. ............... French Hospital, New York
Moith, Anna O. .............. 563 Riley St., Buffalo
Moore, Nonie Agnes .......... 22 W. 87th St., New York
Moore, Sarah E. .............. New York Hospital, New York
Morrison, Lottie M. .......... 620 W. 168th St., New York
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Morrow, Ruth ................ 161 W. 61st St., New York
Morse, Edna C. .............. 1230 Amsterdam Ave., New York
Mosher, Mary L. ............. Lenox Hill Hospital, New York
Munch, Karen E. ............. 622 W. 168th St., New York
Munson, Helen W. ............ 450 7th Ave., New York
Musk, Maude B. .............. Teachers' College, New York
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Nutting, M. Adelaide ......... 500 W. 121st St., New York
Oakley, Lena Raub ........... Methodist Episcopal Hospital, Brooklyn
O'Brien, Sadie J. ............ Harlem Hospital, New York
Ogilvie, Elsie C. .......... 706 W. 168th St., New York

21
O'HERN, GERTRUDE I. ..........480 Alexander St., Rochester
OLANDT, HELEN ..........39 Auburn Place, Brooklyn
O'MALLEY, MARY E. ..........Kings County Hospital, Brooklyn
ORREY, A. MARGUERITE ..........St. Mary's Hospital, Amsterdam
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Palm, Sarah Isabel ..........Grasslands Hospitals, Valhalla
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SISTER M. CONCORDIA ........ Our Lady of Victory Hospital, Lackawanna
SISTER M. CORNELIA ......... 133 Bushwick Ave., Brooklyn
SISTER M. CYRIL ............. St. Francis Hospital, Poughkeepsie
SISTER M. EUGENIA .......... 133 Bushwick Ave., Brooklyn
<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Sister M. Geraldine</td>
<td>Our Lady of Victory Hospital, Lackawanna</td>
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<td>Sister M. Idelphone</td>
<td>St. Catherine's Hospital, Brooklyn</td>
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<td>Sister M. Joseph Anna</td>
<td>Mary Immaculate Hospital, Jamaica</td>
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<td>Sister M. Regina</td>
<td>St. Elizabeth Hospital, Utica</td>
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<td>Sister M. St. Luke</td>
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<td>Sister M. Ursula</td>
<td>St. Vincent's Hospital, New York</td>
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<td>Sister Mathilde Gravdahl</td>
<td>Norwegian Lutheran Deaconess Hospital, Brooklyn</td>
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<td>Sister M. Wilhelmina</td>
<td>St. Joseph's Hospital, Syracuse</td>
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<td>Sister Rosalie</td>
<td>Hepburn Hospital, Ogdensburg</td>
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<td>Sister St. Damase</td>
<td>Misericordia Hospital, New York</td>
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<td>Sister Thomas Francis</td>
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<td>SITES, Ella Elizabeth</td>
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<td>SLATER, Margaret May</td>
<td>Mt. Sinai Hospital, New York</td>
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<td>Smith, Claire Frances</td>
<td>1273 Pacific St., Brooklyn</td>
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<td>Smith, Edda Belle H.</td>
<td>Lenox Hill Hospital, New York</td>
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<td>Smith, Eva</td>
<td>Kings County Hospital, Brooklyn</td>
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<td>Smith, Helen F.</td>
<td>Lenox Hill Hospital, New York</td>
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<td>Smith, Martha Ruth</td>
<td>525 W. 120th St., New York</td>
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<td>Snow, Elizabeth Edith</td>
<td>Arnot-Ogden Hospital, Elmira</td>
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<td>Spengler, Helen</td>
<td>Willard Parker Hospital, New York</td>
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<td>Spiegell, Carolyne A.</td>
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<td>STANLEY, Juanita Marie</td>
<td>100 E. Gunhill Rd., New York</td>
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<td>STEWART, Isabel M.</td>
<td>Teachers' College, New York</td>
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<td>Storey, Marjory</td>
<td>130 Spring St., Rochester</td>
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<td>Straight, Edna A.</td>
<td>440 E. 26th St., New York</td>
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<td>Streker, Alma C.</td>
<td>Kings County Hospital, Brooklyn</td>
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<td>Stringer, Elizabeth</td>
<td>138 S. Oxford St., Brooklyn</td>
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<td>Sullivan, Mary T.</td>
<td>St. Mary's Hospital, Brooklyn</td>
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<td>SUTCLIFFE, Helen L.</td>
<td>161 W. 61st St., New York</td>
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<td>Sutherland, Myral M.</td>
<td>Mary McClellan Hospital, Cambridge</td>
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<td>Swenson, Vernon M.</td>
<td>116 E. Castle St., Syracuse</td>
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<td>Sykes, Ethel M.</td>
<td>440 E. 26th St., New York</td>
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<td>Taggart, Brett M.</td>
<td>Neurological Hospital, Welfare Island, New York</td>
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<td>Taylor, Erma B.</td>
<td>142 E. 33d St., New York</td>
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<td>Taylor-Otto, Margaret</td>
<td>Nathan Littauer Hospital, Gloversville</td>
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<td>TENNEY, Helen Louise</td>
<td>Nassau Hospital, Mineola</td>
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<td>THEOBALD, Loreta</td>
<td>Lenox Hill Hospital, New York</td>
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<tr>
<td>Thomas, Muriel L.</td>
<td>5101 39th St., Long Island City</td>
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<td>Thompson, Mary B.</td>
<td>Rockefeller Institute Hospital, New York</td>
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<td>ThUILLIER, Georgette</td>
<td>Lenox Hill Hospital, New York</td>
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<tr>
<td>Thum, Helen Marie</td>
<td>116 E. Castle St., Syracuse</td>
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<tr>
<td>Tieleke, Gertrude E.</td>
<td>Kings County Hospital, Brooklyn</td>
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<tr>
<td>TIGAR, Anna</td>
<td>Beth Israel Hospital, New York</td>
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<tr>
<td>TINGLEY, Jane Louise</td>
<td>Lenox Hill Hospital, New York</td>
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<tr>
<td>Tisch, Madeleine L.</td>
<td>5 East 98th St., New York</td>
</tr>
</tbody>
</table>
TITTMAN, ANNA L. ...............68 Irving Place, New York
TOWNSEND, Lelan B. ...............700 W. 186th St., New York
TRAINER, BEATRICE M. ..........736 Irving Ave., Syracuse
TREYZ, LILLIAN A..............200 E. 63d St., New York
TUCKER, CAROL HELEN ..........Nassau Hospital, Mineola
TUCKER, KATHARINE ...........450 Seventh Ave., New York
TUELL, CHARLINE ..............Methodist Episcopal Hospital, Brooklyn
TURULA, HELENA M..............Willard Parker Hospital, New York
TWIDDELL, WILHELMINA .......Rochester General Hospital, Rochester
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UNGER, BESSIE .................Lenox Hill Hospital, New York
UNWIN, FLORENCE R. .........Brooklyn State Hospital, Brooklyn
VAN HEKLE, INA R. ..........141 W. 109th St., New York
VESLEY, JULIA .................Lenox Hill Hospital, New York
VICKERY, HELEN L. ............899 Culver Rd., Rochester
VOLINSKI, JULIE E..............522 Ocean Ave., Brooklyn
WABERSICH, ROSE ..........Lenox Hill Hospital, New York
WAGNER, BARBARA LOUISE ...Montefiore Hospital, New York
WAGG, HELEN ..................426 E. 26th St., New York
WALES, MARGUERITE A. .......90 Park Ave., New York
WARCHER, MARGARET E.........555 West 156th St., New York
WARD, MARY ..................80 Winthrop St., Apt. P 1, Brooklyn
WARWAN, ANNE GRACE .......161 W. 61st St., New York
WARRANT, CORA ..............R. D. #2, Rochester
WATKINS, LOUISE CHAPMAN ...Babies' Hospital, New York
WATTERS, MARY ..............Lenox Hill Hospital, New York
WAYNE, MARY ELIZABETH ...Long Island College Hospital, Brooklyn
WECKWORTH, BERTHA .........Lenox Hill Hospital, New York
WEBB, DOROTHY ...............426 E. 26th St., New York
WEIGEL, ELMORA .............450 E. 64th St., New York
WEINSTEIN, ETHEL ..........2316 E. 21st St., Brooklyn
WEISSE, HELEN ..............Lenox Hill Hospital, New York
WEST, BEATRICE M. .........Rochester General Hospital, Rochester
WESTON, ALICE A. ..........Highland Hospital, Rochester
WHEELER, CLARIBEL A. ......450 Seventh Ave., New York
WHITTEN, HAZEL B. .........Hospital of the Good Shepherd, Syracuse
WICKER, HELEN MADISON ....Willard Fillmore Training School, Buffalo
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WILBUR, ETHEL A. ..........Nassau Hospital, Mineola
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WILES, RUTH A. .............1230 Amsterdam Ave., New York
WILLIAMS, BARBARA .........Syracuse Memorial Hospital, Syracuse
WILLIAMS, HARRIET LEE ....Lenox Hill Hospital, New York
WILLIAMS, RUTH CLARIA ......622 W. 168th St., New York
WILSON, E. GENEVIEVE ..Ellis Hospital, Schenectady
WILSON, ETHEL EMMA ......Syracuse Memorial Hospital, Syracuse
WITHAM, EDNA NATALIE ....Willard Parker Hospital, New York
WITTE, FRANCES W. .........Rockland State Hospital, Orangeburg
WOLF, ANNA D. ..............1300 York Ave., New York
WOLPERT, FLORA MARIE ....Flower Hospital, New York
Wood, Gertrude Summers .............168 Congress St., Brooklyn
Wood, Helen P. ......................Babies' Hospital, New York
Woods, Elizabeth F. ...............St. Mary's Hospital, Brooklyn
Wormley, Elizabeth DuVal ........Babies' Hospital, New York
Wyatt, Margaret Elizabeth .......1230 York Ave., New York
Yankauer, Margarete K. ..............288 Lincoln St., Flushing
Young, Helen .........................179 Ft. Washington Ave., New York
Young, Kathleen F. .................Cortland County Hospital, Cortland
Young, Lilian .......................Swedish Hospital, Brooklyn
Young, Cathrynne Mary ..........39 Gardner Park, Rochester
Zabriskie, Louise ....................432 Third Ave., New York
Zachari, Anna A. ....................Lenox Hill Hospital, New York

*NORTH CAROLINA—37 Members

Baker, Bessie .........................Duke Hospital, Durham
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Chaffin, Emma Le Grand ............Box 28, High Point
Chapman, Bessie M. .................Wesley Long Hospital, Greensboro
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Davids, Anna H. .....................Ellen Fitzgerald Hospital, Monroe
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Johnson, Mary Lavina ..............Thompson Memorial Hospital, Lumberton
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Muse, Gilbert .........................High Point Hospital, High Point
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Sister Pauline .....................St. Leo's Hospital, Greensboro
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Stephens, Eleanor M. ............James Walker Memorial Hospital, Wilmington
Thompson, Birdie B. ...............James Walker Memorial Hospital, Wilmington
West, Lula .........................Martin Memorial Hospital, Mt. Airy
Werdall, Clida Lee ................City Memorial Hospital, Winston-Salem
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KEMP, Florence ..........Western Reserve University, Cleveland
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McCOWN, Viana ............Cincinnati General Hospital, Cincinnati
McDowell, Helen M. .........11100 Euclid Ave., Cleveland
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MARTIN, Helen Gladys ......Ohio Valley Hospital, Steubenville
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REIN, Helen .................124 Front Street, Ripley
REINECK, Irma Marie ......1263 Jackson Ave., Lakewood
ROBINSON, A. Elizabeth .....Rainbow Hospital, South Euclid
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SISTER M. EDITH BAILEY ..Mercy Hospital, Canton
SISTER M. GERMAINE ......St. Elizabeth's Hospital, Youngstown
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Sister M. Margaret Mahan ...St. Anthony's Hospital, Oklahoma City
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<td>Smith, Nina Alice</td>
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<td>Sparago, Beatrice C.</td>
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<td>Spare, Mary E.</td>
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<td>Speer, Martha R.</td>
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<td>Teal, Ruth Marian</td>
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<td>Tinsley, Esther J.</td>
<td>Pittston Hospital, Pittston</td>
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<td>Trouxell, Alma M.</td>
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<td>Turnbull, Jessie J.</td>
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<td>Urquhart, Jessie G.</td>
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<tr>
<td>Whitney, Mary L.</td>
<td>Mercy Hospital, Altoona</td>
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<td>Williams, Althea</td>
<td>St. Luke’s Hospital, Bethlehem</td>
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<tr>
<td>Williams, Sara E.</td>
<td>Moses Taylor Hospital, Scranton</td>
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<tr>
<td>Wilsey, Lillian E.</td>
<td>Northeastern Hospital, Philadelphia</td>
</tr>
<tr>
<td>Wilson, Laura B.</td>
<td>Children’s Hospital, Pittsburgh</td>
</tr>
<tr>
<td>Wilson, Letitia</td>
<td>4401 Market St., Philadelphia</td>
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<tr>
<td>Wilson, Mary Blythe</td>
<td>Pittsburgh Home for Babies, Ingram</td>
</tr>
<tr>
<td>Wittwer, Eva O.</td>
<td>Presbyterian Hospital, Philadelphia</td>
</tr>
<tr>
<td>Wolff, Margaret H.</td>
<td>Eagleville Sanatorium and Hospital, Eagleville</td>
</tr>
<tr>
<td>Workinger, Marjorie</td>
<td>Jefferson Medical College Hospital, Philadelphia</td>
</tr>
</tbody>
</table>

Wray, Anne C. | 1222 North 3rd St., Harrisburg
*RHODE ISLAND—69 Members

ANDERSON, M. BARBARA ..........Butler Hospital, Providence
AYER, L. M. BELLE ..............Rhode Island Hospital, Providence
AYERS, LUCY C. .................459 Carrington Ave., Woonsocket
BARRY, ELIZABETH ..............State Hospital, Howard
BARRY, SARAH C. ...............Charles V. Chapin Hospital, Providence
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CHASE, ADALINE .................100 N. Main St., Providence
COMBS, BLANCHE VIVIAN .......50 Maude St., Providence
COX, ALICE ELIZABETH ..........100 N. Main St., Providence
CRANSTON, MARGARET L .........825 Chalkstone Ave., Providence
CURRAN, CATHARINE J ..........50 Maude St., Providence
DAILEY, MARGARET M ..........Newport Hospital, Newport
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DILLON, NELLIE R. .............100 N. Main St., Providence
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DUNN, EMMA L. .................Crawford Allen Memorial Hospital, East Greenwich

BARLEY, ANNE M. ..............72 Hilltop Ave., Providence
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ERICSON, MAUDE S. ............825 Chalkstone Ave., Providence
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FLEMING, ELIZABETH F. .......65 Clyde St., Pawtucket
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FREDERICKSON, DOROTHY .......Memorial Hospital, Pawtucket
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HENDRY, MAEDELLE F. ..........825 Chalkstone Ave., Providence
HORNER, MARION ...............825 Chalkstone Ave., Providence
HUGHES, EVA ...................Rhode Island Hospital, Providence
JACKSON, GERTRUDE H ..........825 Chalkstone Ave., Providence
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LILLEY, MARY R. ..........Rhode Island Hospital, Providence
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MCDougall, JESSIE ANN ...825 Chalkstone Ave., Providence
MacLEAN, MARY ...........305 Blackstone Blvd., Providence
MacINTOSH, ANNIE E. ....Rhode Island Hospital, Providence
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O’NEILL, CATHERINE G. ...Charles V. Chapin Hospital, Providence
POTTER, HELEN O. .........Rhode Island Hospital, Providence
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POWERS, HELEN M. .........Memorial Hospital, Pawtucket
RICHARDSON, MARY M. ....100 N. Main St., Providence
SCHROEDER, MADELEINE M. ..Memorial Hospital, Pawtucket
SHERMAN, ELIZABETH F. ...182 Waterman St., Providence
SMITH, EUNICE ..............825 Chalkstone Ave., Providence
THIELBAR, FRANCES C. ...305 Blackstone Blvd., Providence
TILTON, MARION E. ......Charles V. Chapin Hospital, Providence
TRACY, CATHERINE O’CONNELL.100 N. Main St., Providence
WALSH, CECILIA E. .........136 Whitford Ave., Providence
WHITE, LOUISA ..........Rhode Island Hospital, Providence
WIDHAM, KATHERINE M. ....825 Chalkstone Ave., Providence
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YOUNG, MARY ..............Memorial Hospital, Pawtucket

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STEEL, GRACE ..........Greenville City Hospital, Greenville

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CLIFT, CARRIE E. .........1205 W. Boulevard, Rapid City
HUBBS, HAZEL I. ........Methodist Hospital, Mitchell
KING, ETHEL A. B. .........Britton Hospital, Britton
MORTVEDT, MABEL ........Sioux Valley Hospital, Sioux Falls
NELSON, ELYRA .......Black Hills Methodist Hospital, Rapid City
OCHS, MARY FRANCES ....St. Francis School for Nurses, Watertown
RICE, CLARA MARIE .........Britton Hospital, Britton
SISTER M. CONCEPTION DOYLE.St. Luke’s Hospital, Aberdeen
SISTER M. EMERENTIA ......Sacred Heart Hospital, Yankton
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ANDERSON, THELMA ....Vanderbilt University Hospital, Nashville
ARCHER, MYRTLE M. ....Baptist Memorial Hospital, Memphis
BERGEN, DELLA A. ........Vanderbilt University Hospital, Nashville
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>CREIGHTON, Marguerite</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>DUNN, Mary Josephine</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>EBBS, Dorothy D.</td>
<td>Baroness Erlanger Hospital, Chattanooga</td>
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<td>GILES, Mary Dodd</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>GILMORE, Betty Johnson</td>
<td>Garty-Ramsay Hospital, Memphis</td>
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<tr>
<td>GOFF, Hazel Lee</td>
<td>1704 Carmack Ave., Nashville</td>
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<tr>
<td>HINTON, Ella G.</td>
<td>Memphis General Hospital, Memphis</td>
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<td>HOLZHAUSEN, Erma</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<td>KING, Frances</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>LANDIS, Maude</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>POTTS, Aurelia Belle</td>
<td>George Peabody College for Teachers, Nash-</td>
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<tr>
<td>RAST, George Moorman</td>
<td>Methodist Hospital, Memphis</td>
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<tr>
<td>SHERIDAN, Elizabeth</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>SISTER LEANDER COOK</td>
<td>St. Thomas Hospital, Nashville</td>
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<tr>
<td>SISTER M. HENRICA LAKER</td>
<td>St. Joseph’s Hospital, Memphis</td>
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<tr>
<td>TITUS, Shirley C.</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<tr>
<td>UFFLEMAN, IVAH WILLIAMS</td>
<td>801 Demonbreun St., Nashville</td>
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<tr>
<td>WHITE, Mary W.</td>
<td>Knoxville General Hospital, Knoxville</td>
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<tr>
<td>WIVEL, Elizabeth C.</td>
<td>Vanderbilt University Hospital, Nashville</td>
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<td>WOOTON, Nina E.</td>
<td>Methodist Hospital, Memphis</td>
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*TEXAS—84 Members*

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<th>Name</th>
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<tr>
<td>ABRAHAMS, HELEN DOLORES</td>
<td>Providence Sanitarium, Waco</td>
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<tr>
<td>ADAMS, LENA G.</td>
<td>Kleburg Hospital, Kingsville</td>
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<tr>
<td>AIRHART, IVADELL M.</td>
<td>King’s Daughters’ Hospital, Temple</td>
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<tr>
<td>ALGER, SARA R.</td>
<td>Baylor University Hospital, Dallas</td>
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<tr>
<td>ASH BURN, RUTH P.</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>AYRES, A. ENID</td>
<td>Methodist Hospital, Fort Worth</td>
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<tr>
<td>BAKER, BRU LAH</td>
<td>Herman Hospital, Houston</td>
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<tr>
<td>BEALS, ELIZA M.</td>
<td>1600 8th St., Wichita Falls</td>
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<tr>
<td>BOCKER, BERTHA</td>
<td>John Sealy Hospital, Galveston</td>
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<tr>
<td>BORISKIE, CHRISTINE H.</td>
<td>Hotel Dieu, Beaumont</td>
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<tr>
<td>BREIHAN, OLGA MARIE</td>
<td>Baylor University Hospital, Dallas</td>
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<tr>
<td>BRIENT, ELLEN LOUISE</td>
<td>Nix Hospital, San Antonio</td>
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<tr>
<td>CARROLL, RHODA K.</td>
<td>2501 Rogers Ave., Fort Worth</td>
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<tr>
<td>CHAMPION, LULU MARY</td>
<td>707 N. Polk St., Amarillo</td>
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<tr>
<td>COLE, LAURA</td>
<td>Scott and White Hospital, Temple</td>
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<td>COOPER, JOANNA</td>
<td>Texarkana Hospital, Texarkana</td>
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<tr>
<td>COOZE, MAUD W.</td>
<td>Stamford Sanitarium, Stamford</td>
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<tr>
<td>DANHEIM, EMMA H.</td>
<td>Memorial Hospital, Houston</td>
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<tr>
<td>DICK, KATHERINE R.</td>
<td>408 Hawthorne Ave., Houston</td>
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<tr>
<td>DIETRICH, A. LOUISE</td>
<td>1001 E. Nevada St., El Paso</td>
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<td>DREIS, JOSEPHINE B.</td>
<td>Cameron Hospital, Cameron</td>
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<tr>
<td>ENGELAD, GRACE</td>
<td>609 Milam Building, San Antonio</td>
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<td>ERICKSON, RENA E.</td>
<td>Baylor University Hospital, Dallas</td>
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<tr>
<td>FAHEY, MOLLIE</td>
<td>St. Paul’s Sanitarium, Dallas</td>
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<tr>
<td>FARWELL, MARY F.</td>
<td>525 S. Locust St., Denton</td>
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<tr>
<td>FLOWERS, JESSIE A.</td>
<td>918 W. Hildebrandt St., San Antonio</td>
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<td>GANTS, FLORENCE</td>
<td>Texarkana Hospital, Texarkana</td>
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George, O’Connor .................. Methodist Hospital, Fort Worth
Harris, Effie L ..................... Herman Hospital, Houston
Hausmann, Saibee N ................ Robert B. Green Hospital, San Antonio
Hogg, Sarah Agnes ................. Paris Sanitarium, Paris
Jolly, Robert (Mrs.) ............... Memorial Hospital, Houston
Kane, Audrey Ellen ................ St. Mary’s Infirmary, Galveston
Kasmeier, Julia C .................... Box 641, San Antonio
Kelly, Hazel ......................... St. David’s Hospital, Austin
Kennedy, Mary ...................... 2710 Albany St., Houston
Lang, Selma A ...................... King’s Daughters’ Hospital, Temple
Lawrence, Annie Ruth .............. Baylor University Hospital, Dallas
Lehmann, Helen H ................... Baylor University Hospital, Dallas
Lorenz, Marie E ..................... Cameron Hospital, Cameron
Lucky, Gladys ...................... 1113 N. San Marcial St., El Paso
Marsburger, Alma ................... 1606 Red River St., Austin
McAnelly, Zora K ................... Hico
McClesky, Ola ...................... Bradford Memorial Hospital for Children, Dallas

McCullough, Stella .................. West Texas Baptist Sanitarium, Abilene
McKitrick, Lucille M ............... Baylor University Hospital, Dallas
McLellan, Janet R ................... King’s Daughters’ Hospital, Temple
Newbill, Josephine ................. American Red Cross, Galveston
Nichols, Josephine E ................ Parkland Hospital, Dallas
Perry, Melanie ...................... 803 Holman Ave., Houston
Pope, Emma ......................... Parkland Hospital, Dallas
Powell, Grace Goodwin ............. 721 N. El Paso St., El Paso
Pullen, Bertha Lucile .............. Baylor University Hospital, Dallas
Roberson, Martha P .................. Medical and Surgical Hospital, San Antonio
Rogers, Dorothy .................... John Sealy Hospital, Galveston
Russ, Helen Margaret ............... Robt. B. Green Hospital, San Antonio
Schultz, Edna Lina ................. Austin City Hospital, Austin
Sheppard Barger, Elizabeth ....... 302 Medical Arts Building, Houston
Sister Anna Marie .................... St. Anthony’s Hospital, Amarillo
Sister Antonio O’Donoghue ........ St. Paul’s Hospital, Dallas
Sister M. Andrew .................... Santo Rosa Infirmary, San Antonio
Sister M. Arcadius ................. St. Joseph’s Hospital, Fort Worth
Sister M. Charles ................... St. Joseph’s Hospital, Fort Worth
Sister M. Christina .................. Mercy Hospital, Laredo
Sister M. Eligius .................... Hotel Dieu, El Paso
Sister M. Fidelis .................... Hotel Dieu, Beaumont
Sister M. Gertrude Gielin .......... Seton Infirmary, Austin
Sister M. Incarnation ............. Hotel Dieu, Beaumont
Sister M. John Evangeline ........ St. Joseph’s Infirmary, Houston
Sister M. Reginald Finlay .......... St. Mary’s Hospital, Port Arthur
Sister M. Saucier .................... Providence Hospital, Waco
Sister M. Stella .................... St. Joseph’s Hospital, Fort Worth
Sister M. Victory ................... St. Joseph’s Hospital, Fort Worth
Sizer, Ed. R. (Mrs.) ............... Fred Roberts Memorial Hospital, Corpus Christi

Smith, Ann Brown ................. McKinney City Hospital, McKinney
SMITH, ANNIE L. ...............Shannon West Texas Memorial Hospital, San Angelo
SMITH, MAY F. ...............Bradford Memorial Hospital for Children, Dallas
THOMAS, LENA B. ...............Cantrell Hospital, Greenville
TRENTHAM, JEAN ...............Parkland Hospital, Dallas
WALL, RUTH ..................Baylor University Hospital, Dallas
WIEBERS, PEARL A. ..........Methodist Hospital, Houston
WILSON, JESSIE ..............Northwest Texas Hospital, Amarillo
WILSON, MINERVA E. ........Box 232, Midland
WRIGHT, CLARA LOUISE .........Scott and White Hospital, Temple

*UTAH—18 Members

BLACKWOOD, ELLEN V. ..........St. Mark's Hospital, Salt Lake City
CONOVER, ELLA H. .............P. O. Box 2194, Salt Lake City
CUTLER, RETTA L. .............424 6th Ave., Salt Lake City
ELBERT, JOSEPHINE ..........2033 S. State St., Salt Lake City
ERCANBRACK, RETTA ............2266 S. State St., Salt Lake City
FAVER, VESTHA ..................325 8th Ave., Salt Lake City
FILLMORE, ANNA MAUD ........Latter-Day Saints Hospital, Salt Lake City
GILES, MARY LILLIAN .........Latter-Day Saints Hospital, Salt Lake City
GLASSCOCK, OETTA BROWNING ..........Latter-Day Saints Hospital, Salt Lake City
HARDIN, MARTHA ..............St. Mark's Hospital, Salt Lake City
HOLMES, IRENE ETHEL ..........St. Mark's Hospital, Salt Lake City
JOHNSON, CHRISTIE ..........Latter-Day Saints Hospital, Salt Lake City
JOHNSON, MARIA ..............Latter-Day Saints Hospital, Salt Lake City
KNIPPLE, VERN A. .............Salt Lake General Hospital, Salt Lake City
LUND, ALICE ..................2266 S. State St., Salt Lake City
MOORE, HELEN ...............2266 S. State St., Salt Lake City
MUMFORD, RUTH WARD ........Dee Hospital, Ogden
WICKLUND, ELLA M. ..........Holy Cross Hospital, Salt Lake City

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BRIAN, CELIA E. .............Brattleboro Memorial Hospital, Brattleboro

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BAYLOR, MARTHA V. ............Roanoke Hospital, Roanoke
BEACH, HELEN MARY ..........Petersburg Hospital, Petersburg
BLACKWELL, MARY CAROLINE ........Johnston Willis Hospital, Richmond
CARTER, ESTHER MAYFIELD ......Hampton Institute, Hampton
COLE, ANNA I. .................Medical Dept., Marine Barracks, Quantico
ELDER, THORA ..................2621 Grove Ave., Richmond
FOSTER, VERNA SUSAN ........Baptist Hospital, Lynchburg
GAGE, NINA D. .................Hampton Institute, Hampton
GRAHAM, ELSIE KREUGAL .........105 N. Belmont Ave., Richmond
GREENS, ALMA R. ..............3434 Hanover Ave., Richmond
HABEL, MARY LOUISE ..........Stuart Circle Hospital, Richmond
HUNDLEY, IRMA EUNICEENT .......... Stuart Circle Hospital, Richmond
HOPPER, RUTH JANE .............. Hampton Institute, Hampton
HOWARD, ALICE GALLAUDET ....... Hampton Institute, Hampton
JOHNSON, CALLIE MARGARET ...... 1308 Weldon, Charlottesville
JONES, MARY ISHERS .......... Stuart Circle Hospital, Richmond
LANKFORD, M. MAE .......... 2908 Kensington Ave, Richmond
LEAHY, KATHLEEN M. .......... 901 W. Franklin St, Richmond
MCLEOD, JOSEPHINE .......... University Hospital, University
MAYO, ADELAIDE ADELA .......... 10 Oakhurst Circle, University
MEW, GERALDINE HUGER ...... Hospital of St. Vincent de Paul, Norfolk
MUNDAY, MARY C. .............. 230 38th St., Newport News
NOBLE, RODE LUMBER .......... 1721 Barron St., Portsmouth
OATES, LOUISE .......... Cabaniss Memorial School of Nursing Education, University
PANNILL, RUTH CALLAWAY ...... Rockingham Memorial Hospital, Harrisonburg
PATTERSON, MADELINE H. ...... 1700 W. 38th St, Norfolk.
PFEIFFER, CHARLOTTE .......... Stuart Circle Hospital, Richmond
PFECKERTON, MARGARET ISABEL . McKim Hall, University
SCHAFER, ANNA JOSEPHINE ...... Cabaniss Hall, Richmond
SMITH, ETHEL M. ............ Craigsville
SQUIRES, EDITH BLANCHE ...... Stuart Circle Hospital, Richmond
SISTER RENIE HUNT .......... St. Vincent's Hospital, Norfolk
STATON, MARTHA .......... Henry A. Wise Memorial Hospital Welfare Center, Norfolk
STILWELL, MARY ONA .......... 3 University Place, University
TAGG, LUCIE .......... Lombardy St., Richmond
VAN VORT, ROSE Z. .......... 3216 Monument Ave, Richmond
VIECTOR, LAURA M. .......... P. O. Box 555, Richmond
WAYNE, MONTEZ .......... Petersburg Hospital, Petersburg
WOLF, LULU KATHRYN .......... Cabaniss Hall, Richmond
WOODS, JUANITA G. .......... 223 S. Cherry St., Richmond
ZIEGLER, FRANCES H. .......... School of Nursing, Medical College of Virginia, Richmond

*WASHINGTON—48 Members

ADAMS, HENRIETTA M. .......... Harborview Hospital, Seattle
ANDERSON, DORIS RUTH .......... Tacoma General Hospital, Tacoma
ASPLUND, THYRA ELIZABETH .... General Hospital, Everett
BALL, BELVA L. ............. 4336 11th St., N. E., Seattle
BROWN, NELL F. ............ 809 5th Ave., Seattle
BUOB, MARY BARBARA .......... Deaconess Hospital, Spokane
DARK, KATHRYN .......... Everett General Hospital, Everett
FALCONER, IDA R. .......... St. Joseph's Hospital, Bellingham
FEINLER, MARIE SUZANNE ...... Sacred Heart Hospital, Spokane
FELTON, MARGARET .......... Providence Hospital, Seattle
FERFRES, MARION ELLEN ...... Seattle General Hospital, Seattle
FRASER, ANNA J. .......... Virginia Mason Hospital, Seattle
GANTZ, ELLA .......... Sacred Heart Hospital, Spokane
GIST, ELLIOT GERTRUDE ...... Deaconess Hospital, Spokane
GRANT, EVELYN F. .......... Columbus Hospital, Seattle
Heller, Esther N. .......... St. Luke's Hospital, Bellingham
Herzog, Sally .......... Harborview Hall, Seattle
Knox, Adda .......... Apt. 611, Hotel Gissu, Bellingham
Larkin, Mary M. .......... Sacred Heart Hospital, Spokane
Lee, Bernice M. .......... 830 Summit Blvd., Spokane
Loomis, May S. .......... Harborview Hospital, Seattle
McDonald, Lillian May .......... St. Luke's Hospital, Spokane
McKenzie, Irene .......... Everett General Hospital, Everett
Meyer, Irene F. .......... Providence Hospital, Seattle
Millay, Margaret .......... Sacred Heart Hospital, Spokane
Miller, Virginia B. .......... 614 Yakima St., Wenatchee
Nicolai, C. Margaret .......... Harborview Hospital, Seattle
Olcott, Virginia .......... Harborview Hospital, Seattle
Packard, Sylvia Ellen .......... Providence Hospital, Seattle
Paetz, Margaret E. .......... Tacoma General Hospital, Tacoma
Parker, Minnie L. .......... Seattle General Hospital, Seattle
Pedersen, Thyra E. .......... U.S. Veterans Hospital, American Lake
Radford, Anne E. .......... Harborview Hospital, Seattle
Schroeder, Mary M. .......... Harborview Hall, Seattle
Servos, Ledwina H. .......... Columbus Hospital, Seattle
Sister Agnes .......... Sacred Heart Hospital, Spokane
Sister John Gabriel .......... St. Vincent's Hospital, Seattle
Sister Mary .......... Sacred Heart Hospital, Spokane
Sister M. Christina .......... St. Ignatius Hospital, Colfax
Sister M. Cyril .......... St. Joseph's Hospital, Bellingham
Sister M. Magna .......... Providence Hospital, Seattle
Soule, Elizabeth Sterling .......... University of Washington, Seattle
Spry, Cecile Tracy .......... General Hospital of Everett, Everett
Sutherland, Anette .......... Tacoma General Hospital, Tacoma
Tuttle, Aileen H. .......... Harborview Hospital, Seattle
Watson, Martha Grace .......... St. Luke's Hospital, Spokane
Wold, Signe Christine .......... Tacoma General Hospital, Tacoma
Woods, Anna J. .......... Seattle General Hospital, Seattle

WEST VIRGINIA—3 Members

Bloomheart, Ella .......... 210 Gaston Ave., Fairmont
Campion, Ora A. .......... Davis Memorial Hospital, Elkins
Kessler, M. C. .......... Potomac Valley Hospital, Keyser

*WISCONSIN—87 Members

Baar, Ida Carlin .......... 721 N. 17th St., Milwaukee
Bahde, Anne Marie .......... 3328 W. Highland Ave., Milwaukee
Becker, Anna .......... 5000 W. Chambers St., Milwaukee
Belknap, Theresa M. .......... 1821 W. Wisconsin Ave., Milwaukee
Bennett, Lillie .......... 721 N. 17th St., Milwaukee
Berg, Estelle .......... 1821 W. Wisconsin Ave., Milwaukee
Berger, Esther .......... Luther Hospital, Eau Claire
Binner, Frieda Eleanor .......... Luther Hospital, Eau Claire
Boschert, Anna .......... 732 N. 17th St., Milwaukee
Brink, Frances V. .......... Milwaukee County Hospital, Wauwatosa
BUMILLER, CLARA M. ..........925 N. 13th St., Milwaukee
BUNCE, HELEN L. ..........University Hospital, Madison
CALLENDER, ELIZABETH .......1240 W. Grant St., Milwaukee
CAREY, GLADYS K. ..........University Hospital, Madison
CHRISTENSEN, CLARA M. ....Mt. Washington Sanatorium, Eau Claire
CLARKE, FLORENCE ..........Madison General Hospital, Madison
COLLING, IDA A. ..........Madison General Hospital, Madison
COLLINS, FAITH A. ..........Kenosha Hospital, Kenosha
CRAFTS, GRACE ..........Madison General Hospital, Madison
CRUICKSHANK, JEAN .........Theda Clark Hospital, Neenah
DENE, HELEN .............University Hospital, Madison
DEWITTE, GRETTA ..........Madison Methodist Hospital, Madison
DRAVES, DOROTHY M. ......Misericordia Hospital, Milwaukee
ELDREDGE, ADDA ..........State Capitol, Madison
ESVAL, SIGRID ..........Luther Hospital, Eau Claire
FANNING, JANE ..........1845 N. 4th St., Milwaukee
FEUERSTEIN, LOLA M. ...754 N. 15th St., Milwaukee
FLETCHER, LILA B. .........University Hospital, Madison
FENNY, CAROLINE M. ....Methodist Hospital, Madison
GOBEL, A. MARGARET .......Grandview Hospital, La Crosse
GOBEL, MARIE C ..........Grandview Hospital, La Crosse
GRAHAM, OLIVE M ..........Wausau Memorial Hospital, Wausau
GRAVES, BLANCHE ..........908 N. 12th St., Milwaukee
HAAS, GERTRUDE ..........7107 Cedar St., Wauwatosa
HAERT, LAURA C. E ..........146 E. Oak St., Oshkosh
HANSHUS, ETHEL C ..........Luther Hospital, Eau Claire
HAYS, JEANETTE M. .........1410 N. Prospect Ave., Milwaukee
HENNING, ELIZABETH ....Luther Hospital, Eau Claire
HERIN, BERNICE ..........925 N. 13th St., Milwaukee
JENSON, VERA OLEDA .......4449 N. 27th St., Milwaukee
KENDALL, JESSIE ..........Merrill
KESSLER, LAURA M ..........913 N. 10th St., Milwaukee
KESSLER, J. MARtha ......1601 W. Meinecke Ave., Milwaukee
KNIGHT, GRACE ANN ....Methodist Hospital, Madison
KOWALKE, ERNA M ..........787 N. Van Buren St., Milwaukee
LIESCH, LINA C ..........908 N. 12th St., Milwaukee
LOERKE, ROSE KATHLYN ....3166 N. 44th St., Milwaukee
LUND, CONSTANCE GRAHAM .Madison General Hospital, Madison
METZGER, AMALIA L ..........St. Luke's Hospital, Racine
MILLER, GRETCHEN M. ....744 S. Webster, Green Bay
MULLIN, MARIANA R. ......146 E. Oak St., Oshkosh
NELSON, IDA C ..........Luther Hospital, Eau Claire
NEWBOLD, AGNES A ..........Luther Hospital, Eau Claire
NOLTING, IRINE ..........1821 W. Wisconsin Ave., Milwaukee
O'NEILL, HELEN ..........1533 W. Wisconsin Ave., Milwaukee
PAVER, JULIA ..........1301 College Ave., Racine
PHENIX, FLORENCE .......404 N. Carroll St., Madison
PLATH, LYDIA ..........Luther Hospital, Eau Claire
PUEHLER, RUTH MARY ......304 E. Front St., Ashland
RUE, CLARA BLANCHE .......787 N. Van Buren St., Milwaukee
MEMBERS

RUNDELL, NINA CROSS .............2946 N. Second St., Milwaukee
SAGER, MAUDE ....................Methodist Hospital, Madison
SCHINDLER, GRACE ...............2320 North Lake Drive, Milwaukee
SCHWOCHERT, ANNA B. ..........1557 S. 25th St., Milwaukee
SISTER ADELINDA LASKOSKI ......St. Mary's Hospital, Wausau
SISTER EMILE NIEÐHAMMER ......2320 N. Lake Drive, Milwaukee
SISTER EMMA LERCH .........Milwaukee Hospital, Milwaukee
SISTER MAGDALINE KREBS ...Milwaukee Hospital, Milwaukee
SISTER M. AGATHA GERBER ....St. Joseph's Hospital, Marshfield
SISTER M. BARTHOLOMEA BETZEN.Mercy Hospital, Oshkosh
SISTER M. CHRISTOPHER ........Sacred Heart Sanitarium, Milwaukee
SISTER M. COR MARIE FLANNERY.Mercy Hospital, Janesville
SISTER M. CORDULA .............300 E. Front St., Ashland
SISTER M. DOROTHY BREETER ....St. Joseph's Hospital, Marshfield
SISTER M. FELICIAN OWENS .....3058 N. 51st St., Milwaukee
SISTER M. FLORINA NIELAND ...St. Francis Hospital, La Crosse
SISTER M. VICTORIA ..........300 E. Front St., Ashland
SISTER M. VICTORIA BERGANS ...St. Francis Hospital, La Crosse
SISTER ST. EMILY .................2224 W. Juneau Ave., Milwaukee
SISTER ST. VINCENT FERIER ...Misericordia Hospital, Milwaukee
STRAUS, MARGARET A. ..........5000 W. Chambers St., Milwaukee
SWAN, MARY ..........................St. Francis Hospital, La Crosse
THOMAS, RUTH EVALINE .......Bellin Memorial Hospital, Green Bay
VALENTINE, JOSEPHINE .......State Board of Health, State Capitol, Madison
WASHBURN, FLORENCE VIOLA ....729 N. 11th St., Milwaukee
WHITE, REGINE ...............2218 N. Summit Ave., Milwaukee
WORTMAN, JESSIE CAROL ......Wausau Memorial Hospital, Wausau

WYOMING—3 Members

LANDT, CHARLOTTE F. ............Memorial Hospital of Natrona Co., Casper
WILLIAMS, A. GRACE ..............Pershing Memorial Hospital, Cheyenne
WILLIAMS, NAOMA .................Memorial Hospital, Casper

CANADA—5 Members

HUTCHISON, MARY E. ..........9 St. John Ave., Winnipeg
JOHNS, ETHEL ...................Canadian Nurse, 1411 Crescent St., Montreal
RICHMOND, ISABEL DOUGLAS ......86 Barnesdale Blvd., Hamilton, Ontario
SCOTT, MARTHA M. .............223 Wortley Rd., London, Ontario
SHAW, NANCY WALBRIDGE ......Newcastle, Ontario

CHINA—2 Members

HODGMAN, GERTRUDE E. ........Peiping Union Medical College, Peiping
HIRST, ELIZABETH ..........Peiping Union Medical College, Peiping

ENGLAND—1 Member

CABOT, MARY GERALDINE .......Heckfield Health House, Basingstoke

HAWAII—1 Member

AVERS, ADA GERTRUDE ...........Memorial Hospital, Hilo
PORTO RICO—3 Members

GAVIN, MARY ...................... Army Nurse Corps, Post of San Juan
SHAFL, 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—5 Members

LEMMON, SADIE PEARL ................ McCormack Hospital, Siam, Asia
LUCE, MARGUERITE HARVEY ............ c/o China Council Office, 25 Yuen Ming Yuen, Room 519, Shanghai, China
VAN ZANDT, JANE ELIZABETH ........ American University, Beirut, Syria
WHITESIDE, FAYE ...................... Peiping Union Medical College, Peiping, China
WILSON, ALTHEA MAY ................... 246 Spring St., Clyde, Ohio

Total ............................................. 3315
Honorary Members .......................... 11
Life Members ................................... 3

Total Membership .......................... 3329

DECEASED MEMBERS

Names from 1893 to 1932 are given in previous reports. The names of members whose deaths have been reported since January first, 1932 are:

ANNA R. BLOOMFIELD ...................... died October, 1931
Corine Starr Cooley ...................... " June 2, 1932
Helen Scott Hay ......................... " November 25, 1932
GEORGIA A. MORRISON .................. " November 16, 1932
Alice V. Newton ......................... " December 15, 1932
MARGARET BUTLER ....................... " January 24, 1933
HERMINA E. WAGNER ..................... " February 2, 1933
Anna Gage Clement ...................... " February 12, 1933
Sister Mary Boniface .................... " February 13, 1933
Jane Moffatt .............................. " February 22, 1933

Honorary Member

LENA K. SCHMIDT ......................... " March 5, 1933
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