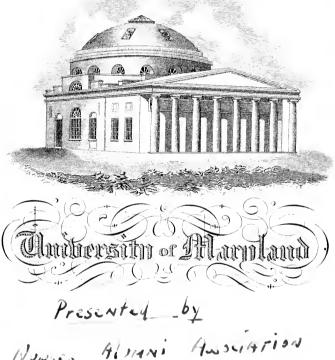
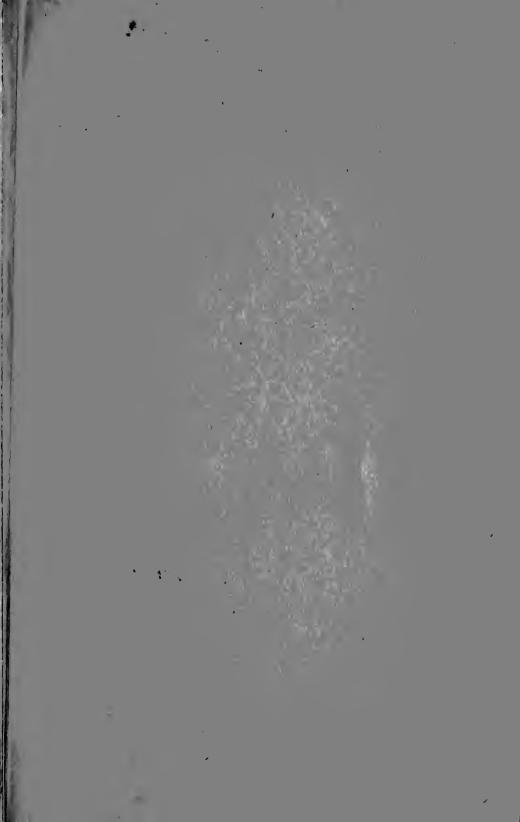


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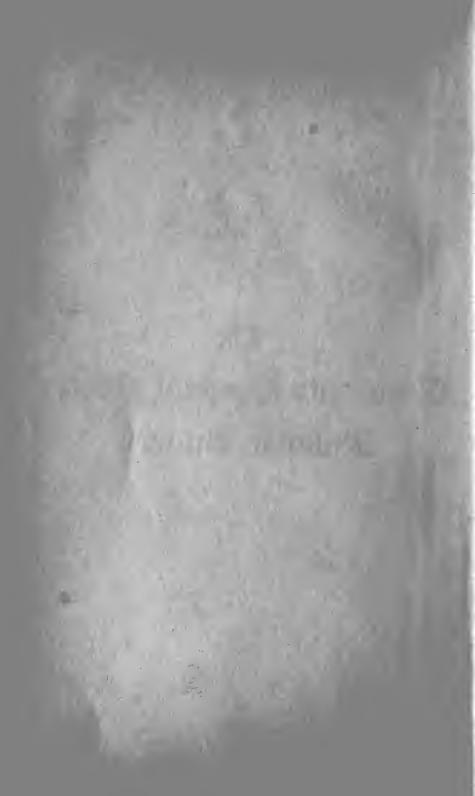


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The University Hospital Aurses' Alumnae Bulletin



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SUSANNAH A. HOSTRAWSER, R. N. '08

THE UNIVERSITY HOSPITAL NURSES ALUMNAE BULLETIN

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No. 1

SUSANNAH A. HOSTRAWSER, R.N., '08

Miss Hostrawser did private duty nursing most of the nine years of her professional life, except in the year of 1910, when Assistant to the Superintendent of Nurses at the University Hospital. Although more than eight years have elapsed since she gave up her work in Baltimore and returned to Canada, those of us who knew her, frequently had her in mind. Her unfailing gift of understanding, her frankness so thoroughly imbued with sincerity and good will, and her delightful saving sense of humor, made her a beloved friend to all associated with her.

The last few years of her life were incapacitated for active work by heart lesion, but to those of us who have such beautiful memories of her, it is gratifying to know that to the last she was her own bright, happy self, slipping away alone into the night, into the Great Beyond.

EDITORIAL

WHAT ABOUT THE R.N.?

If all registered nurses in the United States were to write R.N. after their names consistently for a single year, the standards of the nursing profession would be raised to a high degree.

You may think this an exaggeration, BUT

Nurses who use R.N. help the public to differentiate between competent and inferior nurses.

By the use of R.N. they advance the nursing work of the country by furthering the interests of all good nurses.

Through the title R.N., they protect the public from poor nursing care and themselves from unfair competition.

Every time a nurse uses R.N., some individual becomes discriminating who formerly accepted blindly anyone calling herself a nurse.

R.N. defines the status of the nurse of today.

If nurses use R.N. often enough, it will be a title commonly heard and well understood. People didn't learn the meaning of M.D. themselves. Doctors taught it to them.

Ineligibles are launched in the field. The standards of the profession remain intact only if the *registered* nurse is recognized in her own right.

The registered nurse stands out as the genuine representative of her profession, and the only one.

A lot of people can call themselves nurses, but only those who qualify can be *registered* nurses.

Knowledge of the meaning of R.N. is understanding what real nursing means.

The nurse who cares about her profession will use R.N. always.

—From Anagrams.

THE BABYLON HOME

"Never in my opinion has a legacy more successfully carried out the wishes of the donor." So comments Mrs. August Belmont at the close of the first year of service of the Nurses' Houses, a convalescent home for sick and tired nurses at Babylon, Long Island, N. Y. Through the bequest of \$300,000 from Miss Emily Howland Bourne to the A. I. C. P. for this purpose, and

the coöperation of the New York County Chapter, it took the place of Bay Shore, N. Y., the Red Cross Home for nurses closed in October, 1924, after more than four years of service. Mrs. Belmont, who is the Chairman of the Nurses' House Committee, representative of both the A. I. C. P. and the New York County Chapter, continues: "The house and grounds are beautiful; the spirit of the place healing to mind and body. The nurses love it and are proud of it. One and all who need the care and comfort that the home provides are made to feel "You are welcome—you are most welcome to our house."

Over 320 nurses took advantage of that welcome in the first year, 261 from New York City and the others from eight different States. Of the number, 43 were students, including some from foreign countries whose impression of the United States must be colored by charming memories of this lovely home. Applications from nurses may be made either to Miss Alta Elizabeth Dines, A. I. C. P., 105 East 22nd Street, New York, or to Miss Florence M. Johnson, New York County Chapter, American Red Cross, 598 Madison Avenue. It should be remembered that the Babylon Home is for convalescent or tired nurses, and not for those confined to their rooms, who require nursing service.

OUR COMMITTEES

The past accomplishments of the Nurses' Alumnae Association of the University of Maryland Hospital have been so manifestly helpful and worthy of praise that in reviewing them we find they inspire us to give our best toward the development of those ideals upon which our association is founded. A few of these established activities include the annual banquet to the graduating class, welcoming them into the ranks of the profession and into our association; the scholarship to the graduate of highest scholastic rank in her class, helping her to further equip herself to make the most of her talents; the fund for sick nurses, which provides for the sick nurse some degree of independence while her earning capacity is impaired; and other helpful plans too numerous to mention.

It has been suggested to some of us that we might extend our good wishes in some other ways to the association members, and also to the nurses who are in training, preparing to take their places among us after their "term of apprenticeship" is over.

To this end the association has voted to add several new committees to the established standing committees.

The standing committees now functioning and their chairmen are the following:

Membership Committee: MISS HELEN GORDY, Chairman. Wouldn't it be something to "crow" about, if every graduate of our school felt that she needs us as much as we need her,—and anxious to give what she could in encouragement and help, would keep in touch with those with whom she trained, those who went before her, and those who are coming after her, by making membership in the Alumnae Association a primary duty to fulfill?

Program Committee: Mrs. Cora Mason Wilson, Chairman. Only those who attend the meetings regularly can keep up with what this committee is doing. And, of course, they do their best when the attendance is largest. Suggestions to this committee will be gratefully received and graciously considered.

Nominating Committee: MISS HELEN B. McSherry,* Chairman. There is one regrettable feature about this committee—it functions only once yearly.

Publication Committee: MISS BLANCHE L. MARTIN, Chairman. The popularity of this committee is testified to by the eagerness with which we look for the BULLETIN each year. All items of interest regarding graduates of the Training School, changes of address, etc., should be given over to this committee for publication.

Directory Committee: MISS KATHERINE ZEPP, Chairman. This very important committee is probably of greatest interest to the member doing private duty nursing. It is well for these nurses to know the members of this committee, and to give the committee an opportunity to know them.

Clipping Bureau Committee: MISS ELIZABETH L. MARSH, Chairman. This is one of our new committees. Everyone realizes how little time a busy nurse has for reading. Most nurses also realize that there are many books, magazines and newspaper articles that she should read and know about. This committee has been appointed to find these books, magazines and newspaper articles, and bring them to the attention of the nurses at the regular meetings, giving short reviews whenever possible. Anyone finding such articles of interest to nurses will receive the grateful appreciation of this committee if they will bring them to the attention of the committee members.

Fellowship Committee: MISS ZORA TILLETT, Chairman. Another new committee, appointed, as the name applies, to promote fellowship in the association. This committee will visit sick nurses, will extend our sympathies to the nurse who has suffered some bereavement, and will when Fortune favors, extend our felicitations to our members who marry. Obviously, it is important that each member consider her responsibility in reporting to this committee all these occasions upon which it may officiate.

^{*} Deceased.

"Big Sister" Committee: Mrs. Lenora A. Cecil, Chairman. Do you remember your first day in the Training School? Does the nurse from out-of-town remember her first Sunday in a strange city? Do you remember the difficulties encountered in the readjustments effected during your probation period? Of course you do! The "Big Sister" Committee will work out plans by which each active member of the association may act as a "Big Sister" to the new nurse entering the Training School, helping and encouraging her throughout her training. Some of the things we "Big Sisters" can do will be to take our "Little Sister" out to lunch, a "movie" or the theater occasionally; see that she becomes affiliated with a church of her faith, and entertain her in our homes sometime, so that she may not lose her touch with home life. While doing these things, let us give her something of the spirit of our profession and of our association. Then, let us hope that when she graduates, each "Little Sister" will already feel that she is one of us and that each class will join us one hundred per cent strong!

Here's to the success of "Our Committees!"

GENERAL INFORMATION

SCHOLARSHIPS AND LOAN FUNDS

1. Isabel Hampton Robb Memorial Fund

Through the Isabel Hampton Robb Memorial Fund, scholarships are annually available for those entering the training school field. Application should be made to Miss Katherin DeWitt, Secretary of Isabel Hampton Robb Memorial Committee, 19 West Main Street, Rochester, N. Y.

2. The American Red Cross

The American Red Cross gives a number of general nursing scholarships, also restricted to those who are willing to enter the Public Health Nursing of the Red Cross. Further information may be obtained from the Director of the Department of Nursing, The American Red Cross, Washington, D. C.

3. The LaVerne Noyes Scholarship

A number of scholarships are offered by the estate of LaVerne Noyes. These scholarships are available for nurses who, having served in the army and navy in the last war, who have been honorably discharged and who are in need of this assistance. Further information may be obtained from the Trustees of the LaVerne Foundation, University of Chicago, Chicago, Ill.

4. The Isabel McIsaac Loan Fund

The Isabel McIsaac Loan Fund also offers a few limited loans to students interested in the more advanced fields of nursing. Application should be made to Katherin DeWitt, 19 West Main Street, Rochester, N. Y.

5. The Nurses' Alumnae Association Scholarship of the University of Maryland

A scholarship is given by the Nurses' Alumnae of the University of Maryland for the six weeks summer course at Columbia University to the nurse who wins the first honors in her class during the three years of training.

6. School of Practical Arts

The announcement of the School of Practical Arts, the School of Education, or the Summer Session, will be sent on application to the Secretary of Teachers' College, Columbia University, New York.

Application for admission as students of Nursing Education should be addressed to the Office of Nursing Education, Teachers' College, Columbia University, New York City.

PRIVATE DUTY NURSING AS A FINE ART

By Gertrude T. Cole, R.N., 1909

I feel that we who follow in the footsteps of the beloved Florence Nightingale cannot too often nor too lingeringly dwell upon the deeply thoughtful and very beautiful sentences in which she sums up the ideal attitude toward the nursing profession. I quote them from the 1921 issue of our Bulletin, a copy of which I keep always within reach:

Nursing is an art; and, if it is to be an art, requires as exclusive a devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or cold marble compared with having to do with the living body—the temple of God's spirit? It is one of the Fine Arts; I had almost said, the finest of the Fine Arts.

There is no such thing as amateur art; there is no such thing as amateur nursing.

Those of us who have been so fortunate as to find and fulfill our vocation, whether as painter, sculptor, or nurse, can as a rule look back through the years to the first childish stirrings of ambition. For myself, these came at the age of eleven, when I found in our Sunday-School library "The Life and Works of Florence Nightingale." I read the two volumes again and again, with avid fascination; my own future seemed to unroll before my eyes, and from that time I never swerved from my purpose to emulate, however falteringly, my adored heroine.

It is because of those who fostered my own early ambitions and plans—the dear and understanding mother, and the noble teachers under whom I received my training, Miss Mary Cary Packard, Miss Sarah F. Martin, and Miss Nettie L. Flanagan, that I wish to talk a little of what we, as Alumnae, may in our turn do to encourage those who are following us as we have followed the generations of good women who have handed on the torch bequeathed by Florence Nightingale.

When an artist has mastered his tools, whether they be palette and brush, mallet and chisel, or clinical thermometer and bandage—nothing can daunt, and no obstacle affright. The canvas will be painted, the statue carved, the sick helped and healed with loving skill, though the skies fall. But without careful and conscientious teaching in the rudiments of the profession, no

aspirant could succeed; without the great examples of such artists as Raphael, Michelangelo, Florence Nightingale, there would be no lofty ideals for inspiration and attainment.

The first requisite in any profession, as we all know, is love of the work itself. We have all found, too, that love brings in its train many trials as well as joys, much sacrifice as well as gain; and it is far less easy for a nurse to keep her love for her profession clear and bright, than for a painter or a sculptor.

When a picture is completed, it remains a beautiful embodiment of the painter's thought; when a statue is finished, generations may admire its immobile loveliness; but these "living bodies —the temples of God's spirit"—? Perhaps only private duty nurses, who spend seemingly endless days, and wearisome night vigils, in cherishing and healing these bodies, know how flickering, how weak, the in-dwelling spirits may be, and how much patience toward the individual, how much love for the work, it requires to bear with these unsteady lights, so often revealed in querulous and complaining voices. Further, these bodies finally rise and go their way, when all the skilful care and time and patience have brought them to the needful perfection; sometimes they go with no thought of appreciation of the artists who toiled over them; more often, I find, renewed strength has given fresh life to the spirit also, and not only appreciation, but lifelong love and friendship make the nurse feel that perhaps, after all, no painter nor sculptor can find more joy than she in work accomplished. For the picture cannot speak, nor the statue express its affection, no matter how beautiful it may be.

These are the things the student-artists need to be told, this is the way in which we may pass on the torch. Let the coming generations realize, from our example, that love for the work is the first essential; that careful training, strengthening discipline, are the tools we all have mastered; that fostering care and interest will be their portion from those of us who trod the same path; and that the greater the obstacles, the greater the joy in overcoming them; the finer the work, the more complete the success.

Artists in truth, we can, at each year's end, walk through the halls of Memory, galleries whose walls are adorned with living, smiling pictures, fashioned by our own hands and hearts, in toilsome, loving service.

Florence Nightingale's words are a prophecy and a torch; nursing is indeed an art, and to those who enter upon it as a true vocation, it is the "finest of the Fine Arts!"

PRIVATE LIFE OR PRIVATE DUTY FOR THE R.N.

Some families think of the ministering angel in a starched white dress and cap. To others that immaculate exterior suggests only a bill-collector in nurse's clothing. What anyone thinks of a trained nurse in general is likely to narrow down to the description of the particular ones he has known. But at least on the lay side of the fence there is one general fault found with trained nurses: they cost too much.

Around that central complaint are grouped a number of minor ones: trained nurses are so toplofty that they won't help with the housework; they insist upon going home at night, which means that you have to have two of the expensive creatures to spell the clock around, and so on. Some doctors grumble in much this same way, and add their opinion of nurses who won't take certain kinds of cases, such as contagious disease or baby cases. Others who have tried to get help in an emergency and failed, believe that there is a serious shortage of trained nurses who will take "private duty." Apparently something is wrong with the trained nurse picture, but what?

The Eric County (New York) Medical Society made a diagnosis last spring which was circulated widely in New York State. Briefly put, it ran something this way: There is a shortage of nurses. Many nurses refuse to accept cases in private homes. The twelve-hour day works great financial hardship on the sick public. In fact it "makes it almost prohibitive for people of small means to accept parenthood, and so constitutes a serious menace to the birthrate among the very class in which a high birthrate is most desirable. There is an increasing tendency of nurses to take on the functions of a doctor. The underlying causes of conditions there criticized were said to be the increasingly large number of women drawn in special lines of work other than bedside care of the sick, such as industrial dispensaries. public health nursing, institutional positions, and so on; the emphasis in present systems of training on "the larger sphere of the professional woman" since "such aspirations on the part of nurses seem to result in a diminished enthusiasm for the performance of the real function of a nurse, viz., earing for the comfort of her patient and executing the orders of the physician;" the present expanding curriculum which serves "to educate nurses beyond the point of practical usefulness in their actual work;" the high requirements as to preliminary education of a pupil nurse which makes for dissatisfaction with the financial returns on the investment of time and money to secure such training, and debars many young women "of high character and ability such as formerly chose nursing as a calling from sheer love of the work," thus serving to create shortage of women in the nursing ranks.

Unhesitatingly the committee which was reporting to the county society recommended that the requirements of applicants for training be reduced to include only a grammar school education, with emphasis on the character, ability and enthusiasm of the applicant: that the training school curriculum be modified by leaving out sufficient of the theoretical instruction so that the course for the degree of R.N. could be completed in two years instead of three; and that two classes of nurses be created to represent the two-year and a more advanced three-year course respectively. In brief the Erie County Doctors said that there is a shortage of nurses because we demand more education than is needed on the job. The amount of education which we demand hampers rather than helps the making of a good nurse. Remedy: demand less. The nurses, who had not been consulted in this solution of their problem, felt that it was too simple to be quite The President of the New York State League of Nursing Education, Elizabeth C. Burgess, R.N., wrote a letter to the State Medical Society before which the Erie County report was presented, pointing out that it is perfectly possible under the New York State law for any training school to offer a two-year course, and that the legal prerequisite for nurse training is only one year of high school. Where it is higher it is by rule of the hospital itself, which could be modified at the hospital's will. As a matter of fact it is the best hospitals with the highest requirements which have the least difficulty in getting recruits for training, and their graduates are in constant demand. is evident," wrote Miss Burgess, "that changing economic conditions and the opening up of many new and attractive opportunities for women in other fields have a direct bearing on the

whole situation. There is no way of compelling young women of the present day to go into nursing or to remain in it, if we cannot assure them of the conditions necessary to a reasonably wholesome, happy and satisfying life."

In the meantime the doctors in Brooklyn have begun to talk about "the nurse situation." After reading the Erie County report the Kings County Medical Society set out to do a study of their own. They borrowed an actual nurse from the Committee on Dispensary Development, Janet Geister, R.N., to act as Secretary of their committee, and they invited doctors, private duty nurses and representatives of visiting nurse associations, hospitals, and even patients, to come to express their opinions.

The picture they pieced together was distinctly less simple than that drawn by their Erie Country confrères. They found that physicians believed that nursing service offered today often does not compare favorably with that of the past in quality and spirit. At the same time its cost has risen greatly, and it is difficult to find nurses to take types of cases in which the hours or the duties are disagreeable. They felt that there was some truth in the feeling that too much emphasis had been laid in training on the medical and theoretical aspects—with a resulting loss in "basic technical training." In New York State the difficulties of the hospitals in regard to their nursing staff are increased by the State Act which allows only graduates of schools approved by the New York State Board of Regents to practice in this State as registered nurses. It is difficult to get students to train as nurses. However, the directors of the schools which demand higher entrance requirements reported less trouble in this respect than did the others, and a lower percentage of students who withdrew during the training course. It is the hospital administrators themselves who favor the three-year training course, since they rely on the training school to solve part of their own labor problem, and the longer the apprenticeship, the longer the period of skilled service which comes as their recompense after a nurse has had enough instruction to make her useful.

When it came to discussing the best age at which to take nurses into training, the statements of the directors brought out interesting sidelights:

The young woman of eighteen or nineteen is not so responsive

to the restricted hours, the discipline, the intensive trainings, as is the woman in her early twenties. She does not accept responsibility as well. Yet, if, after leaving school at eighteen, the young woman passes two or three years in business, the restrictions of (nursing) training temper up her desire for this form of service. During the war, of course, this was not true, but ordinarily the business or professional girl is not attracted to nurses' training.

One director of a training school said that a woman of from 25 to 35 made the ideal material, "though not after she had been in business. The applicant of this age who trains best comes directly from the home."

Now if nursing is to hold its own as one of the important professions for women, it must be able, as Miss Burgess pointed out, to offer the conditions necessary to a reasonably wholesome, happy and satisfying life. It must be able to compete with other vocations for women. If a girl who has tried business finds the prospect of training and of nursing service unattractive, should not these conditions be re-examined impartially from the vocational point of view?

Suppose that a Wall Street lawyer were to advertise for a secretary:

Wanted, young woman skilled in handling legal correspondence and familiar with its terminology, to work from 7 a.m. to 7 p.m., seven days a week, two hours off each day, for an indefinite period which may be three days or three months, during which she may not resign. Salary \$6 a day.

It is not likely that his office would be crowded with applicants the next morning. Yet if that hypothetical gentlemen's wife were to fall ill with pneumonia, he probably would be quite indignant at having a registered nurse pause before accepting the case to ask if there would be someone to relieve her so that she might have her two hours off each day, or to ask about the domestic arrangements of the household. That would be an emergency—no time then to haggle over details.

What almost always is an emergency on the side of the patient looks very different to the nurse whose life is just one patient after another. And these are some of the conditions which must be faced by any woman who plans to enter private duty nursing as a profession:

A job which lasts from seven to seven, day or night, with two hours off if something does not prevent. Add to the twelve hours the time spent traveling between home and the case.

A job which pays as much the day after you leave training as it ever will.

A job which offers little change of companionship and coöperation of your professional associates, or of the advantages in education, morale and protection which come through sharing in a working organization.

A seasonal trade—which is likely to mean continuous weeks of work during the busy season, with no Sundays or holidays off, and then an enforced vacation, without pay, at another time of the year. No paid vacations, and no sick leave, except at your own expense.

No opportunity to leave a piece of work, if it proved distasteful, without violating your professional code, and, at the same time, no assurance as to the length of time which any particular case may last.

A short and unpensioned working life. "It is only the unusual nurse," says the Brooklyn report, "who is useful after fifty years of age—an age when the physician finds himself rendering his best service. The intensive and convincing nature of her work with its lack of opportunities for normal development tends to curtail the career of the private duty nurse at an age when her experience should be of greatest value to the community."

The private duty nurses who came before the Brooklyn committee talked about these drawbacks and many others. Frequently, they felt that their time as nurses was wasted. They often must remain on cases where their duties call more for companionship than skilled care. "This not only makes for monotony, but is extremely demoralizing—the ambitious nurse reacts from it, while the mediocre one frequently succumbs to it." Or they must spend twelve hours or twenty-four hours a day on a case in which the actual nursing care could be performed in three or four hours. Or they sometimes are retained as a mark of social distinction—a kind of modern and hygienic counterpart of the liveried footman who used to ride on the seat of opulent carriages.

By contrast there are the newer forms of nursing organization, such as public health nursing, visiting nurse service, industrial

service and the like. "While these other fields sometimes offer less financial remuneration they are attractive because of definitely planned actual nursing work, of the protection that comes through organization and of the supervision that broadens the usefulness of the nurse to the patient." And beyond these purely professional points, are the very justifiable considerations of steady work, with a steady income; of definite hours, with a chance to breakfast and dine at home and a day and a half a week clear for rest and recreation, and some of those other simple elements of a happy and satisfying life.

While opinions about nurses have been flying thick and fast, there has been little direct statement from the nurses themselves. By the very nature of their work—scattered, isolated—trained nurses are a hard group to get together, and no one has ever had much exact information as to the conditions in actual practice. When doctors and patients have complained that nurses charged too much, and so on, and so on, there has been no material to weigh a comeback.

So this fall two districts of the New York State Nurses' Association set out to discover some of the salient features of a nurse's life. They sent out letters to nurses in New York City and in Buffalo, with questionnaires headed Your Money and Your Life which asked more than the proverbial twenty questions as to the number of days worked, the hours, the pay, cases refused, the source of the call (doctor, friend, commercial or official registry). the time spent in traveling from home to case, and a number of personal questions as to the way the nurse lived, how much she spent for rent, and whether or not she intended to continue in private duty nursing. All information was to be on the basis of the preceding week in September. The Buffalo group returned 104 filled out questionnaires; the New York, 258. Of course, deductions from the answers of so small a group may be not at all representative of nurses in general, or even in the cities in question. But it is planned to expand this method of enquiry to include much larger groups, and to repeat it at intervals of three months, so as to cover the widely different conditions at different times of the year.

In the meantime the results of these preliminary studies are suggestive of the outlines of the problem. The "composite" nurse in each city worked a twelve-hour day; in each case she

spent a little more than an hour a day in travel, though that amount varied from two minutes to more than three hours in individual cases. In Buffalo nurses averaged just under five days' work during the week studied; in New York, five and a half days work; that average meant that about half worked a straight seven days, while a considerable number in each group did not work at all, and others were busy only two or three days of the week. The prevailing rate of pay was \$5 a day in Buffalo; \$6 a day in New York. That meant an average income of \$29.38 a week up-state, and of \$33.29 in New York. Balance against this an average monthly room rent of \$25 in Buffalo and of \$40 in New York. The item of laundry which is so important in a nurse's budget was not included here but will be a part of the next questionnaire.

Put in terms of an imaginary Miss Smith, this would mean getting up at six, in order to dress and get to the patient's home at seven. At seven she was free again—with another half hour in street car or subway ahead of her. This she might do two days in the week or seven. And if the average of these small groups meant anything, after she had paid room rent, she had about \$100 a month for clothing, laundry, feed when she did not get it at her patient's home, carfare and so on, and for saving for vacations or against a rainy day of illness or unemployment and old age. The actual rate of pay per hour worked in New York City ranged from twenty-five cents to a dollar. An overhwhelming majority charged fifty cents an hour, and the average for the whole group was forty-nine cents. This is about the rate current in that city for a competent laundress or cleaning woman by the day. It does not seem an inordinate reward for a person who has had three years of professional training.

Even more disquieting was the answer to question 16. Not quite half of the Buffalo nurses feel sure that they want to stay in private duty nursing; 39 per cent are sure that they want to leave it, and 14 per cent are undecided. In New York 33 per cent voted to go, 8 per cent were undecided, and 59 per cent answered "stay." Moreover, the numbers who said they wanted to leave this kind of work were much larger among the recent graduates than the older; frequently the reason for staying was "too old to do anything else."

And the reasons for going? At the head of the list in both

cases stood "hours too long;" following that came "monthly income too small," "irregular employment," no opportunity for recreation, the work too tiring or too confining. Four of the New York nurses added "It is unpleasant to be idle while on duty."

At present there are about 100,000 graduate nurses in private duty in this country as opposed to 10,000 in public health nursing, industrial work and the allied branches. Yet if this sample of opinion in two small groups of private duty nurses is at all representative of their kind, the shift from the one to the other is to be anticipated.

And it must be recognized that such a shift will be at bottom not a criticism of nursing itself. A visiting nurse, or a nurse in an industrial clinic, is likely to put in during her shorter working day many times the actual amount of nursing service administered by a nurse in private duty in her twelve hour period. It is rather a reflection of dissatisfaction with the conditions of private duty nursing as it has been developed, and of the increasing opportunities for choice, which makes it possible for a woman who loves nursing to look about and pick her field.

While this picture of the life of a private duty nurse is far from rosy, it is hardly darker than the problem which confronts the independent middle-class when they need expert care in sickness. In its report at the end of three years the Cornell Pay Clinic expressed the conviction that the largest group of families in New York City had a family income of about \$2,500 a year or approximately \$50 a week. Subtract from \$50 the cost of one trained nurse at \$6 a day or two at \$12, and the balance for rent, food, medicine, physician's fees, and the lime, approaches zero, or sinks below it. When the cost of special nursing must be added to hospital charges the result is even more devastating.

On the basis of the evidence presented before it the Brooklyn committee made several suggestions for experiments which might aid in showing the way to supply adequate skilled nursing service in the community under conditions which would not suffer by comparison with the opportunities for women in other professions and in business. It is hoped that these points will be discussed in further detail in subsequent issues of *The Survey*.

A Central Registry for nurses, jointly supervised by physicians and nurses, and carrying all types of nurses on its lists, might help in solving the present situation by making it possible to divert

the most highly skilled to cases which require that type of nursing, and the less trained to cases in which the service of an attendant only is needed.

Hourly nursing for certain types of cases might be organized on the basis of visiting nurse service, and paid for at a set and self-supporting rate. (Studies have indicated that this might be \$1 or \$1.25 an hour, with a lower rate where several consecutive hours were needed.) This plan is under trial in a number of visiting nurse associations, aimed to meet the needs of people who require skilled care and are able to pay, but do not need a full time nurse. Apparently a considerable economy of skilled service could be brought about through such a plan, which would distribute nursing service according to the amount needed in each case, and not by the day. Such a plan, the Brooklyn committee felt, "would undoubtedly attract the nurse who resents the monotony and other undesirable elements of private duty, and would also bring the cost of this service more within the means of the consumer."

Group Nursing might be arranged in hospitals, so that one nurse would care for two, three or four patients at the same time, according to their needs and financial limitations.

Obviously, such a series of recommendations only outlines in the most general terms some of the set of questions which must be studied and solved. Nursing care - n important social resource. Under the existing circumstances it is becoming impossibly expensive for the largest section of the population. And, on the other hand, it apparantly is failing increasingly to offer a satisfactory way of life or an adequate money return to the women who engage in it professionally. If it is to hold its historic place and its hard-won standards—if there is to be no merely easy solution, such as poor nursing for the poor and skilled nursing for the rich—there must be impartial study, work, and coöperation on the part of nurses, doctors and public alike to adjust it to meet the changed needs of a changing order.

-The Survey.

STAFF-NURSE: OLD STYLE

The greater masters of the commonplace Rembrandt and good Sir Walter—only these Could paint her all to you: experienced ease And antique liveliness and ponderour grade; The sweet old roses of her sunken face; The depth and malice of her sly, grey eyes; The broad Scots tongue that fatters, scolds, defies; The thick Scots wit that fells you like a mace. These thirty years has she been nursing here, Some of them under Syme, her hero still. Much is she worth, and even more is made of her. Patients and students hold her very dear. The doctors love her, tease her, use her skill. They say "The Chief" himself is half-afraid of her.

-WILLIAM ERNEST HENLEY,
The Old Infirmary, Edinburgh, 1873-75.

FINLAND WARMLY WELCOMES THE NURSING PROFESSION*

By Ethel P. Clarke, Director, Training School for Nurses, Indiana University, Indianapolis, Ind.

It is difficult to write down impressions of a week that was so filled with varied delights. From the time that our boat touched the dock until we left again we were surrounded by the most gracious hospitality, organized in a marvelous way. This hospitality was extended not only by the president, Baroness Mannerheim, and the nurses, although they, of course, were the moving spirits, but by the government, the municipality, numerous organizations, and the citizens who so generously opened their homes and gave of their time and service in countless ways.

Members of the Nurses' Association of Finland wear a smart outdoor uniform of gray, and a round hat draped with a dark blue veil. Almost immediately the visiting nurses learned to look upon them as sources of help and guidance when in any difficulty, they were charming and efficient comrades, guides and general dispensers of help and information.

The congress headquarters were in the Staderhuset or state house and all round tables were held in the same building, the general sessions being held in the Nationalteatern or National Theater—fine buildings which suited the needs of the congress admirably.

THIRTY-THREE COUNTRIES REPRESENTED

Each nurse was requested to register promptly at headquarters and upon registration was given a folder that contained program, arm band with letters I.C.N. and the name of her country, a congress pin, announcements and invitations, and any other information conducive to her comfort and happiness, and all of this was done in far less time than it takes to write it. It was fascinating to observe the arm bands and note the various countries represented—1,094 nurses from thirty-three countries! Many of them wore outdoor uniforms or some significant garb, which added to the interest and color of the gathering.

^{*} The International Congress of Nurses met at Helsingfors, Finland, July 20-25.

English was the language spoken throughout the meetings and the ease with which the nurses of various nationalities used our language made us realize how far they surpass us as linguists: and when one found nurses that speak three, four or five languages the thought came that perhaps the distance between Europe and the United States of American has some real disadvantages.

The first gathering of the nurses was on Monday afternoon in the beautiful church of Saint Nicholas. A special musical service was held, a new composition by the Finnish composer, Sibelius, being given in honor of the congress, and the Bishop gave an address in English. It was impressive to see the great church thronged with nurses, representing the best in the nursing profession of the world.

SPECIAL MESSAGES FROM FOUR CONTINENTS

At the opening session on Monday night it was a thrilling sight to see the great theater filled with nurses—from Europe, from Asia, from Africa, from America and from Australia they came—each group having perhaps, some special problem in mind or some special message to bring; each having a different background but all united in their eagerness to learn what their sister nurses are doing in other lands, to exchange ideas and viewpoints, to help to raise the standard of nursing in their own land and thereby improve the health of their people. The stage was arranged with an appropriate background and on the platform were seated the officers and the speakers for each session. Many of the pioneers and leaders from our own and other countries were present and gave honor and distinction to the gathering.

Addresses of welcome were scarcely necessary for the atmosphere of Helsingfors seemed impregnated with it, yet it was delightful to hear the cordial greetings extended to us on behalf of the municipality of Helsingfors and of the medical profession and later by our president, Baroness Mannerheim. Greetings were also extended from other international women's organizations, and throughout the congress telegrams poured in from nurses and nursing organizations all over the world to remind us that they were with us in heart and spirit.

On Tuesday reports were read from the various countries. They told stories of progress, of courage, of devotion on the part of nurses, of great human need sometimes very partially met, but

no one could fail to be moved by the simple yet often heroic spirit that they manifested, and by the realization of some of the enormous difficulties that nurses are facing in some countries.

Think of China, with its millions of people, one-fourth of the world's population in which one-third of the world's babies are born, a country which the world is inclined to think of as backward, scarcely touched by Occidental progress, yet they have there one hundred registered schools, nearly two thousand students, and thirteen million pages of nursing texts have been written or translated into the Chinese tongue. South Africa passed a registration act in 1899 and a law providing for an eight-hour day for nursing students in 1917. They have a fouryear training, and at the present time there are two Sister Tutors in the Transvaal. A familiar note was struck at one of the round table sessions when Miss Alexander of South Africa emphasized the need of special training for the teacher of probationers, and expressed the opinion that teaching should be her exclusive work and that she should have no other responsibility. It showed us that our needs and our problems are similar, for just a discussion might be heard at any of our state meetings.

Poland, torn as it has been by war and revolution, is getting a school organized along excellent lines, thanks to the fine work of Helen C. Bridge, director of the Warsaw School of Nursing. Their educational requirements are high and the professional course sound; but at present it is necessary for them to proceed cautiously because as a result of the war the young women are unable to stand much mental or physical strain.

EUROPEANS REPORT PROGRESS

The reports from the various European countries were read and they all told the same story—a story of the progress of nursing education under difficulties, owing to the lack of sufficient funds to supply the various needs, such as adequate housing, teaching personnel, and teaching facilities; the lack of a sufficient number of highly trained leaders and the lack of understanding and support from many physicians; also the lack of early education among the youth of the lands. Some of these needs have been rendered more acute by the World War.

It is interesting to note that the lack of funds is emphasized in other countries as it is in the United States. The question of economic support for nursing schools, in order that work of an educational character may be carried on, is an acute one.

The round table on "Subsidiary Groups in Relation to Nursing Service" was very lively. It is evident that the question of practical nurses or attendants for the care of the sick in their homes is being discussed from widely varying viewpoints, some in favor of it and some strongly opposed to it, and that is easily understood when we consider the differences in financial remuneration for nurses in various parts of the world. Undoubtedly the American nurse is far better paid than her European sister, so that the need for a less costly service is greater with us. avenues of work are also more numerous and the demand for good nurses quite constant. An augmentation in number of those who can go into the homes to nurse is desirable and necessary. That they should be regulated by nurses is unquestioned, though all agree that it is not an easy thing to bring about. ideal method, of course, is to have them always working under supervision of nurses. Maryland seems to be handling the matter successfully; that state has the largest number registered, more than 500, though it is smaller in size than many, and they renew their registration each year so that the nurses know who and where they are.

At the meeting on Friday night representatives of five countries were formally welcomed into the International Council. A representative from Canada welcomed France; Denmark welcomed Bulgaria; the United States welcomed Poland; Great Britain welcomed the Irish Free State and Finland welcomed Cuba. The representative of each new country was given a bunch of roses, and made a fitting response. It was a stirring evening and one that will live long in the memories of those present.

Saturday evening the farewell banquet was given, a tremendous undertaking well carried out, and a brilliant group of many hundreds of nurses gathered to break bread together before they separated—many to go to the far corners of the earth. Farewells were received from representatives of the five continents and from our president and the hour was late when we reached our hotels at the end of a happy evening.

During the week all the hospitals, General Mannerheim's Child Welfare League, and other health agencies invited the

nurses to visit them, and many splendid things were seen. Delightful social affairs were planned for us—teas by the president of Finland, by the legations and by the municipality, and a boat ride to the great fortress of Sveaborg. Smaller groups were assisted in arranging for luncheons and dinners as they desired.

One of the outstanding accomplishments was the acceptance by the council of a new constitution and by-laws. It represents much previous work by the committee on revision, and hours of deliberation by the council; but it is an achievement, and will undoubtedly enable us to proceed with our affairs in a more satisfactory manner and will lead to greater development.

It was a wonderful week filled with sunshine, flowers and a great spirit of friendliness and cordiality. The nurses of Finland gave of themselves freely and without stint and the charm of it all will linger long and help us all to begin to think in truly international terms. The more we conversed and mingled with each other the more we realized the similarity of our problems and of our viewpoints. The marvelous courage with which some nurses are beating down hampering traditions and reaching towards higher and better standards in hospitals and schools of nursing, is truly inspirational. The care and patience and thoroughness with which they are working will serve as a stimulus to many and will not be the least of the benefits derived from the Helsingfors meeting.

AMERICAN NURSES' ASSOCIATION

HISTORICAL SKETCH

PRELIMINARY ORGANIZATION

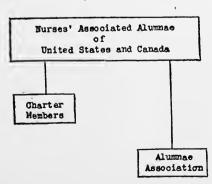
At the third annual meeting of the American Society of Superintendents of Training Schools (now the National League of Nursing Education) a paper was prepared and read by Miss Lavinia L. Dock on "A National Association for Nurses and Its Legal Organization." A Committee of Five was appointed by the chair to select seven others who should form the nucleus of a convention to prepare a constitution and by-laws, and that this committee should secure an equal number of delegates from among the oldest alumnae associations of training schools of nurses, not holding hospital positions, to participate in the plan.

Twelve representative alumnae associations were invited to send a delegate to a meeting held at Manhattan Beach on September 2, 1896.

The alumnae associations represented at this meeting were:

Massachusetts General Hospital, Boston
Presbyterian Hospital of New York
Bellevue Hospital, New York
New York Hospital, New York
New Haven Hospital, New Haven, Conn.
Orange Memorial Hospital, Orange, N. J.
Johns Hopkins Hospital, Baltimore, Md.
University of Pennsylvania Hospital, Philadelphia, Pa.
The Philadelphia Hospital, Philadelphia, Pa.
The Brooklyn City Hospital, Brooklyn, N. Y.
The Illinois Training School, Chicago, Ill.
The Farrand Training School, Detroit, Mich.

1897-1901



NURSES' ASSOCIATED ALUMNAE

The Association was named the Nurses' Associated Alumnae of the United States and Canada, as representatives from Canadian Training Schools were invited to become members.

Mrs. Hunter Robb was the first president.

In 1901 the association became incorporated under the laws of the State of New York, when it was necessary to eliminate our Canadian sisters from membership on account of the law prohibiting members from another country.

Aside from alumnae associations, beginning in 1901, different organizations of nurses came into existence, such as city, county and state, and increased rapidly in numbers.

From 1897 until 1918 meetings were held annually in seventeen different cities. Biennial meetings have been held since 1918.

INTERSTATE SECRETARY

In 1906 the office of an interstate secretary was created to take charge of the correspondence in connection with states, and assist in organizing state associations. Miss Sly was appointed to do this work by correspondence, and by 1911 the need for someone in the field arose, and Miss Isabel McIsaac consented to accept this position for a limited period. For lack of funds this could not be continued, and it was not until 1917 that the American Nurses' Association, in coöperation with the National League of Nursing Education and the American Journal of Nursing, appropriated sufficient funds to pay the salary of an interstate secretary, and Miss Adda Eldredge was appointed in October, 1917, and served until the end of December, 1919.

PURPOSE OF THE ASSOCIATION

The purposes of the 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.

PLATFORM

1. The American Nurses' Association is, through its organization, the basis upon which all other organizations build their specialties.

2. Through enactment of laws the practice of nursing has been regulated through which the public is guaranteed better nursing service, both in disease prevention and in the care of the sick.

3. Through its membership, and its relation to the American Red Cross, a reserve of nurses is maintained for service in time of great national or international emergencies, such as war, epidemics and disaster.

MEMBERSHIP

Originally, the basis of membership was by alumnae associations, but since 1916 is by State Associations of nurses.

Beginning with approximately 2,000 individuals, the present membership includes:

48 State Associations of Nurses

The District of Columbia Graduate Nurses' Association

The Territory of Hawaii

The Territory of Porto Rico

The Freedman's Alumnae Association

The Army School of Nursing Alumnae Association

making a total of 50,605 individuals.

Before the National Organization for Public Health Nursing came into existence, different branches of nursing were stimulated through committees on Almshouse Nursing, Tuberculosis Nursing, Mental Hygiene Nursing, Infant Welfare and Public Health in general. These committees were absorbed by the National Organization for Public Health Nursing when it was organized, with the exception of the Committee on Mental Hygiene, which is now a section of the American Nurses' Association.

ASSOCIATIONS AFFILIATED

The National League of Nursing Education and the National Organization for Public Health Nursing are affiliated through representation on the Board of Directors by their respective presidents.

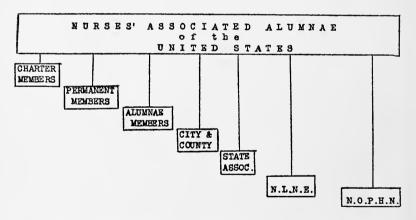
AMERICAN NURSES' ASSOCIATION AFFILIATIONS

The American Nurses' Association is affiliated with:

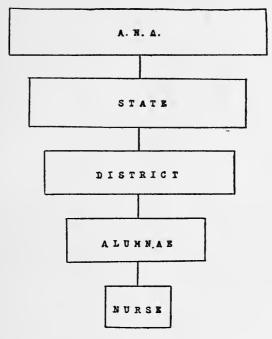
International Council of Nurses General Federation of Women's Clubs American Child Health Association National Tuberculosis Association American Conference on Hospital Service Women's Joint Congressional Committee National Council of Women

CHANGE OF NAME

At the annual meeting in 1909, it was concluded that the name of the organization would necessarily have to be changed because of the different types of organizations belonging to it, and in 1911 the name was changed to the "American Nurses' Association," and the following diagram indicates the accumulation of membership and the need of readjustment:



The above diagram also illustrates the duplication of dues by the individual, also the duplication of representation to the annual meetings. A committee was appointed to make a study of the association to determine how it might be simplified, and in 1916 the Committee on Reorganization presented the following plan to the delegates in session, which was adopted, but it was not until 1922 that the work of reorganization was complete with the State Associations.



Through this plan of organization individual nurses became members of the American Nurses' Association in the following manner:

- (a) An individual nurse being a member of her alumnae and residing in the place where her alumnae is located becomes a member of the American Nurses' Association through the District and State Associations.
- (b) If, on the other hand, she is not living in the place where her alumnae is located, she is considered a non-resident of her alumnae, paying whatever dues are required and makes application for membership in the District Association within the state where she is residing, thus going through the district.

SECTIONS

Within the American Nurses' Association there are four sections, namely:

Private Duty Section which was created in 1916.

Mental Hygiene Section which is the outcome of the Committee on Mental Hygiene. Legislative Section which is the outcome of the Legislative Committee. Government Nursing Service Section which was created in 1922.

PUBLICATIONS

The American Journal of Nursing is owned by the American Nurses' Association and published for the Association by the American Journal of Nursing Company.

The original stockholders were individual nurses, mostly superintendents of schools of nursing and alumnae associations. These individuals and representatives from the alumnae associations holding stock became incorporated April 20, 1902, as a stock company, and the J. B. Lippincott Company of Philadelphia published the magazine. The first issue of the Journal appeared October 1, 1900, and the editor was Miss Sophia F. Palmer who retained the position until her death in 1920.

Many shares of stock were contributed by the owners, and the remainder purchased, so that, by 1915, it was possible to announce at the convention in San Francisco that all the stock was owned by the Association, and the members are represented at the annual stockholders' meeting by the Board of Directors which elects the members of the Board of Directors of the American Journal of Nursing Company which now publishes the magazine.

A list of schools of nursing accredited by the State Boards of Nurse Examiners is published every two years. The price of this pamphlet varied according to the fluctuation in the cost of printing.

A Digest of the Laws of the States requiring registration for nurses and attendants, compiled by Mrs. Lucile McCarthy, Librarian of the Wisconsin Legislative Reference Library, was published in 1924 for the first time by the Association.

ACTIVITIES

The Association has from time to time conducted campaigns to raise funds for different purposes, such as:

Department of Nursing and Health, Teachers' College, Columbia University, New York, New York.

Robb Memorial Fund, which allows four or five scholarships a year (see current number of American Journal of Nursing for amount).

Nurses' Relief Fund (see current number of American Journal of Nursing for the amount).

McIsaac Loan Fund (see current number of American Journal of Nursing for the amount).

Memorial to American Nurses erected in the form of a home for nurses in connection with the Florence Nightingale School for Nurses, Bordeaux, France, \$50.992.10.

Jane A. Delano Memorial Fund, for the purpose of establishing some form of a memorial to Jane A. Delano, who organized the Red Cross Nursing Service, which supplied the Army and Navy Nurse Corps with over 20,000 nurses for overseas duty during the World War.

Without any solicitation whatever, \$739.75 was contributed to the relief for nurses in Russia; also contributions were received for the German Nurses at the time of the depreciation of the German Mark.

Contributions of \$179.00 for the Restoration of the Louvain Library have also been made.

CONTRIBUTIONS TO THE PUBLIC

Probably the greatest contribution which has been made to public through the National Association is the legislative work in 48 states, which now have laws of registration for nurses in order to protect the public from people who are not capable of nursing the sick, but who are demanding high rates for their services.

HEADQUARTERS

The first reference in the history of the Headquarters office of the American Nurses' Association occurs in the report made at the 1914 convention held at St. Louis, Missouri, which submitted the following recommendations:

- (a) There should be a central place for the meeting of the officers of the three national nursing organizations.
- (b) That it would form a central place for the custodial care of valuable papers, seals, etc., of the three national nursing organizations.
- (c) That it would form a central place for the accumulation of information, both national and international.
- (d) That it would be a central place for the distribution of such information as might be required by individuals concerning nursing.
- (e) That it would form a central place for the headquarters of an interstate secretary and other nursing activities which might develop.

It was not until January 17th, 1919, that a joint committee on national headquarters was appointed, and at the same time a statement was sent to the State Associations relative to establishing permanent headquarters.

In the meantime, the committee in coöperation with the American Red Cross conducted a bureau which acted in an advisory capacity to nurses returning from overseas and desiring assistance in becoming readjusted to civilian life. They were also assisted to secure special training to fit themselves for new fields of work.

These activities were located in the office of the Atlantic Division of the American Red Cross until September 1, 1920, then moved to 156 Fifth Avenue, New York, as the Headquarters of the American Nurses' Association and the National League of Nursing Education.

The American Red Cross continued to finance the Headquarters activities of the American Nurses' Association and the National League of Nursing Education until July 1, 1921. Then it was turned over to these associations together with all the office equipment.

The Headquarters of the American Nurses' Association and the National League of Nursing Education was conducted jointly by these two Associations with a Director and such clerical assistance as was necessary until December 31, 1922.

Following the increase of the dues of the State Associations from fifteen cents to fifty cents per capita made it possible for the A. N. A. to employ a full time person, together with an office secretary and stenographer. At the same time the National League of Nursing Education found it possible to employ a full time person to carry on its work.

On January 1, 1923, the Secretary of the American Nurses' Association was assigned as the representative of the Board of Directors at the Headquarters office to make such adjustment as was necessary in separating the activities of the American Nurses' Association and the National League of Nursing Education.

The original aims for the conduct of the Headquarters office have followed much of the same lines as those presented by the original committee, namely:

1. To make Headquarters a source of information regarding nursing activities, both national and international, available for anyone desiring such information; and to make of it a clearing house for information relative to all organizations which are associated with the A. N. A.

- 2. To assist State Associations in their problems of developing the activities of local organizations, such as legislation, central registries for nurses, publicity, etc.
- 3. To assemble the information and the material accumulated by the various committees of the Association and to assume the custodial care of its property.
- 4. To assume such clerical work as may be assigned by the officers of the Association and by various committees.
 - 5. To develop a Speakers' Bureau.
- 6. Material which is intended to form sources of future information relative to the policies of the American Nurses' Association is being assembled and may be found in the bound copies of the minutes of the meetings of the Board of Directors of the Association, of the Advisory Council, the Headquarters Committee, the Common Activities Committee, the Relief Funds Committees, etc. From this material the various states may receive assistance and guidance in the development of headquarters for their respective state and local associations.

For general information the following current magazines and bulletins are being assembled: American Journal of Nursing, Public Health Nurse, The British Journal of Nursing, Bulletin of International Council of Nurses, American Child Health Magazine, Bulletin of the National Tuberculosis Association, Bulletin of the League of Red Cross Societies, Survey, Better Times Magazine, Bulletin of the National Health Council. Through the courtesy of the National Health Council, the library of that organization is available for use as desired by the members of the American Nurses' Association.

The staff at the Headquarters office at the present time consists of:

Director
2 Field Secretaries
Publicity Secretary

Bookkeeper Office Secretary Stenographer

This staff occupies three rooms, with sufficient desk space in the general office for the stenographer. This general space is shared by the National League of Nursing Education and the National Organization for Public Health Nursing, and it provides space for the files used by the A. N. A. Another room, leased by the A. N. A., is being sublet to the American Journal of Nursing.

PLAN FOR ACTIVITIES AT A. N. A. HEADQUARTERS

Personnel	Office	Director Publicity Secretary Bookkeeper Office Secretary Stenographer Extension Secretaries (num-
	Field	ber to be determined as
	Assist in development of Unit Association	needed) Prepare plans to submitted to Alumnae Associations through State Presidents Prepare plans for reaching potential members (students) through education leaflet regarding A. N. A. organization and value, in form of lecture outline for Supt. to present to student body
		Coöperate with nurses registries, Army, Navy, U. S. P. H. S., U. S. V. B. Nursing Services
Extension	Assist in development of Alumnae Association ac- tivities	With knowledge and coöpera- tion of State Presidents, prepare skeleton programs to be sent to Alumnae Associations to District As- sociations
	Assist in development of system of follow-up	Prepare outlines for speeches on A. N. A. history, de- velopment and aims
		Obtain from State, Districts and Alumnae Associations outlines of local successful measures used to hold mem- bership and to develop membership
		Pass such information on to other Alumnae, District and State Association for use, if desired
		Encourage and help Alumnae Associations to study and develop knowledge of Par- liamentary Law

Coöperate	with	Α.	N.	Α.
Secretar	y			

Copy and distribute minutes of Boards, Joint Meetings and advisory Council. Distribute copies of Digest of minutes to those entitled to them

Arrange for printing and distribution of stationery to all Committees and Sections

Coöperate with A. N. A. Treasurer

Mail notices of meetings as instructed by Secretary or Chairmen of Committees and such other duties as may be designated by the Secretary

Cooperate with Publication Committee which prepares questionnaire for Accredited List Carry on all mechanical work of Treasurer of Association Tabulate information obtained from questionnaires

Coöperate with Publication Committee which prepares questionnaire for Digest of Laws Revise at stated intervals
List of Schools accredited
by State Boards of Examiners

Coöperate with Private
Duty Secretary

Tabulate information obtained from questionnaires Revise at stated intervals Digest of Laws governing

Duty Secretary

the registration of nurses
Give all requested clerical
assistance. Furnish binder
for all section correspondence which will remain
property of A. N. A. Review
correspondence of retiring
Chairman of Section and

condense for future use.

Coöperate with Mental Hygiene Secretary

Same as foregoing

Coöperate with Legislative Section

Same as foregoing Help in development of Uniform Laws (may require full time Legislative Secretary)

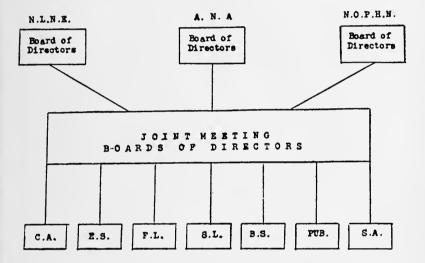
PLAN FOR ACTIVITIES AT A. N. A. HEADQUARTERS-Concluded

Coöperate with Relief Fund Committee	und Render such clerical assi tance as may be desired Provide filing facilities f Relief Fund material		
Coöperate with special committees			
Coöperate with Joint Boards of Directors	Render be de	r such services as may etermined in the Joint ions of these Boards	
Coöperate with American Journal of Nursing	Furnish Journal with all news items and publicity relative to the Association and its activities Purchase and distribute all supplies and stationery desired by A. N. A. officers and committees as authorized by Board of Directors In the recruiting of nurses for Red Cross Nursing Service, or in other ways as may be requested		
Purchasing			
Coöperate with National Committee on Red Cross Nursing Service			
(a) Extension	1044	Attending State meetings.	
(b) Knowledge of organization aims and policies	Group	Filling requests to speak at State meetings	
(c) Study of plans for holding membership		With knowledge and coöperation of State Presidents meet with District and Alumnae Asso- ciations	
(d) Development of potential leaders	Unit	Remain in communities for Conferences with State, District and Alumnae officers and with interested individuals	

After two years of careful study and observation the Headquarters Committee in conjunction with the Director proposed a program which it was thought might be helpful to the State Associations in developing their activities within their own territory.

A copy of this plan was sent to each State Association, and was presented for discussion at the meeting of the Advisory Council of the American Nurses' Association which was held May 23, 1925, in Minneapolis.

The following diagram will illustrate how the three national nursing organizations coöperate:



The Boards of Directors of the three national nursing organizations meet jointly at least once a year and discuss questions and problems which are of common interest. In these joint meetings a number of committees have originated as indicated, namely:

- C.A.—Common Activities Committee. Questions are referred to this Committee from time to time for specific investigation and to report back recommendations to the joint meeting of the three Boards.
- E.S.—Ethical Standards Committee. This committee is working with the hope that a code of ethics might be drafted which might be used as a basis in teaching ethics in the schools of nursing throughout the country.
- F.L.—Federal Legislation. This committee is composed of representatives living in Washington, D. C., and is for the purpose of watching all legislation on nursing and relating to nurses and

to keep us advised accordingly and when any necessary action is needed.

One of the members of this committee is our representative on the Women's Joint Congressional Committee which is composed of representatives from a large number of women's organizations which are interested in legislation for women and children.

This committee was appointed for the purpose of making a study of the laws governing the registration of nurses throughout the United States with the hope that some recommendations might be made upon which a model law governing the registration of nurses could be drafted.

This committee submitted a report in 1924 and you will find this in the printed copy of the proceedings of the 1924 biennial convention.

B.S.—Advisory Committee for the Bordeaux School. This committee serves in an advisory capacity to the Florence Nightingale School for Nurses at Bordeaux, France.

P.C.—Publicity Committee. This committee was originally appointed to prepare publicity material for and during biennial meetings, but in 1925 it became the Committee on Public Information which serves in an advisory capacity on all publicity.

S.A.—Self-Analysis Committee. This committee, which consists of representatives of the three national nursing organizations, was appointed for the purpose of studying our organizations, their relation to each other and to the community.

INFORMATION

The Association aims to give information pertaining to publicity to anyone on request.

ALL IN THE DAY'S WORK

The public health nurse through training and experience, is enabled to render a special service to both the individual and the community—she can aid materially in the reduction of communicable diseases, such as tuberculosis, typhoid fever, scarlet fever, diphtheria, measles, and other infectious diseases. She goes into the homes in which such diseases have developed, and under the direction of the local health officer, or at the request of the family doctor, she instructs some responsible member of the family in the proper methods of caring for the patient so as to promote a satisfactory recovery; and to prevent, as far as possible, disabling after-effects. She knows, too, the measures that must be taken to prevent the spread of the disease to others.

Closely allied to work of this sort in the homes, is the promotion of health activities in the schools. Physical defects that are not noticeable to the casual observer are often discovered by the health officer or other authorized physician in the medical inspection of the children in the schools. Correction of these defects frequently removes what might be a serious handicap, and puts the child on the highroad toward better health in adult life. The nurse usually assists in these examinations, and by consultation with the parents and teachers, she can often be of great assistance in having the defects corrected. The nurse also assists the health officer—always with the consent of the parents—in giving vaccines and serums to school children to protect them against such diseases as smallpox, diphtheria, and typhoid fever.

Instruction in personal and community hygiene, either in the class room, or by furnishing the teachers with material that can be used by them, is another important feature of the nurse's work in the schools.

Children up to seven years are the special interest of the State Bureau of Child Hygiene. The public health nurse assists in the work of the Bureau by arranging conferences for mothers; on keeping the well baby well, on the care of the pre-school child, and on the care of expectant mothers. They also visit in homes where there are new-born babies, instruct midwives, and aid in many other ways.

The educational activities of the public health nurse are vital and varied. The nurse conducts classes in the home care of the sick, and in nutrition. She organizes community health clubs, and gives talks to Parent-Teacher Associations, Rotary Clubs, and to other interested groups. She arranges health exhibits for county fairs and she is likely to be called on for help in getting up health plays for special occasions. These and many more activities are all part of the day's work of the public health nurse.

There are now forty-four nurses engaged in public health work in the counties of Maryland. Of this number, four are graduates of the University of Maryland Hospital: Miss Mary C. Fisher, '21, in Allegany County; Miss Julia Irene Kauffman, '16, lower Anne Arundel County; Miss May Stiner, '12, Cumberland; Miss Ruth H. Yingling, '18, Somerset County; Miss C. Ethel Monroe, '17, State Advisory Nurse; and Miss Julia C. Foley, '14, will be appointed at an early date. There are at present four vacancies to be filled.

C. Ethel Monroe, Advisory Nurse of the State Department of Health.

A NURSE'S PRAYER

I dedicate myself to Thee, O Lord, my God! This work I undertake Alone in Thy great name, and for Thy sake. In ministering to suffering I would learn The sympathy that in Thy heart did burn For those who on life's weary way Unto diseases divers are a prev. Take, then, mine eyes, and teach them to perceive The ablest way each sick one to relieve, Guide Thou my hands, that e'en their touch may prove The gentleness and aptness born of love. Bless Thou my feet, and while they softly tread, May faces smile on many a sufferer's bed. Touch Thou my lips, guide Thou my tongue, Give me a word in season for each one. Clothe me with patient strength all tasks to bear, Crown me with hope and love, which know no fear, And faith, that coming face to face with death Shall e'en inspire with joy the dying breath. All through the arduous day my actions guide, And through the lonely night watch by my side. So shall I wake refreshed, with strength to pray, "Work in me, through me, with me, Lord this day!"

-Anonymous.

REPORT FROM THE ANNUAL MEETING OF THE MARYLAND STATE NURSES' ASSOCIATION

By Sarah F. Martin, R.N., Secretary of the Maryland State Nurses' Association

The twenty-third annual meeting of the Maryland State Nurses' Association was held in Baltimore, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association on January 26, 27, 28, 1926. The business session of the Maryland State Nurses' Association was held in Osler Hall on Tuesday morning. The meeting was opened with prayer by Rev. Edmund H. Gibson, B.S.M.H., Rector of Trinity Church, Ten Hills, Baltimore. Elsie M. Lawler, in her address as President, urged more interest in national affairs, as we gain in membership and increase our activities in the affairs of the State Association.

At this session reports were read by the presidents of the Maryland State Board of Examiners of Nurses and of the Central Directory of Registered Nurses, Inc. Both reports showed an increase of activities, and the State Board announced that a complete official list of all Registered Nurses in Maryland had been prepared and was ready for distribution. Annie Crighton, Secretary of the Middle Atlantic Division of the American Nurses Association, gave a very full and interesting account of the Convention held in Washington in December. Sarah F. Martin, Executive Secretary, in her annual report urged that steps be taken to increase the membership of the State Association through both the alumnae and individual memberships. Reports of the standing committees were also read by the Chairmen.

The afternoon session in Osler Hall was a joint meeting of the three nursing organizations. Hon. Albert C. Ritchie, Governor of Maryland, was the speaker on this occasion and when the roll was called, just before the Governor spoke, representatives responded from a large majority of the alumnae associations and accredited schools of nursing. Probably the largest attendance in the history of the organizations was present at this session.

On Tuesday afternoon a Round Table—Problems of Administration in the Schools of Nursing—was conducted by Dorothy D. Filler, Assistant Superintendent of Nurses, Johns Hopkins Hospital. And on Wednesday morning a Round Table—Teach-

ing in the Schools of Nursing—was conducted by Hester K. Frederick, author of "Notes on Nursing Procedures." This part of the program was well attended, superintendents and instructors taking part in the discussions.

Teas were given at the Johns Hopkins Hospital and at the University Hospital on Tuesday and Wednesday and were very enjoyable affairs. At the evening session on Tuesday, members were privileged to have as speaker, Edith J. L. Clapp, who gave a message from Headquarters that was so worth while and inspiring, and with such charm of manner that all felt she had indeed shown the secret of how to make lives count for much in the different fields of service. Miss Clapp spoke to several small groups, and at Mercy Hospital she spoke to the student nurses. All felt that the Field Secretary had added much to the success of the annual meeting.

On Wednesday evening the members had as speaker, Elizabeth G. Fox, who is so well known in Maryland that her messages are always sure of being received with much attention and pleasure. On both evenings student nurses in uniform led the community singing under the direction of Agnes Zimmisch, Peabody Conservatory. The spirit of coöperation that brings these student nurses to the annual meetings means much not only to the State Association of today, but for the future.

On Wednesday afternoon a Red Cross Meeting with Clara D. Noyes as the speaker was held in the Medical Amphitheater of the Johns Hopkins Hospital. Miss Noyes was listened to very attentively as she related what the Red Cross nurses were doing in so many fields of service, and as she urged an increase of interest and membership of the Maryland nurses. Helen M. Erskine spoke also at this meeting and received a warm welcome from her many friends. On Thursday morning nurses assembled in the amphitheater of Mercy Hospital and watched with much interest the practical demonstrations given by the nurses of Mercy and St. Agnes Hospitals under the able direction of Sister Anna and Sister Beatrice.

On Thursday afternoon the Maryland State Public Health Nurses' Association held a business session, followed by a Round Table—Public Health Nursing in Maryland—conducted by C. Ethel Monroe, Director of Nursing, State Department of Health. Well known leaders in the fields of Public Health Nursing in

Maryland discussed different phases of their work. An exhibit of treatment trays in Osler Hall, sent from different hospitals all over the State, attracted a great many nurses and was most instructive. This exhibit was assembled by Martha E. Friend, a member of the State Board of Examiners of Nurses. The State Board of Health sent several interesting exhibits. The Journal table and collection of nursing books were most helpful.

The meeting closed on Thursday night with a dinner at the Hotel Rennert. Miss Lawler presided in her own characteristic manner and introduced the speakers. Dr. W. T. Longcope of the Johns Hopkins Hospital spoke on The Nurse in the Community. Rev. Oscar T. Olson spoke on the Values of Today. Mary M. Roberts, Editor of the Journal, told many things about the Journal and pointed out that those who do not read or subscribe for it lose an opportunity for help which nothing else can give. Miss Roberts also told of the time and interest that are given by the leaders of our profession as they assemble to discuss our problems. The dinner was very enjoyable, and it seemed a very happy way to close what proved to be one of the most successful annual meetings.

Officers elected are: President, E. M. Lawler; Vice-presidents, Jane E. Nash and Jane B. Newman; Secretary, Sarah F. Martin; Treasurer, Mary I. McGann; Directors, M. Evelyn Walker, Lillian K. McDaniel.

Maryland State League of Nursing Education: President, Annie Crighton; Vice-president, Mrs. William S. Bridges; Secretary, Edna S. Calvert; Treasurer, Louise Savage; Board: Jane E. Nash, Loula Kennedy, Hester K. Frederick, and Mary C. Packard.

Maryland State Public Health Nurses' Association: President, Lillian McDaniel; Vice-presidents, Mrs. Daisy B. King and E. M. Immler; Secretary, Helen Blake; Treasurer, Ethel Gluck; Board: Jane B. Newman, M. Evelyn Walker, Frances Etchberger, C. Ethel Monroe and Florence P. Colburn.

REPORT OF THE PUBLICATION COMMITTEE

The Publication Committee desires to thank the members who have contributed articles, reports and news for this issue of our Bulletin.

We are also very glad to hear from so many of our members through letters which are most interesting.

We appreciate the generosity of those who have subscribed to our advertising space, and urge our members to patronize them whenever possible, always mentioning the Bulletin.

We hope the subscribers will be very prompt in sending our Treasurer the nominal fee of fifty cents for this copy.

BLANCHE LEE MARTIN, R.N.,

Editor.

TREASURER'S REPORT FOR 1925

GENERAL FUND

Dalance in Western Matienal Donla of Politimans December 21

Balance in Western National Bank of Baltimore, Decemb	er 31,	
1924		\$672.80
Receipts:		
Dues from Members \$	968.25	
Dues from Directory	953.55	
Advertisements and sale of Bulletin	233.88	
Dance Committee	95.50	
	253.85	
Calendars (A. N. A.)	22.00	
Banquet	17.50	
Loan to Sick Benefit Fund pd 2	231.00	
Refund from Delegate to Convention	9.70	
Total receipts		2,785.23
Disbursements:		
Registrar's Salary	00.00	
	56.89	
	00.00	
	20.50	
	74.94	
	21.50	
	81.25	
	21.88	
•	15.11	
	37.50	
0 1	22.00	
	51.82	
	50.00	
	00.00	
	31.00	
	03.20	
Total disbursements		2,587.59

Balance in Western National Bank of Baltimore, December 31, 1925	865.86
SICK BENEFIT FUND	
Balance in Eutaw Savings Bank December 31, 1924	\$1,516.26
Receipts: \$188.00 Dues from Members \$188.00 Interest on Bank Account 60.30 Interest on Loan 12.00 Total receipts Disbursements: Seven Benefits paid, \$42.00 each \$294.00 One Benefit paid 24.00 One Benefit paid 21.00	260.30
Total disbursements	339.00
Balance in Eutaw Savings Bank December 31, 1925	\$1,437.56
ENDOWMENT FUND	
December 31, 1925	\$1,144.01
Ellen C. Isreal, F Tre	R.N., rasurer.

REGULATIONS FOR THE NURSES' DIRECTORY OF THE UNIVERSITY HOSPITAL

MANAGEMENT

This Directory shall be managed by a Directory Committee composed of five members of the Alumnae Association, to be appointed every year at the Annual Meeting; Chairman of Committee to be appointed by the President—other four members appointed from the floor. This Committee must give a monthly report to the Alumnae Association.

REGISTRAR

The Registrar shall be appointed by the Alumnae Association.

REQUIREMENTS FOR MEMBERSHIP ON THE DIRECTORY

Members of the Directory must be Registered Nurses of Maryland and members of the Nurses' Alumnae Association of the University of Maryland.

DUES

Dues shall be \$15.00 annually, to be paid in advance, to Treasurer of Alumnae Association or to the Registrar. Fiscal year begins January 1st, members to be taken off Directory for non-payment of dues at end of sixty days, and to be notified of this by Chairman of Committee. Members are reinstated upon payment of dues.

In time of sickness or other unusual circumstances, time of payment may be extended at discretion of Directory Committee.

RULES

- 1. Graduates of more than two years standing are permitted to register for or against any kind of case or hospital or duty desired.
- 2. Graduates of less than two years are allowed to register against contagious, mental and obstetrical cases only.
- 3. Members "when on the list" and given call for case not registered against, are expected to respond or to go to the bottom of the list.

50 50 1813 THE UNIVERSITY HOSPITAL NURSES

4. Nurses when or call are expected to keep in close touch with

5. If a member wishes to resign from the Directory she should do so in writing to the Chairman of Committee. She may then be reinstated at any time. Any nurse who does not send in written resignation can be reinstated only on payment of all backd ues.

- 6. In cases of contagion the nurse shall be governed by the rules of the Health Department.
- 7. Any complaints either from Directory members or concerning them may be made to Chairman of Committee or to Alumnae Association at regular meeting.
 - 8. Nurses fees are regulated by the Alumnae Association.

\$6.00 per day for general cases

\$7.00 per day for obstetrical, mental, nervous, alcoholic or contagious cases

\$1.00 per day extra for each extra person

9. Members may be denied the use of the Directory at any time for not observing rules of same.

ANNUAL REPORT OF DIRECTORY, 1925

Total calls 2313 Calls filled 1299 Calls not filled 1014
Members on Directory during year
Dues collected. \$953.55 Expenses. 856.89
Balance

"To offer and to give a high grade of service to nurses, to the medical profession and to the community—this is the Registry's only reason for being."—American Journal of Nursing.

REGULATION UNIFORM FOR GRADUATE NURSES OF THE UNIVERSITY OF MARYLAND HOSPITAL

It was after the return of our nurses from overseas that such a wide spread vogue for the Red Cross Uniform was apparent. The nurses excused themselves by saying financial conditions compelled them to wear this uniform. A number of years passed and still the Red Cross uniform was worn by the majority of the nurses, or something equally far from regulation. So our Alumnae had to take a stand, telling us that we would have until July 1 to get into regulation uniform.

Many have the mistaken idea that the uniform has been greatly changed; such is not the case as will be seen by reading the following:

Uniform

May be plain white material.

Waist: Perfectly plain; boxpleat 2 inches wide; pocket $3\frac{1}{2}$ by $3\frac{1}{2}$ inches; belt of uniform material, 2 inches wide, to fasten with button instead of buckle.

Sleeves: Long.

Cuffs: $2\frac{1}{2}$ inches wide, round corners, fasten with button.

Skirt: Perfectly plain, 5 or 7 gores; plain back with seam down center, or with a very few gathers—either may be worn.

Length-7 inches from the floor.

Hem-6 inches.

Plackets in front with three (3) buttons; placket wider at bottom than at top.

Button: The uniform button is the pearl button with fish eye; all buttons same size except small sleeve placket buttons.

Collars: Bishop, or Tress—Red Cross style, to meet—plain bar pin or Alumnae Pin to be worn at collar.

Apron

Gores—three (3).

Hem-4 inches.

Belt-2 inches.

Length even with uniform skirt.

Bib-just even with shoulder,-fasten with 2 buttons.

Cuffs: Separate cuffs to be worn with a pron only. Cuffs $3\frac{1}{2}$ inches wide,—two rows hemstitching. $\frac{1}{2}$ inch space between the hemstitching.

SECRETARY'S REPORT FOR 1925

The Nurses' Alumnae Association has been very active during the past year. Meetings have been well attended, and the members have shown great interest in all matters brought up for discussion.

Miss Blanche Martin (Class of 1921) was appointed State Delegate of the Private Duty Section to the meeting of the board of directors of the Middle Atlantic Division of the A. N. A., which met in Philadelphia April 18, 1925. She was also sent as representative of the Private Duty Section of Maryland to the Convention of The Middle Atlantic Division of A. N. A. which met in Washington, December 3 and 4, 1925.

The Graduating Class was entertained at a banquet and dance given at the Emerson Hotel May 19, 1925.

The scholarship to Columbia University for six weeks was awarded to Mrs. Lucy Brude for 1925.

At the meeting in June, Mr. J. Allison Muir, a member of the Hospital Council, gave a talk on his idea of "What the Graduates Could Do Towards Bringing Pupils into the Training School, and Helping to Keep Them Happy and Contented during Their Training."

During July a campaign for funds for the Nurses' Home Addition was started. A letter was sent to every graduate of the Training School, asking for help. Many nurses from all parts of the country responded, and helped materially to swell the fund.

Miss Ethel Monroe and Miss Lillian K. McDaniel were appointed members of the Alumnae Council for 1926.

A well attended card party was given in November for the benefit of the Nurses' Home Addition, at which \$250.00 was realized.

Rates for Special Nurses were increased to \$6.00 per day for General Hospital Duty, \$7.00 per day for obstetrics, contagion and nervous cases, and \$1.00 per day for each additional patient.

During December our nurses had charge of a booth in one of the Department Stores and helped with the sale of T. B. Stamps.

Out-of-town members will be welcome at the meetings which are held on the first Tuesday of every month, at 7.30 p.m., at the Louisa Parsons Home.

Respectfully submitted,

MARION G. TURNER, R.N.

REPORT OF THE MIDDLE ATLANTIC DIVISION OF THE AMERICAN NURSES' ASSOCIATION

The first general session of the Middle Atlantic Division of the American Nurses' Association was called to order by Miss Anne L. Hansen, President, at the Washington Hotel, Washington, D. C., at 10 a.m. on December 3, 1925.

The following States answered the roll call:

New York Pennsylvania Maryland Delaware New Jersey District of Columbia

It will be interesting, I am sure, for our readers to become better acquainted with this new organization, so following this report will be found the address of the President and the reports of the various State Associations.

The session was very instructive, as subjects along every line of nursing were discussed, and those who attended the meetings went home with many new ideas and broader knowledge of the different branches of nursing in which they were interested.

The delegates from Maryland were as follows:

Miss Helen Bartlett, Maryland State Board of Examiners

Miss Charlotte Snow, Executive Board of the Maryland Association

Miss Evelyn Walker, State Public Health Nurses

Miss Anne Crighton, State League of Nursing Education

Miss Blanche Martin, Private Duty Section of Maryland

These delegates, with five from each of the States mentioned above, form the Executive Board of the Middle Atlantic Division.

The next meeting will be held in New York City during May of 1927, and I trust as many as possible from our Alumnae Association and other Alumnae Associations in the State will make a great effort to attend.

Respectfully submitted,

BLANCHE LEE MARTIN, R.N.

ADDRESS OF THE PRESIDENT 1925

It is a very great pleasure and a rare privilege to open this first meeting of the Middle Atlantic Division. The States represented have gathered from various places at the cross roads and from now on will travel on the same road of understanding and fellowship. What has brought us together? Our "Object" reads:

The object of this organization shall be to promote friendliness among the Middle Atlantic Nurses; to foster interchange of thought and educational ideals, and to bring the members into closer fellowship.

The other two divisions of the American Nurses' Association. the New England and the Northwestern, have written into their Constitutions a similar object. This shows we are actuated by a similar impulse, born of a realization that although we are a great army of nurses under our national body, we are, because of our very size, in danger of drifting into self-centered or highly specialized groups with little interest and less knowledge of each others activities. Such a course would be detrimental to us individually as nurses and as a group. No State Association under the leadership of the A. N. A. can afford, nor does any desire, to function alone. As in a large family, one often finds the children fall naturally into certain little groups, so we in this Division believe that in grouping together our States having similar problems and adjacent to each other geographically, we shall make a stronger family bond. We shall get a clearer understanding of our parent, the American Nurses' Association, as we offer opportunity for discussion of National and Headquarters problems at a closer range and in a more intimate manner than is possible at our Biennial meetings.

During the two days session the States in the Division will discover, I am sure, that all stand on common ground and have the same perplexities and ideals. Through round table conferences and interchange of experience stimulation and inspiration are born and the representatives can return home with renewed courage for distribution through the separate States.

Among the outstanding problems mutual to us all at this time, I find one or two conspicuous. The first may be summarized in the question frequently put by physicians and members of the laity: "What is wrong in the field of private duty nursing?" In New York State we recently made a partial survey of this problem and the results to many of us were most enlightening. I hope some opportunity will present itself for this group to learn something of the survey. At this time I can but give you

the summary which we term "The typical nurse in New York," and which was arrived at through questionnaires:

She graduated from training school in 1913.

She rents a room for which she pays \$40.00 a month.

She registers against obstetrics and contagion.

She usually charges \$6.00 a day.

During the second week of September, she worked five days and rested two.

She had one case during the whole five days.

She got the case through a hospital.

She did not refuse any case.

She worked a twelve-hour day.

She traveled one hour and eight minutes each day.

She earned \$33.29, and has already received the money.

She plans to continue in private duty.

But She does not like the long hours.

She does not like the idle periods between jobs.

She does not like the idle periods on the job.

She does not earn enough money to permit savings.

She does like nursing!

The result shows that although the general public finds it difficult to pay for graduate nurse service, the nurses themselves are not earning enough to allow for savings. The nurses in the private duty field themselves recognize the need for readjustment of their work in all its detail. They believe thoroughly that the responsibility for nursing the community, rich and poor alike, belongs to nurses. They are at heart just as heroic, faithful and idealistic in 1925 as were our pioneer nurses, though naturally not in the old time fashion but modernized to meet modern conditions. In studying the private duty nurse field we are brought face to face with the extreme youth of the new graduate from the schools of nursing today. The vast majority of the students enter schools at the age of eighteen years and many apply younger. It is found that unless the school can take the student directly from the high school, the young woman is lost to the nursing profession as she is impatient upon her school termination to get into some sort of work, and a hundred roads beckon. It is also a fact that the high school graduate of today is younger than that of twenty-five years ago. Children are entering the kindergarten and lower grades at a younger age and are put through the grade schools more rapidly than formerly. The misfits and

retarded children that were apt to hold back a class are now weeded out and placed in special classes. All those modern methods tend to push the young woman through the grades and high school much more quickly than twenty-five years ago. The young woman of eighteen years of age today knows a great deal more about life than the girl of the same age in 1900, but she has not learned through the experience which makes for responsibility.

Another problem we face is the firm belief of the public that there is a shortage of nurses. The report of the New York State Department of Education shows us that there is not a real shortage in the State of New York, but a bad distribution. It is possible that other States have similar reports. In communities where there are hospitals and sanatoria, and especially where there are wealthy residents, one finds an adequate number of nurses for ordinary use, but few or none in small towns or rural communities. The demand for graduate nurses today is greater than ever before, although the schools are graduating more and more each year. The number of registered nurses known to the Department of Education the first year of compulsory license was approximately 12,524. The number registered to June 26, 1925, was approximately 23,963. The public health field is blamed for creating a shortage. True, the public health field takes many nurses but has successfully demonstrated that it also lessens disease and so lessens the demand for nurses. It must be remembered that industry today uses hundreds of nurses not only in plants and mercantile establishments, but as specials in private rooms in hospitals. Workmen's Compensation laws have forced industry to give good medical and nursing service to sick and injured employees, and industry finds it is a matter of good business to thus care for its ranks. Insurance companies today find it economy to provide nurses for sick policy holders and to restore to health to postpone the paying of death claims.

Modern life takes women out of their homes, and when sickness comes, the daughters, and frequently the mothers, are daily employed in gainful occupations and find it more satisfactory to engage a nurse than to leave their own work. There is not the neighborliness we experienced twenty-five years ago, where people so easily stepped in and helped in time of sickness. Charges of practical nurses are now so high, often the same, sometimes

more, than the graduate, that families, although ill able to afford it, call the best. All of these things demand an increase in the output of the nurse training schools.

The higher educational requirements for nurse training schools and the increase in the curriculum is by many today held responsible for every ill, real or imaginary, of the nursing field. In their search for a cause for nurse failures, the medical profession hit on education as the most conspicuous contributing factor, and efforts have been made not only to lower the requirements to nurse training schools, but to curtail the present minimum curriculum for the schools. I disagree with all those who blame education for poor service. A mind inadequately fed, like a poorly nourished body, lacks poise and power. So the nurse with insufficient education is unfitted for the great responsibility and tasks which today are demanded of her. Patients and their families rightfully expect their nurses to know at least a little more about sickness, its cause and effect, than they do themselves. Today every community is alive to preventive medicine, and public health, and most certainly nurses, are expected to bring as much intelligence to these problems as the average citizen. The question of economics enters more largely into the problem than education. To my mind, another deeply underlying cause for the failure of some of our nurses is the poor home training in religion, moral and civic obligations given to the youth today. Recently I heard a man say: "Today we forget that we are not in the world merely to make a living, but to make a life," and he continued, "The giving of service is the rent we pay for our place in the world." I would that parents could not only believe this, but impress it on their children, and our training schools would be given better material from which to fashion nurses.

With so much destructive criticism on every hand it is very encouraging to us to find that a great many medical men are whole heartedly studying the nurse situation today, and a few have gone into print with words that inspire us to continue holding fast to our ideals. Such a one signs himself "J. E. J.," a physician of Brooklyn, N. Y., who, in the Long Island Medical Journal last June wrote words that I wish to leave with you in closing this morning.

What is the hope of Medicine? The hospital of the future, humanized to meet the hands stretched out for help, cleansed of pseudo-efficiency,

organized for service, for the spread of knowledge and for the search after truth.

How can this be done without the nurse's help?

The trained nurse made the hospital what it is today. Her work has revolutionized the care of the sick, and her help will be still more needed in the years that are to come.

What is the hope in public health activity if not in the increasing number of young women ready to serve the community?

What preparation so well adapts a woman for a life of welfare work, in any of its many phases, as a training for nursing?

The community cannot afford to allow relaxation of the energy spent in preparing women for any of these fields. We want more and better nurses, and the laudable ambition to improve should not be stifled, but what is the training of a nurse?

It is first of all the inoculation with a virus of responsibility for the patient to the doctor, and—strange old fashioned idea—to God. This is the morale of the nurse. It is what made her the weightiest force in medicine. It must not be lost! There are signs that it is failing, and for a very good reason. Why?

In the praiseworthy desire to train teachers of nursing and to prepare women for the great and increasing need for workers in the fields of preventive medicine and social service in its broadest sense, the leaders of the nursing profession have allowed their attention to be diverted from the immediate need of the sick. They have also confused, I think, education and training. The desirability of a certain amount of theoretic instruction in preparation for such a calling as nursing will be granted without dispute, but the essential necessity is not for theory but for responsible apprenticeship, and this has been, to a great degree, lost.

Now it is in the actual care of and responsibility for the patient that the spirit of nursing is born. It is a flame that cannot be kindled in a class or demonstration, but it is caught from a senior in service and in turn is passed on. The greatest loss in modern nurse training is not in an excess of theory, although this does obtain, but in the lack of responsible apprenticeship that a false academic ideal has imposed.

There is a need, however, for a real and definite course of training in preventive and social nursing which should provide for responsible field work at the same time that theoretic instruction is given. This will, no doubt, in time appear.

The elements of the problem are:

- 1. How may our hospitals be supplied at reasonable cost, with nurses, not attendants, to care for the sick?
- 2. How may the sick be supplied in their homes, at reasonable cost, with the nursing, not attendance, that they require?
- 3. How may women, who intend to engage in the fields of public health and social service, be given the basic culture and point of view of a nurse's training at a reasonable cost to the hospital and the community?
 - 4. How may the nurse in private, hospital, or community service be

suitably paid so that able, intelligent and ambitious women may continue to be attracted to this noble profession?

The need is crying. The situation is complex. It deserves a most careful survey in all its ramifications.

Let us make no mistake about this nursing matter. The nurse is our trusty ally. Our hopes, our fears, and our spirit are the same.

You will agree with me, I know, that Dr. J. E. J. has given much careful consideration to the nursing problem. I leave one plea with you: let us take pains to see that along with educational advancement, we do not forget to develop heart and soul in our profession.

ANNE L. HANSEN, R.N.

REPORT OF THE MARYLAND STATE NURSES ASSOCIATION, DECEMBER 2, 1925

As this is the first time that I have had the privilege of representing the Maryland State Association of Graduate Nurses at a gathering of this kind, I am a little uncertain just what to say. I presume, however, that as this is the first meeting of this Association, we are, in a way, to introduce ourselves, so I will endeavor to do so as briefly as possible.

Although the Maryland State Association was organized in 1903 and was among the first to be organized, it has a comparatively small membership, numbering 1,242. While we may not have accomplished any remarkable achievement, yet we believe we have gone forward steadily. A good law was placed on the statute books in 1904, and the only amendments to this law have been made by the nurses themselves.

We have:

- 1. An Examining Board, composed of five nurses.
- A Central Directory, owned and controlled by members of the State Association, and the President of the Association is always one of the Directors.
- Have had Headquarters shared with the Examining Board and the Central Directory for many years, and now have a part time Secretary.
- 4. Are a member of the State Federation of Women's Clubs.
- Have a law for the control of the practical nurse. The first license was granted in 1922, and 500 have been issued since.

As the State is small, it has not been districted. The majority of the hospitals and a very large proportion of the nurses in the State are located in Baltimore, but we try to hold one meeting a year in one of the smaller towns.

We hold at least three meetings a year, and our annual meeting is a joint affair with the State League and Public Health Nurses' Association. We always feature the social side, having supper at one of the hospitals or club rooms, and have, we believe, developed a very friendly, cordial spirit among the nurses. At the time of our last annual meeting, we attempted to hold a very modest institute which was, we thought, most successful.

We should like to take this opportunity to express our appre ciation of the leaflet sent out from National Headquarters, "The Anagram." By this means we believe it will be possible to get over to the different Alumnae Associations information concerning national nursing problems and affairs, and build up a greater interest in nursing activities.

We acknowledge that as a State we are in disgrace with regard to the American Journal of Nursing. We have a shamefully small number of subscribers, but are honestly endeavoring to improve.

In closing, we wish to express our appreciation of this new organization—the Mid-Atlantic Division of the American Nurses' Association. State Associations, like individuals, are apt to lose interest and enthusiasm, and it is difficult to make so small a State as ours realize that it has a responsibility with regard to the big national meeting; however, in this smaller, more intimate group, we hope we may develop confidence. We know that we will receive the inspiration and help that comes from a gathering of this sort, and we pledge our earnest coöperation and support.

E. M. LAWLER, R.N.,

President.

REPORT OF THE NEW YORK STATE NURSES' ASSOCIATION, DECEMBER 3, 1925

In giving the report of the New York State Nurses' Association, which has 8,080 individual members divided into fourteen districts, there are four important accomplishments which I would like to present.

This year, our Registry Committee sent letters to each Registry and hospital registering its own nurses, also letters were sent to every County Medical Organization.

The recommendations were as follows:

1. That Professional Registries change their names to that of "Official Registry."

2. That where there are two or more registries in a community, they

combine to form one Central Registry.

 That the Registrar of every Official Registry be a nurse licensed in the State and paid a sufficient salary to guarantee care of the Registry.

4. That the Central Registries register and send out for employment licensed nurses, male and female, trained nurses (State Hospitals), trained attendants, male and female, and practical nurses, all of which groups shall be controlled by certain rules and regulations applicable to their own amount of experience.

5. The Registry Board shall be composed of licensed nurses in the the State of New York, and there shall be also an Advisory Council to the Governing Board, representing the medical profession

and the laity.

6. That each Central Official Registry, either through the nurses on its books, or the Governing Board, get into close touch with all the Training Schools for nurses and attendants throughout the District which the Registry serves.

As a result of this effort by the State we can report three Official Registries established: one in Albany, one in Syracuse, with Advisory Board of physicians and laity. After January 1st, they will conduct a "Doctors' Exchange" in conjunction with the Registry.

The one in Buffalo opens January 1 with a Governing Board of physicians, nurses, and laity. Another is in a state of formation in Brooklyn.

The State Association, recognizing that the nursing of the community is the responsibility of the nurses, has gone on record as approving a complete survey of the nursing field. This will

show how readjustments in the private nursing field can be made to develop better work throughout the State. A preliminary survey was made in District No. 1, Buffalo, and District No. 13, New York City, which brought out some very interesting facts. Questionnaires were sent out to private duty nurses headed "Your money and your life for one week." The return of this showed that although the general public found it difficult to pay for the graduate nurse service, the nurses themselves are not earning enough to save for old age.

In tabulating results it was noticed that it was the older graduate and not the younger group who was registering against certain types of cases. The vast majority of cases against which nurses register are those of contagion; next, mental diseases, then, obstetrics and night duty.

81 per cent of the private nurses surveyed graduated within the last 10 years.

13 per cent graduated between 11 and 20 years ago.

6 per cent between 21 and 30 years ago.

Of the number surveyed, 46 per cent admit that they expect to remain in the private duty field. Fourteen per cent are undecided, and 39 per cent declared they will leave for other work at first opportunity. Considerable time was spent in traveling from home to case.

The summary of the New York City private duty nurse is as follows:

She graduated from the training school in 1913.

She rents a room for which she pays \$40.00 per month.

She registers against obstetrics and contagion.

She usually charges \$6.00 per day.

During second week of September, she worked five days and rested two.

She had one case during the whole five days.

She got the case through a hospital.

She did not refuse any case.

She worked a twelve-hour day.

She traveled one hour and eight minutes each day.

She earned \$33.29 and has already received the money.

She plans to continue in private duty.

But She does not like the long hours.

She does not like idle periods between cases.

She does not like idle periods on the case.

She does not earn enough money to permit savings.

She does like nursing!

There is a slight difference in the typical nurse of Buffalo.

She graduated from training school in 1920.

She rents a room for which she pays \$25.00 per month.

She registers against contagion and mental cases.

She usually charges \$5.00 per day.

During the week of September she worked $5\frac{1}{2}$ days and rested $1\frac{1}{2}$ days.

She had one case during the $5\frac{1}{2}$ days.

She got her case through a Central Registry.

She did not refuse a case.

She worked a twelve-hour day.

She traveled one hour and six minutes each day.

She earned \$29.38 and has already received the money.

She wants to leave private duty, is not sure she will.

But She does not like the long hours.

She does not like the idle periods between cases.

She does not like the idle periods on the case.

She does not earn enough money to permit saving.

She does like nursing!

One nurse added that their annual income was so low, she could not balance her budget.

The "Legislative Sub-Committee for the study of the Nursing Field and for Medical Conference" in conjunction with the "Professional Ethics Committee" will conduct this survey throughout the State.

At our Convention, the private duty nurse showed her interest and desire to coöperate with those who are planning to bring nursing within the reach of all types of citizens.

The State Association went on record for the second time as approving group nursing. However, they decided that it cannot be done on a twelve-hour basis, and recommended that when a nurse has more than one patient, the hours of service should be reduced; for, if you intensify the service, you must shorten the hours.

For two years we have printed a Bulletin, sent twice during the year to every member, hoping to keep in touch with the activities of the State and District. As there is nothing more inspiring than the personal touch in forwarding the aims and ideals of a State, there will be a Field Secretary appointed, if possible to begin service the first of January.

The States that have a Field Secretary readily know how much our Alumnae and Districts are to be benefited by this direct contact with our State. We are each concerned about the profession of nursing. We want to see its standards higher, its progress greater, its position more assured.

If we can give through the Districts and Alumnae to the individual member more strength, more personality, more spiritual power, upon whom rests the value of our State and national organizations, we have accomplished something worth while.

REPORT OF THE GRADUATE NURSES' ASSOCIATION OF THE DISTRICT OF COLUMBIA

On behalf of the Graduate Nurses' Association of the District of Columbia, may I assure the Middle Atlantic Division of our very warm welcome and our happiness in having you hold the first meeting of the Division in our city.

The District Association includes in its membership 750 graduate nurses. Two-thirds of these belong to the rank of the private duty nurse. The District Association conducts the centralized registry which is used, with one or two exceptions, by all of the hospitals in the District.

We are at present working on a revision of our registration law, and hope to get this through Congress sometime in the near future. At present it is not illegal for a nurse who is a graduate nurse, but not a registered nurse, to practice as a graduate nurse.

The registration fees charged under the present law are not sufficient to support the work of the Board of Examiners. This Board is, at present, subsidized by the Graduate Nurses' Association, its deficit being made up by the Association for the past several years.

Perhaps the most important function of the bill is that it raises the educational requirements and the standards for admission to the schools of nursing, and provides for a consulting service for the local hospitals through the Educational Director or the Executive Secretary. It further provides for registration, for increased registration dues, and other improvements on the present bill.

REPORT OF GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA

Pennsylvania has the second largest membership in the Atlantic Division of the A. N. A. It is unusual in its typography, and is divided into the Eastern, Western, Northeastern and Central divisions.

District No. 1 has Philadelphia as its large center in the eastern part of Pennsylvania and has a total membership of 2,918. District No. 6 has Pittsburgh as its large center, with a membership of 1,507. Wilkes Barre, Scranton, Pittston and other sections of the anthracite coal regions has a membership of 598 The northeastern part of the State, which has Erie as its largest city, is the next in size, and the other four districts are in the different parts of the State, grouped so that railroad facilities are as good as can possibly be obtained. We have, however, some districts whose members must go early in the morning to attend meetings and return home late at night. We attempt to have all our districts represented on our Board, although we fail in this frequently. Our annual meeting for 1925 was held in Williamsport, Pennsylvania, in October. At that time we set in motion, machinery to do the things which are recommended and desired by the A. N. A. We will have this year, Headquarters with a full time Secretary, at which place all nursing interests will be centered. A Health Survey was begun last year by our part time Secretary. This has not yet been completed, but promises to be illuminating and helpful.

We feel we are not doing as much for our sick and incapacitated nurses as we should do and hope to do after we have accurate information with which to work. We also authorized this year, the writing of a History of Nursing of Pennsylvania, and provided funds for the purpose. We hope that this history will not only be a chronology, but will have in it something of the spirit of nursing, which filled the hearts and minds of our early leaders, Alice Fisher, of sweet memory; the Quakers, and Sisters of the Catholic and Lutheran Churches, who organized our early schools and helped to make our hospitals places where preventive medicine became effective. We feel that this history must be written soon if it is to have in it personal memories of the early work, and for this reason we asked one of our older members to do it.

In Pennsylvania, we feel that we have made some progress, but there is much more to be done. We are organizing in different sections of the State, Central Registries on a similar plan to those organized in other States. The one functioning best is in Pittsburgh, and has a membership of between 900 and 1,000. It is located in a club house which is owned by the members of the club, which is composed largely of members of the District No. 6 of the G. N. A. We find this Central Directory most helpful, and find that the Hospitals coöperate well, but we do find that it does not cure all the ills, particularly of the private duty nursing, and we know that if it is to fill the need of the community, with the result that we have better nursing in the community, we must go far to complete its organization.

When we find nurses registering against contagious diseases. tuberculosis diseases and nervous diseases, we know that our goal is not reached. We do not blame our private duty nurses entirely for this lack of nursing service, for we have not made available in Pennsylvania, training in the care of contagious, mental and tuberculosis nursing, and not until we do so in a practical way, can we hold our private duty nurses responsible. We believe we have a very good State Board of Examiners and are fortunate in having the Board function under the Board of Education, and also fortunate in that we have a full nurse Board. We are not satisfied with our legislation, and know that our present bill falls short in several instances. Two we might mention are, educational requirements and universal licensing of all nursing forces. These two we are particularly anxious to include in a new bill. We believe very sincerely that we need more uniform legislation in the United States, and particularly within this group. We believe that it is a hardship which is unjust to our nurses to have one State making laws which prohibit the nurses of the State which borders her own, unqualified to nurse in that State. For that reason, we hope that from this body there will emanate some plan of legislation which will include laws applicable to the five States within the section.

Speaking for Pennsylvania, we believe that this is one of the most important functions of this Middle Atlantic Division of the A. N. A. We should make a study of the laws of the individual States of this group, and if at all possible, change them to meet the requirements of the group, and in the future new laws should

be made with regard to these points. We have found within the last year that a number of nurses failed in their State Board Examinations, more than in previous years. This may be unique in Pennsylvania, I do not know, but we know that it is true with us. We believe it might be attributable particularly to two causes; first, the youthful student, and second, inexperienced supervisors or head nurses. We are giving a good deal of thought to this question, and at our last convention a joint committee from the three State organizations was appointed, to work out a plan whereby head nurses and supervisors might be given an opportunity to secure advance training and post-graduate work in our two universities, the University of Pennsylvania and the University of Pittsburgh.

We need Supervisors who will teach the student, not only bedside nursing in relation to scientific medicine, but we also need supervisors who will instill into the young student, a desire torender careful, conscientious service, and keep her vision bright. Better nursing service is needed, a better understanding of citizenship, so that the result will be less isolation and an opportunity to give more to the community.

In closing, I will do so by urging the need of better service-rendered by all of us in the care of the sick.

Jessie J. Turnbull, R.N., Magee Hospital, Pittsburgh, Pa.

REPORT OF THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES

Number of members: 125, most of whom are located in Wilmington.

No especially constructive work has been during the past twoyears.

Sections: Public Health Section and Private Duty Section.

Our organization is unique in that we seem to have no petty jealousies, and, as a whole, are a very harmonious group. It has been a joy to have been president for the past six years.

We have five training schools. The majority of the Superintendents of these schools coöperate in every way with the Board of Examiners, and adhere to the same curriculum as that used by the New York State Board.

Our State Association meets three times a year. We have our annual meeting in January, and a spring and fall meeting. We have one dinner meeting a year. During the past two years we have had Miss Buick from National Headquarters and Miss Miller from the Philadelphia Contagion Hospital; Miss Clara D. Noves honored us at one fall meeting when she was an inspiration to our nurses. Fifty-eight were present at the dinner. At this same meeting we had Mrs. Clarence Fraim, State President of the Delaware Federation of Women's Clubs with which we are affiliated. At one of our meetings we had the Superintendent of Education speak on Thrift: at another a member of the High School Faculty spoke on Current Events; and the Executive Secretary of the Y. W. C. A. spoke on the work of that organization and its opportunity for nurses. On another occasion Rev. J. Francis Tucker, D. D., of the Faculty of Catholic High Schools spoke on Our Opportunities for Respecting the Religious Point of View of Our Patients. Mr. Davis spoke at one meeting on the State Health and Welfare Work in his Department.

Our Educational Requirement Law was changed so as to require one year of High School work, or its equivalent, and at least two years in a *general* hospital, or hospitals. All of our schools maintain three-year courses, but the law was changed to allow registration of nurses who graduated years ago from two-year course schools.

We have contributed \$25.00 annually to the Students' Loan Fund of the Women's College, University of Delaware; \$30.00 annually to the Near East Relief; \$10.00 annually for trees along the State Highway; \$5.00 for State Federation toward National Headquarters; \$10.00 a month toward Tuberculosis Member for one year. We have five delegates attending this conference. They are as follows:

Mrs. Helen Wisehart, League Mrs. Webb, Private Duty Section Miss Amy Wood, Public Health Section Miss Amelia Kornbau, State Board of Examiners Miss Mary A. Moran, State Nurses' Association

Respectfully submitted,

MARY A. MORAN, R.N.,

President.

REPORT OF THE NEW JERSEY STATE NURSES' ASSOCIATION, DECEMBER 2, 1925

Madam President, Directors and Members of the Middle Atlantic Division of the American Nurses' Association:

I feel it an honor and privilege to report for the New Jersey State Nurses' Association. Its membership this year has reached 1,538, an increase over previous years. The Association is divided into six districts, all of which are functioning, holding four or five meetings a year, with a program, followed by a social hour and refreshments.

The outstanding feature for the year of 1925 is the establishment of a State Headquarters, for all the State nursing associations, on August 15th, 1925, at 42 Bleecker Street, Newark, with a full time paid secretary, Miss Arabella R. Creech, R.N.

The labor of carrying on the work of the State Association, properly and efficiently, was becoming too heavy for women already employed. At the semiannual meeting held in the Autumn of 1924, a Headquarters Committee was appointed to consider ways and means for putting a Central Headquarters into effect.

Several meetings were held, a budget prepared to cover maintenance for five months in 1925, and an S. O. S. sent out to all alumnae associations for a specified sum, based on a per capita membership. The response was truly remarkable. At the annual meeting in April, 1925, the report of the temporary committee was accepted, and the Directors authorized to proceed. A chairman of a committee to solicit individual members of the State Association for personal contributions was elected. This effort brought excellent results. An addition to the By-Laws gave the Directors power to appoint the General Secretary and the permanent Headquarters Committee of which the President and Treasurer must be members. The General Secretary having spent two weeks in June at National Headquarters, on August 15th Miss Creech began her duties. Both the League for Nursing Education and the State Organization for Public Health Nursing use the offices, and make a monthly contribution toward their maintenance. Up to November 1st, almost 3,000 pieces of mail have gone out for special A. N. A. work, League work, and in connection with the business of the State Association and the semiannual meeting.

Miss Creech has attended 13 meetings, district and alumnae associations, held 40 conferences in her office, covering every phase of nursing, and held 12 conferences out of the office.

The invitations for the General Secretary to attend alumnae meetings are still coming in. Miss Creech finds the greatest need is for organization and knowledge of and participation in the plans of the A. N. A. All State Associations hold their Board meetings at 42 Bleecker Street, and Miss Creech assists the three groups. It has been said that New Jersey nurses were not ready for a State Headquarters—Perhaps not. Plans are under way for 1926 and permanent maintenance.

May I say a word for both the League and the Public Health organizations? The League membership is increasing, and their programme is fine.

Miss Jessie Murdock, President of the former, sends the following outline:

- 1. The tentative plans for training school standardization and classification would be of great value if completed and presented in a workable form, with due consideration for the small, as well as the large school.
- 2. A programme for group nursing, that will be presented sanely and considerately to the group of private duty nurses in this country.
- A compromising readjustment of educational requirements between the various states, so that locality will not hamper the efficiency and growth of the fully trained graduate nurse.
- 4. A keener understanding of health in the nursing education programme of all schools.
 - A committee of the League has been appointed and plans under way for an institute to be held the early part of next year. In this connection it is hoped to have Boards of Directors of hospitals and public health organizations take part in the institute and be invited to attend lectures, this being done with the definite idea of interesting the lay people, which would help them with their duties as members of Boards of Directors of Hospitals and other health agencies. We are anxious that the Northern New Jersey Federation of Visiting Nurses Association might coöperate with such an institute.
 - A special committee has been appointed to consider revision of the Constitution and By-Laws of the State League to compare with those sent out by the National League.

Miss Helen Stephen, President of the New Jersey State Organization for Public Health Nursing, reports that three meetings

are held a year and a growing membership. It is districted along the same lines as the State Nurses' Association, and is planning public health meetings with the District Associations of State Nurses' Association. There is an Endowment Fund, which when it becomes sufficiently large, will be used for educational purposes. They have been assisting in collecting the census of public health nurses in New Jersey for the N. O. P. H. N.

Respectfully submitted,
VIRGINIA M. CHETWOOD, R.N.
President, New Jersey State Nurses' Association.

REPORT OF THE SCHOOL OF NURSING

Brief summary of the Report of the School of Nursing, covering the period from July 1, 1924, to July 1, 1925.

Assistants:	
Day	1
Night	1
Instructors:	
Theory	1
Practice	1
In Charge:	
Dispensary	1
Operating Room	1
Nurses' Home	1
Maternity	1
Head Nurses:	
Upper Halls	1
Lower Halls	1
Ward G	1.
Ward H	1
Ward I	1
Wards A and B	1
Assistant in Operating Room	1
Supply Room	1
Pupil Nurses filling Head Nurses' positions	2
Children's Ward	1
Colored Wards	1
Accident Room	1
Students from Affiliating Schools	18
7. 11.27	
Pupil Nurses	62
Students in Preparatory School	3
Affiliates (at present time)	4
Total number of students in school	69
Special Nurses:	
Total number of Special Nurses during year	
Number of nurses who left the school	17

Illness: During the year 211 nurses were off duty for varying lengths of time because of illness. Of these, 59 were admitted to the Private Halls or Sydenham Hospital for treatment, and the remainder were cared for in the Nurses' Home.

Causes for admission were:

Tonsillectomy La Grippe

Sciatica Antrum Drainage Infection, Left and Right Antrum Peri Tonsillar Abscess Diphtheria Appendectomy Acute Tonsillitis and Pharyngitis Vincent's Angina Eczema Laryngitis Hysteria Fallen Arches Scarlet Fever Otitis Media Pityriasis Rosea Cholecystectomy

Total number of days lost through illness
Requests for information and admission. 199 Number of applications accepted. 69 Number of students entered. 44
Resignations:
Mrs. Janet N. Smith
Miss Stella N. Ricketts Assistant Superintendent of Nurses Miss Louise Savage Instructor in Practice Miss Grace Elgin Assistant Instructor in Practice Miss Helen Dunn Night Supervisor Miss Elizabeth Aitkenhead Supervisor, Operating Room Miss Jane Moffatt Supervisor, Dispensary
New appointments:

Miss Helen Morgart	Head Nurse, Men's Medical Ward
Miss Mary Shaffer	Head Nurse, Men's Surgical Ward
Miss Margaret McCormack	Head Nurse, Men's Surgical Ward
Miss Mildred Everett	Instructor in Theory
Miss Bertha Hoffman	Head Nurse, Private Halls
Miss Marie Davis	Head Nurse, Women's Medical and
	Surgical Ward

Promotions and Transfers:

Mrs. Cora Mason Wilson, from Supervisor of Nurses' Home to Supervisor of Surgical Supply Room

Miss Ida Nagel, from Head Nurse, Private Halls to Assistant in Operating Room

The annual vacations for 1924 were arranged. The summer was unusually difficult on account of the dropping of a number of the head nurses, although we did not feel the full effects of this until fall and early winter when the senior class finished and our number diminished.

The past year, also, has been a very difficult one and very trying for everyone concerned, due to the large class finishing last fall, and their places being filled by a fewer number of inexperienced students. The intolerance of these conditions added further to the difficulties.

With few exceptions, the lectures were given on time. We were very fortunate in obtaining the coöperation of Doctor Jones from the State Health Department in arranging the course of lectures on Infectious Diseases, and are also greatly indebted to him for giving several of the lectures himself.

It is with regret that I report that the laboratory for bacteriology remains unequipped, and our nurses still go to Mercy Hospital for laboratory work in this subject.

The coming year is going to be very difficult due to the few nurses in the school, but I feel assured that no matter how difficult, it can be no worse than the past year.

While the nurses have worked overtime and very hard but with good spirit, without their coöperation and tolerance the situation would have been beyond endurance. However, the past four or five months have been comparatively free of the dissatisfied spirit of the hospital, and everyone seems to be in a very much happier frame of mind, and we are now preparing to meet our difficulties again in the fall when this year's class finishes, and is replaced though by an inexperienced, I hope, a much greater number.

The new Nurses' Home needs painting very badly, and the outside homes are in very bad condition. They also need painting, window shades, dresser covers, rugs, etc.

As you are familiar with the New York State Examiner's Report, I shall not go into detail except to say just what has been done to meet their requirements.

- An affiliation has been established with the Johns Hopkins Hospital School of Nursing whereby our students receive two months of Pediatric and two months of Psychiatric Training.
- 2. A supervisor has been appointed beginning October 1st for the Pediatric Department. This will enable the nurses to receive the third month of their Pediatric training here, rather than be sent away for it.
- 3. Those students who do not meet their preliminary requirements are being sent to the Y. W. C. A. for a business course.

We are rather slow in meeting their requirements, but we are doing the very best we can under the circumstances.

While most of the head nurses were dropped from last June until early spring and during the winter, they were all returned this spring, and during the past month we have taken in four ward attendants who will relieve the nurses of some of their menial duties, and I trust be a decided aid in arranging for the summer vacations.

We have received two requests for affiliation, one that we send our nurses for three months' affiliation in Infections Diseases at Sydenham Hospital, and the other for three or four months affiliation in Orthopedics at Kernan's Hospital. While both of these affiliations would be of value, they are not required in our curriculum, and I feel that one month would be sufficient if we had an ample number of nurses to accept this opportunity. However, I trust that at some future date we will be in a position to accept both of these affiliations.

The five-year program was introduced this year, and the first and only student has enrolled for this course, to begin in September. I hope each year this course for nurses will become more popular.

I sincerely trust that the end of another year will find us with a larger number, and that we can then attempt to perfect some of our plans which can only be done by increasing the number of students.

I take this opportunity to express for my staff and myself, sincere appreciation for the interest and coöperation and representatives of each department.

Respectfully submitted,

Annie Crighton, R.N., Superintendent of Nurses.

NEWS ITEMS

The annual banquet given to the graduating class by the Nurses Alumnae Association was held at the Hotel Emerson, May 13, 1925. Miss Helen Teeple, class of 1923, acted as Toast Mistress, and Mrs. Marie Bauernschmidt speaker of the evening. Mrs. Marguerite Risley Stein, class of 1917, was Chairman of the Banquet Committee.

At the May meeting of the Alumnae Association, it was officially announced that the nurses on Special Duty at the University Hospital might have two hours off duty, if agreeable to their patients. These hours may be between two and four in the afternoon.

Mrs. T. C. Kerns, formerly Miss Nell Curtiss, class of 1911, holds the longest record of service as Surgical Supervisor at the Watts Hospital, Durham, N. C. Having taken charge of the Surgical Department of the Hospital in 1913, she has retained this office through a period of seven and a half years. Instituting many changes and improvements in keeping with her technique, her work is of the highest type.

Miss Marion Turner, class of 1918, and Miss Gladys A. Wertz, class of 1925, are doing outside obstetrics at the University Hospital.

Miss Myrtle Nock, class of 1925, has accepted the position as Night Superintendent at the Peninsula General Hospital, Salisbury, Md.

The following nurses are doing institutional work at Bay View Hospital: Miss Helen Dunn, class of 1923, Supervisor of Operating Room with Miss Grace Fletcher, class of 1925, as Assistant; Miss Mary Scott, class of 1925, and Miss Estelle Whitley, class of 1925, Supervisors of floors.

Miss Madeline Hoopes, class of 1924, is engaged in Public Health Nursing.

NEWS ITEMS—(continued)

Miss Alberta Barr, class of 1925, is Assistant Superintendent of Havre de Grace Hospital at Havre de Grace, Md.

Miss Clarabel Hampton, class of 1921, is doing Public Health Nursing.

Miss Jane Pope, class of 1924, is Night Superintendent of Kelly's Hospital, Baltimore, Md.

Miss Ethel Monroe, Class of 1917, has recently been appointed Director of State Public Health Nurses.

Miss Jeanette Flowers, class of 1917, has accepted the industrial position recently vacated by Mrs. Julia Smith Dione, class of 1921, with the Standard Sanitary Manufacturing Company in Baltimore.

Miss Anna E. Wood, class of 1921, is doing private duty nursing in Annapolis Md.

Miss Mary C. Fisher, class of 1921, took a six weeks summer course at Columbia University during 1925. It is most gratifying to hear that a number of our nurses have taken similar courses. By so doing beneficial results will undoubtedly be shown in their work.

A delightful benefit card party was given on November 21, 1925, at the Arundel Club. The proceeds were used to increase our appropriation fund for the addition to the New Nurses' Home. The sum of \$250.00 was cleared, as the prizes and candy were donated by members and friends of the Association.

MARRIAGES

April, 1925, Elizabeth Copenhaver, class of 1924, to Dr. John Holt. Dr. and Mrs. Holt live in Wilmington, Delaware.

May 10, 1925, Marie Davis, class of 1924, to Dr. Paul R. Wilson. Dr. and Mrs. Wilson live in Piedmont, West Virginia.

June 13, 1925, Marie Schroeder, class of 1923, to Dr. Carlton A. Davenport. Dr. and Mrs. Davenport live in Mackey, North Carolina.

June 17, 1925, Helen Ridgely, class of 1918, to Mr. E. L. De Witt. Mr. and Mrs. De Witt live in Germantown, Pennsylvania.

August 15, 1925, Katherine Horst, class of 1923, to Mr. John F. Meighan, Jr. Mr. and Mrs. Meighan live in New York City.

September 24, 1925, Frankie Morrison, class of 1922, to Mr. James J. Mulligan. Mr. and Mrs. Mulligan live in Baltimore, Maryland.

October 1, 1925, Katherine Thomas, class of 1924, to Mr. W. S. Lichner. Mr. and Mrs. Lichner live in New York City.

October 5, 1925, Mary Slez, class of 1924, to Mr. J. Garland. Mr. and Mrs. Garland live in Harlends, Tennessee.

November 29, 1925, Maude Miller, class of 1914, to Dr. George C. Coulbourne. Dr. and Mrs. Coulbourne live in Marion Station, Maryland.

April 8, 1926, Julia R. Smith, class of 1921, to Mr. Edgar R. Dione. Mr. and Mrs. Dione live in Palm Beach, Florida.

February, 1926, Bernice Schalle, class of 1924, to Dr. Fancher.

May 1, 1926, Ruth Gorman, class of 1921, to Mr. Albert Leuba. Mr. and Mrs. Leuba live in Baltimore, Maryland.

May, 1926, M. Undine Barnes, class 1924, to Mr. Jack Roberts. Mr. and Mrs. Roberts live in Baltimore, Maryland.

June 5, 1926, Dorothy C. Kraft, class 1924, to Dr. Herbert. Dr. and Mrs. Herbert are living in Ellicott City, Maryland.

BIRTHS

On August 19, 1925, a daughter to Mr. and Mrs. C. S. Warrell. Mrs. Warrell was Miss Josephine Klase, class of 1917.

On September 18, 1925, a daughter to Mr. and Mrs. Grandille Roop. Mrs. Roop was Miss Helen Gilbert, class of 1920.

On December 29, 1925, a son to Mr. and Mrs. H. Weisner. Mrs. Weisner was Miss Mary McDaniel, class of 1921.

On March 25, 1925, a daughter to Dr. and Mrs. C. R. Edwards. Mrs. Edwards was Miss Ruth Conner, class of 1915.

On January 12, 1926, a daughter to Mrs. O. Weinberg. Mrs. Weinberg was Miss Margaret Mayo, class of 1916.

On June 19, 1926, a daughter to Dr. and Mrs. Ira Preston Champe. Mrs. Champe was Miss Medora West, class 1923.

DEATHS

Mrs. M. C. Hays (Martha Coppersmith, class of 1914), on February 9, 1926, in Stanhope, New York.

Mrs. Hays leaves a son four years old.

Mrs. Louis A. Shumacher (Mattie Coale, class of 1912), on August 11, 1925, in New Orleans, Louisiana.

Mrs. Shumacher did public health nursing all her professional She leaves a son eight months old.

Helen Bertielle McSherry, class of 1916, on June 9, 1926, at the Franklin Square Hospital, Baltimore, Md.

Miss McSherry spent her entire professional life in Baltimore both in private duty nursing, and institutional work at The University and Franklin Square Hospitals.

HONOR ROLL

Deader M. Canton I.	Ta	C1
Brady, M. Gertrude	Foreign Service	Class of 1911
Chapline, Eva		Class of 1909
Clendenin, Virginia	Foreign Service	Class of 1914
(Mrs. William C. Hickling)	T	C1
Conner, Bernice	Foreign Service	Class of 1912
Cowling, Margaret B	Foreign Service	Class of 1905
*Cox, Charlotte A		Class of 1908
Erwin, Margaret	Foreign Service	Class of 1914
(Mrs. J. P. Landing)		
Foley, Julia C		Class of 1914
Gavin, Mary		Class of 1908
Harvey, Lucy		Class of 1912
Helland, Naomi	Foreign Service	Class of 1911
(Mrs. Strong)		
Hoffmaster, Blanche E	Foreign Service	Class of 1916
Hudnal, Mrs. Carrie	Foreign Service	Class of 1914
(Mrs. Purcell)		
Hurst, Anna	Foreign Service	Class of 1916
(Mrs. C. Hicherson)		
Israel, Ellen C	Foreign Service	Class of 1910
Kaufmann, Irene	Foreign Service	Class of 1916
Keating, Martha J	Home Service	Class of 1897
Kenney, Emily E	Home Service	Class of 1917
Kinney, Ivy	Foreign Service	Class of 1911
(Mrs. E. C. Haggood)		
Kinney, Maude	Home Service	Class of 1918
Klase, N. Josephine	Foreign Service	Class of 1917
(Mrs. C. S. Warrell)		
Langenfeldt, Marie	Home Service	Class of 1916
Lauper, Margaret		Class of 1918
Laws, Margaret	Foreign Service	Class of 1913
*McSherry, Helen B	Foreign Service	Class of 1916
Marsh, Elizabeth L	Foreign Service	Class of 1917
Miller, Maude		Class of 1914
(Mrs. George Colburne)		
Monroe, C. Ethel	Foreign Service	Class of 1917
Parsons, Harriett J	Foreign Service	Class of 1908
Price, Golda G	Foreign Service	Class of 1913
Risley, Marguerite		Class of 1917
(Mrs. H. M. Stein)		
Robinson, Anna C	Foreign Service	Class of 1917
(Mrs. John F. Lutz)		
Robinson, Eva	Foreign Service	Class of 1911
(Mrs. William Deppers)		

^{*} Deceased.

Sigmon, Mrs. Bertie	Home Service	Class of 1914
Simpson, Elsie J	Home Service	Class of 1917
(Mrs. Howard Williamson)		
Singleton, Jessie	Home Service	Class of 1918
(Mrs. Ralph Guzzman)		
Squires, Lucy	Foreign Service	Class of 1909
Steiner, May	Home Service	Class of 1912
Stepp, Lula R	Foreign Service	Class of 1914
Stouffer, Barbara	Foreign Service	Class of 1911
Stouffer, Lena	Home Service	Class of 1912
*Viberg, Judith	Home Service	Class of 1918
Weaver, Pearl	Foreign Service	Class of 1914
Williams, Alua	Foreign Service	Class of 1911

^{*} Deceased.

ROLL OF MEMBERSHIP

(Please notify Secretary of change of address)

†Dunham, E. (Mrs. Roache) Staunton, Va. †Dunham, Lelia
skiold
1893
Bradbury, M. E
†Culberston, Clara
sneider)
*Van Santwoort, Elinor (Mrs. W. Mines)
1894
Anderson, Bessie *Brown, Mary Bonn, C. M. (Mrs. Barwick)319 Okeechobee Road, West Palm Beach, Fla.
†Hass, Rose (Mrs. Pfohl)Winston-Salem, N. C. *Judd, Evelyn (Mrs. J. Dingan). †Morgan, Lucy H. (Mrs. Black-
low)Lockhaven, Pa. †Mergardt, Emma (Mrs. Stow)Wyanet, Ill. †Mellner, Constance (Mrs. Wine)
†Magruder, Emma

^{*} Deceased.

[†] Graduates not members of the Association.

^{*} Deceased.

[†] Graduates not members of the Association.

†Blight, Marguerite (Mrs. M. B. LeSuer)
1901
†Anderson, Grace L
Burch, Emma C
1903
†Bird, Margaret

^{*} Deceased.

[†] Graduates not members of the Association.

*Cooke, Albina (Mrs. J. D.
Reeder)
†Craft, Elizabeth
†Elgin, M. E. (Mrs. A. H. Mann). Poolesville, Md.
†Fulton, Isabel Stewartstown, Penna.
Gallagher, Ella T1213 W. Mulberry St., Baltimore, Md.
†King, Annie E. (Mrs. F. W.
Seling)Elkridge, Md.
Massey, Margaret K. (Mrs.
Nathan Winslow)1900 Mt. Royal Terrace, Baltimore, Md.
Miller, Mary C300 E. 21st St., Baltimore, Md.
*Northrup, Mary A
Reeve, Annie
1904
†Bush, Luey Ladd (Mrs. H. J.
Harby)121 Calhoun St., Sumter, S. C.
†Daugherty, Sarah (Mrs. C. H.
Yergar)Alberquerque, N. M.
†Dilworth, Florence I. (Mrs.
Porter)Jacksonville, Fla.
Guerrant, E. JanieWestminster, Md.
†Guerrant, PattieLos Angeles, Cal.
Gaskill, Laura M
†Lewis, Christine MNew York
†Munder, Lela (Mrs. Stanley
Blood)
Parrott, E. May
Schroeder, Harriett1624 Eutaw Place, Baltimore, Md.
†Walker, Louise (Mrs. Harrison
Cassard)
†Walton, Nancy Maryland Ave., Annapolis, Md.
1905
Bayley, Elizabeth1922 F St., Washington, D. C.
†Brosene, Dora (Mrs. M. Oliver). Washington, D. C.
Cowling, Margaret BGreenwood, Va.
†Ferrell, Nettie (Mrs. Gardner)Danville, Va.
Geare, Millicent (Mrs. Page
Edmunds)
†Gildea, Elizabeth (Mrs. Eugene
Mullen)
†Hillard, Nellie (Mrs. H. Cov-
ington)
†Jones, Nettie (Mrs. J. R. Revell).Louisville, Ga.
Kuhn, Ruth

^{*} Deceased.

[†] Graduates not members of the Association.

^{*} Deceased.

[†] Graduates not members of the Association.

†Ogburn, Ella B
†Pue, Marie (Mrs. C. Chapman). Guilford Ave., Baltimore, Md. †Robertson, Clara B. (Mrs. R. P.
Latimer)
†Tongue, Amy B. (Mrs. Chas.
Wiley)Redwood City, Cal.
1908
†Anderson, M. B. (Mrs. R. B.
Hayes)Hillsboro, N. C.
*Cox, Charlotte A
†Cunningham, A. K. (Mrs. Wm.
McDonald)14 Bedford St., Hoverville, Mass.
Dawson, Clyde (Mrs. Frank S.
Lynn)
Gavin, Mary
Gourley, Henrietta307 Union Trust Building, Baltimore, Md.
†Hamlin, Martha (Mrs. N. J.
Haynes)
*†Hostrawser, S. A
†Price, Lula (Mrs. Thawley)R. F. D., Denton, Md.
Parsons, H. J
†Russell, Augusta314 Monroe St., Jacksonville, Fla.
Smith, Maud (Mrs. T. R. Cor-
nelius)Gittings Ave., Govans, Md.
†Schull, Ethel
†Wright, M. E. (Mrs. G. H.
Richards)Port Deposit, Md.
†Wilson, RoseLos Angeles, Cal.
1909
†Almond, BlancheWashington, D. C.
†Carter, Lullie (Mrs. Hyde
Hopkins)Miami, Fla.
Chapline, Eva
Chapline, Laura S. (Mrs. W. J. Coleman)
Dukes, Katherine (Mrs. J. B.
Magruder)
†Ely, Emily The Walbert, Baltimore, Md.
Getzendanner, ElizabethFranklin Square Hospital, Baltimore, Md.
†Green, Mrs. (Mrs. Miller)Norfolk Va.

^{*} Deceased.

[†] Graduates not members of the Association.

†Hall, Beulah (married)
1910
†Barrett, Adele (Mrs. Wm. Parra-
more)
†Burton, Cora (Mrs. R. T.
Earle)
†Barber, Lucy (Mrs. Woodley
Blackwell)Sharps, Va.
Drye, Anne M
Edmunds, March (Mrs. Dwight
Rivers)Lynchburg, Va.
†Garrison, Gertrude (Mrs. Ros-
coe McMillan)
Holland, A. K. (Mrs. J. D.
Fiske)
Israel, Ellen C
Kimmel, Mary M
†King, Florence (Mrs. Thomas
West)Fayetteville, N. C.
tLee, Sarah A. (Mrs. Frank
Woodward)
Long, Lillian (Mrs. Claude
Smink)
McKay, Virginia O
Murchison, Belle (Mrs. F. H.
Vinup)
Meredith, Frances M
Pleasants, P. B. (Mrs. J. M.
Sparks)Monkton, Md.
†Price, Lula (Mrs. John Robert-
son)Onancock, Md.
†Strohm, Amelie (Mrs. Wm.
Spalding)
†Taylor, MargaretAtlanta, Ga.
†Wiggin, M. Constance (Mrs. H.
W. Cole)Naval Air Station, Pensacola, Fla.

[†] Graduates not members of the Association.

*Berlin, Ruth (Mrs. Wm. Chipman) Brady, M. Gertrude
1912
†Blake, Lillian
*Logue, Ethel

^{*} Deceased.

[†] Graduates not members of the Association.

†Wells, Alice (Mrs. A. C. Galloway)1600 Eutaw Place, Baltimore, Md.
1913
†Brownell, Edith
†Dent, Edith
†Laws, Margaret (Mrs. Wm. Walker)
*McCann, Natalie
lock)
1914
†Balsey, Marie K. (Mrs. Ralph Bonnell)

^{*} Deceased.

[†] Graduates not members of the Association.

Foley, Julia
sall)
†Grant, Pearl (Mrs. Hendrick)Port Deposit, Md.
†Hill, Lucy (Mrs. E. B. Pretty-
man)
†Hudnal, Carrie (Mrs. Purcell)U. S. Veterans Hospital, Maplewood, Ill.
*Hull, Grace
†Lord, L. E. (Mrs. H. M. Freeman)
Miller, Maude (Mrs. George Col-
born)Marion Station, Md. †McCann, Elsie (Mrs. H. C.
Hood)
†Murray, Carrie (Mrs. J. Smith) . Atlanta, Ga.
†Ryan, A. C. (married)New York
†Roussey, Bessie (Mrs. R. Stan-
ford)Darlington, Md.
Sigmon, Bertie (Mrs.)
†Sprecher, Marjorie (Mrs. J.
Woodcock)
†Shelton, Jennie (Mrs. Clyde
Blake)123 Rose St., Buchanan, Mich.
Sander, Marie
Stepp, Lula The Walbert, Baltimore, Md.
†Stoneham, Grace (Mrs. G. Wal-
ker)Ahoskie, N. C.
†Weaver, PearlHendersonville, N. C.
†Weber, Dorothy (Mrs. E. Cole-
man)Douglas, Ga.
Zepp, KatherineThe Walbert, Baltimore, Md.
1915
Bay, NettieWhite Hall, Md.
†Bogart, Corrine (Mrs. W. Star-
ford)Wendel, W. Va.
Beazley, Elizabeth (Mrs.
Rhodes)
†Boor, Elva (Mrs. Von Gesbeck) . New York
Connor, Ruth (Mrs. C. R. Ed-
wards)
*Coppersmith, Martha (Mrs. Leon
Kays

^{*} Deceased.

[†] Graduates not members of the Association.

Dilly, Gertrude (Mrs. E. B.
EtzlerWoodsboro, Md. †Frothingham, Norma (Mrs. R.
B. Chapman34 S. Fulton Ave., Baltimore, Md.
†Lee, Mabel (Mrs. Oehler)Sumit Ave., Greensboro, N. C.
†Myers, AlthaMaryland
†Meredith, Florence (Mrs. C. B.
Hicks)
McDaniel, Lillian K
Bridges)Blue Ridge Summit, Pa.
†Pinkard, Bertie2404 Barclay St., Baltimore, Md.
†Shields, Lelia (Mrs. G. Dawson).Chester, S. C.
†Stoneham, Ruth
†Skinner, Florence (Mrs. H.
Caldwell)Galena, Md.
White, Bettie
1916
Blake, Helen23 E. 21st St., Baltimore, Md.
†Clarke, LauraGreensboro, N. C.
†Dix, Nellie (Mrs. Hubert Bow-
ers)
Dunn, Margaret
†Forney, Marion (Mrs. S. F.
Smith)Biltmore, N. C.
†Hurst, Anna (Mrs. C. Hicher-
son)
†Henkel, Julia (Mrs. J. S. Skla-
dowsky)
Hoffmaster, Blanche Emergency Hospital, Annapolis, Md. *John, Mary
Kauffman, Irene
Langenfeldt, MarieCheltenham, Md.
*McSherry, Helen B
†Mayo, Margaret (Mrs. Oscar
Winnberg)
Null, Lillie
*Phelan, Elizabeth
†Reamy, Hildegarde (Mrs. Jacob Linn)3908 Dennison Ave., Cleveland, Ohio
Rutherford, ElsieBox 1089, Miami, Fla.
Smith, Sallie (Mrs. H. W. Byers).749 W. North Ave., Baltimore, Md.
Scarff, InezBryn Mawr Apts., Atlantic City, N. J.

^{*} Deceased.

[†] Graduates not members of the Association.

†Smith, Bernice
well)
Bridges) Eudowood, Towson, Md.
†Walter, Margaret (Mrs. Theo. Warner)Windsor Court Apts., Baltimore, Md.
1917
Cecil, R. (Mrs.)
Pesel)Lawrenceville, N. J.
Fahrney, Myrtle720 Grantley St., Baltimore, Md.
*Hedges, Lilly
tKeffer, Laura
Klase, Josephine (Mrs. C. S. Warrell)Box 35, Norco, Cal.
Lloyd, Ellen
Marsh, Elizabeth
†Mohler, Anna (Mrs.)1609 Eutaw Place, Baltimore, Md.
†Mouse, Lucy2011 Eutaw Place, Baltimore, Md.
Minnis, Jemima (Mrs. E. Mc-
Lane)Connellsville, Pa.
†Minnis, NancyConnellsville, Pa.
Monroe, C. Ethel328 Maryland Ave., Westport, Md.
Murray, Olive Emergency Hospital, Annapolis, Md.
†Pennewell, Jane (Mrs. Lawrence
Bloom)Philadelphia, Pa.
Quigley, Bertha717 W. North Ave., Baltimore, Md.
Robinson, Anna (Mrs. John
Lutz)
Risley, Marguerite (Mrs. H. M.
Stein)
Simpson, Elsie (Mrs. William-
son)Falkstone Courts, Washington, D. C.
†Shertzer, R. (Mrs. J. D. Har-
rison)
†Stoneham, Annette (Mrs. Hobbs) 108 E. Main St., Westminster, Md.
†Thorn, Norma (Mrs. J. S. Wood-
ruff)

^{*} Deceased.

[†] Graduates not members of the association.

Barwick, Elizabeth (Mrs. Gal-
try)Burlingame, Cal.
Bay, Beulah
†Benson, Martha (Mrs. E. M.
Jones)
Carr, Esther, (Mrs.) (Mrs. Wm.
Melvin)
†Dolly, Iva (Mrs. J. M. Under-
hill)West Ashville, N. C.
†Ensor, Althea (Mrs. Burch)Stevenson Ave., Towson, Md.
Flowers, Jeannette1220 Linden Ave., Baltimore, Md.
†Flaharty, Nellie (Mrs. Boyd)2923 Iona Terrace, Baltimore, Md.
Hook, Katie1316 Linden Ave., Baltimore, Md.
†Kinney, Maude (married)Frostburg, Md.
Kirkley, Naomi, (Mrs. E. D.
Fay) 2919 Belmont Ave., Baltimore, Md.
Leister, Grace
Lauper, Margaret1123 Madison Ave., Baltimore, Md.
†Linstrum, Gay (Mrs.) (Mrs.
Harry Hughes)
†McCarty, Ellen (Mrs. Frank
Ogden)
McMillan, Martha1726 Linden Ave., Baltimore, Md.
†Moore, Cecelia (Mrs. Herbert
Zimmerman)
†McDaniel, Lena (Mrs. Chas.
Rausenbach)Louden Hall, Hammond, Ind.
Oldhouser, MinnieLinthicum Heights, Md.
†Ridgely, Florence (Mrs. E.
Killough)
†Ridgely, Helen (Mrs. E. F.
DeWitt)
Scout, Temperance A2121 Linden Ave., Baltimore, Md.
†Singleton, Jessie (Mrs. Ralph
Guzzman)Red Springs, N. C.
Turner, Marion
*Viberg, Judith
†Ward, Mary Lee (Mrs. Frank
Boyette)Sayresville, N. C.
Yingling, Ruth McCready Memorial Hospital, Crisfield,
Md.

^{*} Deceased.

[†] Graduates not members of the association,

†Aldrich, Annette (Mrs. George Holman)
†Mitchell, Edna (Mrs. Dennis
Smith)
Juelg)
†Pleasants, Helen (Mrs. Smealy). North Fork, Cal.
†Sides, Elizabeth (Mrs. Mc-
Donald)
Smarr, Alice
Baltimore, Md.
†Zepp, Katherine (Mrs. M.
Douglass)24 S. 9th St., Indianapolis, Ind.
1920
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
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†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)
†Alexander, Christine (Mrs. J. Mayoral)

[†] Graduates not members of the association.

Lankford, Marie
Northcutt, Leona (Mrs. Oliver
Ridgely)
†Reynolds, Grace (Mrs. Chas.
They noted, Grace (Mrs. Chas.
Warfield)
ley)Warren Avenue, Baltimore, Md.
†Scaggs, Edna (Mrs. Edwin
Rembold)Kinship Road, Dundalk, Md.
†Shipley, Goldie (Mrs. Mientz)Quantico, Va.
Trevelian, Mabel
Tillet, Zora924 Henry St., S. W., Roanoke, Va.
Maston, Bessie L
Yates, Edna2801 W. North Ave., Baltimore, Md.
Yingling, Emily (Mrs. Arleigh
Albert)
1921
Indiana Indiana Indiana
†Bateman, Louise (Mrs. Dan
Brooks)Towson, Md.
Childs, Helen
Fisher, Mary Long, Alleghany Co., Md.
Gaver, Norma (Mrs. Daniel W.
Justice)
Gorman, Ruth (Mrs. Albert
Leuba)
Hampton, Claribel 2011 Eutaw Place, Baltimore, Md.
Hogshead, Kate (Mrs. J.
Morris Reese) Lutherville, Md.
†Minnis, Christine
Martin, Blanche Lee1220 Linden Ave., Baltimore, Md.
McDaniel, Mary (Mrs. H.
Weisner)Rolling Road, Relay, Md.
Neady, Susan PWaynesboro, Pa.
+Doigton Duby
†Reister, Ruby
Reese, Zadith (Mrs. William
Pitt)
Reamy, Helen1258 Nicholson Ave., Cleveland, Ohio
Rhodes, Jessie
Smith, Julia R. (Mrs. Edgar
Dione) Seminole Ave., Palm Beach, Fla.
Wood, Anna ElizabethBay Ridge Ave., Annapolis, Md.

[†] Graduates not members of the Association.

†Bowie, Lucille (Mrs. Richard
Joyner)Suffolk, Va.
†Callahan, VeraDennison, Ohio
†Deputy, Julia (Mrs. Albert W.
Strong)Walton, Ky.
Elgin, Grace
DuBois, Cecil (Mrs. David
Bein)
Lord, Nettie (Mrs.) Preston, Md.
Morrison, Frankie V. (Mrs.
James Mulligan)
*Yager, Eva
1002
1923
Boyd, Ruth W
Dunn, Helen LBay View Hospital, Baltimore, Md.
Graham, Evelyn P. (Mrs.)801 Hamilton Terrace, Baltimore, Md.
†Hazen, Dorothy LErie, Pa.
Harkins, Hilda F421 Winston Ave., Govans, Md.
Herrington, Mary M2114 Mt. Royal Terrace, Baltimore, Md.
Hoffman, Martha M1817 Linden Ave., Baltimore, Md.
Hoke, Lillie R
Horst, Katherine E. (Mrs.
John Meighan) Santa Rosa Apt., 120 W. Convent St., New
York City
Kish, Vilma K905 Melrose Ave., Trenton, N. J.
Maxwell, Irene AOwings Mills, Md.
McCann, Wilhelmina N The Walbert Apartments, Baltimore, Md.
Nagel, Ida M
Pratt, Anna E
Shroeder, Marie E. C. (Mrs.
Davenport)Mackeys, N. C.
Stailey, Margaret M16 Hamilton Ave., Hamilton, Md.
Teeple, Helen S Franklin Square Hospital, Baltimore, Md.
Toms, Kittie Roland 801 Hamilton Terrace, Baltimore, Md.
Reade, Katherine A1513 Bolton St., Baltimore, Md.
West, Regina Medora (Mrs.
Preston Champe)
White, Ruth A1513 Bolton St., Baltimore, Md.
1924
Alexander, Edith LMatthews, N. C.
Appleton, Pauline V1425 Linden Ave., Baltimore, Md.

^{*} Deceased.

[†] Graduates not members of the Association.

Barnes, M. Undine (Mrs. Jack
Roberts)
Bell, Janet MFranklin Square Hospital, Baltimore, Md.
Bennett, Alice M3010 Berkshire Road, Baltimore, Md.
Bennett, Pearl P. (Mrs.)9 Grove Ave., Baltimore, Md.
Brude, Lucy AFranklin Square Hospital, Baltimore, Md.
Callaway, Esther ASt. James Apartments, Baltimore, Md.
Compton, Pinkie Lee1608 Linden Ave., Baltimore, Md.
†Copenhaver, Elizabeth E.
(Mrs. John Holt)Wilmington, Del.
Davis, Marie (Mrs. Wilson)Piedmont, W. Va.
Fisher, Mary E2215 N. Calvert St., Baltimore, Md.
Forest, Lola (Mrs. George Hal-
ley)Kimberley, Idaho
Hoopes, Madeline
Headley, Sara P2214 Mt. Royal Terrace, Baltimore, Md.
Hughes, Claire Virginia (Mrs.). Arbutus Ave., Hamilton, Md.
Kraft, Dorothy C. (Mrs. Her-
bert)Ellicott City, Md.
McCormick, Margaret J72 Chase St., North Adams, Mass.
Moore, Rachel F1025 Harlem Ave., Baltimore, Md.
Mogart, Julia HelenUniversity Hospital, Baltimore, Md.
Pope, Jane TKelly's Hospital, Baltimore, Md.
Schaale, Bernice (Mrs- Fan-
chier)Baltimore, Md.
Scott, Jane
Shaffer, Mary C1522 Park Ave., Baltimore, Md.
†Slez, Mary Irene (Mrs. J.
Garland)
†Spencer, Lenora F. (Mrs. Taylor Medford)3906 Montgomery Ave., Baltimore, Md.
Sponsler, Mary R
†Tillinghast, Robina H1601 First St., St. Petersburg, Fla.
†Thomas, Kathryn A. (Mrs.
Lichner)New York City
Thompson, Icelene332 Ilchester Ave., Baltimore, Md.
Whitworth, Esther WYork Road, Guilford, Baltimore, Md.
Wertz, Gladys A
, , , , , , , , , , , , , , , , , , , ,
1925
Barr, Alberta
Md.
Coulter, Zelda Payson St., Baltimore, Md.
Cannon, ElizabethUniversity Hospital, Baltimore, Md.
Frick, Esther

[†] Graduates not members of the Association.

ALUMNAE BULLETIN

Forrest, Louise
Fletcher, Grace Bay View Hospital, Baltimore, Md.
Hathcock, Mary1511 Bolton St., Baltimore, Md.
Kertner, Mattie
Noch, Myrtle Peninsula General Hospital, Salisbury,
Md.
Scott, MaryBay View Hospital, Baltimore, Md.
Shatzer, Myrtle1511 Bolton St., Baltimore, Md.
Walters, Charlotte
Whitely, Estelle Bay View Hospital, Baltimore, Md.
Wall, LauraRocky Mount, N. C.





The University Hospital Aurses' Alumnae Bulletin

OFFICERS OF THE ALUMNAE ASSOCIATION

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PROGRAM COMMITTEE CORA MASON WILSON, R. N.

DIRECTORY COMMITTEE KATHERINE ZEPP, R. N.

CLIPPING BUREAU COMMITTEE WILHELMINA McCANN, R. N.

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THE UNIVERSITY HOSPITAL NURSES ALUMNAE BULLETIN

Vol. VII

SEPTEMBER, 1927

No. 1

TRIBUTE TO

ELIZABETH COLLINS LEE

When the five springs at "Ye Coole Springs," Charlotte Hall, St. Mary's County, Maryland, were restored and enclosed, one of the main springs was dedicated in honor of Miss Elizabeth Collins Lee, World War Nurse of distinguished service. The bronze tablet reads:

Tribute to

Elizabeth Collins Lee

Historian, Francis Scott Key Chapter, D. A. R.

1915-1919

World War Service As Nurse

With Evacuation Hospital No. 4, A. E. F.

Shelled, Fromereville, France,

November 2, 1918.

Dedicated June 5, 1924.

This was made possible by the Patriotic Societies of which Miss Lee was a member.

HARRIET P. MARINE, Chairman.

WORLD WAR RECORD

of

ELIZABETH COLLINS LEE

of

Baltimore, Maryland.

Member of the Francis Scott Key Chapter, D. A. R.

Elizabeth Collins Lee was born in Mobile, Alabama. She is the daughter of the late *Richard Henry Lee* and *Isabella George Wilson* of Baltimore, Maryland,—the former a Confederate soldier, a private in Dements Battery, 1st Maryland Artillery.

Miss Lee is a granddaughter of Hon. Judge Z. Collins Lee and Martha Ann Jenkins; a great-granddaughter of Richard Bland Lee and Elizabeth Collins of Philadelphia, Pennsylvania; and a great-great-granddaughter of Henry Lee and Lucy Grymes. Henry Lee was her Revolutionary Ancestor.

On her mother's side, Miss Lee is the granddaughter of William Hutton Wilson and Isabella George; great-granddaughter of John Wilson and Margaretta Hutton. John Wilson of Baltimore, Maryland, who served in the War of 1812-15 was her War of 1812 Ancestor.

Education: Private School and Visitation Academy, Baltimore; University of Maryland, Training School for Nurses; post-graduate courses at Johns Hopkins in psychiatry.

She was a Registered Graduate Nurse (member of the Red Cross).

Service during the World War: Volunteered. Mobilized, N. Y., May, 1918. Blois, France, assigned to Base Hospital No. 15, Chaumont, France, July, 1918. Volunteered Field Camp, Evacuation—No. 4, Service 1, Fromereville,—Returned, Base Hospital No. 15, Jan., 1919.

Miss Lee died May 15, 1927.

Rank: ANC. R. N. C.

Organization: Base Hospital No. 15 and Camp Evacuation Hospital No. 4.

Remarks: Enemy's Artillery fired on Camp at Fromereville. Miss Lee helped to carry stretchers and men to places of safety. No. 14 Citation received for service.

CITATION

General Headquarters American Expeditionary Forces.

December 12, 1918.

From: The Adjutant General, American E. F.

To: Commanding Officer, Evacuation Hospital No. 4 (Thru Commanding General, First Army).

Subject: Heroic Conduct of Nurses.

1. It is with deepest gratification that the Commander-in-Chief directs me to express to you and to the nurses listed below, his great pride in their heroic conduct on November 2nd, 1918, when Evacuation Hospital No. 4 was shelled by the enemy's Artillery:

ELIZABETH LEE

- 2. It is another page added to our Nation's history—a page brilliantly illuminated by the bravery of our American women in France.
- 3. The Commander-in-Chief further directs me to say to you and to your nurses that he is proud of each one; and their deeds will be added to the annals of the American Expeditionary Forces.

By Command of General Pershing:
(Signed) J. A. Ulle,
Adjutant General.

A True Copy:

(Signed) H. J. Hallett, Lieutenant-Colonel Medical Corps.

RESOLUTIONS

Proposed February 28th, 1916,

of the

FRANCIS SCOTT KEY CHAPTER, D. A. R.

Drawn up by Elizabeth Collins Lee, Historian.

Approved unanimously by the Executive Board of the Chapter and by the National Society United States Daughters of 1812 in the State of Maryland.

WHEREAS.

The matter of our country's defense and the matter of our citizens' patriotism are inseparably associated in the public mind: and

WHEREAS.

The country has become awakened to the need for a larger measure of coast defense for the safe protection of our people: and

WHEREAS,

There is nothing which so stimulates to practical and effective patriotism as the people's memorializing of the nation's distinguished heroes: therefore be it

RESOLVED.

By the Maryland Daughters of the American Revolution and the National Society, United States Daughters of 1812, State of Maryland, That we hereby respectfully petition the United States Senate and the House of Representatives to pass such laws as will multiply our coast defenses to a degree that will assure our country ample protection against hostile attacks; and be it further

RESOLVED.

That, as a mark of honor and as a most appropriate memorial, we also petition Congress to name each of our said Maryland coast defenses for some one of the worthy Maryland patriots and heroes of the American Revolution and of the War of 1812.

(Signed) Mrs. James D. Iglehart, Regent D. A. R.

Miss Elizabeth Collins Lee,

Historian.

Handed in September, 1916 to J. Chas. Linthicum by Mrs. Iglehart.

LETTER TO MISS LEE

Queen Mary's Needlework Guild, United States Branch, No. 122 East 25th Street, New York.

To the Members and Friends of the Guild:

I feel that few will take exception to my departing from the Custom of the Guild, and sending to you each this personal message.

I have considered it a privilege to have been associated with you in the perfectly splendid work which you have accomplished, and I wish to take this occasion to thank you individually for what you have done, for the co-operation and loyalty you have shown during the past five years, and to tell you that it has been keenly appreciated.

Many of you it has never been my privilege to meet, but I have felt, however, that I knew you—one and all, and this has been a pleasure to me which will not easily be forgotten.

It is with sincere reluctance that I bid you "Farewell."

Most gratefully yours,

THEODOSIA M. SPRING-RICE.

August, 1919.

(Copy. Original record in Washington, War Service Records Book, Library D. A. R.,—Memorial Continental Hall.)

MISS ELIZABETH COLLINS LEE

There was not during the World War a more unselfish and patriotic worker, nor one more imbued with a real spirit of love of country and of humanity, than Elizabeth Collins Lee of Baltimore, Maryland.

Besides holding active membership in the Patriotic bodies of the State, Miss Elizabeth Lee, immediately upon the outbreak of the World War, joined the forces of the first aid and emergency workers, (the United States Branch of the Queen Mary's Needlework Guild) in Washington, D. C., during 1915. To this she gave every moment of her time, and all her strength,—sewing and laboring weekly until she was sent overseas, June 11th, 1918, and after her return, until August 1st, 1920.

Other organizations of this nature to which she belonged, were:

The National Red Cross, where she worked on emergency supplies: Navy League of U. S. A., in which she knitted during eighteen months; member of Food Conservation Committee, working in designated districts.

Mobilized in New York City, May 15, 1918; sailed on the S. S. Missahaha. Arrived Base Hospital No. 45, Blois, France; on duty July 1st, 1918. Attached to Base Hospital No. 15, Chaumont, France, July 13th. Volunteered for Field Service; assigned to Evacuation Hospital, Field Corps No. 4; July 15th, 1918, Champagne-Marne, 42nd Division, five miles from Chalons defensive.........Aisne-Marne, July 18th;—August 5th, Chateau de Pereuse, 42nd offensive; Oise-Marne, August 18th to September 16th, American troops offensive, 12 miles above Chateau Thierry; Lorraine or Verdun Sector, St. Mihiel, Fontaine de Routon, September 16th-26th, American troops; Meuse-Argonne, Fromereville, September 26th to November 11th, American troops offensive. Remained here until December 1st, 1919, when E. H. No. 4 was ordered with the Army of Occupation to Treves, Germany.

Having contracted influenza, Miss Lee was evacuated to E. H. No. 15, Gloriaus,—thence to Base Hospital No. 91, Co-

mercy, and returned to Base Hospital No. 15, Chaumont, France. Demobilized, April 26th, 1919.

Through Colonel Bowen, Miss Lee's name was sent in, among others, by Miss Allison of E. H. No. 4 for honorary mention to G. H. Q. at Coblentz, Germany, for efficient service.

In trying to locate this mention Miss Lee received the following:

"Headquarters American Troops in Germany,
Office of Chief Surgeon, Sept. 11th, 1919.

My dear Miss Lee,

...... I am, however, able to quote a paragraph embodied in a memorandum received at this Office, of the Chief Surgeon, Third Army,—from Lieut-Colonel A. S. Bowen, M. C., who was Commanding Officer of Evacuation Hospital No. 4. This Memorandum was dated March 23rd, 1919.

'Mary Tiernay, A. H. C., Sigrid Jorgensen, A. H. C., Elizabeth Lee, A. H. C., Bertha E. Witt, A. H. C. were especially active in assisting patients to places of safety, regardless of their own, personally carrying patients on stretchers.'

Regretting my inability to give you any fuller information, I remain, Sincerely your,

(Signed) E. H. Burns."

Miss Lee worked with Miss Turner, A. H. C., not Miss Tierney, as stated in the memorandum, Nov. 2nd, N. A. M., 1918, and carried eleven stretchers to the ambulances under fire; and Miss Lee helped three other men to safety or to a place designated by Colonel Hallett, E. H. No. 4, November 2nd, 1918.

In January, 1919, Colonel Bowen was given E. H. No. 4 command. He had not been with the outfit in France.

It is only just to our State history, as well as to Miss Lee, that the following statement be made, though not sought by her.

On June 12th, 1917, Miss Lee was ready to answer the call for fifteen nurses for British Expeditionary Forces. She had given time and suffered the pains of precautionary inoculations; furnished her overseas wardrobe,—everything ready to leave. She was to report to Mrs. Sargeant prior to leaving the city for overseas,—the 'phone rang, and she was told her name had not been sent from the Sergeant General's Office in Washington.

To one who had worked so hard and been impelled by the patriotic blood of such noble ancestry, this was not only a great grief, but a *crushing* disappointment.

MISS LEE'S INTERESTS

Miss Lee is a member of the National Geographic Society, Descendants of Colonial Governors, Maryland Society of Colonial Dames of America, Maryland Historical Society, National Historical Society, National Society of Americans of Royal Descent, Patriots and Founders, Knights of the Golden Horse Shoe (1716-1916), the National Society of Scions of Colonial Cavaliers, Daughters of the Confederacy, Preservation of Virginia Antiquities, Maryland Society Daughters of the American Revolution (early member of the Thomas Johnson Chapter of which she was Registrar), charter member of the Francis Scott Key Chapter, D. A. R. (Chapter Historian for a number of years); Member of the N. S. N. S. D. 1812 in Maryland; one of the founders (and active workers) of the Lee Society of Virginia.

University of Maryland, Alumni Association; Maryland State Association of Graduate Nurses (Treasurer for five years), the American Legion. Recording Secretary 1919-21 for the French and American Children's League.

Miss Lee joined the Red Cross, November 2nd, 1911, No. 2315. She was a member of the Executive Committee of the Red Cross in the State of Maryland for three or four years. Since 1910, an ardent suffragist.

HARRIET P. MARINE, Maryland State Historian, D. A. R.

"MOTHER HINDES"

(A Tribute)

ELIZA BOND GRAY, R. N. Class 1900

From a life so filled with notable achievements it is difficult to choose those interesting to the greatest number of her friends, and loved ones. All who knew her loved her. My sister and I felt that we had lost a second mother when God took her home, though by that time she was so weary of the burden of the flesh that we were thankful for her to be at rest.

Mother Hindes died April 4th, 1925 (after ninety-five and a half years of service for her Master here), in a room reserved for her in the University Hospital, where she had lived for perhaps a year previous to her death. She accepted this room only after growing infirmities kept her from caring for herself in her old room in the nurses' home. Her vitality and will power were so strong that the most of that year she clung to the idea of eventually being strong enough to return to the Nurses' Home.

Born November 8th, 1830 in Charleston, S. C., she was a lineal descendent of one of the most distinguished families of that State. Her Grandfather was Admiral Higgins of the United States Navy, and her father Captain Higgins of the Southern Confederacy. He was killed in battle on the Chesapeake Bay. Her mother's name I do not recall, though she was born in Faquier County, Virginia. Until the outbreak of the Civil War their summer home was at Summerville, a suburb of Charleston. At that time their property was confiscated. After her father's death she came with her mother to Virginia.

All of the above history was told me in a reminiscent mood one day, and I might have learned more had I not foolishly asked if her father lost his life in the battle between the "Merrimac and Monitor." She replied with dignity—"I don't remember," and shut up like a clam. Reporters had tried in vain to get her story, and my question recalled her to the present. Though she trusted me she feared that something might leak

out in an unguarded moment, and she intended to let the "dead past bury its dead," and to that intention she firmly adhered. To any question asked about her family her inordinate pride gave the answer, "I have none. I work like a nigger, and I may as well be one."

She married rather early in life, and it may be of interest to know that the wedding took place in the Methodist Church across the street from the University. The converted church is now Davidge Hall. Her husband adored her. She told me that he often said "You could live peaceably in the house with anybody." Her husband was a civil engineer, and he was the builder of the Cabin John Bridge, near Washington. Their home was in Baltimore, and in this city two children were born—a boy and a girl. When the girl was five and the boy two years of age her husband was accidentally injured by a blow on the head. He became mentally unbalanced, and for thirty years her life was a constant struggle to keep him where he would not be a menace, and could still be comfortable. Her children both died in childhood.

After the death of her children, and while still burdened with the care of her afflicted husband, she began helping all the unfortunate or afflicted within her reach.

When the University Hospital was taken over from the Catholic Sisters she was made matron of the Maternity Department, which during my training was located at 622 W. Lombard St. It was known as the "Free Lying-In Hospital." An episode there one night amused Mother Hindes very much and she often told of it:

"The night nurse on answering the door bell found a delapidated tramp on the steps who said, 'I see over your door Free Lyin' In, and I want to lie in for the night.' On having it explained that it was for women only he left with this remark, 'Don't see why they refuse a poor fellow when they say over the door they'll take 'um.'"

Friends near Jessup with whom she lived for a time before coming to the hospital, saw what wonderful work she was doing among unfortunate women, and helped her by taking mothers with babies until they were strong enough to work, or could find homes for the infants. Mother Hindes shared the expense, and together they often gave girls a new outlook on life. One feeble-minded woman and her child were kept permanently—thereby saving the State the probable care of sundry others of the same stamp.

Many of us remember Topsy, the feeble-minded soul who was a mother at eleven years of age. I never saw more complete devotion than she gave Mother Hindes. Just before Mother Hindes' death, when the colony in the country had to be given up, Mrs. Hewes took Topsy to live with her, where she was still serving faithfully when last I knew of her.

From the small beginning of the few unfortunate women sent to the country the colony gradually grew.

Mother Hindes picked up deficient small boys, who were in vicious surroundings and sent them to the farm to be taught. They occasionally planted onion sprouts with the green tops down, but in the end she made something worth while of them. One bright boy whom she saved from jail became a successful newsstand owner, and returned periodically to thank her for his station in life. She often said that if certain charitable institutions would let "her people" alone she could make them more self-respecting by teaching them to look upward and work harder, instead of being reminded of the past when there were so many other people present.

I never knew any one who could keep her own council better. That strong, sweet face, framed in snowy hair, with its humorous twinkling eyes seems to be looking at me as I write though if she were present in the flesh this story would be torn in shreds as soon as she could lay hands on it. She even shrank from the publicity of loving tribute from friends.

Her wonderful personality has lifted many a despairing soul out of the depths. One of the young girls she had helped told me she would have been in the river but for Mother Hindes. This girl had been drugged and betrayed. Mother Hindes found work for her where she could keep the child and watched over her until a few years later when she was happily married

to a man who was willing to share the responsibility of the unwanted child.

I knew of scores of girls she kept in the right road, and there were doubtless many more that I never heard about.

She sometimes had as many as twelve or fourteen children and grown ups on the farm. Here they were taught to grow the crops needed for their support, and also the general routine of farm life. At one time both her cow and horse died. She was very discouraged, for she felt that it was an impossibility for her to replace them. Finally the matter came to the ears of the nurses. They made contributions, sold dolls, and were aided by the doctors to buy a "plug horse" and a fairly good cow. She was as happy as a child with a new toy over this evidence of support for her people. Giving them up when failing strength made it no longer possible to hold them meant as much to her as the loss of a child to its mother.

Until she could no longer creep up the long flight of stairs to the diet kitchen in the hospital, she went across the yard on her crutches, every morning at four o'clock. When it was slippery the men from the engine room watched for her and helped her across.

There was no nurse or doctor within the radius of her smile who was not cheered by it. Students came to her when examinations did not go well, and nurses when they had difficulty with those "Higher up." She knew how to smoothe out the rough places for us all, and sent us on our way with renewed courage. Students have gone to her crying—they were so sure of failure—and at least one came out at the head of his class, after a quiet talk with her.

She entered into life eternal the day before Palm Sunday, April 4th, 1925. Surely the gates of Paradise must have been opened with joy to welcome one who had served her Lord so faithfully and so long. Her body rests in Trinity churchyard, near Jessup, on the road between Baltimore and Washington, a doubly hallowed spot since she rests there.

HAVE YOU A PICTURE OF YOUR CLASS THAT YOU ARE WILLING TO GIVE TO THE TRAINING SCHOOL FOR THE CLASS ROOM?

Miss Crighton is very anxious to have a picture of each graduating class. A number of the classes have already given their photographs, but a number are still missing. If you do not want to give up your own copy of the class photograph could you not arrange with some others of your class to have it copied, and send that to the University? It will be kept there as a permanent record.

SCHOLARSHIP AND LOAN FUNDS

1. Isabel Hampton Robb Memorial Fund

Through the Isabel Hampton Robb Memorial Fund, scholarships are annually available for those entering the training Application should be made to Miss Katherin school field. DeWitt, Secretary Isabel Hampton Robb Memorial Committee, 19 West Main Street, Rochester, N. Y.

2. The American Red Cross

The American Red Cross gives a number of general nursing scholarships, also restricted to those who are willing to enter the Public Health Nursing of the Red Cross. Further information may be obtained from the Director of the Department of Nursing, The American Red Cross, Washington, D. C.

3. The LaVerne Noyes Scholarship

A number of scholarships are offered by the estate of La-Verne Noyes. These scholarships are available for nurses who, having served in the army and navy in the last war, who have been honorably discharged and who are in need of this assistance. Further information may be obtained from the Trustees of the LaVerne Foundation, University of Chicago, Chicago, Ill.

4. The Isabel McIsaac Loan Fund

The Isabel McIsaac Loan Fund also offers a few limited loans to students interested in the more advanced fields of Application should be made to Katherin DeWitt, 19 West Main Street, Rochester, N. Y.

5. The Nurses Alumnae Association Scholarship of the University of Maryland

A scholarship is given by the Nurses Alumnae of the University of Maryland for the six weeks summer course at Columbia University, to the nurse who wins the first honors in her class during the three years of training.

6. School of Practical Arts

The announcement of the School of Practical Arts, the School of Education, or the Summer Session will be sent on application to the Secretary of Teachers College, Columbia University, New York.

Application for admission as students of Nursing Education should be addressed to the Office of Nursing Education, Teachers College, Columbia University, New York City.

INDUSTRIAL NURSING

Five years ago there was an Industrial Nursing Group of which Miss Harriet Fort was Chairman. She was a very active worker, but left the city and no one was appointed in her place.

Last Fall the Industrial Nurses met and had just social meetings; being entertained by The Baltimore Copper Works at Canton and The Crown Cork and Seal Co. at Highlandtown.

On February 9, 1927, Mrs. Walberg Nolan (the Nurse at the Western Maryland Dairy) invited the Nurses to Luncheon. It was surprising to see how many were doing this kind of work, so we decided to re-organize.

The first meeting was held at the Western Maryland Dairy with twenty-one nurses present. The officers were elected as follows: Chairman—Mrs. Walberg Nolan (St. Agnes graduate), nurse at the Western Maryland Dairy. Vice Chairman—Mrs. Alice Elgin (St. Agnes graduate), one of the United Railways Association nurses. Secretary—Miss Madeleine Hoopes (Maryland University), nurse at the Stieff Company (Silversmiths).

To be eligible for membership in this organization the applicant must be a Graduate Registered Nurse and a member of the Maryland State Association of Public Health Nurses.

The Roll Call showed the following hospitals represented:-

St. Joseph							8
Maryland University							7
Mercy							5
St. Agnes							5
Union Memorial							5
Mt. Sinai							2
Woman's	 						1
Hopkins							1

Since then we have two new members from the University, bringing our total up to nine and also making our hospital the first on the list. I might say here that the University Nurses attend meetings regularly and seem very much interested.

Our Nurses are as follows:

Miss Harriet Parsons, Class 1908 United Railways Association

Miss Eulalie Cox, Class 1912 Jarka Co., 408 Water St.

Miss Marion Smith, Class 1912 Bethlehem Steel Co.

Miss Marie Sanders, Class 1914 General Electric Co.

Mrs. R. Cecil, Class 1917 Mt. Vernon-Woodberry Mills

Miss Jeanette Flowers, Class 1918 Standard Sanitary Mfg. Co.

Miss Bessie Lee Maston, Class 1920

B. & O. Accident Room, University Hospital

Miss Madeleine Hoopes, Class 1924 The Stieff Co. (Silversmiths)

Miss Margaret V. Fink, Class 1926 Stewart & Co.

The meetings are held the second Wednesday of each month at the different plants to discuss our problems in the Industrial World and usually end with a social meeting. Later on we plan to have speakers who are interested in both Industry and the Medical Side of Industry talk to us.

The different plants at which we have had our meetings are as follows:

Western Maryland Dairy-Luncheon.

Western Maryland Dairy—Business Meeting.

Offices of The United Railways Association—Business Meeting. (1011 Continental Bldg.)

Maryland Casualty Co.—Supper and Business Meeting.

Bay Shore Park—Supper, being entertained by The United Railways Association.

The meetings have been discontinued for the summer months but will start again in October, when we will be entertained by The Fidelity Trust and Deposit Company.

> Madeleine Hoopes, R. N., Secretary of The Industrial Nurses of Baltimore—Class 1924.

\$1684.05

TREASURER'S ANNUAL REPORT FOR 1926

Balance in Western National Bank—December 31, 1925	\$865.86
Receipts:	
Dues from Alumnae Members	
Dues from Directory Members	
Advertisements and Sale of Bulletin 144.88	
Card Party	
Banquet 80.50	
Loan to Sick Benefit Fund paid	
Total receipts	2388.53
Disbursements:	
Registrar's salary \$720.00	
Directory Telephone 267.91	
A. N. A. Relief Fund 82.00	
Maryland State Association	
Bulletin 476.57	
Banquet 225.00	
Printing 73.40	
Stamp and Stationery 31.25	
Refreshments 58.73	
Flowers	
Delegate to A. N. A. Convention 100.00	
Loan to Sick Benefit Fund	
Nurses Home Building Fund 250.00	
A Christmas basket 5.00	
Total disbursements	\$2555.86
Balance in Bank—December 31, 1926	\$698.53
SICK BENEFIT FUND	
Balance in Eutaw Savings Bank—December 31, 1925	\$1437.56
Receipts:	
Dues from Members \$172.00	
Interest on Bank Account	
Interest on Loan	
Total receipts	246.49

Disbursements:

Eight Benefits paid, 42.00 each\$336.00	
Loans to three Members—\$125, \$300, \$250 675.00	
Total disbursements	1011.00
Balance in Bank—December 31, 1926	\$673.05
Endowment Fund—December 31, 1926	\$1164.73

REPORT FROM THE ANNUAL MEETING OF THE MARYLAND STATE NURSES' ASSOCIATION

SARAH F. MARTIN, R. N., Secretary of Maryland State Nurses' Association

The twenty-fourth annual meeting of the Maryland State Nurses' Association was held in Baltimore, January 12, 13, and 14, in joint session with the Maryland League of Nursing Education and the Maryland State Public Health Nurses' Association.

The opening meeting and the business session of the Maryland State Nurses' Association were held on Wednesday morning. The meeting was opened with prayer by Rev. S. Tagart Steele, Chaplain, The Guild of St. Barnabas for Nurses. Elsie M. Lawler, President, in her address reviewed the work, not only of the Maryland State Nurses' Association, but of the National Nursing Association, during the last twelve years. Miss Lawler also stressed the point of the necessity of interesting the younger nurses in the work of the nursing organizations. At this session reports were read by the Presidents of the Maryland State Board of Examiners of Nurses and the Central Directory of Registered Nurses, Inc. Jane E. Nash, President of the Central Directory, in giving her report for the year pointed out that for the first time in the history of the organization the entire registry of three different schools had joined the Central Directory. The report also showed that hourly nursing service had been established as a part of the regular service being furnished the public by the Directory. The report showed that the number of registered nurses on the

Directory was 305, and that nearly 3,000 calls had been filled during 1926.

At this session it was decided to make a contribution of \$300 to be divided equally between the McIsaac Fund and the Isabel Hampton Robb Memorial Fund, of which Miss Lawler is Chairman. This action was taken as a note of our appreciation for Miss Lawler's services as our president for the last twelve years, on her retiring from the presidency. It is hard to find any words or any gift that adequately express appreciation and thanks to a nurse who as the Superintendent of a School of Nursing in one of the large hospitals has given her services, sometimes at much sacrifice, to the work of a State Nurses' Association for the last twelve years. But the Marvland Nurses do appreciate what Miss Lawler has done and are grateful that she could continue as president for so long a time. It was also voted at this meeting to make an annual contribution to the Isabel Hampton Robb Memorial Fund and the Mc-Isaac Fund; the amount to be decided at each annual meeting. This year the amount contributed was \$25 to each Fund. The afternoon session in Osler Hall was held under the auspices of the Maryland League of Nursing Education, at which time Sister M. Helen Ryan and Nellie Oxley were the speakers. At the close of this session a Tea was given by St. Barnabas Guild for Nurses. The speakers at the evening session were Esther L. Richards, Associate Psychiatrist, Johns Hopkins Hospital, and Dr. Ella Lonn, Professor of History, Goucher College. Dr. Richards and Dr. Lonn were most enthusiastically received by the nurses.

Thursday was Public Health Day under the auspices of the Maryland State Public Health Nurses' Association. In the morning, about one hundred and fifty nurses went by bus and private automobiles to the Eudowood Sanatorium, where Dr. William A. Bridges demonstrated the "Alpine Lamp." Luncheon was served at the Sanatorium. In the afternoon, Dr. J. C. Hemmeter was the speaker in Osler Hall and took as his subject "The Action of Insulin." Nearly four hundred nurses attended this session and were much interested in the lecture and slides. The evening session was held in the Western High

School when Eugene Lies, of Chicago, was the speaker. The evening closed with a three-act play presented by the County Health Nurses of Maryland entitled "The Costly Party." Great credit is due the nurses who contributed so much enjoyment to the large audience.

Practical demonstrations were given at the Johns Hopkins Hospital on Friday morning by pupil nurses from the Hospital for the Women of Maryland and Union Memorial Hospital. This session is always attended by a large number of nurses and our sincere thanks are due the pupils from these two schools for their valuable contribution towards the success of the meetings. At the close of this session a Luncheon was served at the Church Home to the members of the Boards of Directors. In the afternoon of Friday we had the pleasure of having J. Beatrice Bowman, Superintendent, Navy Nurse Corps, and Lucy Minnigerode, from Washington, as speakers and the nurses gave them a hearty welcome. This session was followed by a most delightful Tea at Sinai Hospital. meeting closed with the Annual Dinner at the Hotel Rennert, when Carrie M. Hall, President, National League of Nursing Education, was the guest of honor. Miss Hall and J. Kemp Bartlett, Jr., were the speakers at the dinner.

The officers elected for 1927 are: President, Jane E. Nash; Vice Presidents, Elsie M. Lawler, Martha E. Friend; Secretary, Sarah F. Martin; Treasurer, Anna L. Zerhusen; Directors for three years, Mrs. Emma M. Hoshall, Helen Shearston.

TRAINING SCHOOL REPORT

Brief summary of the report of the School of Nursing, University of Maryland, covering the period from July 1, 1926 to July 1, 1927:

Assistants:

Day	1	
Night	1	
Instructors:		
Theory	1	
Practice	2	
In Charge:		
Dispensary	1	
Operating Room	1	
Maternity	1	
Nurses' Home	1	
Head Nurses:		
Upper Halls	1	
Lower Halls	1	
Ward G	1	
Ward H	1	
Ward I	1	
Wards A-B	1	
Children's Ward	1	
Assistant in Operating Room	1	
Supply Room	1	
Accident Room	1	
Pupil Nurses Filling Head Nurses' Positions:		
Colored Women's and Men's Medical and Surgical		
Ward	1	
Pupil Nurses		87
Student Nurses in Preparatory School		. 0
Post-graduates		. 2
Total number of students in school		89
Total number of special nurses during the year	1	253

Illness:

During the year one hundred and seventy-six (176) nurses were off duty for varying lengths of time because of illness. Of these thirty-three (33) were admitted to the Private Halls or Sydenham Hospital for treatment and the remainder cared for in the Nurses' Home.

Causes of Admission were:

Appendectomy	2
Nephritis	1
Quinsy	1
Adhesions	1
Gastro Intestinal Condition	2
Otitis Media	1
Cardiac Condition	2
Tonsillitis	2
Colitis	1
Infection	2
Bronchitis	2
Antrum Drainage	2
Positive Diphtheria Culture	4
Myringotomy	1
Diphtheria	3
Vincent's Angina	1
La Grippe	1
Influenza	1
Tonsillectomy	2
Lung Abscess	1

Total number of days lost through illness	1164
Total number of nurses	176
Total number of days lost through other causes	2621/2
Requests for information and admission	194
Number of applications accepted	64
Number of students entered	49
Number of applicants who failed to meet requirements	9

Resignations:

Miss Lillie Hoke—Night Supervisor
Miss Louise Savage—Practical Instructor

Miss Mabel Trevilian-Supervisor Maternity

Miss Esther Frick-Head Nurse Ward C

Miss Marian Coates-Head Nurse Ward I

Miss Lena Townshend-Supervisor Nurses' Home

Miss Gertrude Steffens-Practical Instructor

Miss Margaret Fink-Head Nurse Ward I

Miss Fernanda Dennis-Head Nurse Wards A-B

Miss Mary Saulsbury-Night Supervisor

Reappointments:

Miss Frances M. Branley-Assistant Superintendent of Nurses

Miss Isabel E. Zimmerman-Theoretical Instructor

Miss Elizabeth Aitkenhead-Supervisor Operating Room

Miss Ida Nagel-Assistant Supervisor Operating Room

Miss Jane Moffatt-Supervisor Accident Room

Miss Jane Scott-Supervisor Accident Room

Mrs. Cora Mason Wilson-Supervisor Supply Room

Miss Bertha Hoffman-Supervisor Lower Halls

Miss Helen Morgart-Head Nurse Ward G

Miss Elizabeth Cannon-Head Nurse Ward H

New Appointments:

Miss Gertrude Steffens-Instructor in Practical Nursing

Miss Elizabeth Colbourne—Assistant Instructor in Practical Nursing

Miss Elizabeth Fink-Head Nurse Men's Surgical Ward

Miss Reba Davis-Supervisor Maternity

Miss Fernanda Dennis—Head Nurse Women's Medical and Surgical Ward

Miss Charlotte Price-Head Nurse Children's Ward

Mrs. Lucy A. Brude-Head Nurse Upper Halls

Transfers and Promotions:

Miss Alice Bennett—From Head Nurse Upper Halls to Night Supervisor

Mrs. Tillie Mohan—From Assistant House Mother in Nurses' Home to House Mother

Temporary Appointments:

Miss Mary Saulsbury—Head Nurse on Upper Halls—one month Night Supervisor—three months

Mrs. Elizabeth Ewell-Relief during Summer

The report I present is very similar to the previous one for changes come so gradually and each change is more or less dependent upon others.

The last few years have been years of constant adjustments in all departments but to get a true picture of these many changes one should spend sometime in visiting the hospital and its various departments. We welcome all who may be interested and especially those of you who are away from activities.

Last October we opened a new thirty-bed children's department, including milk room, sun porch, detention rooms, etc. The affiliation in Pediatrics with The Johns Hopkins Hospital was discontinued on October 1, 1926 as the ward was adequate to care for the training of our students.

Our students continue to go to Johns Hopkins Hospital for their Psychiatric Training.

It gives me real pleasure to say that the addition to the Nurses' Home will be started this Fall. This will accommodate all our nurses under one roof and I trust care for a sufficient number of nurses to care for the hospital as it now stands.

May I take this opportunity to express my sincere appreciation for the loyal support of my assistants, head nurses, and for the co-operation between all departments.

Respectfully submitted,

Annie Crighton, R. N.,

Superintendent of Nurses.

REPORT OF THE PUBLICATION COMMITTEE

The Publication Committee wishes to thank all who contributed articles, news items, and reports for this issue of the Bulletin. We regret that we have not a report from every committee.

This issue of the Bulletin will cost fifty cents, and a bill will be included with your Alumnae dues. We hope that each one will be very prompt in remitting this amount to the Treasurer.

SERENA SELFE BRIDGES, Editor.

MARYLAND STATE NURSES ASSOCIATION TWENTY-FIFTH ANNIVERSARY

The Twenty-fifth Anniversary of the Maryland State Nurses' Association will be celebrated on January 26th, 1928, at the Lyric, at which time we hope that every alumnae association and every school of nursing in the State will be represented by a large number of nurses in full uniform.

It is expected that one of the best known speakers in the United States will make the principal address.

As the University Hospital is one of the oldest in the State we trust that your Alumnae Association members will be glad to give their full support to this undertaking.

SARAH F. MARTIN, R. N., Secretary.

NEWS ITEMS

The Nurses Committee for Financing Grading Plan is making an appeal to each nurse for a dollar toward that project. They say—"We, as nurses, want the facts about nursing. Only by securing facts can we hope to put nursing education on a sound basis, improve conditions in private duty, and promote other reforms of importance to all nurses, and to those who employ or work with them."

The Alumnae banquet was held this year at the Emerson Hotel. It was decided that as this was the thirty-fifth year of

the Training School something special should be a feature. With this in mind all graduates of the Training School, whether members of the Alumnae or not, were invited to participate. The response was most enthusiastic, and the banquet declared the most delightful ever held. Mrs. Harry M. Stein was in charge of the arrangements.

Miss Ruth Clements, Class of 1920, is Superintendent of the McCready Memorial Hospital at Crisfield, Md.

Miss Rachel Moore, Class of 1924, has gone to California and will engage in nursing there.

Miss Mabel Trevillian, Class of 1920, is Chief Night Superintendent at Sydenham Hospital, New York City.

Miss Rebecca Glover, Class 1925, is Supervisor of the Operating Floor at the Franklin Square Hospital.

Miss Myrtle Shatzer, Class 1925, is Supervisor of the Maternity at Franklin Square Hospital.

Miss Alice Bennett, Class 1924, has resigned as Supervisor of the Upper Halls at the University Hospital, and is now the Night Superintendent.

Mrs. Lucy Brude, Class 1924, is Supervisor of the Upper Halls at the University Hospital.

Miss Esther Calloway, Class 1924, has resigned as Outside Obstetrical Nurse and is now doing private duty. Miss Stella Bost, Class 1927, has taken Miss Calloway's place.

Miss Alberta Barr, Class 1925, is doing general duty at Dr. Richard's hospital at Port Deposit.

Miss Lillie Hoke, Class 1923, has resigned as Night Super-intendent at the University Hospital.

Miss Helen Teeple, Class 1923, is Superintendent of Dr. Richard's hospital at Port Deposit.

Miss Margaret V. Fink, Class 1926, is doing Industrial Nursing at Stewart and Co. She resigned from the University Hospital on May 31st, where she had been in charge of Ward I.

Miss Eulalie Cox, Class 1912, has resigned as Superintendent of the Baltimore Eye, Ear and Throat Hospital, and is now engaged in Industrial Nursing at the Jarka Co., 408 Water Street.

Miss Elizabeth Getzendanner, Class 1909, is now conducting a tea room in Philadelphia.

MARRIAGES

March 9, 1927, Henrietta Gourley, Class of 1908, to Mr. William H. Dowell. Mr. and Mrs. Dowell live at Barston, Md.

March 31, 1927, Ethel Monroe, Class of 1917, to Mr. John Paul Troy. Mr. and Mrs. Troy live in Baltimore.

November, 1926, Zella Coulter, Class of 1925, to Mr. Kelly. Mr. and Mrs. Kelly live in Baltimore.

September 17, 1927, Blanche Lee Martin, Class of 1921, to Dr. Cyrus F. Horine. Dr. and Mrs. Horine will live in Baltimore.

BIRTHS

In February, 1927, a son to Dr. and Mrs. Fred Smith. Mrs. Smith was Miss Adeline Cavano, Class of 1917.

In 1927, a son, to Dr. and Mrs. J. A. Skladowski. Mrs. Skladowsky was Miss Julia Henkel, Class of 1916.

In 1927, a daughter, to Mr. and Mrs. Charles Warfield. Mrs. Warfield was Miss Grace Reynolds, Class of 1920.

In March, 1927, a daughter, to Mr. and Mrs. William Pitt. Mrs. Pitt was Miss Zadith Reese, Class of 1921.

In 1927, a daughter, to Dr. and Mrs. Wilson. Mrs. Wilson was Miss Marie Davis, Class of 1924.

In March, 1927, a daughter, to Mr. and Mrs. Dione. Mrs. Dione was Miss Julia Smith, Class of 1921.

In May, 1927, a daughter, to Mr. and Mrs. Earl S. DeWitt. Mrs. De Witt was Miss Helen Ridgely, Class of 1918.

Elizaheth Collins Lee, R. N., '96 Died May 15, 1927 Gertrude Telus Cole, R. N., '119 Died May 15, 1927

The World Was Just A Little Better For Her Stay In It.

Mena Shipley, K. N., '96 Died Iulo 25. 1926

Miss Shipley died at Granada, Colorado, after an illness of about a year's duration. She was also a graduate of the Philadelphia Orthopedic Hospital, Philadelphia, Pa., Class of 1900. She held hospital positions in Fredericksburg, Va., Fort Smith, Ark., Eveleth, Minn., and a hospital for the insane at Washington, D. C., before coming to Kansas City, Mo., where for many years she was prominently identified with the various nursing organizations of the city, during which time she was Superintendent of the Nursing Staff of the V. N. A. for a number of years; Superintendent of Training School of the General Hospital at two different times and held office in the District Nurse's Association for several years.

While Miss Shipley left no immediate relatives to mourn her loss, she will be greatly missed by a host of friends, both in and out of her profession, as she was always a true and loyal friend, ever ready to help those less fortunate than herself. Burial was in Colorado Springs, Colorado.

Stella M. Page, Secretary, Kansas City Nurse's Association.

LETTERS FROM ALUMNAE

From Miss Elsie Love Rutherford, Class 1916
701 N. Hobart Boulevard,
Los Angeles, Calif.

Dear Friends:

Do tell me who does the girl's caps these days, for mine need cleaning sadly. I had one done by the Chinaman here and it looks *terrible*, but I'm wearing it—an absolute disgrace to our beloved "Miss Florence."

Are there any of the girls out here? Its a long way from home and rather lonesome.

I am working just as hard as I think that I should. It is all twenty-four duty, and pays \$6—seven for obstetrics.

This climate is wonderful, but I am not so keen about it. I have had a winter coat on every day since I arrived, and cannot see a chance of discarding it yet. They do not have the rains as at home, but there are numberless (so it seems) dark, dreary, cloudy days and I would rather have the rain and get it over. Anywhere from November to April we do have rain though—almost continuously. The hills get to be a very pretty green then—now they are brown. The shrubbery is kept well irrigated, and is beautiful, of course.

From where I am sitting I can hear Lillian Gish's parrot calling her. She lives in a bungalow just below here, and little Gloria Swanson, who is a beautiful child plays out on the lawn, everyday. My patient and myself enjoy seeing the movie queens so much. Mary Pickford entertained here the other day for the working girls. She did not invite me though, and I think that I am in that class.

Do some of the girls write to me.

Ever sincerely,

ELSIE LOVE RUTHERFORD.

GRADUATES OF THE TRAINING SCHOOL

(Please notify the Secretary of change of address)

1892

†Dunham, E. (Mrs. Roache)Staunton, Va. †Dunham, Lelia
*Goldsborough, Mary E
*Hale, Janet
Lucas, Kate C. (Mrs.)1404 W. Lexington St., Baltimore,
Md.
*Neal, Amy
Lee, Anna S. (Mrs. F. Lovenski-
old)Texas
†Schleunes, AnnaCecil Apts., Baltimore, Md.
1893
Bradbury, M. E 2 Church St., Cambridge, Md.
†Cornman, Mary E315 Okeechobee Rd., W. Palm
Beach, Fla.
†Culbertson, Clara
Daly, E. J
Michael, Martha B
†Mayes, EleanorPetersburg, Va.
Mergardt, Clara (Mrs. J. Reif-
sneider)836 N. Stricker St., Baltimore, Md.
†Pyatt, M. AGeorgetown, S. C.
Ravenell, S. SAiken, S. C.
Shertzer, Elizabeth1503 Park Ave., Baltimore, Md.
*Williams, E. M
*Van Santwoort, Elinor (Mrs. W.
· · · · · · · · · · · · · · · · · · ·
Mines)
1894

*Anderson, Bessie
*Brown, Mary
Bonn, C. M. (Mrs. Barwick)319 Okeechobee Rd., W. Palm
Beach, Fla.
†Hass, Rose (Mrs. Pfohl)Winston-Salem, N. C.
*Judd, Evelyn (Mrs. J. Dingan)
†Morgan, Lucy H. (Mrs. Blacklow) Lockhaven, Pa.
Mergardt, Emma (Mrs. Stow) Wyanet, Ill.
†Mellner, Constance (Mrs. Wine)
†Magruder, Emma718 Evesham Rd., Baltimore, Md.
A.D.

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

Reed, Elizabeth
†Thompson, MaryCentreville, Md.
†Weitzel, V. C. (Mrs. Chas. Mc-
Nabb)Cardiff, Md.
1895
†Blake, Sallie ETallahassee, Fla.
†Edmunds, MarieFarniville, W. Va.
*Harry, Addie M
†Jones, MyraNew York City, N. Y.
Rolph, Mary E627 N. Carey St., Baltimore, Md.
1896
†Frampton, Mary (Married)
*Lee, Elizabeth C
Robey, Frances2033 Madison Ave., Baltimore, Md.
*Shipley, Mena
†Slicer, LucilleNew York
Wilson, Cora M. (Mrs.)
1897
Baldwin, M. E. E. (Mrs.)Towson, Md.
Brooke, Christine Gay60 W. 56th St., New York City, N. Y.
†Clegg, Mary C
†Cohen, Ella (Mrs.)Towson, Md.
†Crowe, Florence (Mrs. C. W. Mit-
chell)
†Jones, Susan M1412 Park Ave., Baltimore, Md.
†Keating, Martha J Winchester Hosp., Winchester, Va.
*Lashley, Josephine
Lord, Athalia63 Clayton Ave., Charlotte, Va.
Russell, Mary A
†Slicer, Annette
*Watkins, K. N
1898
Galloway, M. (Married)
†Hughes, Eunice (Mrs.)
Lackland, Nannie J
Rossell, Blenda E
Md.

[•] Deceased.

[†] Graduates, not members of the Alumnae Association.

1899

1899
†Brown, Margaret S1401 Columbia Rd., Washington, D. C.
†Edwards, Katherine (Married)Hagerstown, Md. †Llewlyn, Bernadine (Mrs. Early)Scottsville, Va. *Pittman, Blanche
som)
1900
†Blight, Marguerite (Mrs. M. B. Le Seur)
1901
†Anderson, Grace L354 E. 16th St., New York City, N. Y.
†Blight, Emmeline (Mrs. F. E. Chambers)
*Blake, Katherine
Cook, Mary H149 W. Lanvale St., Baltimore, Md.
*Dowdell, Mary
†Mosby, Pauline V149 W. Lanvale St., Baltimore, Md.
1902
Burch, Emma C

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

†Kinnirey, Nancy (Mrs. Howard Iglehart)
†Raines, Martha (Mrs. John Foster)
Md.
1903
†Bird, Margaret
†Fulton, Isabel
Gallagher, Ella
ing)Elkridge, Md. Massey, Margaret K. (Mrs. Nath- an Winslow)1900 Mt. Royal Terr., Baltimore, Md.
Miller, Mary C
*Northrup, Mary A
1904
†Bush, Lucy Ladd (Mrs. H. J. Har-
by)
†Daugherty, Sara (Mrs. C. M. Yarger)1001 Orchard Place, Albuquerque, N. M.
†Dilworth, Florence I. (Mrs. Por-
ter)
†Guerrant, PattieLos Angeles, Calif.
Gaskill, Laura M
†Lewis, Christine MNew York City, N. Y. †Munder, Lela (Mrs. Stanley Blood)Brookline, Mass.
Parrott, E. May
†Walker, Louise (Mrs. Harrison Cassard)Tudor Hall Apts., Baltimore, Md.
†Walton, NancyAnnapolis, Md.
Decensed

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

1909
Bayley, Elizabeth
munds)
†Hillard, Nellie (Mrs. H. Covington)Rocky Mount, N. C.
†Jones, Nettie (Mrs. J. R. Revell)Louisville, Ga. Kuhn, Ruth
sius Lemley)
Schafer, Carlotta (Mrs. Murphy) 3014 Winfield Ave., Baltimore, Md. Trenholm, Lila (Mrs. Walton Hop-
kins)Maryland Ave., Annapolis, Md.
1906
†Carter, Nellie
†Cunningham, Sarah (Mrs. F. W.
Morse)
White)
†Jessup, Marian (Mrs. Frank Hines)
Moore)
*Query, Clara
1907
Barber, Jennie D

^{*} Deceased.

ton, D. C.

[†] Graduates, not members of the Alumnae Association.

†Brewington, Esther (Mrs. P. P. Causey)Sedley, Va.
†Brian, Nancy
Griffith, Isabella (Mrs. H. F.
Fleck)
†Grimes, MaryConcord, Kentucky
Haydon, Jane
Hissey, Naomi
†McNabb, Nancy (Mrs. R. P. Bay) 8 Hillside Rd., Baltimore, Md.
Minnis, RosamondConnellsville, Pa.
†Minor, Evelyn
†Ogburn, Ella B
†Peyton, CorrieBabies Milk Fund Asso., Baltimore, Md.
†Pue, Marie (Mrs. C. Chapman)Guilford Ave., Baltimore, Md.
†Robertson, Clara B. (Mrs. R. P.
Latimer)
†Tongue, Amy B. (Mrs. Chas.
Wiley)Redwood City, Calif.
1908
†Anderson, M. B. (Mrs. R. B.
Hayes)Hilsboro, N. C.
*Cox, Charlotte A
†Cunningham, A. K. (Mrs. Wm.
McDonald)14 Bedford St., Haverhill, Mass.
Dawson, Clyde (Mrs. Frank Lynn)3 Rugby Road, Baltimore, Md.
Gavin, Mary
Gourley, Henrietta (Mrs. Wm. H.
Dowell)Barstow, Md.
†Hamlin, Martha (Mrs. N. J.
Haynes)Danville, Va.
†Hostrawser, S. ACanada
†Price, Lula (Mrs. Thawley) Denton, Md.
Parsons, H. J The Walbert, Baltimore, Md.
†Russell, Augusta
Smith, Maud (Mrs. T. R. Corneli-
us) 320 Gittings Ave., Baltimore, Md.
†Schull, Ethel
†Wright, M. E. (Mrs. G. H. Rich-
ards)Port Deposit, Md.
†Wilson, RoseLos Angeles, Calif.

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

. 1909

†Almond, BlancheWashington, D. C.
†Carter, Lullie (Mrs. Hyde Hop-
kins)Miami, Florida
Chapline, Eva
Chapline, Laura (Mrs. W. J. Cole-
man)
Dukes, Katherine (Mrs. J. D. Ma-
gruder)
†Ely, Emily The Walbert, Baltimore, Md.
†Green, Mrs. (Mrs. Miller)Norfolk, Va.
†Hall, Beulah (Married)Jacksonville, Fla.
Pue, Louise
†Robey, Helen
Saulsbury, Mary BThe Walbert, Baltimore, Md.
Squires, Lucy
†Tull, Grace2751 Maryland Ave., Baltimore, Md.
*Tews, Gertrude (Mrs. Cole)
Wham, Anna Lou (Mrs. Pitt)Tudor Hall, Baltimore, Md.
†Wright, Vera (Mrs. W. Scott)Devereaux, Ga.
Getzendanner, ElizabethPhiladelphia, Pa.
1910
†Barrett, Adele (Mrs. Wm. Parra-
more)Cockrane, Ga.
†Burton, Cora (Mrs. R. T. Earle)Centreville, Md.
†Barber, Lucy (Mrs. Woodley
Blackwell)Sharps, Va.
Drye, Anne M
Edmunds, March (Mrs. Dwight
Rivers)Lynchburg, Va.
†Garrison, Gertrude (Mrs. Roscoe
McMillan)Red Springs, N. C.
Holland, A. K. (Mrs. J. D. Fiske) 2408 Reisterstown Rd., Baltimore, Md.
Israel, Ellen C701 Cathedral St., Baltimore, Md.
Kimmel, Mary M
†King, Florence (Mrs. Marshall
West)Fayetteville, N. C.
†Lee, Sarah A. (Mrs. Frank Wood-
ward)Tallahassee, Fla.
Long, Lillian (Mrs. Claude
Smink)4708 Harford Rd., Baltimore, Md.
McKay, Virginia O

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

Murchison, Belle (Mrs. Fred H. Vinup)201 Oakdale Rd., Baltimore, Md.
Meredith, Frances M 214 W. Monument St., Baltimore, Md.
Pleasants, P. B. (Mrs. J. M.
Sparks)Monkton, Md.
†Price, Lula (Mrs. John Roberts-
son)Onancock, Md.
†Strohm, Amelie (Mrs. Wm.
Spaulding)Churchville, Md.
†Taylor, MargaretAtlanta, Ga.
†Wiggin, M. Constance (Mrs. H.
W. Cole)Pensacola, Fla.
1911
*Berlin, Ruth (Mrs. Wm. Chipman)
Brady, M. Gertrude
†Curtiss, Nell (Married)Durham, N. C.
†Garner, Jane (Mrs. Wm. Michel)2901 Edmondson Ave., Baltimore, Md.
Gephart, Louise (Mrs. E. Kloman) 600 Edgevale Rd., Baltimore, Md.
†Grubb, Anna (Mrs. Janney)Montrie, Ga.
†Hutton, G. A
†Helland, Naomi (Mrs. Strong)4801 Milford Ave., Baltimore, Md.
†Kinney, Ivy (Mrs. E. C. Haygood) Birmingham, Ala.
†Patterson, Elizabeth (Mrs. H. R.
Neeson)
Ricketts, Stella W
†Robinson, Eva (Mrs. Wm. Dep-
pers)3223 New Jersey Ave., Indianapolis,
Ind.
†Stouffer, BarbaraThe Brexton, Baltimore, Md. Scarff, Marvel (Mrs. J. H. Von
Dreele)
†Sprecher, Frances (Mrs. Smith). Harrisburg, Pa.
Sullivan, Mary Ellen
Grace, Md.
Williams, AlvaRelay, Md.
1912
†Blake, Lillian2330 N. Calvert St., Baltimore, Md.
†Cox, Eulalie M
Conner, BerniceSt. Louis, Mo.
Coale, Mattie (Mrs. C. Alpha)342 Audobon St., New Orleans, La.
Harvey, Lucy
†Lilly, Lucy (Mrs. R. G. Stokes)Chattanooga, Tenn.
* December 1

[•] Deceased.

[†] Graduates, not members of the Alumnae Association.

*Logue, Ethel
*Lynch, Agnes M
Miles, Juliet (Mrs. Russell Per-
kins)Winston-Salem, N. C.
Prince, Blanche
†Ridgely, Nally (Mrs. Ringgold) Ellicott City, Md.
Steiner, MayCumberland, Md.
†Smith, MarianSparrows Point, Md.
Stouffer, LenaAvon Apts., Baltimore, Md.
†Wells, Alice (Mrs. A. C. Galloway)1600 Eutaw Place, Baltimore, Md.
1913
†Brownell, Edith 7 Chapin Ave., Providence, R. I.
Butts, Elizabeth214 W. Monument St., Baltimore, Md.
Coward, Addie (Mrs. R. C. McCot-
ton)Grifton, N. C.
†Chase, Evelyn (Mrs. Hugh Mc-
Pherson)
†Dent, EdithBroadway, New Orleans, La.
Dean, Elva
Hull, Willie (Married)Baltimore, Md.
†Hessler, Sophia (Mrs. Roger Par-
lett)Zuni, New Mexico
†Laws, Margaret (Mrs. Wm. Wal-
ker)
Misikofski, MarthaKenwood Rd., Raspeburg, Md.
*McCann, Natalie
terson)
Price, Golda
Md.
Rush, Pearl (Mrs. J. K. Voshell)Hotel Emerson, Baltimore, Md.
†Rennie, Mary (Mrs. Carl Blay-
lock)
†Rutherford, Mary (Mrs. C. Welchel)
Rutherford, VolinaState Sanatorium, Sabillasville, Md.
Shea, Katherine
Selby, Myrtle MPhiladelphia, Pa.
Welch, Katherine (Mrs. T. B.
Woods)Norfolk, Va.

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

†Balsley, Marie (Mrs. Ralph Bon-
nell)
†Burns, Olive (Mrs. G. Kup)1343 First St., Washington, D. C.
†Coulbourne, Alice (Mrs. J. Stev-
ens)Marion Sta., Md.
Clendenin, Virginia (Mrs. Wm.
Hickling)Mooselake, Minn.
Davis, Sadie (Mrs. A. W. Reier)1 Kinship Rd., Dundalk, Md.
†Dukes, Ann (Mrs. J. Foranvielle). Rocky Mount, N. C.
Ervin, Margaret (Mrs. J. P. Land-
ing)
†Ervin, Edith (Mrs. L. Lewis)Blackstock, S. C.
Foley, JuliaRockville, Md.
†Funk, Jessie (Mrs. J. S. Cutsall) Adamstown, Md.
†Grant, Pearl (Mrs. Hendricks)Port Deposit, Md.
†Hill, Lucy (Mrs. E. B. Prettyman) 37 W. Irving St., Chevy Chase, Md.
†Hughes, Bertie (Mrs. R. Davidson)Cator Ave., Baltimore, Md.
†Hudnall, Carrie (Mrs. Purcell)U. S. Vet. Hosp., Maplewood, Ill.
*Hull, Grace
†Lord, L. E. (Mrs. H. M. Freeman)
Miller, Maude (Mrs. Coulbourne).Crisfield, Md.
†McCann, Elsie (Mrs. H. C. Hood).115 W. 29th St., Baltimore, Md.
†Murray, Carrie (Mrs. J. Smith)Atlanta, Ga.
†Ryan, A. C. (Married)New York
†Roussey, Bessie (Mrs. R. Standi-
ford)Darlington, Md.
Sigmon, Bertie
Sprecher, Marjorie (Mrs. J. Wood-
cock)Hollidaysburg, Pa.
†Shelton, Fannie (Mrs. Clyde
Blake)123 Rose St., Buchanan, Mich.
Sander, Marie
Stepp, Lula
Md.
†Stoneham, Grace (Mrs. G. Walker) Ahoskie, N. C.
†Weaver, Pearl
†Weber, Dorothy (Mrs. A. Cole-
man)Douglas, Ga.
Zepp, Kathryn1732 Poplar Grove St., Baltimore,
Md.

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

2020
Bay, Nettie
Beazley, Elizabeth (Mrs. Rhodes)1011 Bennett Pl., Baltimore, Md.
†Boor, Elva (Mrs. Von Gesbeck)Balboa, Panama Connor, Ruth (Mrs. C. R. Ed-
wards)
Kays) Dilly, Gertrude (Mrs. E. B. Etzler) Woodsboro, Md.
†Frothingham, Norma (Mrs. R. B. Chapman)
†Lea, Mabel (Mrs. Oehler)Greensboro, N. C. †Myers, AlpharettaMaryland
†Meredith, Florence (Mrs. C. Hicks)
McDaniel, Lillian
gers)
†Shields, Lelia (Mrs. G. Dawson).Chester, S. C. †Stoneham, Ruth1610 Eutaw Place, Baltimore, Md.
†Skinner, Florence (Mrs. H. Cald- well)
White, Betty
1916
Blake, Helen
†Dix, Nellie (Mrs. Hubert Bowers) Del Argo Apts., Norfolk, Va. Dunn, Margaret
Eichner, Lula K. (Mrs.)5104 Wilson Ave., Baltimore, Md. †Forney, Marian K. (Mrs. S. F.
Smith)
son)Richmond, Va. †Henkel, Julia (Mrs. J. A. Sladow-
sky)
Hoffmaster, Blanche
*John, Mary
†Langenfeldt, MarieCheltenham, Md.
* Deceased

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

*McSherry, Helen
†Mayo, Margaret (Mrs. Oscar Winn-
berg) 3004 Grayson St., Baltimore, Md.
Null, Lillie
*Phelan, Elizabeth
†Reamy, Hildegarde (Mrs. Jake
Linn)
Rutherford, Elsie
Calif.
Smith, Sallie (Mrs. Horace Byers)749 W. North Ave., Baltimore, Md.
Scarff, Inez
†Smith, Bernice1921 Longwood St., Baltimore, Md.
Scaggs, Lucy
Selfe, Serena (Mrs. W. A. Bridges) Eudowood, Towson, Md.
†Simmons, Maude (Mrs. Caldwell)Charleston, S. C.
†Walter, Marguerite (Mrs. Theo.
Warner)
IV. 1.
1917
Cecil, R. (Mrs.)
Cavano, A. (Mrs. Fred Smith)4010 Bellvieu Ave., Baltimore, Md.
Dearmeyer, Helen (Mrs. J. H.
Pessel)Lawrenceville, N. J. Box 193
Fahrney, Myrtle720 Grantley St., Baltimore, Md.
*Hedges, Lilly
Keffer, Laura
Kenney, Emily EAurora Hospital, Aurora, Ill.
Klase, N. Josephine (Mrs. C. S.
Warrell)Norco, Calif., Box 35
Lloyd, Ellen C
Marsh, Elizabeth L214 W. Monument St., Baltimore,
Md.
Mohler, Anna (Mrs.)1609 Eutaw Pl., Baltimore, Md.
Mouse, Lucy
Minnis, Jemima (Mrs. E. McLane) Connellsville, Pa.
Minnis, Nancy
Monroe, C. Ethel (Mrs. John P.
Troy)
Murray, Olive
Pennewell, Jane (Mrs. Lawrence
Bloom)
Quigley, Bertha M
Robinson, Anna C. (Mrs. John F.
Lutz)
* Deceased.

[•] Deceased.

[†] Graduates, not members of the Alumnae Association.

Risley, Marguerite E. (Mrs. H. M.
Stein)
Simpson, Elsie J. (Mrs. H. M.
Williamson)
N. W., Washington, D. C.
Shertzer, Rhetta (Mrs. J. D. Harri-
son)
Stoneham, Annette (Mrs. E. E.
Hobbs)
Thorn, Norma (Mrs. J. S. Wood-
ruff)
N. C.
1918
Barwick, Elizabeth (Mrs. Galtry)Burlingame, Calif.
Bay, Beulah (Mrs.)2201 Aiken St., Baltimore, Md.
†Benson, Martha (Mrs. E. M.
Jones)
Carr, Esther (Mrs. Wm. Melvin). Havre de Grace, Md.
†Dolly, Iva (Mrs. J. M. Underhill) West Ashville, N. C.
†Ensor, Althea (Mrs. Burch)Towson, Md.
Flowers, Jeanette
†Flaharty, Nellie (Mrs. Boyd)2923 Iona Terr., Baltimore, Md.
Hook, Katie
†Kinney, Maude (Mrs.)Frostburg, Md.
Kirkley, Naomi (Mrs. E. D. Fay)2919 Belmont Ave., Baltimore, Md. Leister, Grace
Lauper, Margaret1123 Madison Ave., Baltimore, Md.
†Linstrum, Gay (Mrs. Harry
Hughes)
†McCarty, Ellen (Mrs. Frank Og-
den)
McMillan, Martha1906 Linden Ave., Baltimore, Md.
†Moore, Cecelia (Mrs. Herbert Zim-
merman)
McDaniel, Lena (Mrs. Chas. Raus-
enbach)Louden Hall, Hammond, Ind.
Oldhouser, MinnieLinthicum Heights, Md.
†Ridgely, Florence (Mrs. E. Kill-
ough)
†Ridgely, Helen (Mrs. Earl S. De
Witt)
Scout, Temperance A2121 Linden Ave., Baltimore, Md.
†Singleton, Jessie (Mrs. Ralph Guz-
man)Red Springs, N. C.

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

Turner, Marian
Boyette)
1919
†Aldrich, Annette (Mrs. G. Hol-178 Virginia Ave., Baltimore, Md. man)
†Brown, Hady (Mrs. F. A. Macis). Honduras, Central America
†Brown, Mercedes (Mrs. E. Duvall) 609 Cumberland St., Baltimore, Md.
Gordy, Helen
†King, Bertha
Kling, Caroline
Lloyd, Betty
Lohse, Agnes (Mrs.)
Murray, Emma2806 Marshall Ave., Baltimore, Md.
†Mitchell, Edna (Mrs. Dennis Smith)
Zepp, Katherine (Mrs. M. Doug- las)24 S. 9th St., Baltimore, Md.
1920
†Alexander, Christine (Mrs. J.
Mayoral)
schneider)
†Baugher, Margaret
Gilbert, Helen (Mrs. Granville
Roupe)Ayden, N. C.
* Deceased

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

†Howell, Florence (Mrs. Albert Budden)
Little, Rachael (Mrs. Leuders) Staunton, Virginia Lankford, Marie
Ridgely)
field)
bold)
Tillet, Zora
1921
†Bateman, Louise (Mrs. Dan
Brooks)
Childs, Helen
Gaver, Norma (Mrs. D. W. Jus-
tice)
Gorman, Ruth1123 Madison Ave., Baltimore, Md.
Gorman, Ruth

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

1322					
†Bowie, Lucille (Mrs. Richard Joy-					
ner)Suffolk, Va.					
†Callahan, VeraDennison, Ohio					
†Deputy, Julia (Mrs. Albert W.					
Strong)Walton, Ky.					
Elgin, Grace					
DuBois, Cecil (Mrs. David Bein).111 Raspe Ave., Baltimore, Md.					
Lord, Nettie (Mrs.)					
Morrison, Frankie V1609 Eutaw Pl., Baltimore, Md.					
*Yeager, Eva					
1923					
Boyd, Ruth W					
Dunn, Helen L					
Graham, Evelyn P. (Mrs.)801 Hamilton Terr., Baltimore, Md.					
†Hazen, DorothyErie, Pa.					
Harkins, Hilda F					
Harrington, Mary M1827 Linden Ave., Baltimore, Md.					
Hoffman, Martha M Robert Long Hosp., Indianapolis,					
Ind.					
Hoke, Lillie R Emmitsburg, Md.					
Horst, Katherine E1622 Mt. Royal Ave., Baltimore, Md.					
Kish, Vilma K Sabillasville, Md.					
Maxwell, Irene A Sabillasville, Md.					
McCann, Wilhelmina NWalbert Apts., Baltimore, Md.					
Nagel, Ida M					
Pratt, Anna E					
Shroeder, Marie					
†Stailey, Margaret M1402 Park Ave., Baltimore, Md.					
Teeple, Helen S					
Toms, Kittie Roland801 Hamilton Terr., Baltimore, Md.					
Reade, Katherine A1513 Bolton St., Baltimore, Md.					
West, Regina M. (Mrs. Preston					
Champe)					
Md.					
White, Ruth A					
1924					
Alexander, Edith					
Barnes, Undine (Mrs. Jack Rob-					
erts)					
Bell, Janet					
Date Hill Ato., Date Mile, Mile.					

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

Bennett, Alice		
Davis, Marie (Mrs. Wilson)	1	Bennett, Pearl
Forest, Lola (Mrs. George Halley)Kimberley, Idaho Hoopes, Madeleine		
Hoopes, Madeleine		Fisher, Mary
Headley, Sara P		Forest, Lola (Mrs. George Halley) Kimberley, Idaho
Md. Hughes, Claire V. (Mrs.)		Hoopes, Madeleine903 Cathedral St., Baltimore, Md.
Kraft, Dorothy C. (Mrs. Alpha Herbert)		
Herbert) Ellicott City, Md. McCormick, Margaret 72 Chase St., North Adams, Mass. Moore, Rachel Walbert Apts., Baltimore, Md. Mogart, Julia Helen University Hosp., Baltimore, Md. Pope, Jane 2214 Mt. Royal Terr., Baltimore, Md. Schaale, Bernice (Mrs. Fanchier) Bridgeport, Conn. Scott, Jane University Hosp., Baltimore, Md. Shaffer, Mary 1522 Park Ave., Baltimore, Md. Slez, Mary Irene (Mrs. J. Garland) Harlends, Tenn. Spencer, Lenora F. (Mrs. Taylor Medford) 3906 Montgomery Ave., Baltimore, Md. Sponsler, Mary R 1717 Guilford Ave., Baltimore, Md. †Tillinghast, Robina H 1601 First St., St. Petersburg, Fla. †Thomas, Kathryn A. (Mrs. Lichner) New York City, N. Y. Whitworth, Esther W York Road, Guilford, Baltimore, Md. Wertz, Gladys University Hosp., Baltimore, Md. 1925 Barr, Alberta Port Deposit, Md. Coulter, Zela (Mrs. Kelly) Baltimore, Md. Frick, Esther (Mrs. Landis) Preston St., Baltimore, Md.		
McCormick, Margaret		
Mogart, Julia Helen		
Pope, Jane		Moore, Rachel
Md. Schaale, Bernice (Mrs. Fanchier) Bridgeport, Conn. Scott, Jane		Mogart, Julia Helen
Scott, Jane		
Shaffer, Mary		Schaale, Bernice (Mrs. Fanchier) Bridgeport, Conn.
†Slez, Mary Irene (Mrs. J. Garland)		Scott, Jane
land)		Shaffer, Mary1522 Park Ave., Baltimore, Md.
†Spencer, Lenora F. (Mrs. Taylor Medford)	i	Slez, Mary Irene (Mrs. J. Gar-
Medford)		
Md. Sponsler, Mary R	†	
†Tillinghast, Robina H		
†Thomas, Kathryn A. (Mrs. Lichner)		Sponsler, Mary R1717 Guilford Ave., Baltimore, Md.
ner)	†	Tillinghast, Robina H1601 First St., St. Petersburg, Fla.
Whitworth, Esther W	†	· · · · · · · · · · · · · · · · · · ·
Wertz, Gladys		Whitworth, Esther WYork Road, Guilford, Baltimore,
Barr, Alberta		
Coulter, Zela (Mrs. Kelly)Baltimore, Md. Cannon, ElizabethUniversity Hosp., Baltimore, Md. Frick, Esther (Mrs. Landis)Preston St., Baltimore, Md.		1925
Cannon, Elizabeth		
Frick, Esther (Mrs. Landis) Preston St., Baltimore, Md.		
		•

^{*} Deceased.

[†] Graduates, not members of the Alumnae Association.

Fletcher, Grace				
Scott, Mary				
Shatzer, Myrtle				
1926				
Allen, Naomi				
Colbourne, Elizabeth				
Diehl, Sarah2027 W. Baltimore St., Baltimore, Md.				
Ellers, Maybelle				
Glover, Rebecca				
Munday, Fannie May University Hosp., Baltimore, Md. Parks, Colgate Cecil Apts., Baltimore, Md. Schoultz, Carol Indiana Scott, Elizabeth 1604 Eutaw Pl., Baltimore, Md. Sperber, Elsie Sperber, Theodora Kernan's Hospital, Baltimore, Md.				
1927				
Baldwin, Estella				

Henderson, Jane	Hosp.,	Baltimore,	Md.
Holiaway, EthelUniversity	Hosp.,	Baltimore,	Mđ.
Holt, AgnesUniversity	Hosp.,	Baltimore,	Mđ.
Jarrell, Emma	Hosp.,	Baltimore,	Md.
Jackson, VirginiaUniversity	Hosp.,	Baltimore,	Md.
Krause, BeatriceUniversity	Hosp.,	Baltimore,	Md.
Royster, Lucy	Hosp.,	Baltimore,	Md.
Smith, IrisUniversity	Hosp.,	Baltimore,	Md.
Seiss, Mae	Hosp.,	Baltimore,	Md.
Wallis, Louisa	Hosp.,	Baltimore,	Md.
Young, Grace	Hosp.,	Baltimore,	Md.



The University Hospital Nurses' Alumnae Bulletin



OFFICERS OF THE ALUMNAE ASSOCIATION

President......BLANCHE MARTIN HORINE, R.N., St. Paul Court Apts.
First Vice-President...Ethel Monroe Troy, R.N., 4417 Wentworth Road
Second Vice-President.....Marie Sander, R.N., 2108 Mt. Royal Ave.
Secretary.......Ruth A. White, R.N., 1513 Bolton St.
Treasurer......Ellen C. Israel, R.N., 701 Cathedral St.

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MARGUERITE R. STEIN, R.N.

MARGARET LAURANCE MOORE, R.N.

CORA M. WILSON, R.N.

LILLIAN McDANIEL, R.N.

MARIE SANDER, R.N.

The President appointed the following as Chairmen of the various Committees allowing each to select her own Committee

MEMBERSHIP COMMITTEE Frankie Morrison Mulligan, R.N.

> PROGRAM COMMITTEE CORA M. WILSON, R.N.

NOMINATING COMMITTEE
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CLIPPING BUREAU COMMITTEE ETHEL MONROE TROY, R.N.

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THE

University Hospital Nurses Alumnae Bulletin

Vol. VIII

September, 1928

No. 1

EDITORIAL.

WHAT THE ALUMNAE ASSOCIATION MEANS TO ME.

THE PRACTICALIST SPEAKS: My Alumnae Association means to me an organization that believes in (and does) the following things:

- 1. Helping its members in their times of need—by loans, relief or sick benefits and other material aid.
- 2. Assisting its deserving members to better and bigger positions or opportunities.
- Remembering the sick, infirm or sorrowing nurse member with flowers, fruits, dainties, notes or cards, and personal visits.
- 4. Being "Big Sister" not only to the student nurse, but to all fellow nurses, in work time as well as play time.
- 5. Sponsoring or advancing plans and projects for the physical, mental, and spiritual welfare of its members.
- 6. Assisting in and taking a definite part in the activities of the official nursing organizations of the city, district and state at all time (viz., Adequate representation in the National as well as the State and District Conventions.
 - Financial and active interest in the plans and work of the Survey and Grading of Nurse Schools.
 - Membership in the Public Health and Civic Organizations.
 - Educational developments of our own school and all others.
 - Interest in and better subscription to the official Journal—The American Journal of Nursing.

Interest in and understanding coöperation with the State Board of Examiners in their efforts to raise the Maryland standards.)

- 7. Insisting on definite standards of Scholarship, Ability, and Character, for its own membership.
- 8. Maintaining a recognized high standard for its own Registry.
- 9. Providing adequate Scholarship Funds for the furtherance of the education, and training of its promising members.
- Sponsoring and working to secure proper and sufficient Housing facilities—Nurses' Homes, Rest Rooms, Club Rooms, Nursing Headquarters.
- 11. Acquiring a 100% membership of each new graduating class.
- 12. Reviving and keeping afire the interest and affection of all the members of the Alumnae Association by Gettogether meetings and social occasions, by the Tea or Reception to the new Preliminary class, by the annual Banquet or Dance to the Graduating class, by Card parties or other gatherings for the raising of money for the needs of the Association, by lectures and institutes for the nurses who do not want to fall out of step with progress.
- 13. Standing solidly back of all proper and legitimate efforts to advance the cause of nurses, socially, legally and professionally.
- 14. Inculcating by precept and example a deep and abiding love and pride in each nurse for her own School and for her Profession as an Art.

Do we as an Alumnae Association really stand for and sponsor all these tenets of belief? If not, why?

Can we improve the practical application of our beliefs and ideals, and make the Alumnae Association truly an important factor in the life and traditions of each nurse?

THE IDEALIST SPEAKS: To me my Alumnae Association should be:

1. A source of inspiration for my Profession.

- A criterion of rigid standards by which I judge my daily work. (I ask myself "Would I mind if one of our nurses should see me do this in this way? Would I be ashamed for one of My School to follow in my footsteps?")
- 3. An ever-ready fount of advice and constructive criticism in my time of need or worry. To whom else should I go for advice in time of misunderstanding, of discouragement, of uncertainty as to the right course to pursue, than to one of our own wise and experienced members?
- 4. Encouragement to me in my little efforts to better myself—in education, training knowledge and understanding, because improvement in me helps to make for improvement of the group. ("The chain is no stronger than its weakest link.")
- 5. A guide to me in the acceptance of new ideas in nursing. There are so many projects for the modern nurse to consider, that I am sometimes bewildered by their mere numbers, and I find it hard to select those which are wise, helpful, and proper. The Alumnae Association, in its broader conception and contact with leaders, understands more clearly the trends of Modern Nursing and stands for certain definite policies which act as a guide or beacon to those on the side.
- 6. My Pride and Glory.

I am proud to be a Nurse.

I am proud to be a graduate of my own school.

I am proud of the traditions of the Nightingale cap, and those wearers of it who have, by their devotion and achievements, brought added luster to the fair name of our School and to the Ideals of Service which are ever the goal of a *Real Nurse*.

Is our Alumnae Association any or all of this?

Do you as a member feel so about the organization as a whole? Unless the members have a right to believe these things about themselves, unless they know that they may always look to their own group for inspiration and help in more than the practical things of every day work, unless they can be truly and justifiably

proud of every alumnae—then our Association is failing to live up to its high calling and purpose.

Are we?

What are your suggestions?

TEN WAYS TO KILL YOUR ALUMNAE

- 1. Don't go to the Alumnae* meeting.
- 2. If you do go, go late.
- 3. If it's bad weather, don't think of going.
- 4. Whenever you do attend a meeting, find fault with the president and other officers.
- 5. Never accept an office. It is much easier to sit back and criticize.
- 6. If you are appointed on a committee, don't go to the meeting; if you are not appointed, get peeved about it.
- 7. When your opinion is asked in a meeting, reply that you have nothing to say, but after the meeting tell everybody just how things should be done.
- 8. Do nothing more than is absolutely necessary; when others do the lion's share, tell everyone that the Alumnae is run by a clique.
- 9. Don't hurry about paying your dues; wait until you receive two or three notices.
- 10. Don't bother about getting new members. Let the ones who do the other work do that too.

—The Wisconsin Club Women.

GENERAL INFORMATION.

SCHOLARSHIP AND LOAN FUNDS.

1. Isabel Hampton Robb Memorial Fund.

Through the Isabel Hampton Robb Memorial Fund, scholarships are annually available for those entering the training school field. Application should be made to Miss Katherin DeWitt, Secretary Isabel Hampton Robb Memorial Committee, 19 West Main Street, Rochester, N. Y.

^{* &}quot;Alumnae" substituted for the word "Club."

2. The American Red Cross.

The American Red Cross gives a number of "general" nursing scholarships, also "restricted" to those who are willing to enter the Public Health Nursing of the Red Cross. Further information may be obtained from the Director of the Department of Nursing, The American Red Cross, Washington, D. C.

3. The La Verne Noyes Scholarship.

A number of scholarships are offered by the estate of La Verne Noyes. These scholarships are available for nurses who, having served in the army and navy in the last war, who have been honorably discharged and are in need of this assistance. Further information may be obtained from the Trustees of the La Verne Foundation, University of Chicago, Chicago, Ill.

4. The Isabel McIsaac Loan Fund.

The Isabel McIsaac Loan Fund also offers a few limited loans to students interested in the more advanced fields of nursing. Application should be made to Katherin DeWitt, 19 West Main Street, Rochester, N. Y.

5. The Nurses Alumnae Association Scholarship of the University of Maryland.

A scholarship is given by the Nurses Alumnae of the University of Maryland for the six weeks summer course at Columbia University, to the nurse who wins the first honors in her class during the three years of training.

6. School of Practical Arts.

The announcement of the School of Practical Arts, the School of Education or the Summer Session, will be sent on application to the Secretary of Teachers College, Columbia University, New York City.

Application for admission as students of Nursing Education should be sent to the Office of Nursing Education, Teachers College, Columbia University, New York City.

7. An Annual Prize for Practical Nursing.

An annual prize of \$50.00 for practical nursing and greatest interest and sympathy for patients will be awarded as a Memorial of Edwin and Leander Zimmerman. This prize is given by the Reverend L. M. Zimmerman.

8. An Annual Prize for Second Highest Average in Scholarship.

An annual prize of \$50.00 will be awarded for the second highest average in scholarship. This prize is given as a Memorial of Elizabeth Collins Lee by her brother, Richard Lee.

HAVE YOU A PICTURE OF YOUR CLASS—That you are willing to give to the training school for the class room? Miss Crighton is very anxious to have a picture of each graduating class! A number of the classes have already given their photographs but a number are still missing. If you do not want to give your own copy of the class photograph could you not arrange with some others of the class to have it copied and send to the University? It will be kept there as a permanent record.

Miss Crighton also requests all nurses to please reply to the "Questionnaires" sent to them.

PUBLIC HEALTH NURSING IN MARYLAND.

BY ETHEL MONROE TROY, R.N.

The proper distribution of skilled nursing care to the sick in the community is causing considerable discussion in the medical and nursing circles. Furthermore, interested lay persons are contributing valuable opinions in the matter. The national nursing organizations, "The American Nurses Association," "The National League for Nursing Education" and "The National Organization for Public Health Nursing" are sponsoring the work of a special committee, which for want of a better name, is called a "grading committee." This committee is making an exhaustive study of the "demand and supply" in skilled nursing care. The investigations of the committee reveal facts which serve to combat the "hearsay" information so widespread. It is found that nurses are distributed throughout the country in many different types of nursing. There are the private duty nurses and the institu-

tional nurses in their numerous positions (superintendent of hospitals, superintendent of nurses, head nurses in operating rooms and wards, anaesthetists, instructresses, nurses home matrons, etc.) Dr. May Ayres Burgess' book "Nurses, Patients and Pocketbooks" gives an illuminating report of this study.

The Public Health Nurses are to be found in State and Municipal Health Departments, as school nurses, rural nurses, industrial nurses, tuberculosis nurses, mental hygiene nurses, visiting nurses, infant welfare nurses and many others. A large number of nurses are to be found in the American Red Cross and Government services—the Army Nurse Corps, the Navy Nurse Corps, the United States Public Health Service, the United States Veterans Bureau and the Indian Service. At the present time, there is being developed, sporadically, a movement providing for hourly and group nursing. This movement is based on the theory that a patient who needs only two or three hours of skilled nursing care should not be required to pay for twelve hours of a nurse's time. The directors, sponsored and supported by the State Nurses Associations are more and more directing this service.

However, it is in Public Health Nursing we are particularly interested just now, so let us focus our attention there. City dwellers are familiar with the uniformed nurses of the Municipal Health Departments or the private organizations employing nurses. The rural person has not yet become so well acquainted with the county Public Health Nurse. It must be remembered that whereas the private duty nurse is interested in the patient, the public health nurse sees the patient as a member of a family and the family as a unit in a community.

Her activities are conducted under the direction of the Health Officer and when visiting patients she does so with the consent of the attending physician, carrying out only his orders in caring for the case. Frequently she is the first to suggest that an individual consult his physician, thus placing him under medical supervision when the doctor's advice will have most lasting effect, often preventing serious trouble.

It is most desirable that a rural Public Health Nurse carry on a general nursing program including efforts toward the control of communicable diseases (tuberculosis, typhoid fever, diphtheria, scarlet fever), maternity, infant and child welfare, school nursing, instruction in home care of the sick and many other activities

tending to lessen the anguish of illness and to promote positive health.

The nurse must enter into the community life—since she usually lives in the county where she is employed. Sometimes, amusing situations arise because of this—it is well for her to be cosmopolitan in her church affiliations, attending each church in turn; she must learn to play Bridge, though cards may hold no interest for her; her choice of friends must be approved by vague "powers that be" and she must be capable of ministering to the wealthiest and the poorest with equal grace.

Officially, the most desirable Public Health Nurse is one who has graduated from an accredited training school for nurses, is registered in the State in which she is employed, and she should have special Public Health nursing training.

In Maryland, besides the 134 nurses in the Baltimore City Health Department, the staffs of the Instructive Visiting Nurses Association and the Babies Milk Fund Association and the industrial group, there are 46 nurses—three in Cumberland City, the rest in 21 counties of the state and as many more are needed. These nurses have a full life of service and should be, as in many cases they are, tax supported individuals as well known to each individual as is the local school teacher. That day will inevitably come.

THE NURSE IN THE SMALL HOSPITAL.

BY RUTH CLEMENTS, R.N.

During the past three years I have been associated with small hospitals and have learned a great deal about the nurse in the small hospital. This close contact has made me especially interested in small Training Schools, which I believe have valuable experience to offer to both students and graduates.

The student nurse has an opportunity for more individual supervision than in the large hospitals. Consequently, there is a different sort of opportunity for the supervisor to develop the student's personality, to make her more skillful and to definitely train her for executive responsibilities. In view of these advantages, the student nurse in the small hospital is dependent upon our larger institutions to give to her the broad outlook on our

professional field; the varied departmental experiences; and to train her in that particular alertness, which is so necessary in order to meet several immediate and critical situations occurring at the same time,—as they do repeatedly occur in large hospitals.

To my mind the greatest difficulty in the small Training School is to teach the student the true value of time and the proper relationship of major and minor conditions and duties. The cause of this difficulty, no doubt, is due to the rather few emergencies which arise in any given day in the small hospital.

Therefore, in view of these advantages of the small Training Schools, and the very few disadvantages, I believe that a nurse from a school of this type can be just as efficient and just as valuable to her community as the nurse from a larger hospital; provided, that the small Training School affiliate with a larger and well organized hospital for the third year of training.

All of us who read the Bulletin are familiar with the requisites for a good nurse; these will not be enumerated. However, the nurse in a small hospital, whether she be student or graduate, needs to be particularly on her guard concerning her conversation with patients and her conduct in a small town. There seems to be a tendency for more familiarity, than one has the time for in large hospitals; furthermore, often the patients and nurses have been friends in their town life and under these circumstances the patient rather resents the ethical attitude of the nurse.

The graduate nurse, who accepts a position in a small hospital has an unlimited opportunity to study and to understand the patients. In so doing, here is the privilege to teach that one better hygiene in diet, exercise, rest and general living. In the institution that is not large enough to have a resident physician, the graduate nurse, often is required to use her best judgement in minor treatments and to assume some of the responsibilities that an interne has in larger hospitals. Care must be taken not to abuse these privileges and responsibilities. On the other hand, working so closely with the physician in the care of patients gives the conscientious Supervisor an excellent opportunity to demonstrate valuable clinical lessons to the student nurse.

Consequently, in view of the discussion, I conclude that the nurses in the small hospitals are not to be pitied, rather given every opportunity for advancement. The small counties and communities are just as much in need of the medical and nursing

profession as the cities. And isn't it according to Florence Nightingale's spirit that we should be "Nursing Missioners" to all people?

THE STORY OF A LITTLE SILVER SPOON.

By Madeleine Hoopes, R.N.

Having been asked to write another article for our Bulletin and not knowing what to write about I chose this topic. In every woman's heart there is desire for pretty things. It's true we all like different "pretty things" but I firmly believe all of us like the home things best. Am I correct?

May I tell the story of a little sterling silver spoon? All of us like sterling silver and I would be willing to wager that in the bottom of each Hope Chest you all have some of it tucked 'way back in the corner awaiting future use.

In the first place the greater part of silver comes from Mexico. There is some found in the western part of the United States. This is sent to the different refineries where it is extracted from lead and copper. It is then made into sheet and bar form.

For the spoon, the sheet is used and its thickness depends upon the pattern which is to be made and also the factory which is making it.

When the factory receives it they first blank it out, which means, give it a general shape. The bowl part is then widened and lengthened. We all know the handle is heavier than the bowl. The spoon is in one piece in every process.

The die is an interesting piece of work. It takes three or four weeks for a die-cutter to make it. Every piece or part must be just so, so he uses a magnifying glass in his work. Of course many dozens will be stamped from this one die.

The spoon is stamped with the design on one side and the trade mark on the other. The fin is then taken off (this means excess silver after being struck with die).

It is then annealed (which means it is taken through a flame slowly).

The bowl must be cut and then shaped with a small drop hammer. After that the handle is shaped by hand and all rough marks taken off either by grinding or filing.

As it passes out of this department it must be dipped in Sulphric

Acid to remove fire coat (Oxide formed on outside of metal when metal is annealed and comes in contact with air).

The fire marks must then be removed so a powered pumic stone, oil and kerosene mixture is used to remove all rough parts on the spoon.

Sad but true, the sand marks show, so they pass on to the grease buffers who remove the sand marks. Perhaps you doubt all of this but every piece of flatware goes through the same process.

Its trip is almost through but it still has a few more things done to it before it leaves the factory to be sold. It must be cleaned and scratchbrushed to remove the white coating caused by the Sulphric Acid. It is then polished and ready to be sold.

Have you liked the trip of the little silver spoon, and don't you have a wee bit more respect for it when it has started from silver ore and been made into something really worth while?

WHAT A REGISTRY MEANS TO THE PRIVATE DUTY NURSE.*

BY EMMA L. COLLINS, R.N.

NEED FOR THE REGISTRY.

Ten or fifteen years ago, registries were not so important to the success of private duty nurses as they are today. Many nurses worked up their own practice through the good services of the attending physicians of their hospitals. But today the registry is the medium through which the majority of nurses find work. I would like to trace the changing conditions in our public life which have brought this about.

Previous to the World War, a doctor kept in touch with promising young graduates of the nursing schools, listed them in his office and on sending one to the patient introduced her with pride as "one of my nurses." At once her relationship was established as a tried and true co-worker of the physician, rather than a stranger, and the patient's confidence, so essential to the success of the nurse, was secured in the beginning.

^{*} Read at Private Duty Section of the American Nurses' Association, Louisville, Ky., June 5, 1928. Reprinted by courtesy of the American Journal of Nursing.

But when a great many private duty nurses were called from their homes to the service of their country, and the influenza epidemics aggravated the shortage in the home field, doctors found much difficulty when calling their own nurses. After repeatedly spending hours at telephone in a vain effort to locate some one known to him, the busy practitioner learned to depend upon the registry for this service and to accept a strange nurse. After the war, in the restless spirit of the times, when nothing seemed to be worth any great effort, and "let us live while we may" was chief consideration of youth, nursing was affected as well as all other occupations. Fewer nurses were willing to give up their entire time while on a case; many returning from overseas went into work which made less demand upon their time and strength, others registered for the easy cases without much concern as to whether or not the more arduous but equally necessary nursing calls were covered. The 12-hour day, while a step in the right direction, brought its train of attendant evils. It took graduate private nursing out of reach of the average man's purse and increased the demand for the untrained and less expensive nurse. It entailed early rising in order that the day-nurse might have time to travel from her home to the patient, have her breakfast and be in her uniform and ready for work by 7 a.m. Arriving home between 7.30 and 9 p.m., she was often too tired to do anything but rest, as her next day's work began at 5 or 6 a.m. Even with a 12-hour day, life was still very hard in the private duty field. During the peak of the year's illness load there was too much work for the nurses available but for a vastly larger portion of the vear there was too little work. Hospital work was hard because of many hampering rules designed for the control of the careless, inefficient and poorly trained nurse. Home nursing was made more difficult through the fact that the nurse, being unknown, had to earn the confidence of the family and the doctor. Every other branch of nursing was organized and working out its problems. Private duty seemed to be everyone's concern and nobody's business. Here and there one would hear of a group of nurses who were trying to solve their difficulties through their hospital registry, but the majority of nurses in private duty were like sheep without a shepherd.

WHAT THE REGISTRIES HAVE TO OFFER.

The chief means of contact between the private duty nurse and her public was the registry. Before nurses organized their own co-operative centers—called Official Registries—registries were of two general types. The hospital or alumnae registries, supported by yearly membership fees (and more or less self governed) were run principally for the benefit of a particular hospital group of doctors, nurses and patients, and in a smaller degree met the nursing needs in the homes of their community. The commercial registry, frequently managed by a person with no knowledge of nursing practice, was run with the primary object of bringing profits to the owner and the nurse was taxed as high as ten per cent of her earnings for service given. The majority of nurses in private duty were associated with this type of registry. Human nature being what it is, a proportion of these nurses was of the type which does not do good work unless under supervision, and the whole body of nurses suffered because of adverse public opinion created by this irresponsible group. This element in the nursing profession subsisted by drifting from one short case to another and from one registry to another. No one ever employed them a second time, but the people with whom they had contact judged the profession by their work and behavior. In hospitals employing a large number of private duty nurses, rules made for the supervision and control of these nurses seriously hampered the good nurse in her work, until some felt justified in refusing to accept hospital cases and many nurses complained of not meeting the respect they used to receive in either hospitals or homes. The cry of the nurse was "How can we improve the condition under which we live and work?"

The hospital registry was handicapped in its service to the nurse because of its close association and dependence upon the hospital (that time-honored institution to which nurses owe so much, but which so often finds hard to understand why the nurse of today cannot be poured into a mold of fifty years ago).

The nurse associated with her hospital registry belongs to a favored group as regards regular employment, knowledge of her field and pleasant associations with her co-workers, if her hospital chances to be a busy and successful one, under the management of competant officers of broad vision. I use the word "chance" with intent, for how many nurses, before they enter training, had any

idea of the ratio between supply and demand in the nursing field of their choice? Young nurses often find it necessary to pay fees to several commercial agencies in addition to their hospital registries in order to make a living. The commercial registry was also a haven for the nurse who was no longer acceptable to her own hospital, some of which were run with the severity of a military camp under war conditions. "Theirs not to question why, theirs not to make reply," theirs but to stand the gaff—or go. This is a real tragedy to the nurse who has missed the broadening influence gained by one who works in hospitals other than her own. She grows less adaptable as years go by and is the type of nurse who gets into minor difficulties with her hospital administration. Many of these nurses do good work after they become accustomed to a new environment.

Other nurses who were registered with the commercial agency came from the following groups: Graduates from the smaller of the local hospitals, adventurous souls from other parts of the country who, craving variety, went out to see the world, practical nurses and partially trained nurses of all degrees. Many of these freelance nurses, cut adrift from their nursing organizations and taking no professional journals, become complete individualists with almost no group consciousness, because so isolated. It was manifestly impossible to develop any constructive action in this group which was without professional guidance. Thoughtful nurses began to discuss through their state and county associations, the desirability of establishing their own employment centers where such problems as seasonal unemployment, the need for improvement in the conditions under which nurses work, and an adequate nursing service for the public with protection for nursing standards, could be worked out. The answer to this demand in many parts of the country has been the Official Registry under the auspices of local branches of the American Nurses' Association. It offers many advantages to the private duty nurse, chief of which are: affiliation with a dignified professional nursing service with the prestige and backing of the American Nurses' Association, a nurse registrar who brings with her an understanding of the whole field and an interest in its development for the benefit of the nurse as well as of the hospital and public, an opportunity for the nurse to run her own business and to share in the profits, and through loval teamwork to build up a center for nursing service which shall be known for the excellence of its nurses. Most important of all, it provides a proving ground on which to test remedies for the relief of some of the unnecessary hardships in the private duty field.

District 14 of the New York State Nurses' association opened its Official Registry in Brooklyn, in the spring of 1926. Three hospitals of the city turned their registries over to it. The hospital registries which continued to function gave to the Official Registry the ealls they could not fill. At the present time, the membership of the Official Registry has grown to over 1,000 although there are not more than one-half that number working actively with it at any time. Every graduate nurse in the city benefited by this organization during the first month of its existence, as the Registry Committee was instrumental in securing a much needed increase in the fee for special duty in hospitals. Previous to that time, individual alumnae associations had petitioned their hospital boards for this increase without avail. The District Nurses' Association through its Registry Committee had a series of conferences with the association of hospital directors of the city, interpreted the need for the increase, and announced quietly but firmly that after a certain date, nurses would charge \$7 instead of \$6 a day for hospital cases. The rate was made uniform throughout the city within a few weeks.

The chief hardships in the private duty field in Brooklyn, as expressed by the nurses of the Official Registry are:

- 1. Unemployment during the long dull season which extended over one-half of the last twelve months.
- 2. The preponderance of night work, as so many hospitals send night ealls, using their own nurses for the day duty.
- 3. Enduring, for twelve hours at a time, the living conditions in the low-grade homes in the foreign quarters of the city.

At present the Registry is promoting the hourly duty as an answer to these needs. Hourly nursing supplies an attractive form of day-duty, does not depend upon epidemics as it is used by the chronic invalid, the new baby and its mother and what someone has ealled, "the half-sick" and thrives upon "hard times" because of the low rate at which it is supplied. Hourly nursing also permits the nurse to get off for her meals when employed in homes with old-world standards of cleanliness. The registrar acts as a mediator between the nurse and her employer, when necessity

arises. Sometimes a nurse reports living conditions on her case to be extremely hard and asks replacement, and it frequently happens that the doctor will claim the contrary. Before a proper adjustment can be made, the registrar has to visit the home. With a car this can be done fairly easily. Sometimes the home is found to be indescribably filthy and vermin-infested, the family antagonistic and unteachable, so hourly service is recommended or the transfer of the patient to a hospital.

Where conditions admit of improvement and the difficulty is caused by a nurse who is unwilling or incapable of nursing under adverse circumstances, she is replaced by one more adaptable.

This nurse has limited her field of work and never again is sent to homes in the poorer section of the city.

In another instance, nurses doing special duty at night, in a hospital which collects its nurses' fees daily, complained that they had to wait from 7 to 9 a.m. every morning before they were paid. The registrar visited the nursing committee of this hospital, exexplained the difficulty in supplying nurses under such a handicap, told of a number who had refused to return on account of the long wait after coming off duty in the morning, and the matter was amicably adjusted. The nurses were paid at 8 a.m., thereafter. Other beneficial provisions are made by the Official Registry for its members. A nurse may go off call for 24 hours, but her card holds its place upon the call-list, in order that she may have time for necessary business or recreation during long waits for work.

The nurse who cannot afford the idle periods made necessary when waiting for day cases during dull seasons, no longer has to do continuous night duty. Her name is allowed to remain upon the call-list for day work during the time she is engaged in night duty, so that she may alternate her work. The Official Registry can be anything its nurses choose to make it, and it rises or falls according to the quality of service given by the individual nurse associated with it. "What you do, speaks so much louder than what you say" is especially true in this field. I believe the Official Registry has a brilliant future if developed along the lines of a community agency, supplying an essential service under the auspices of a professional group which has earned the respect of the community.

NURSES, PATIENTS AND POCKETBOOKS.*

By Mary Ayres Burgess, Grading Committee, 370 Seventh Avenue, New York City.

Dr. Burgess, the Director of the Committee for Grading Nurses Training Schools, at the end of one and one-half years of activity on the part of the Committee, has submitted her first report to the nursing profession in the form of a book under the heading. "Nurses, Patients and Pocketbooks." The wealth of information about the profession gathered together by this Committee gives us much food for thought. Every nurse should read the book and should make it her individual responsibility to place the book in the hands of at least one physician and one lav-person. In graphic charts, interestingly explained, is set forth the facts in the casethat the nursing profession will double in size within the next seventeen years unless conditions change, and there is no evidence that the public wants that many nurses. Overproduction is even now resulting in unemployment. Radical changes in the education of young women who enter the nursing profession and branding as poor business and harmful the opening of training schools by hospitals in need of cheap labor because of financial worries.

These suggestions are offered:

- 1. Reduce and improve the supply of nurses. Make a decisive and immediate reduction in the number of nursing students in the United States and raise entrance requirements high enough so that only properly qualified women will be admitted to the profession.
- 2. Replace students with graduates. Put the major part of hospital bedside nursing in the hands of graduate nurses and take it out of the hands of student nurses.
- 3. Help hospitals meet the cost of graduate service. Assist hospitals in securing funds for the employment of graduate nurses.
- 4. Get public support for nursing education. Place schools for nursing under the direction of nurse educators instead of hospital administrators, and awaken the public to the fact

^{*} Reprinted by courtesy of the American Journal of Nursing.

that if society wants good nursing it must pay the cost of educating nurses. Nursing education is a public and not a private responsibility.

The book is a great collection of facts about nursing with additional chapters of comment and discussion, with diagrams showing the phenomenal increase in schools of nursing, the startling growth in the number of graduates, and the evidence indicating there is already not a nursing shortage but a nursing surplus.

The Grading Committee represents seven national organizations. It puts this book into their hands and says: "Here is the first study we have made for you. We hope you will feel that your money has been well spent. We have tried to do as good a job as we know how, and this is the result. We have tried to furnish you with facts which you can use in the tremendously difficult undertaking which faces you now. We don't pretend to know what you are going to do, nor how you will do it; but we believe that you will map out your own campaign, and that you will proceed with swift precision, high courage, warm sympathy, and the wisdom of carefully considered experience, to carry your purpose through."

SECRETARY'S ANNUAL REPORT FOR 1927.

The Nurses' Alumnae Association has been very active during the past year. Meetings have been well attended and members have shown increased interest in all matters brought up for discussion.

Reports from the various committees have shown increased activity and have been enjoyed by members of the Association.

Mrs. Blanche Martin Horine was appointed president of our Alumnae and has successfully fulfilled the office. She was also sent as the representative of the University of Maryland Nurses' Alumnae to the American Nurses' Association Convention that was held in Louisville, Ky.

Miss Blenda E. Rossell, Class '98, gave a very impressive talk at the last University of Maryland Alumnae meeting. She said how much she appreciated the many kindnesses shown her when she came to this country. She sailed for her home in Stockholm, Sweden, on May 1st. She was made an Honorary Member of our Alumnae.

The graduating class was entertained at a banquet and dance given at the Southern Hotel. During several of our monthly meetings we have had the pleasure to have several of our doctors lecture on various subjects. Dr. Harry Robinson gave a very interesting lecture on Venereal Diseases and Dr. Harry Stein gave one on Diabetes.

Several card parties have been held in the Louisa Parson Home to help raise money. Members of the Association have responded nicely especially Bessie Lee Maston who is Chairman of the Committee.

A number of prizes were awarded to members of the graduating, intermediate and junior classes, a list of which will be found under News Items.

Out of Town members will be welcome at the meetings which are held on the first Tuesday of every month at 7.30 p.m. at the Louisa Parsons Home.

Respectfully submitted,

RUTH A. WHITE, Secretary.

TREASURER'S ANNUAL REPORT FOR 1927.

GENERAL FUND.

December 31, 1926, Balance in Western National Bank		\$ 6 98.51
Receipts:		
Dues from Alumnae Members	\$822.00	
Dues from Directory Members	1,066.25	
Sale and Advertisements of Bulletin	89.37	
Dance Committee	123.35	
Dance at Carlins	162.50	
Banquet Tickets	184.55	
Card Parties for Silver Service	127.00	
Refund from Delegate to Middle Atlantic Division.	13.00	
Total receipts		\$2,588.02
Disbursements:		
Registrars Salary	\$720.00	
Directory Telephone	207.46	
National Relief Fund	98.00	
Maryland State Association	241.50	
Banquet	315.00	
Printing	24 00	

Stamps and Stationery Refreshments Flowers Delegate to Middle Atlantic Division Paid to Scholarship Fund Central Directory Stock Rental of Hall for Dance A Gift (Silver Tray for President). Tray and Sugar Tongs for Silver Service	\$36.28 32.61 15.75 50.00 600.00 100.00 25.00 53.75	
Total disbursements		\$2,619.35
December 31, 1927, Balance in Western National Bank.		\$667.18
SICK BENEFIT FUND.		
December 31, 1926, Balance in Eutaw Savings Bank		\$673.05
Receipts: Dues from Members	\$211.00 37.83 29.00 300.00	
Total receipts		\$577.83
Disbursements: 4 Benefits paid, \$42.00 each	\$168.00 126.00 50.00 200.00	
Total disbursements		\$544.00
December 31, 1927, Balance in Eutaw Savings Bank		\$706.88
SCHOLARSHIP FUND.		
November 30, 1926, Deposited in Eutaw Savings Bank.		\$600.00
ENDOWMENT FUND.		
Liberty Loan Bond		
Total		\$1,224.25
LOUISA PARSONS' FUND (BALTIMORE TRUST	COMPANY)	
June, 1927, to Miss Emma Daly, paid December, 1927, to Miss Volina Rutherford, paid	\$41.00 35.50	

Note: The books of the treasurer have been audited.

REPORT OF THE SCHOOL OF NURSING.

January 1, 1927, to January 1, 1928.

Assistants:
Day
Night
Instructors:
Theory
Practice
In Charge:
Dispensary
Operating Room
Maternity
Nurses' Home
Head Nurses:
Lower Halls
Upper Halls
Ward A-B
Ward G
Ward H
Ward I
Children's Ward
Assistant in Operating Room
Surgical Supply Room
Accident Room
Outside Obstetrics—Prenatal
Outside Obstetrics—Delivery
Baltimore and Ohio Dressing Room
Pupil Nurses filling Head Nurses' positions:
Colored Women's and Men's Medical and Surgical Ward.
Students from Affiliating Schools
Pupil Nurses
Student Nurses in Preparatory School
Affiliates
Post-graduates
_
Total number of students in school
Special Nurses:
Total number of special nurses during the year 1,150

Nurses who left the school:

Zelda WoodDid not return after a granted leave
of absence
Eloise BuchNot accepted
Evelyn MichaelResigned because of home conditions
Mary Evelyn ThompsonFinancial conditions and poor health
Mary RyanUnable to clarify educational credits
Naomi DillDisobedience of rules
Catharine WetzelHomesickness
Celeste Hoffman
school
Agnes HoltMarried
Grace BellIll health, probably tuberculosis

Illness: During the year, one hundred and sixty-seven nurses were off duty for varying lengths of time because of illness. Of these thirty-seven were admitted to the Private Halls or Sydenham Hospital for treatment and the remainder cared for in the Nurses' Home.

Causes of admission were:

Antrum Drainage
Positive Diphtheria Culture
Myringotomy
Cardiac Condition
Diphtheria 3
Infection of Hand
Tonsillitis
Isolated as Diphtheria Carriers 3
Vincent's Angina 1
Cold 1
Influenza
Bronchitie
Tonsillectomy 6
Admitted for Diagnosis
Kidney Colic
Appendectomy 3
Pleurisy with Effusion
Drug Addict
Physical Survey 1
Injury to Knee
Hyperthyroidism

Total number of days lost through illness: 942½.

	Gradu- ates	Seniors	Interme- diates	Juniors	Proba- tioners	Post- Graduates
January	. 2	11	54	64		
February		$32\frac{1}{2}$	7 9	$112\frac{1}{2}$		
March		69	40	43	3	
April		30	29	38	9	
May		2	4	101		
June		2	1	8		2
July	$7\frac{1}{2}$	7	$\frac{1}{2}$			
August		21	231			
September	. 5	3	32	7		
October		$25\frac{1}{2}$	7	16	2	1
November		38	9		4	
December		28	48		12	
	—				_	-
	141	269	327	299	30	3

Total number of nurses ill: 167.

	Gradu- ates	Seniors	Interme- diates	Juniors	Proba- tioners	Post- Graduates
January	. 1	2	6	18		
February		7	10	19		
March		5	5	10	1	
April		1	4	6	3	
May		1	1	5		
June		2	1	3		1
July	. 1	1	1			
August		5	3			
September	. 1	1	5	1		
October		3	3	1	2	1
November		3	2		3	
December		4	8		6	
	-	_	_	_	_	_
	3	35	49	63	15	2

Requests for information and admission: 173.

Number of applications accepted: 45.

Number of students entered: 28.

Number of applicants who failed to meet requirements: 13. Resignations:

Lillie Hoke	Night Supervisor
Elizabeth Colbourne	Assistant Practical Instructor
Mabel Trevilian	Supervisor of Maternity
Charlotte Price	. Head Nurse, Ward C
Margaret Fink	Head Nurse, Ward I
Mary Fisher	General Night Duty, Upper Halls

* *
Bertha HoffmanPromoted from Head Nurse, Lower Halls, to Assistant Instructor
Alice BennettPromoted from Head Nurse, Upper Halls, to Night Supervisor
Frances BranleyAssistant Superintendent of Nurses
Isabel ZimmermanInstructor in Theory
Elizabeth AitkenheadSupervisor Operating Room
Ida Nagel Assistant Supervisor Operating Room
Jane MoffattSupervisor General Dispensary
Jane ScottHead Nurse, Accident Room
Cora M. WilsonSupervisor Surgical Supply Room
Helen MorgartHead Nurse, Men's Medical Ward
Elizabeth CannonHead Nurse, Men's Surgical Ward

New Appointments:

Elizabeth Colbourne Assistant Instructor in Practical Nursing.
Graduate University of Maryland School
of Nursing 1926
Charlotte PriceHead Nurse Children's Ward. Graduate
Hospital for Women of Maryland
Helen Wright Instructor in Practical Nursing. Graduate
Johns Hopkins Hospital School of Nurs-
ing 1921; Head Nurse, Johns Hopkins
Hospital, 3½ years; Instructor in Nursing,
University of Virginia, 2 years
Rebecca Hall
of Maryland School of Nursing 1927
Rhea GerberHead Nurse Wards A-B. Graduate Uni-
versity of Maryland School of Nursing
1927
Lucy A. BrudeHead Nurse Upper Halls. Graduate Uni-
versity of Maryland School of Nursing
1924; Private duty, 6 months; Post-gradu-
ate course Columbia University, 6 weeks;
are detailed continuing of would,

Head Nurse, Franklin Square Hospital,

1½ years; General duty, Johns Hopkins
Hospital, Wilmer Clinic, 6 months
Reba Davis......Supervisor of Maternity. Graduate Watts
Hospital, Durham, North Carolina; Institutional work, 4 years; Private duty,

stitutional work, 4 years; Private duty, 1½ years; Public Health, 1 year; Postgraduate course, Sydenham Hospital, 6 months

Beatrice Krouse...... Head Nurse at Night—Upper Halls. Graduate University of Maryland School of Nursing 1927

Temporary Appointment:

Mrs. Fernánda Dennis	Head Nurse Wards A-B
Marjory Grier	Head Nurse Ward I
Elizabeth Scott	Head Nurse Children's Ward
Mary Fisher	Supervisor Lower Halls
Kitty Toms	Supervisor Dispensary
Mary Saulsbury	Wards A-B and Upper Halls
Blanche Martin	Night Supervisor
Elizabeth Ewell	Supervisor Lower Halls

The usual vacations for 1927 were arranged.

The past year has been a busy one and one which has witnessed many changes.

The Committee on Nursing has been of value to us in assisting to solve some of our problems and especially in bringing about a better understanding of them and just how we attempt to meet them. It is indeed a great comfort to find that there is a body which has an intimate contact with and understanding of the affairs of the School of Nursing.

Our long cherished wish of housing all nurses under one roof is finally realized as, in a few weeks, the addition to the home will be ready for occupancy.

May I take this opportunity to express for my staff and myself sincere appreciation of the interest and cooperation of representatives of each department.

Respectfully submitted,

Annie Crighton, R.N.,

Superintendent of Nurses.

REPORT OF THE PUBLICATION COMMITTEE.

The Publication Committee wishes to thank all who contributed articles, news items, letters and reports for this issue of the Bulletin. This issue of the Bulletin will cost fifty cents and a bill will be included with your Alumnae Dues. We hope each one will be very prompt in remitting this amount to the Treasurer, Ellen C. Israel, 701 Cathedral St., Baltimore, Md.

LILLIAN K. McDaniel, Editor.

REPORT OF DIRECTORY, 1927.

	Number of Calls	Calls Filled	Calls Unfilled
January	113	103	10
February	121	96	25
March	152	128	24
April	132	99	33
May	150	117	33
June	159	130	29
July	116	94	22
August	194	149	45
September	156	138	18
October	110	99	11
November	98	98	0
December	134	101	33
Total	1,635	1,352	283
Directory members during year			75
Directory dues collected			,066.25
Expenditure			
Balance on hand			138.79

Respectfully submitted

ELIZABETH MARSH, Chairman

REPORT OF THE MEMBERSHIP COMMITTEE.

The Chairman of the Membership Committee has no report to make but urges all delinquent members as well as new graduates to join their Alumnae Association.

Frankie Morrison Mulligan, Chairman.

REPORT OF THE TWENTY-FIFTH ANNUAL MEETING OF THE MARYLAND STATE NURSES ASSOCIATION.

By SARAH F. MARTIN, R.N., Secretary.

The Twenty-fifth Annual Meeting of the Maryland State Nurses Association was held in Baltimore, January 25, 26 and 27, 1928, in joint sessions with the Maryland League of Nursing Education and the Maryland State Association for Public Health Nursing.

The principal event of the meeting and one long to be remembered by those who were privileged to be present was the Celebration of the Twenty-fifth Anniversary of the Maryland State Nurses Association, held at the Lyric on the evening of January 26th.

For some years the Executive Committee have been formulating plans that would eventually result in a demonstration, in which the nurses of Maryland might come together in their various uniforms, to show not only the number of the different nursing activities in the State but to show the number of nurses who are so splendidly carrying on the work. As a result of these plans the event at the Lyric was without doubt the most successful affair that the Maryland Nurses have ever attempted. The effect of 1500 nurses in uniform, marching to the strains of orchestral music, led by nurses wearing the crimson lined Red Cross capes was one of beauty and significance. The community singing, led by Miss Carty, Peabody Conservatory of Music, was one of the most enjoyable features of the occasion and it seemed to us who listened that those old familiar hymns took on a new meaning as they were sung by that group of young nurses.

Jane E. Nash, President of the Association, was a most gracious presiding officer. William F. Broening, Mayor of Baltimore, made an address that was most enjoyable. Among those who sat on the stage one noted with pleasure faces familiar to us all, Mrs. Ethel P. Clark, Major Julia C. Stimson, Misses Adda Eldredge, Effie J. Taylor and Anna C. Jammé.

The speaker of the evening was Clara D. Noyes, Director of Nursing Service, American Red Cross, and it seemed very fitting that one of Maryland's own nurses should have been selected for this occasion. Miss Noyes in her address, "Retrospection and a Challenge" spoke of how the nursing activities had multiplied in the Nation, and said that there are almost no phases of work in the field of health and welfare in which the nurse is not either an active participant or exerts her influence. She closed her address by saying that a wonderful foundation of organization and achievement has been laid, upon which a sounder and more beautiful structure may be erected. In it lies a challenge to the present generation of nurses. That they will accept it no one can doubt.

The Annual Meeting closed on Friday night with a dinner at the Alcazar, given under the auspices of the League, and was well attended and most enjoyable. In closing, may I take this opportunity of saying to the members of the University Hospital Nurses Alumnae Association that the success of this Annual Meeting was due to the splendid coöperation that not only your members, but the members of all the Alumnae Associations gave to the Program Committee.

REPORT OF BIENNIAL CONVENTION OF THE AMERICAN NURSES' ASSOCIATION, LOUIS-VILLE, KENTUCKY, JUNE 4 TO 9, 1928.

The Biennial Meeting of the American Nurses' Association was held in Louisville, Ky., June 4 to 9, 1928.

The Maryland delegates went on the special New York train and were greeted in Louisville by a committee of local nurses. Registration took place at the Jefferson County Armory, the Convention headquarters, this building has more floor space than any other building in the United States. About four thousand nurses registered and received identification badges.

The main entrance of the Armory contained booths of every description including a postoffice information, luncheon, dinner registration, sight-seeing information and hotel reservation booth.

In the main auditorium were Commercial enterprises of interest to nurses, having attractive demonstration, furnishing both food for thought and body. The American Journal of Nursing, American Medical Association and the Red Cross were each represented by an attractive group. "Chapters of the American War Mothers, scattered throughout Kentucky sent flowers to the convention every day and each day a special package was sent to Miss Clara D. Noyes, Director of Nursing Service, American Red Cross, as a tribute to her work during the World War in passing on the nurses who were sent overseas."

The National League of Nursing Education and Lay Members of the National Organization of Public Health Nursing met on Monday morning, June 4th. The League Meeting was held at the Kentucky Hotel, Miss Carrie M. Hall R.N., President, presided. A business session was held with interesting reports from all committees. This organization has been active for more than thirty years endeavoring to maintain sufficient educational standards in schools of nursing and to achieve the passing of adequate nurse registration laws in the various states in order that the public can be protected from low grade nursing.

Mrs. Ethel Monroe Troy, who represented the Public Health Nurses of Maryland, joined me at noon on Monday. She has been very kind in giving you a report of the Public Health Meetings.

The first joint meeting of the American Nurses' Association was held at 2.30 on Monday. Lillian Clayton, R.N., President, presided. All states excepting Montanna and Nevada were represented at the Roll Call. Maryland was represented by thirty-one delegates. The Treasurer's Report stated that Maryland has paid The American Nurses' Association \$537.50, claiming no benefits.

The meeting on Monday evening was a joint meeting of the three National Nursing Organizations. S. Lillian Clayton, R.N. presided. The Invocation was made by Rt. Rev. Charles E. Woodcock, Episcopal Bishop of Kentucky.

Addresses of welcome were made by Hon. Flem Sampson, Governor of Kentucky and Hon. William Harrison, Mayor of Louisville which were most cordial and interesting as the historical places of the state were enumerated urging the delegates to visit the birthplace of Abraham Lincoln, tomb of General Zachary Taylor, twelfth President of the United States, Fairview, Kentucky, the birthplace of the leader of the Confederacy—Jefferson Davis, the Mammoth Cave and the home of Stephan Foster at Bardstown author of "My Old Kentucky Home."

The Response was made by S. Lillian Clayton, R.N. "We know nature has been most generous with her gifts to the state of Kentucky. We also know that Kentucky has made the best use of these gifts, for, by her intelligent use of them, she has increased her natural and required talents many times. In using the gifts so lavishly bestowed by nature, the spirit of it all has overflowed into Kentucky's people and thus the generous welcome that has tendered these organizations tonight. Let us, during the days that are ahead, face the problems confronting us and make every effort to see all sides of the questions presented and then let us see clearly the principle underlying the problem. To these principles we must dedicate ourselves in all our discussions and deliberations."

A response was made by Carrie M. Hall, R.N., President of the League of Nursing Education.

Mrs. Anne L. Harrison, President of the National Organization of Public Health Nurses, responded for her organization.

Mina D. Gage, R.N., President of the International Council

of Nurses was unable to be present and greeting from the Council was read by Clara D. Noyes. An address was given by Miss Noyes "Nursing Service of the Red Cross." Over 47,000 nurses have enrolled in this service but 150 nurses are needed each month to maintain an efficient list.

A most interesting and instructive address was given by Charles H. Judd, Ph.D. Head of School of Education at the University of Chicago. "Some of the most important items at the time of illness in the family, the household is under an unusual nervous tension and nurses should be equiped to help the family readjust themselves to the emergency. Another concrete item is that household economics should be influenced by the nurse in the home, giving them help in selecting diet of suitable materials adjusted to the family purse. A third type of intelligence which a nurse should have besides is a series of references dealing with health and personal self management."

On Tuesday, June 5th, the joint meeting was held in the Jefferson County Armory. Mrs. Ann Hanson, presided. Subject: "Distribution of Nursing Service." An address was given by C. E. A. Winslow, D.P.H., Yale University, "Community Nursing Needs." "Hourly nursing for example can only be developed to a full advantage when conducted by a well organized Public Health nursing group which can furnish expert supervision and can take up the slack of the nurse's time by using her in other fields of visiting nursing as the occasion offers. In this case it must be remembered that there are two distinct types of question involved—the problem of service and the problem of payment.

We must first devise means of supplying to each patient the amount and kind of service, from simple domestic service through the care of chronic or convalescent cases by a nursing attendant, to home nursing on the visiting or hourly basis, and the continuous nursing of acute illness in the home or hospital. We must develop machinery for facilitating payment for the service rendered through some form of insurance program since many a family, quite unable to meet the sudden financial emergencies of illness, could bear the cost involved if it were distributed in time and over a whole social group. In this way there seems hope, as we are already realizing in the nursing furnished by industrial insurance companies, of making self-supporting a considerable volume of nursing once rendered on a philanthropic basis."

How are we to meet these needs?

Adjustments we need: From the Hospital Angle (Marion Rothnan, R.N., Director of Nursing Service, Bellevue and Allied Hospitals) "The purpose of this study is to raise certain questions before determining the number of nurses needed to care for the sick in the hospitals in this country and how they are to be distributed.

Acutely ill patients require much more than twice the time than the care of chronic cases. Women require more nursing than men and medical cases require more care than surgical. It would seem that the first job of administrators in nursing schools might be that of building up quantitative as well as qualitative standards, and attention should be called, to all interested, to the need of accurate knowledge of time needed for adequate nursing care of the various types of patients."

This was followed by an address by Sophie C. Nelson, R.N., Director of Visiting Nurses' Service, John Hancock Mutual Life Insurance Co. Her subject: From the Community Angle. The contents of the address was as follows: "The enumeration of our Community needs in illness and health for which some nursing services are required seem simple, indeed. They might run somewhat as follows: Full-time nursing care at home for people who can afford such care and for such illnesses as will require the full-time service of a nurse. Part-time service for same types of illness, especially those where scientific care on a full-time basis is not a requisite to the cure or retardation of disease. Part-time service for that group of people economically not prepared to pay for full-time service and where some other care is available. Nursing supervision in relation to home nursing can be given by some member of the family, especially in chronic or convalescent cases."

Tuesday afternoon, 2.30–5.30. Private Duty Section—Knights of Columbus Building—Vada G. Sampson, R.N. Chairman, was unable to be present so Helen Greaney, R.N., was elected Chairman pro. tem. The first speaker was Lillian Clayton, R.N., President of the American Nurses' Association. Her subject was "The Private Duty Nurse." Some of the important items of her address were: "Growth of membership from 53,000 in 1926 to 70,000 in 1928." As there are 200,000 nurses in the United States, the speaker urged that a campaign be made for members.

The meeting of the International Council of Nurses will be held

in Montreal in 1929. An International Hospital Association has also been formed and will hold its first meeting in Atlantic City next year in connection with the American Hospital Association. Miss Clayton urged all who can possibly do so to attend this meeting. The speaker considered publicity in giving the story of nursing to the public a vital need. There has never been a time when it was so necessary for the individual nurse to be able to interpret her own profession and her place in it as at the present time. The report just coming out by the Grading Committee will help us do this by reading it ourselves and then giving it to a patient and a doctor. This will be a concrete form of publicity to be used by all.

All members are urged to read Miss Clayton's address as it appears in the American Journal of Nursing for July, 1928.

The second paper of the afternoon was given by Nancy Fry, R.N., who chose for her subject "What does Group Nursing Offer to the Private Duty Nurse?" The principle item in the address was the idea of constant employment of private duty nurses, thus increasing the resources over that of special individual cases. This has been practiced in several of the larger hospitals and has proven advantageous.

The third address was given by Emma L. Collins, Registrar of Nurses Official Registry of Brooklyn, N. Y. Her subject was "What The Registry Means To The Private Duty Nurse." The chief means of contact between the private duty nurse and her patient is the registry. Before nurses organized their own cooperative nursing centers called Official Registries, registries were of two general types; the hospital or alumnae registries and the commercial registries. The answer to the demand of adequate nursing service for the public with protection of Nursing Standards has been the Official Registry. It offers many advantages to the private duty nurse chief of which are affiliation with a dignified professional service with the prestige and backing of the American Nurses' Association, a nurse registrar who brings with her an individual understanding of the whole field and an interest in its development for the benefit of the nurse as well as of the hospital and the public, an opportunity for the nurse to run her own business and to share in the profits and through loyal teamwork to build up a center for nursing service which shall be known for the excellence of its nurses. Most important of all, it provides a

proving ground on which to test remedies for the relief of some of the unnecessary hardships in the private duty field. A garden party was planned for Tuesday evening but a concert was given by the Standard Manufacturing Band.

Wednesday June 6th, a joint meeting was held at the Jefferson County Armory. The final address "The Place Of The Nurse In Mental Hygicne" was given by Dr. William L. Russell, General Psychiatric Director of Bloomingdale Hospital, White Plains, New Jersey. Some of the points Dr. Russell made were:

- 1. Development at general hospitals of psychiatric medical and nursing service to take the place of present crude methods of treatment.
- 2. The introduction into general nursing education of psychiatric methods of observation and nursing attention.
- 3. The further development of psychiatric and mental hygiene training in the education of Public Health nurses.
- 4. The advancement of nursing and nursing education in public and private benevolent hospitals for mental disorders.

The second speaker of the morning was Dr. Ralph T. Truitt, Director of Baltimore Clinic, Maryland Hygiene Society and it might be interesting to add that Dr. Truitt is a graduate of our beloved University of Maryland. The subject of the paper was "The Child Guidance Clinic." "More than 50,000 insane are admitted to institutions each year." Dr. Truitt explains the clinic as a source of finding what the child is and through that discovery to assist others, as parents and teachers, in doing their necessary jobs with him.

Another interesting address was given by Frank J. O'Brien, Ph. D., Director of the Psychiatric Clinic, Louisville, Ky. Dr. O'Brien's subject was "What A Mental Hygiene Clinic Has To Offer To A Public Health Nurse?" A series of cases were described and in each instance the Public Health nurse played an important part in the clinic.

Grace E. Allen, R.N., Supervision Mental Hygiene, East Hoboken Nursing and Health Service, New York City, followed with an address on "Mental Hygiene in a Generalized Program." The three items brought out by Miss Allen are as follows:

1. The inclusion in hospital training of courses in Mental Hygiene.

- 2. The addition to college courses in Public Health of a Major in Mental Hygiene.
- 3. The provision of practical experience in Mental Hygiene work.

Wednesday afternoon at the meeting of the National League of Nursing Education, Stella Goostray, Superintendent of Nurses, Children's Hospital, Boston, Mass., presided. The subject of the afternoon was "Staff Education." A most interesting paper. "Improvement of the Nurse in Service"—an historical review—was given by Blanche Pfefferkorn, R.N., Executive Secretary, National League of Nursing Education, New York City. The contents of the address is as follows,

The first gathering of nurses was at the World's Fair in Chicago in 1893 at which time the first National Nursing Association, known as American Society of Superintendents of Training Schools of Nurses, was organized. The Alumnae Association provides a measure of great potential power for devising ways and means for graduate nurse advancement. The American Journal of Nursing was first published October 1st, 1900 with 581 subscriptions. The Journal's circulation is now 23,000. The first course of graduate nurses was established in 1899 at Teachers College, Columbia University under the title of Course in Hospital Economics. Today, post-graduate work may be taken at a great many of the leading Universities.

The second paper "A Study of the Position and Preparation of Director of Schools" by Daisy Dean Urch. R.N., Director, School of Nursing, Highland Hospital, Oakland, California.

Another interesting paper "The Position and Preparation of the Head Nurse" by Mary M. Martin, R.N., Director of Supervision, Bellevue Hospital, New York City and Cordella Cowan, R.N., Instructor, Woman's Hospital, New York. Great stress was laid on skill in ward management, success in managing people, the ability to teach and develop students.

On Wednesday evening, a boat ride down the Ohio was enjoyed by the delegates. Thursday morning, June 9th, the Legislative Section Meeting was held at the Knights of Columbus Hall. A. Louise Dietrich, R.N. of El Paso, Texas was chairman. The first paper was "California's Legal Duties Relative to Registries," by Anna A. Williamson, R.N., President of California State Nurses' Association. "The Possibility of Establishing A National Reci-

procity Board" was introduced by Caroline V. McKee, R.N., Chief Examiner, Nurse Examining Board, Ohio State Medical Board. A committee was formed to study this subject.

The Private Duty Section held its business meeting at 2.30 on Thursday. At the call, your delegate was Maryland's only representative. The election of officers was the only business at hand. Anna E. Gladwin of Ohio was elected Chairman and Helen F. Greaney of Penna., Vice Chairman.

Thursday evening the joint meeting was held at the Armory. Carrie M. Hall, R.N., President of the League of Nursing Education, presided. Subject was "The Report of Progress of Grading Committee."

"The Grading Program from the Medical View-point" was given by Dr. Nathan B. Van Etten, Member of Committee on Grading of Nursing Schools. Dr. Van Etten believes the entrance requirements for nursing schools should be four years of High School and that the hospital or clinical period should be two years of preparation for an R.N., also a subsequent year of Public Health nursing and institutional nursing should be available.

Dr. Mary A. Burgess, Director of the Committee on Grading and University Schools gave a synopsis of her recent book on "High Points of Supply and Demand Study." This recently published book of Dr. Burgess' has been completely reviewed in the Bulletin by Ethel Monroe Troy, R.N.

Friday morning was devoted to the election of officers for the three organizations. The officers elected were S. Lillian Clayton, R.N., President; Elenora Thompson, R.N., First Vice-president; Jane Van De Vriede, R.N., Second Vice-president; Susan C. Francis, R.N., Secretary; Jessie E. Catton, R.N., Treasurer. The newly elected Directors are: Dora M. Cornelius R.N. of Minnesota, A. Louise Dietrich, R.N. of Texas and Emilie Sargeant, R.N., of Michigan.

The important results of the Convention are given in the following summary:

- 1. The Decision to complete the Nurses' Memorial at Bordeaux, France, by raising an additional \$25,000.
- 2. The Association voted to accept the proposal of the Delano Memorial Committee to devote \$5,000 to purchase and dedicate to our Gold Star Nurses one of the pillars of the handsome building now being erected in Washingtom "to the heroic women of

the World War." The building will be used as a chapter house of the American Red Cross.

On Wednesday at noon, your delegate arranged a luncheon to be given for the University of Maryland Nurses. Those who attended were Katherine Shae of Boston, Mass. and Ethel M. Troy of Baltimore, Md. Mrs. Ethel P. Clarke could not be present because of an important committee meeting.

The American Nurses Association will meet in Milwaukee, Wisconsin, in 1930. At this time I would like to express my deep appreciation to the Alumnae Association for sending me as a delegate to such an inspiring and instructive meeting.

Respectfully submitted,

Blanche Martin Horine, Chairman.

REPORT OF BIENNIAL CONVENTION OF THREE NATIONAL NURSING ORGANIZATIONS, LOUIS-VILLE, KENTUCKY, JUNE 4 to 9, 1928.

The American Nurses' Association, The National League for Nursing Education and The National Organization for Public Health Nursing met in biennial convention in Louisville, Kentucky, June fourth to ninth, 1928.

General headquarters for the convention was in the Jefferson County Armory. Here registration took place, the general meetings were held and the exhibits were on view. Over one hundred booths were occupied by exhibitors advertising wares in which nurses were vitally interested, and publishers of books of professional nature.

Approximately 4500 nurses registered from every state in the union and the territorial possessions.

A tea was given for all visiting nurses on the lawn of the Waverly Hill Sanatorium, and the Louisville hospitals held open house for the delegates and their friends from 2 to 4 p.m. daily.

Since each organization was holding meetings almost continuously it was impossible for one individual to attend all sessions. The writer, being interested in Public Health Nursing, attended the meetings of the National Organization for Public Health Nursing, and the joint general meetings.

Monday was given over to the meetings of the lay members of the N. O. P. H. N. These lay persons are represented most generally on the boards of visiting nurse associations. The force of this section was more noticeable at this meeting than at any meeting in the past.

At the first business meeting of the A. N. A. on Monday afternoon, the reports were read by title and will appear in the "American Journal of Nursing."

At the first joint meeting, held in the Armory on Monday evening, Hon. Flem. D. Sampson, Governor of Kentucky and Hon. Wm. B. Harrison, Mayor of Louisville welcomed the delegates with traditional southern hospitality. Miss S. Lillian Clayton, President of the A. N. A. presided. Governor Sampson outlined the plans of his administration for the development of Kentucky's resources and urged the nurses to see Mammoth Cave, the Blue Grass and Cumberland Gap. The visitors were also invited to Frankfort, the capital of Kentucky, where he promised "the latchstring would be found hanging outside the door."

Mayor Harrison offered the best of Louisville and hoped they had experienced the worst of Louisville in the continuous downpour of rain.

The principal speaker of the evening was Dr. Charles Hubbard Judd, head of the School of Education of the University of Chicago, who spoke on "Adult Education." Dr. Judd suggested that the nursing profession adopt a continuation training course for nurses for the sake of higher standards, such as teachers have been forced to practice in the last few years. "If nurses did nothing more than teach the families of patients how to behave in emergencies and under tension, the education of adults would have made great progress," he said. Miss Clara D. Noyes, chief of the American Red Cross Nursing Service, spoke on that service quoting figures to show the efficiency of that organization in the Mississippi River flood disaster and other catastrophies. Following this meeting a reception and dance was given the delegates by the Jefferson County Medical Association.

On Tuesday morning a joint meeting on "Distribution of Nursing Service" was held at the Armory, Mrs. Annie L. Hanson, President, N. O. P. H. N. presiding. The speakers and their topics were:

Dr. C.-E. A. Winslow—"Community Nursing Needs."
Marion Rotturan—"How are We Meeting these Needs? Adjustments We Need from the Hospital Angle."
Sophie C. Nelson—"From the Community Angle."

Possible redistribution of the services of the trained nurse so that she will be available to the patient in times of his nursing needs rather than by the day, was the keynote of this meeting. The unsolved question is how to best reach the un-nursed sick in the community. Adequate compensation for the highly skilled trained nurse who is able to perform most efficient service is sought through a system of grading. Proper education of the nurse through schools, colleges and universities just as the modern teacher has been trained and then given experience was again brought out.

The State Board of Health supervisors met at luncheon on Tuesday, June 5. Mrs. T. K. Guthrie gave a review of regional conference reports of 1925 and conclusions read at Atlantic City in 1926. A copy of these conclusions was forwarded to the State and Provincial Health Officers who were meeting simultaneously in Minneapolis. "Staff Education from the viewpoint of the State Nurse" was discussed at length. The following was outlined as a minimum of training to be sponsored by the State Department of Health.

A specified term (at least a month) in a training center for the newly appointed staff nurse.

Continuous staff education for the nurses in the field.

In the discussion it was evident that Maryland is far from a position of leadership in this desirable and important function of maintaining the standards of nursing through staff education.

It was brought out that in Alabama the State Board of Health sponsors the County Health Unit. The local Chamber of Commerce, the Farm Bureau and other interested groups are also asked to sponsor the County Health Unit. The County Board is composed of five members of the County Medical Society and the probate judge. This board supports the Health Officer in executing laws and ordinances. The minimum for a county unit is \$7,600.00, of which \$3,600 to \$5,000 is given by the County, the rest by the State Board of Health and the Rockefeller Foundation. Here the nurse spends 2 months in the training station for introduction to the work and there is very good cooperation with the Department of Education.

An experiment in county hospitals was reported. In Farmville, Va., the Board of Directors of the County Hospital is made up of lay persons who assume two-thirds of the cost of operation. All registered physicians are on the visiting staff. Medical leaders are brought to the hospital regularly for two days of lectures and clinics, and a number of the visiting physicians are selected yearly for scholarships for study at medical centers.

At the School Nursing section meeting the growing cooperation between nurse and teacher was stressed.

At a dinner meeting on Tuesday Miss Gertrude Bowling presided. Topic: "Problems of N. O. P. H. N. Branches." Maryland was represented at that meeting by the President of the State Organization for Public Health Nursing.

A joint meeting was held in the Armory on Wednesday morning, Miss Elnora Thompson, Director, Public Health Nursing, Portland (Ore.) School of Social Work, presiding. The subject was "Mental Hygiene." The speakers were Dr. Wm. L. Russell, Bloomingdale, N. J. Dr. Ralph P. Truitt, U. of Md., Dr. Frank J. O'Brien, Louisville, and Grace Allen, R. N., N. Y. C. A definition of "Mental Hygiene," as set forth by Dr. Frank Wood Williams was given as "Applied to the organized movement that concerns itself with the study of the mental hygiene aspects of various social problems, such as the adequacy of the conditions for the treatment of persons ill with mental disease, their recovery and return to social usefulness; the dissemination of information in regard to mental health, its attainment and preservation." "From the standpoint of the staff worker, mental hygiene is a tool for health teaching." Miss Grace Allen brought out that the 12,000 public health nurses in the country may be more efficiently used to reach patients not otherwise reached even though they may not have the skill of the psychiatric social workers. She believed these nurses are at present potential assets for various reasons, one of which is that they see the patient in his family setting, generally before any other worker has had an entry to the home. The nurse might well be trained additionally to recognize signs of mental maladjustment and of behavior difficulty in children sufficiently early to permit hope of improvement. Hospital training courses in mental hygiene were suggested and practical experience in mental hygiene field work.

At the "Municipal Nursing Services" meeting W. F. Walker, D. P. H. Field Director A. P. H. A. brought out the necessity for thorough reporting of work done and the filing of accurate data on cases.

Additional discussion of reports and records was carried over into the afternoon session.

On Wednesday also there were sessions on "Nurses Relief Fund," "Insurance for Nurses," "Government Nursing Services." There was a conference of directors of nurses registries, and, at a conference of state secretaries of nurses' examining boards the question of inter-state reciprocity was brought up. In order to eliminate the difficulties of registration which a nurse now often encounters in establishing herself in a new state it was suggested that representatives of the examining boards confer on the organization of a national committee which would give examinations to nurses who desired to be recognized in more than one state. Those passing this examination and having a certificate from this body would, under the plan, be recognized in all of the cooperating states. The test would not be a substitute for the original examination, but would make further examinations in other states unnecessary.

The meeting on "Rural Nursing" held Thursday morning in the Universalist Church was one of the most enjoyable of the convention. The papers are to be received in their entirety in the proceedings of the convention and it would be hard to report "Evaluating the work of the Rural on these papers in abstract. Public Health Nurse" and "Community Organization for Health Work in a Rural County" were topics clearly presented by able speakers. "The Problem of Care of Sick in Rural Areas" brought the conclusion that the actually ill persons in rural sections are not getting proper nursing care and something must be done We cannot longer shirk our responsibility in that about it. The help of Rural Hospitals and Health Centers was shown and the courses in Home Hygiene and Care of the Sick came in for proper recognition.

The luncheon and meeting of the Tuberculosis Nursing section was attended. The control of Tuberculosis through family supervision was discussed from the viewpoint of the urban nurse, the rural nurse, the school nurse, the preschool nurse and the industrial nurse.

At the superintendents' meeting "Newer Methods of Supervision; Practical Applications of Basic Principles" was presented by Marion G. Howell, R.N., Director, Western Reserve University Public Health Nursing District, Cleveland. A great deal was said

about "Inspirational Supervision" and "Adaptations in Supervisory Methods for Regional Supervision."

The joint meeting Thursday evening was undoubtedly the high spot of the convention with Miss Carrie M. Hall, President National League for Nursing Education presiding. "The Report of the Progress of the Grading Committee" was presented by Dr. Nathan B. Van Etten and Dr. Mary Ayres Burgess.

Dr. Van Etten, a member of the committee on grading of nursing schools urged that "quantity of nurses must yield to quality," stressing the "interdependence of the doctor and the nurse in the care of suffering humanity and the need for reciprocal public appreciation."

Dr. Burgess, director of the committee gave a summary of the extensive survey made by the committee into economic conditions relative to nurses in the United States. This survey is set forth in her recent book "Nurses, Patients and Pocketbooks." She stated that the nursing profession will double in size within the next seventeen years unless conditions change and there is no evidence that the public wants that many nurses. Overproduction is even now resulting in unemployment. She proposed "radical changes in the education of young women who enter the nursing profession" and branded as poor business and harmful the opening of training schools by hospitals in need of cheap labor because of financial worries. She offered these suggestions.

- 1. Reduce and improve the supply of nurses. Make a decisive and immediate reduction in the number of nursing students in the United States and raise entrance requirements high enough so that only properly qualified women will be admitted to the profession.
- 2. Replace students with graduates. Put the major part of hospital bedside nursing in the hands of graduate nurses and take it out of the hands of student nurses.
- 3. Help hospitals meet the cost of graduate service. Assist hospitals in securing funds for the employment of graduate nurses.
- 4. Get public support for nursing education. Place schools for nursing under the direction of nurse educators instead of hospital administrators; and awaken the public to the fact that if society wants good nursing it must pay the cost of educating nurses. Nursing education is a public and not a private responsibility.

The outstanding conclusions drawn from the convention were: The desirability of fostering lay interest.

The necessity for training as an introduction to Public Health Nursing.

The necessity for continuous staff education.

The responsibility for the sick in the community.

The need for marked changes in the education of the nurse.

Friday's sessions were given over to business meetings of the three organizations and installation of new officers. Miss S. Lillian Clayton was reelected President of the A. N. A., Mrs. Annie W. Hansen was reelected President of the N. O. P. H. N. and Miss Elizabeth Burgess was elected President of the National League for Nursing Education.

The 1930 convention goes to Milwaukee, Wis. Respectfully submitted,

ETHEL M. TROY.

LETTERS FROM ALUMNAE.

Moose Lake, Minn. April 10th, 1928.

My dear Alumnae Associates,

It is hard to tell what may interest the readers mostly, about Northern Minnesota. The following applies only to the section in which I live. I live about forty miles south of Lake Superior. In the Spring one finds this too close because the climate is affected greatly by the 'ice going out' of the Lake.

The country is what has been left in the lea of timber cutting. At one time the vicinity was noted for its logging. Now one will find dairy farms dotting the woodland. Yes, this is one place where "Land O'Lake butter" is made! The farms are cleared partly from this cut over land. Many Christmas trees, balsam and spruce, are taken from the woods and shipped annually. It is strange to note the varied nationalities that have settled in this new country—Swedish, Norwegian, Danish, Finish, Polish, French, Bohemian, German and a scattering of English speaking folks. This is a fair sized "Melting Pot." Most of the elders have come directly to this section from their Mother countries. Many have Socialistic views. These conditions retard progress. Much is being done towards Americanization. The American Legion is doing splendid work in the field.

Many townships have Consolidated Schools. This is advantageous because many children live several miles from school. Buses bring the children to school and return them to their homes after school. This system enables the children of all sizes to attend school regularly. These modern schools are great assets toward the education and future of the country. It would be unfair not to mention the winters out here. This is especially for those who live away down south of the Mason and Dixon The winter may begin as early as the last of October and continue until what would be late spring. This last winter, we had a severe storm each month with subzero weather and high The subzero weather means the thermometer may range from 20 degrees to 45 degrees below zero. The snow lasted until the last week in March when it took three days to melt the bulk of it. Then, at Eastertime, the ground was again covered with snow. I have seen a severe snow storm as late as the middle of May.

Nevertheless, Mother Nature cares for all. For the weasel. she changes its coat to that of white ermine which the fashionable ladies adore. Then the rabbits change to a pure white too, thus giving them the name of 'Snow Shoes.' This change affords protection from the wolves and other animals of prev. The long winters drive the wolves in closer to the civilized section. may hear them howling nightly and, strange to say, one never knows from the yelping whether it is a lone wolf or a pack. Wolf hunting affords great sport here because there is a heavy bounty for the hides. The bear is hunted in the spring. You must remember that old grizzly has more sense than most of us-he sleeps all winter! There comes the most graceful of our wild life the deer-which is often seen especially during the "open season" of deer hunting. They seem to scent protection. An occasional elk is seen but they are not allowed to be hunted because of their scarcity. Strange to say, when the warm weather does come, the migratory birds appear rapidly. You have no idea how welcome these feathered creatures are. They burst upon the land with shout and song. The growing season is very short but much vegetation appears, covering the once snow ladened fields and The meadows and roadsides become gowned with many varieties of wild flowers and ferns. Much wild fruit is found in the woodlands and swamps. With the coming of summer, one sees the beautiful skies—the "Northern Lights" are very vivid

and are frequently seen. A number of people come, annually, here for "hay-fever." Many settle here because of some tubercular condition. Others spend some time or just vacation camping about the lakes. This is the much advertised "Land O'Lake Country" and, I shall add, flies and mosquitoes which the pamphlets fail to mention. The "Tourists" often neglect their fires thus causing forest fires which do much damage. The towns (three) near here have each a physician but the towns which happen to be along a railroad are far apart. Often these Physicians make calls in the partly unsettled country as far as twenty to forty miles one way. You see it does not pay to get sick! The county has a nurse now but most of her time is taken up with school work and clinics (when the Red Cross sponsors them). She has a vast territory to cover with poor roads, etc. to hamper her work. It is hard work keeping a nurse because the county gives little support. This condition may be improved in a few years. It takes time to educate the people to this good cause.

With kind rememberances to all, I am
Yours,
VIRGINIA CLENDENIN HICKLING.

Cumberland, Md. June 19th, 1928.

My dear Alumnae Associates,

That there is a close relationship existing between our hospital and the St. Thomas and Westminster hospitals in London, England; was my discovery on the occasion of my visit to that city in October, 1927.

I had always heard that the cap that we wear was also worn by the St. Thomas nurses. A visit to this famous hospital was one that I could not miss when the opportunity presented itself last fall. The cap was a familiar sight that presented itself as we entered the portals of the hospital, leaving the noise and hustle of the London traffic behind.

When I explained my special interest in St. Thomas, I was asked to register, and I felt proud to sign "University Hospital, Baltimore, Maryland, U. S. A." The welcome given us was most sincere. We were shown through the wards and the different departments. On the wards where doctors were making rounds, we could not enter. The nurse in charge of the ward is called

"sister," that being the name for nurse, although this is a Protestant hospital. At each entrance to a ward the little nurse acting as our guide would step inside first, and ask the sister if we could come in.

In the course of our conversation I mentioned about our caps. I was surprised to find that the nurses of Westminster Hospital also are wearing the Florence Nightingale cap. Our guide stated that they wear the cap differently, though. She said that the Westminster nurses place their caps "on their heads," while we put our "heads in our caps." I suppose that the difference is just "the English of it."

The St. Thomas graduates doing general duty wear blue and white dot percale. I certainly like our "white" the best, for uniforms. Their course is much longer—so many years on fever, general, and O.B. Our own system seems to give us so much more in the course. The rate of pay of the students and the graduates is much less than our rate. We have so much to be thankful for in the conduct of our training school, and the welfare of the graduate.

I saw the clothing worn by Florence Nightingale. Also several interesting exhibits of her day in nursing are on display at this St. Thomas Hospital.

I also visited the Westminster Hospital. While there I was allowed in the Accident Room while an interne was dressing a patient. They were not so strict in the matter of rules governing a visiting nurse going about in the hospital. The patient in the accident room was an old man that was a street vender. He was full of wit and humor in spite of his injury. He insisted on giving "the nurse from America" a little silver "lucky slipper" as a souvenir of the visit. I kept it, feeling that I might need it on the return journey over the Atlantic.

I also visited the American Hospital in Paris. It is a fine modern building, and all the equipment is the best. There were two Johns Hopkins nurses on duty there. The rest were all English.

The visit to these three hospitals was most enjoyable and interesting. There is nothing that I have seen, though, that can change my feeling for the University. I am glad that I am a graduate here, and I always say so with a feeling of considerable pride.

MARY FISHER ANKENEY

On June 22nd Dr. Dodge and I started in a Chevrolet with some camping outfit for California. Only those folks who have camped during a trip know the joy of seeing the beautiful things of nature in a leisurely way. Always we had plenty of time to see each city large or small and each beautiful sight along our route.

As we motored westward we saw mountains faintly taking form in the distance. The levelness of the surrounding country became gently rolling and then very hilly. Soon we were at the foot of the Alleghenies. The end of our first day's motoring found us at Town Hill

Very early the next morning we started again. Continually new and beautiful pictures of nature were presented, while others faded in the distance. Then sunset, twilight and darkness. How delightful we found it to be away from the every day routine and to be alone with the sounds of the wood.

Our route was through Ohio and on to St. Louis. I was much disappointed to find the Mississippi a slowly moving, muddy and very narrow stream.

As we passed through Missouri and Kansas things took on a more western aspect. Large herd of cattle and sheep were grazing on the treeless but fertile plains. The ranch houses were miles and miles apart. It took us several days to pass through the wheat belt. In every direction as far as we could see, nothing but beautiful waving golden grain. The harvest had started; great labor saving devices were used.

After leaving Topeka the roads were unimproved, terribly dusty but in good condition. Soon we were in Hutchins, Kansas. It was here we went through the Carey Rock Salt mill and down into the mine six hundred and forty-five feet below the surface. This vein of salt is unusually large and snow white in places, resembling marble in others. Forty rooms or chambers fifty by three hundred feet with a ceiling varying from seven to ten feet have been blasted. Twenty-foot columns or walls are left between each chamber for support and to equalize pressure. The mine is operated by sixty men who use electrical devices. The maximum output is a thousand tons of salt per day.

After three more days of motoring we were at the foot of the Rockies. On over beautiful Raton Pass and into Cimarron, New Mexico. This was the fourth of July typical westerners, Mexicans with peaked hats, Indians in their true costume, attrac-

tive young girls and cow boys with huge hats, gay colored shirts, chaps and spurs, riding lovely spirited horses, were visiting the town. A mighty interesting group.

Late in the evening we drove through lovely Cimarron canyon. Towering above us on either side were huge mountains. At their feet a sparkling stream leaped in the sun beams which sifted through the lengthening shadows. After we were out of the canyon we had a long drive up the Cimarron Range. Night had fallen, the brakes were not holding, hairpin curves on this steep, narrow, unfamiliar road ceased to be interesting. In places the trail seemed like a slanting shelf clinging to the side of the cliff, where a skid would have plunged us far below. We gave a sigh of relief upon reaching Taos safely.

Taos is a very old town situated on a plateau at an altitude of over sixteen hundred feet, with a population of several hundred. Most all the buildings are single story and are built of adobe. Instead of parking spaces they have hitching posts. The hotel Don Fernando with its frescoed walls, great log beams over head, double fire places and huge solid doors seemed most attractive and unusual. The architecture and colors are typically Spanish. short distance north of the town is the Pueblo of San Geronino de Taos where four hundred Indians live. An Indian dialect is spoken. Very few of the Indians can speak or understand English. The natives live in two great adobe community houses one on either side of the Taos River. They are built in pyramid fashion and rise to a height of four to five stories, the upper ones are entered by ladders on the outside. The windows are very small more like port holes. Sometimes the door is the only way of light and ventilation. The pueblos that are still standing have been built for three hundred years although this site has been used for Indian homes many hundreds of years, their customs remaining the same for so long a time. This is the largest pueblo of the southwest.

Leaving the pueblo we followed the picturesque Santa Fe Trail. This was very steep and wound along the mountainside. On one side perpendicular rock seemed to tower to the sky while on the other the canyon lay hundreds of feet below cradling the stream which soon became the Rio Grande. That evening we were in Santa Fe. Here in the old Governor's Palace the American Institute of Archaeology has established its principal school and

museum, making this city the center of archaeology research in America.

New Mexico was typically western arid land where sand burs, thistles, wild sage, cacti of many varieties and other forms of vegetation were growing. Along the sandy and dusty roads lay the bleaching yellow bones of animals that had perished. Indians under brush tents, by the road side, had pottery and other curios for sale and frequently begged for water.

Leaving New Mexico we found Arizona equally as arid. Occasionally a green spot was seen, this usually was near a river or where irrigation is practiced. At Holbrook there is a sand and clay hill with gorgeous rock and stone formation of rainbow colors known as the Painted Desert. After a short drive from here we arrived in Chalcedony Park or Petrified Forests. Here stumps, logs and even whole trees have undergone chemical changes due to inudation and climatic conditions, until they are as hard as rock, making it necessary to differentiate them from stone with a microscope. The cell structure of the wood has been entirely replaced by silica from sandstone resulting in much beauty and a great variety of coloring found in the logs. A remarkable feature of this park is the Natural Bridge formed by a petrified tree spanning a canyon forty-five feet wide. Some of the large fossil trees are well preserved but through the action of heat and cold most of them have been broken in sections from two to twenty This wood is often cut and polished for inlays and feet long. trimmings.

Night fall next day found us camping at the Grand Canyon of Arizona. This masterpiece of time, wind and water is one of the greatest known examples of erosion. When standing on the rim of the canyon we could overlook a hundred square miles of gigantic natural pyramids and pinnacles carved by the forces of nature. The canyon varies from ten to twenty miles wide and is several hundred miles long with hundreds of peaks and all ablaze with such glowing and vivid colors. To add to the solemnity of the scene, the silence of death seems to reign on the canyon's edge. Not an echo from the winding, silver thread of the Colorado River six or seven thousand feet below was heard because there sound does not carry well. One is held spell-bound while watching the sun-rays creep down into the canyon in the early dawn; lighting up great countersunken mountains, then gradually

fading away while new ones are carved by the lengthening shadows. It was with much regret that we left, for we felt as though we could always be fascinated by this magnificent panarama.

The next day we were in California. At Needles the temperature was 120 degrees. This is one of the warmest cities in the States. Most tourists go from Needles to Barstow at night. This is along the edge of the Mojave Desert. We had to drive very slowly for the wind was scorching and tires would not stand such intense heat and friction. Old discarded tires marked the trail and was mute evidence of what happened to others. Even at fifteen miles an hour the engine would boil. We arrived in Barstow at 3.30 A.M. The next night we were over the mountains into San Bernardino. It was a delight to be here and stopping at a hotel seemed a luxury for we had camped all the way. The homes in this city were very attractive and cozy. Palm trees of different varieties bordered all the streets, every place seemed ablaze with colors of flowers . . . such a contrast to the desert.

Driving into Los Angeles the mountains were in the background. Resting at their feet were fertile valleys, covered with orange, lemon, grapefruit and nut groves. Orchards ladened with ripening fruit stretched in all directions, through which irrigating canals could be seen. Lying at the foot of the mountains in Los Angeles is Hollywood, home of the movie stars. Here the climate is more or less uniformly balmy.

Leaving Los Angeles we went to San Diego, the first mission settlement in California. This city is terraced along the rim of a sheltered bay of unsurpassing beauty. The out standing type of architecture is spanish throughout this section of the state.

Then across the border we went into Tia Juana. This is a quaint Mexican town quite un-American with its large arenas for bull fights its curio shops, open front saloons, dance halls, gambling dives and motley groups of interestingly clad natives.

On our way back by San Pedro we took the boat to Santa Catalina which is about thirty miles from the coast. This island is rugged and barren. It is owned by Wrigley, the chewing gum king. Avalon is the principal town and resort. The most interesting things are the myriads of flying fish seen better at night with a searchlight, and the submarine gardens seen through glass bottom boats. The water was so clear that we were able to see sixty or

seventy feet below the surface, the seafloor is covered with huge rocks, sea weed, iodine kelp, pebbles, and shells over which various types of fish swim.

On our way up the coast we visited most of the old Missions, of which the San Juan Capistrano Mission is the most beautiful. Most of them are in ruins. Here linger memories of the Spanish supremacy and Father Serra.

Then into Santa Barbara, famed for its climate and picturesque surroundings. The humblest cottage nestled in a rose bower, hedges were formed of geraniums, paths were bordered by lillies, flowers every where.

We had been motoring just a month when we arrived in San Francisco, much surprised to find that it was very cool there and stays so all the year. This city is built on a range of low sandy dunes stretching from the ocean to the shores of the bay. During summer the wind blows from the Pacific ladened with fog which envelopes the city, a greater part of each day. Chinatown with its bazaars, pagoda like roofs and strange East West restaurants is very large and most interesting. Across the bay are Oakland and Berkeley and several other residential towns. These are reached by ferries.

No one's trip to California is complete without going to Yosemite. We entered the National Park by way of the Mariposa Big Tree Grove. It was a great inspiration to see hundreds of these giant Sequoia which have been growing for thousands of years. One of the largest in this grove is the Grizzly Giant. This tree is over four thousand years old. It measures thirty one feet in diameter and the top is broken out two hundred and four feet from the ground. There is a tunnel in the trunk of the California and the Wawona Trees so that Tourist can drive through. To the north is Glacier Point with its Overhanging Rock, from this we looked down in Yosemite Valley more than a half mile below. Much of the charm lies in the contrast between its peaceful tree fringed meadows and the rugged boldness of its walls. Across the narrow valley rise the High Sierra's perpendicular peaks. Glaciers, canyons and forests with Vernal and Nevada Falls are in the immediate foreground. We drove down into the valley, Yosemite Falls and Mirror Lake surpassed our expectations. By way of Tioga Pass we came to Lake Tahoe, Sacramento and San Francisco. Here Dr.

Dodge and I spent a very interesting and happy winter pursuing our professions.

RACHEL FRAZIER MOORE.

NEWS ITEMS

Ruth Clements, Class '20, has accepted the position of Superintendent of the Memorial Hospital, Crisfield, Md.

Helen Teeple, Class '23, is Superintendent of Dr. Richard's Hospital, Port Deposit, Md.

Lucy Mouse, Class '17, and Eleanor Butler, Class '20, are in the Canal Zone. They have accepted Government positions in Ancon, Panama.

Mabel Trevellian, Class '20, is Night Superintendent at the Lawrence Hospital, Bronxville, New York.

After learning of the marriage of Mrs. Agnes Lohse (their classmate) to Mr. Z. N. Beach, Mrs. G. Wilmer DuVall and Mrs. Denis Smith, with their husbands, motored to Wallingford, Conn. They were delightfully entertained in the bride's new home. Mrs. Beach's classmates wish her well in her new life.

On the evening of May 13, 1928, a Special Service was conducted by the Reverend Hugh Birckhead, D.D., at the Emmanuel Church for The Guild of St. Barnabas for Nurses.

Mrs. Ethel P. Clarke, former Superintendent of Nurses of the University of Maryland Hospital, spent several days in Baltimore during January. A tea was given in her honor by the Hospital authorities. The Alumnae Association was deprived of the pleasure of being hostess to Mrs. Clarke during the Twenty-fifth Annual Meeting of the Maryland State Nurses' Association and joint Associations on account of previous engagements of Mrs. Clarke.

PRIZES AWARDED JUNE, 1928

Miss Frances Mildred Leisher of Maryland was awarded the University of Maryland Nurses' Alumnae Association Scholarship to pursue a course in administration, supervisory or Public Health work at Teacher's College, Columbia University, for greatest excellency in scholarship.

Miss Marie Clarkson Pearce of Maryland was awarded the Elizabeth Collins Lee Prize for having obtained the second highest average in scholarship.

Miss Edith Elizabeth Hall of Maryland was awarded a prize of twenty-five dollars for having obtained the highest average in executive ability.

Miss Frances Mildred Leisher was awarded the Edwin and Leander M. Zimmerman Prize for practical nursing and having shown the greatest interest and sympathy for patients.

Miss Edith Elizabeth Hall was awarded the University of Maryland Nurses' Alumnae Association Pin and membership in the Association for practical nursing and executive ability.

The prize of \$5.00 for the highest average in the Intermediate Class, given by Mrs. A. M. Shipley, was awarded to Miss Pifer.

The prize of \$5.00 for the highest average in Practical Nursing in the Intermediate Class, given by Mrs. Charles R. Posey, was awarded to Miss Pifer.

The prize of \$5.00 for highest average in Theory in the Junior Class, given by Dr. Randolph Winslow, was awarded to Miss Gladys Adkins.

The prize of \$5.00 for highest average in Practice in the Junior Class, given by Mrs. J. W. Brown, was awarded to Miss Oscie Davis.

The prize of \$10.00, given by Mrs. F. I. Mosher, for neatness and order was awarded to Miss Ruth Ward of the Junior Class.

The addition to the Louisa Parsons Home is now completed. This makes it possible to house all of the nurses under one roof.

Entrance applications are increasing steadily. There is every indication of a large class of probationers in the fall.

A number of our nurses are doing Public Health Work. in the Maryland State Department of Health are Ethel Monroe Troy (State Advisory Nurse), Ruth Yingling at Crisfield, Mary Fisher Ankeney at Cumberland, Julia Foley in Montgomery County and Irene Kauffman in lower Anne Arundel County. In the Baltimore City Health Department are Margaret Baugher, Ethelind Bay Dever, Ruth Stoneham, Alva Williams, Beulah Bay McCausland, Birtie Pinckard, Georgie Hutton, Claribel Hampton, Annette Slicer, Helen Blake, Emily Ely, Marguerite Blight LeSeur, Eulalia Cox, Clara McGovern, Edna Yates and Myrtle Schwab Grantley. Those at the Instructive Visiting Nurses Association are Pinkie Compton McManus, Helen Childs, Lillian K. McDaniel, Blanche Prince and Margaret Lauper. With the Babies Milk Fund Association are Agnes Holland Fisk and Althea Ensor Busch. Doing Industrial Work are Harriet Parsons, Marie Sander, Madeleine Hoopes, Margaret Fink and Mrs. R. Cecil.

On June 5, 1928, in the Louisa Parsons Home a farewell party was given to Mrs. Cora M. Wilson prior to her departure for Europe where she is travelling extensively. She expects to return to this country about October 1 when she will resume her position at the University Hospital.

May Steiner, Class '12, was married during December, 1927, to Mr. Warner. They left immediately for a trip around the world.

MARRIAGES

Esther Hersey, Class '26, to M. Ralph Pennock, June 20, 1928. At home, Gap, Pa.

Agnes Hathcock, Class '25, to Richard A. Billings, March 29, 1928. At home in Baltimore.

Betty Mae Lloyd, Class '19, to Dr. Henry M. Walter. September 3, 1926. At home at Glen Burnie, Md.

Ruth W. Boyd, Class '23, to Dr. Arthur C. Monninger, August, 1926. At home 323 E. North Ave., Baltimore, Md.

Katherine A. Reade, Class '23, to Milton Kellam, January 12, 1927. At home in Weirwood, Va.

Jane Scott, Class '24, to Dr. Oliver Lloyd, April 22, 1928. At home in Baltimore.

Elizabeth Scott, Class '26, to Dr. Frederick Snyder, June 20, 1928. At home in Cleveland, Ohio.

Elizabeth Coulbourne, Class '26, to Dr. W. F. E. Loftin, June 20, 1928. At home in Pensacola, Florida.

Mary Kelly, Class '28, to Paul Hayes, June 7, 1928. At home in Texas.

Icelene Thompson, Class '24, to David Ellicott, June, 1927. At home in Darlington, Md.

Blanche Martin, Class '21, to Dr. Cyrus Horine, September 8, 1927. At home in Baltimore.

Marion Turner, Class '18, to Wm. Reginald Earle Outerbridge, October 26, 1927. At home in Bermuda.

Betty Ewell, Class '26, to Dr. Anthony Buckness, October 4, 1927. At home in Baltimore.

Esther Frick, Class '25, to H. M. Landis, January 22, 1927. At home in Baltimore.

Mrs. Maybelle Ellers, Class '25, to Paul C. Sorsby, December 8, 1927. At home in Augusta, Ga.

Virginia Jackson, Class '27, to Dr. James Laffell, June 26, 1927. At home in Reisterstown, Md.

Rebecca Glover, Class '26, to Dr. William Lennon, March 23, 1927. At home in Federalsburg, Md.

Mrs. Agnes Lohse, Class '19, to Z. N. Beach, during 1927. At home in Wallingford, Connecticut.

Hazel Blackburn, Class '27, to Wm. Thomas McLay, September 3, 1927. At home in Baltimore.

Christine Minnis, Class '21, to Ralph McKinley Collins, June 7, 1928. At home in Connellsville, Pa.

BIRTHS

May 5, 1928, a son to Dr. and Mrs. J. F. Pessel. Mrs. Pessel was Helen Dearmeyer, Class '17.

January, 1928, a daughter to Mr. and Mrs. Dennis B. Smith. Mrs. Smith was Edna Mitchell, Class '19.

April 10, 1928, a son to Dr. and Mrs. Alpha N. Herbert. Mrs. Herbert was Dorothy Kraft, Class '24.

March 25, 1928, a son to Mrs. and Mrs. Milton Kellam. Mrs. Kellam was Katherine Reade, Class '23.

February 22, 1928, a daughter to Mr. and Mrs. David Ellicott. Mrs. Ellicott was Icelene Thompson, Class '24.

January 28, 1928, a daughter to Mr. and Mrs. Edward Killough. Mrs. Killough was Florence Ridgely, Class '19.

GRADUATES OF THE TRAINING SCHOOL

(Please notify the Secretary of change of address)

Take Barter, Dillia (1715. Duon) 11 Janou, 111.
†Mergardt, Emma (Mrs. Stow)Wyanet, Ill.
low)Lockhaven, Pa.
†Morgan, Lucy H. (Mrs. Black-
*Judd, Evelyn (Mrs. J. Dingan).
†Hass, Rose (Mrs. Pfohl)Winston-Salem, N. C.
Bonn, C. M. (Mrs. Barwick)425 E. Bellevue Ave., Sam Mateo, Cal.
*Brown, Mary
*Anderson, Bessie
1894
W. WALLUS /
W. Mines)
*VanSantwoort, Elinor (Mrs.
*Williams, E. M
†Shertzer, Elizabeth
Ravenell, S. SAiken, Ga.
†Pryatt, M. AGeorgetown, S. C.
sneider)
Mergardt, Clara (Mrs. J. Reif-
†Mayes, EleanorPetersburg, Va.
Michael, Martha B528 Church St., Roanoke, Va.
Daly, E. J
†Culbertson, Clara
Cornman, Mary E
Bradbury, M. E 2 Church St., Cambridge, Md.
1893
pomedues, Anda Oeth Apos., Danimore, Md.
†Schleunes, AnnaCecil Apts., Baltimore, Md.
skiold)
Lee, Anna S. (Mrs. F. Loven-
*Neal, Amy
Lucas, Kate C. (Mrs.)1404 W. Lexington St., Baltimore, Md.
*Hale, Janet
*Goldsborough, Mary E
†Dunham, Lelia
†Dunham, E. (Mrs. Roache) Staunton, Va.
=00=

^{*} Deceased.

[†] Graduates not members of the Association.

†Mellner, Constance (Mrs. Wine)
1895
†Blåke, Sallie
†Jones, Myra
1896
†Frampton, Mary (married) *Lee, Elizabeth C
1897
Baldwin, M. E. E. (Mrs.)1730 St. Paul St., Baltimore, Md. †Brooke, Christine Gay60 W. 56th St., New York City †Clegg, Mary †Cohen, Ella (Mrs.)Towson, Md. †Crowe, Florence (Mrs. C. W.
Mitchell)
†Jones, Susan M
†Slicer, Annette
1898
†Galloway, M. (married)
,,,

^{*} Deceased.

[†] Graduates not members of the Association.

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*	2000
†Edw	vn, Margaret S1401 Columbia Rd., Washington, D. C. ards, Katherine S. (mar-
ri	ed)Hagerstown, Md.
	lyn, Bernadine (Mrs. arley)Scottsville, Va.
*Pittr	nan, Blanche
†Smit	h, Virginia (Mrs. B. H.
R	ansom)
	1900
	nt, Marguerite (Mrs. N. B.
	eSeur)
	land, Lena (Mrs. B. Jones). Winston-Salem, N. C. , E. B
	os, MyraTowson, Md.
†Jone:	s, Nannie H1012 Floyd Ave., Richmond, Va.
	e, MarionBaltimore, Md. on, Louise D1402 Park Ave., Baltimore, Md.
	1901
†Ande	erson, Grace L
†Bligh	nt, Emmeline (Mrs. F. E.
C	hambers)
	ett, Mary C
	e, Katherine
	, Mary H149 W. Lanvale St., Baltimore, Md.
	dell, Mary
	el, Frances BSaranac Lake, N. Y.
	all, Mattie (married)18 E. Main St., Hamilton, Canada ee, Catherine1106 Juliana St., Parkersburg, W. Va.
	lerson, Eugenia LPresbyterian Hospital, Charlotte, N. C.
	s, Mary Scott
	by, Pauline V
12.22	
ъ	1902
Burc	h, Emma C831 Park Ave., Baltimore, Md.
	derdale, Grace L. (Mrs.
	Yalter Koppleman)
	agan, NettieFoxcroft School, Middleburg, Va.
	irey, Nancy (Mrs. Howard
	(lehart)11 Queen Anne's Rd., Baltimore, Md.

^{*} Deceased.

[†] Graduates not members of the Association.

^{*} Deceased.

[†] Graduates not members of the Association.

1903
Bayley, ElizabethSt. Johns Orphanage, Columbia Pebe, Arlington, Va.
†Brosene, Dora (Mrs. M. Oliver). Washington, D. C.
Cowling, Margaret BMemorial Hospital, Lakeland, Fla.
†Ferrell, Nellie (Mrs. Gardner)Danville, Va.
Geare, Millicent (Mrs. Page
Edmunds)
†Gildea, Elizabeth (Mrs. Eugene
Mullen)U. S. P. H. Hospital, Perryville, Md.
†Hillard, Nellie (Mrs. H. Cov-
ington)Rocky Mount, N. C.
†Jones, Nettie (Mrs. J. R.
Revell)Louisville, Ga.
†Kuhn, RuthA. C. L. Hospital, Wayeross, Ga.
Landwehr, Katherine (Mrs.
Cassius Lemley)324 Colvin Ave., Morgantown, W. Va.
†Owings, Lelia (Mrs. E. B.
Quillen)Rocky Mount, N. C.
Schafer, Carlotta (Mrs.
Murphy)4002 Bonner Rd., Baltimore, Md.
Trenholm, Lila (Mrs. Walton
Hopkins)Maryland Ave., Annapolis, Md.
1906
†Carter, NellieChatham, Va.
†Chapman, Annie (Mrs. Jos.
Wright)
Clarke, Ethel Palmer (Mrs.)Robert Long Hospital, Indianapolis, Ind.
†Cunningham, Sarah (Mrs. F.
W. Morse)U. S. Army, c/o Adjutant General,
Washington, D. C.
†Doyle, Leonora (Mrs. W. W.
White)
†Ellicott, Mary (married)Georgia
†Jessup, Marian (Mrs. Frank
Hines)
Lawrence, Margaret (Mrs. S.
W. Moore)329 Roland Ave., Baltimore, Md.
W. Moore)

^{*} Deceased.

[†] Graduates not members of the Association.

2001
Barber, Jennie D
†Bay, Grace IJarrettsville, Md.
Bell, Alice F. (Mrs. J. B.
Piggott)
†Brewington, Esther (Mrs. P. P.
Causey)Sedley, Va.
Brian, NancyRoyalton Apts., Baltimore, Md.
Griffith, Isabella (Mrs. H. F.
Fleck)
†Grimes, MaryConcord, Ky.
Haydon, Jane
Hissey, Naomi
†McNabb, Nancy (Mrs. R. P.
Bay)
†Minnis, RosamondConnellsville, Md.
†Minor, Evelyn
†Ogburn, Ella BHigh St., East Orange, N. J.
†Peyton, CorrieBabies Milk Fund Association, Baltimore,
Md.
†Pue, Marie (Mrs. C. Chapman). Guilford Ave., Baltimore, Md.
†Robertson, Clara B. (Mrs. R.
P. Latimer)
†Tongue, Amy B. (Mrs. Chas.
Wiley)
Box 65
1908
†Anderson, M. B. (Mrs. R. B.
Hayes)Hilsboro, N. C.
*Cox, Charlotte
†Cunningham, A. K. (Mrs. Wm.
McDonald)
Dawson, Clyde (Mrs. Frank
Lynn)
Gavin, Mary(Residence) 347 W. 55th St., New York
City; (Business) Army Bldg., White-
hill St., New York City
Gourley, Henrietta (Mrs. Wm.
H. Dowell)Barstow, Md.
†Hamlin, Martha (Mrs. N. J.
Haynes)Danville, Va.
†Hostrawser, S. A
†Price, Lula (Mrs. Thawley)Denton, Md.

^{*} Deceased.

[†] Graduates not members of the Association.

Parsons, H. J
nelius)
†Schull, Ethel
†Wright, M. E. (Mrs. G. H. Richards)Port Deposit, Md.
†Wilson, RoseLos Angeles, Cal.
1909
†Almond, BlancheWashington, D. C.
†Carter, Lullie (Mrs. Hyde
Hopkins)Miami, Fla.
Chapline, Eva
Coleman)
Magruder)2821 N. Calvert St., Baltimore, Md.
†Ely, Emily The Walbert Apts., Baltimore, Md.
†Green, Mrs. (Mrs. Miller)Norfolk, Va.
†Hall, Beulah (married)Jacksonville, Fla.
Pue, Louise
†Robey, Helen
Squires, LucyValencia Apts., Miami, Fla.
†Tull, Grace
*Tewes, Gertrude (Mrs. Cole)
Wham, Anna Lou (Mrs. C. M.
Pitt)Tuscany Apts., Baltimore, Md.
†Wright, Vera (Mrs. W. Scott). Milledge, Ga.
Getzendanner, ElizabethThe Walbert Apts., Baltimore, Md.
1910
†Barrett, Adele (Mrs. Wm.
Parramore)
†Burton, Cora (Mrs. R. T. Earle)
Petersburg, Fla.
†Barber, Lucy (Mrs. Woodley
Blackwell)Sharps, Va.
Drye, Anne
†Edmunds, March (Mrs. Dwight
Rivers)Lynchburg, Va.
†Garrison, Gertrude (Mrs. Roscoe McMillan)Red Springs, N. C.

^{*} Deceased.

[†] Graduates not members of the Association.

^{*} Deceased.

[†] Graduates not members of the Association

†Sprecher, Frances (Mrs. Smith). Harrisburg, Pa. Sullivan, Mary Ellen
Grace, Md.
· · · · · · · · · · · · · · · · · · ·
1010
1912
†Blake, Lillian
Conner, Bernice330 W. 36th St., New York City
*Coale, Mattie (Mrs. C. Alpha).
Harvey, Lucy
†Lilly, Lucy (Mrs. R. G. Stokes). Chattanooga, Tenn.
*Logue, Ethel
*Lynch, Agnes M
†Miles, Juliet (Mrs. Russell
Perkins)Winston-Salem, N. C. Prince, Blanche3703 Forest Park Ave., Baltimore, Md.
†Ridgely, Nally (Mrs. Ringgold). Ellicott City, Md.
Steiner, May (Mrs. Warner)Cumberland, Md.
†Smith, MarianSparrows Point, Md.
Stouffer, LenaAvon Apts., Baltimore, Md.
†Wells, Alice (Mrs. A. C. Gallo-
way)
1913
†Brownell, Edith 7 Chapin Ave., Providence, R. I.
Butts, Elizabeth214 W. Monument St., Baltimore, Md.
†Coward, Addie (Mrs. R. C.
McCotton)Grifton, N. C. †Chase, Evelyn (Mrs. Hugh
McPherson)Waynesboro, Va.
†Dent, EdithBroadway, New Orleans, La.
Dean, Elva
†Hull, Willie (married)Baltimore, Md.
†Hessler, Sophia (Mrs. Roger
Parlett)Zuni, New Mexico
†Laws, Margaret (Mrs. Wm. Walker)Gastonia, N. C.
Misikofski, MarthaKenwood Road, Raspeburg, Md.
*McCann, Natalie
†Patterson, Dorothy (Mrs. R.
Patterson)
Price, Golda214 W. Monument St., Baltimore, Md.
Rush, Pearl (Mrs. J. K. Voshell)
vosnenjtroter Emerson, Datomore, Md.

^{*} Deceased.

[†] Graduates not members of the Association.

†Rennie, Mary (Mrs. Carl Blay-
lock)Norwood, N. C.
†Rutherford, Mary (Mrs. C.
Welchel)
Rutherford, Volina
Shea, KatherineMulden Hospital, Mulden, Mass.
Selby, Myrtle M
Welch, Katherine (Mrs. T. B.
Woods)Norfolk, Va.
1914
†Balsley, Marie (Mrs. Ralph
Bonnell)
†Burns, Olive (Mrs. G. Kup)1343 1st St., Washington, D. C.
†Coulbourne, Alice (Mrs. J.
Stevens)
Hickling)Mooselake, Minn.
Davis, Sadie (Mrs. A. W. Reier). 1 Kinship Rd., Dundalk, Md.
†Dukes, Ann (Mrs. J. Foran-
vielle)Rocky Mount, N. C.
Ervin, Margaret (Mrs. J. P.
Landing)
†Ervin, Edith (Mrs. L. Lewis)Blackstock, S. C.
Foley, JuliaRockville, Md.
†Funk, Jessie (Mrs. J. S. Cut-
sall)
†Grant, Pearl (Mrs. Hendricks). Port Deposit, Md.
†Hill, Lucy (Mrs. E. B. Pretty-
man)
son)
†Hudnall, Carrie (Mrs. Purcell). U. S. Veterans' Hospital, Maplewood, Ill.
*Hull, Grace
†Lord, L. E. (Mrs. H. M. Free-
man)
†Miller, Maude (Mrs. Coul-
bourne)Crisfield, Md.
McCann, Elsie (Mrs. H. C.
Hood)
†Murray, Carry (Mrs. J. Smith). Atlanta, Ga.
†Ryan, A. C. (married)New York †Roussey, Bessie (Mrs. R.
†Roussey, Bessie (Mrs. R. Standiford)Darlington, Md.
Sigmon, Bertie

^{*} Deceased.

[†] Graduates not members of the Association.

^{*} Deceased.

[†] Graduates not members of the Association.

2020
Blake, Helen
†Dix, Nellie (Mrs. Hubert
Bowers)
†Dunn, Margaret
Eichner, Lula K. (Mrs.)5107 Wilson Ave., Baltimore, Md.
†Forney, Marian K. (Mrs. S. F.
Smith)Biltmore, N. C.
†Hurst, Anna S. (Mrs. C. Hick-
son)Richmond, Va.
†Henkel, Julia (Mrs. J. A.
Clade also Miles of Manager David Deltinana Miles
Sladowsky)
Hoffmaster, BlancheFinkstown, Washington Co., Md.
*John, Mary
Kauffman, Irene 6 State Circle, Annapolis, Md.
†Langenfeldt, MarieCheltenham, Md.
*McSherry, Helen
†Mayo, Margaret (Mrs. Oscar
Winnberg)3004 Grayson St., Baltimore, Md.
Null, Lillie
*Phelan, Elizabeth
†Reamy, Hildegarde (Mrs. Jake
Linn)
†Rutherford, ElsieBeverly Hills Hotel, Beverly Hills, Cal.
Smith, Sallie (Mrs. Horace
Byers)
Scarff, InezPacific Ave., Atlantic City, N. J.
†Smith, Bernice1921 Longwood St., Baltimore, Md.
Scaggs, Lucy
Colfa Carana (Mrs. W. A.
Selfe, Serena (Mrs. W. A.
Bridges) Eudowood Sanatorium, Towson, Md.
†Simmons, Maude (Mrs. Cald-
well)
†Walter, Marguerite (Mrs. Theo.
Warner)280 Riverside Drive, New York City
1017
1917
Cecil, R. (Mrs.)135 Newberg Ave., Catonsville, Md.
Caveno, A. (Mrs. Fred Smith)3732 Beech Ave., Baltimore, Md.
Dearmeyer, Helen (Mrs. J. H.
Pessel)Lawrenceville, N. J., Box 193
Fahrney, Myrtle
*Hedges, Lilly
†Keffer, Laura
, , , , , , , , , , , , , , , , , , , ,

^{*} Deceased.

[†] Graduates not members of the Association.

Kenney, Emily EAurora Hospital, Aurora, Ill.
Klase, N. Josephine (Mrs. C. S.
Warrell)Norco, Cal., Box 35
Lloyd, Ellen C
Marsh, Elizabeth L214 W. Monument St., Baltimore, Md.
†Mohler, Anna (Mrs.)1609 Eutaw Place, Baltimore, Md.
Mouse, LucyAncon, Panama
Minnis, Jemima (Mrs. E.
McLane)116 Snyder St., McConnellsville, Pa.
Minnis, Nancy
Monroe, C. Ethel (Mrs. John
P. Troy)
Murray, Olive Emergency Hospital, Annapolis, Md.
†Pennewell, Jane (Mrs. Law-
rence Bloom)
Quigley, Bertha M717 W. North Ave., Baltimore, Md.
Robinson, Anna C. (Mrs. John
F. Lutz)
Risley, Marguerite E. (Mrs. H.
M. Stein)
†Simpson, Elsie J. (Mrs. H. M.
Williamson)
Washington, D. C.
†Shertzer, Rhetta (Mrs. J. D.
Harrison)
†Stoneham, Annette (Mrs. E. E.
Hobbs)108 E. Main St., Westminster, Md.
Thorn, Norma (Mrs. J. S.
Woodruff)1808 S. Boulevard St., Charlotte, N. C.
1918
Barwick, Elizabeth (Mrs.
Galtry)Burlingame, Cal.
Bay, Beulah (Mrs. Alvin
McCausland)
†Benson, Martha (Mrs. E. M.
Jones)
Carr, Esther (Mrs. Wm.
Melvin)Havre de Grace, Md.
†Dolly, Iva (Mrs. J. M. Under-
hill)West Ashville, N. C.
†Ensor, Althea (Mrs. Busch)Towson, Md.
Flowers, Jeanette1220 Linden Ave., Baltimore, Md.
†Flaharty, Nellie (Mrs. Boyd)2923 Iona Ter., Baltimore, Md.
Hook, Katie1316 Linden Ave., Baltimore, Md.

[†] Graduates not members of the Association.

†Kinney, Maude (Mrs.)Frostburg, Md.
Kirkley, Naomi (Mrs. E. D.
Fay)
†Leister, GraceNew York City
Lauper, Margaret
†Linstrum, Gay (Mrs. Harry
Hughes)
†McCarty, Ellen (Mrs. Frank
Ogden)
McMillan, Martha2909 Elsinor Ave., Baltimore, Md.
†Moore, Cecelia (Mrs. Herbert
Zimmerman)
McDaniel, Lena (Mrs. Chas.
Rausenback)Lyndora Hotel, Hammond, Ind.
Oldhouser, MinnieLinthicum Heights, Md.
†Ridgely, Florence (Mrs. E.
Killough)2913 Cedar Ave., Baltimore, Md.
†Ridgely, Helen (Mrs. Earl S.
DeWitt)Germantown, Pa.
Scout, Temperance A837 Hamilton Ter., Baltimore, Md.
†Singleton, Jessie (Mrs. Ralph
Guzman)Red Springs, N. C.
Turner, Marian (Mrs. R. E.
Outerbridge)Bermuda
†Ward, Mary Lee (Mrs. Frank
Boyette)Sayersville, N. C.
†Yingling, RuthCrisfield, Md.
1919
1919
†Aldrich, Annette (Mrs. G.
Holman)
†Brady, EthelJonesville, Mich.
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†Aldrich, Annette (Mrs. G.
Holman)
†Brady, EthelJonesville, Mich.
†Brown, Hady (Mrs. F. A.
Macis)Honduras, Central America
Brown, Mercedes (Mrs. E.
Duvall)Prince St., Westminster, Md., Route 6
Gordy, Helen1906 N. Fulton Ave., Baltimore, Md.
Jones, Grace
†King, Bertha
Kling, Caroline
Lloyd, Betty (Mrs. Walter)Glen Burnie, Md.
Lohse, Agnes (Mrs.) (Mrs. Z.
N. Beach)Wallingford, Conn.

[†] Graduates not members of the Association.

Murray, Emma	
1920	
†Alexander, Christine (Mrs. J. Mayoral)	Md.

[†] Graduates not members of the Association.

Yates, Edna3007 W. North Ave., Baltimore, Md. Yingling, Emily (Mrs. Arleigh
Albert)
1921
†Bateman, Louise (Mrs. Dan
Brooks)Towson, Md.
Childs, HelenPleasant Hills, Md.
Fisher, Mary (Mrs. Ankeney). Cumberland, Md.
Gaver, Norma (Mrs. D. W. Justice)Jarrettsville, Md.
Gorman, Ruth (Mrs. Leuba)3906 Woodbine Ave., Baltimore, Md.
Hampton, Clarabel2011 Eutaw Place, Baltimore, Md.
Hogshead, Kate (Mrs. J. M.
Recse)Lutherville, Md.
†Minnis, Christine (Mrs. Col-
lins)
Horine)St. Paul Court Apts., Baltimore, Md.
McDaniel, Mary (Mrs. H.
Weisner)
Neady, Susan PWaynesboro, Pa.
†Reister, Ruby
Reese, Zadith (Mrs. Wm. Pitt) .909 Falls Road Ter., Roland Park, Md.
Reamy, Helen
Smith, Julia (Mrs. Dione)
Wood, Anna ENew York City
1922
†Bowie, Lucille (Mrs. Richard
Joyner)Suffolk, Va.
†Callahan, JuliaDennison, Ohio
†Deputy, Julia (Mrs. Albert W.
Strong)Walton, Ky.
Elgin, Grace
Bein)111 Raspe Ave., Baltimore, Md.
Lord, Nettie (Mrs.)French Hospital, 450 W. 34th St., New
York City Morrison, Frankie V1609 Eutaw Place, Baltimore, Md.
*Yeager, Eva
1923
Boyd, Ruth W. (Mrs. Arthur Monninger)323 E. North Ave., Baltimore, Md.
Trouming of J

^{*} Deceased.

[†] Graduates not members of the Association.

Dunn, Helen L.....Baltimore Eye, Ear, Nose and Throat

Dunn, Helen L	.Baltimore Eye, Ear, Nose and Throat		
	Hospital, Baltimore, Md.		
	.801 Hamilton Ter., Baltimore, Md.		
†Hazen, Dorothy			
	.Walbert Apts., Baltimore, Md.		
	.2214 Mt. Royal Ter., Baltimore, Md.		
Hoffman, Martha M	Robt. Long Hospital, Indianapolis, Ind.		
Hoke, Lillie R	. Emmitsburg, Md.		
Horst, Katherine (Mrs.			
Meighan)	Santa Rose Apts., New York City		
Kish, Vilma K	. Canandegua, N. Y.		
Maxwell, Irene A	.2214 Mt. Royal Ter., Baltimore, Md.		
	.2708 Guilford Ave., Baltimore, Md.		
Nagel, Ida M			
	.433 N. Carey St., Baltimore, Md.		
Schroeder, Marie (Mrs. Daven-			
port)			
†Stailey, Margaret M	Franklin Square Hospital, Baltimore,		
Teeple, Helen S			
	.Walbert Apts., Baltimore, Md.		
Reade, Katherine A. (Mrs.	. Walbert Tipos., Darollitore, 1914.		
Kellam)	Wairwood Va		
West, Regina M. (Mrs. Preston			
Champe)			
White, Ruth A			
white, Ruth A	botton St., Battimore, Mu.		
1924			
Alaman dan Tidiah	Mathama N. C.		
Alexander, Edith			
Appleton, Pauline V	.Eutaw Flace, Daltimore, Md.		
Barnes, Undine (Mrs. Jack	Ishaa Hambiaa Hamital Daltimana Md		
	Johns Hopkins Hospital, Baltimore, Md.		
Bell, Janet	Johns Hopkins Hospital, Baltimore, Md.		
	University Hospital, Baltimore, Md.		
	.2856 Harford Road, Baltimore, Md.		
	University Hospital, Baltimore, Md.		
	530 N. Charles St., Baltimore, Md.		
†Copenhaver, Elizabeth (Mrs.			
John Holt)			
	111 Ashfield St., Piedmont, W. Va.		
Fisher, Mary	2214 Mt. Royal Ter., Baltimore, Md.		
Forest, Lola (Mrs. George			
Halley)			
Hoopes, Madeleine	903 Cathedral St., Baltimore, Md.		

[†] Graduates not members of the Association.

Hughes, Claire V. (Mrs.) Kraft, Dorothy C. (Mrs. Alpha Herbert) McCormick, Margaret Moore, Rachael Mogart, Julia Helen Pope, Jane Schaale, Bernice (Mrs. Fanchier) Scott, Jane (Mrs. Lloyd) Shaffer, Mary	Ellicott City, Md. 72 Chase St., North Adams, Mass. 3023 Walbrooke Ave., Baltimore, Md. University Hospital, Baltimore, Md. Kelly's Hospital, Baltimore, Md.
†Slez, Mary Irene (Mrs. J. Garland)	Harlends, Tenn.
†Spencer, Lenora F. (Mrs.	
Sponsler, Mary R	.3916 Mohawk Ave., Baltimore, Md1617 St. Paul St., Baltimore, Md1601 1st St., St. Petersburg, FlaNew York City .York Road, Guilford, Baltimore, MdRosewood State Training School, Owings Mills, Md.
	1925
Barr, Alberta	
Coulter, Zela (Mrs. Kelly) Cannon, Elizabeth Frick, Esther (Mrs. Landis) Forrest, Louise Fletcher, Grace Hathcock, Mary (Mrs. R. A.	Cumberland, Md. University Hospital, Baltimore, Md. 211 E. Preston St., Baltimore, Md. Franklin Square Hospital, Baltimore, Md. City Hospital, Baltimore, Md.
Coulter, Zela (Mrs. Kelly) Cannon, Elizabeth Frick, Esther (Mrs. Landis) Forrest, Louise Fletcher, Grace Hathcock, Mary (Mrs. R. A. Billings)	Cumberland, Md. University Hospital, Baltimore, Md. 211 E. Preston St., Baltimore, Md. Franklin Square Hospital, Baltimore, Md. City Hospital, Baltimore, Md. Baltimore, Md.
Coulter, Zela (Mrs. Kelly) Cannon, Elizabeth Frick, Esther (Mrs. Landis). Forrest, Louise Fletcher, Grace Hathcock, Mary (Mrs. R. A. Billings) Kertner, Mattie	Cumberland, Md. University Hospital, Baltimore, Md. 211 E. Preston St., Baltimore, Md. Franklin Square Hospital, Baltimore, Md. City Hospital, Baltimore, Md. Baltimore, Md. 37 E. North Ave., Baltimore, Md. Peninsula General Hospital, Salisbury,
Coulter, Zela (Mrs. Kelly) Cannon, Elizabeth Frick, Esther (Mrs. Landis). Forrest, Louise Fletcher, Grace Hathcock, Mary (Mrs. R. A. Billings) Kertner, Mattie Nock, Myrtle	Cumberland, Md. University Hospital, Baltimore, Md. 211 E. Preston St., Baltimore, Md. Franklin Square Hospital, Baltimore, Md. City Hospital, Baltimore, Md. Baltimore, Md. 37 E. North Ave., Baltimore, Md.
Coulter, Zela (Mrs. Kelly) Cannon, Elizabeth Frick, Esther (Mrs. Landis). Forrest, Louise Fletcher, Grace Hathcock, Mary (Mrs. R. A. Billings) Kertner, Mattie Nock, Myrtle Scott, Mary Shatzer, Myrtle (Mrs. Ward) Walters, Charlotte	Cumberland, Md. University Hospital, Baltimore, Md. 211 E. Preston St., Baltimore, Md. Franklin Square Hospital, Baltimore, Md. City Hospital, Baltimore, Md. Baltimore, Md. Te. North Ave., Baltimore, Md. Peninsula General Hospital, Salisbury, Md. Howard A. Kelly Hospital, Baltimore, Md. Myrtle St., Crisfield, Md. 1318 Eutaw Place, Baltimore, Md. City Hospital, Baltimore, Md.
Coulter, Zela (Mrs. Kelly) Cannon, Elizabeth Frick, Esther (Mrs. Landis). Forrest, Louise Fletcher, Grace Hathcock, Mary (Mrs. R. A. Billings) Kertner, Mattie Nock, Myrtle Scott, Mary Shatzer, Myrtle (Mrs. Ward) Walters, Charlotte Whitney, Estelle Wall, Laura	Cumberland, Md. University Hospital, Baltimore, Md. 211 E. Preston St., Baltimore, Md. Franklin Square Hospital, Baltimore, Md. City Hospital, Baltimore, Md. Baltimore, Md. Te. North Ave., Baltimore, Md. Peninsula General Hospital, Salisbury, Md. Howard A. Kelly Hospital, Baltimore, Md. Myrtle St., Crisfield, Md. 1318 Eutaw Place, Baltimore, Md. City Hospital, Baltimore, Md.

[†] Graduates not members of the Association.

Caples, Virginia
F. E. Loftin)Pensacola, Fla.
Coats, Marion
Diehl, Sarah
Ellers, Maybelle (Mrs. P. C.
Sorsby)Augusta, Ga.
Ewell, Elizabeth (Mrs. Buch-
ness)
Fink, Margaret V
Glover, Rebecca (Mrs. Lennon). Federalsburg, Md.
Hersey, Esther (Mrs. M. R.
Pennock)
Hurlock, Edna
Munday, EdnaUniversity Hospital, Baltimore, Md.
Parks, Colgate1318 Eutaw Place, Baltimore, Md.
Schoultz, Carol
Scott, Elizabeth (Mrs. Fredk.
Snyder)Cleveland, Ohio
Sperber, ElsieKernan's Hospital, Baltimore, Md.
Sperber, TheodoraKernan's Hospital, Baltimore, Md.
operber, Theodora
1927
Baldwin, EstellaUniversity Hospital, Baltimore, Md.
Blackburn, Hazel (Mrs. Wm.
T. McLay)Baltimore, Md.
Bost, StellaUniversity Hospital, Baltimore, Md.
Forest, Eva (Mrs. Darley)1518 N. Broadway, Baltimore, Md.
Gerber, Rhae
Hall, RebeccaUniversity Hospital, Baltimore, Md.
Henderson, Jane
Hollaway, Ethel
Jarrell, Emma
Jackson, Virginia (Mrs. James
Laffel)
Krause, BeatriceUniversity Hospital, Baltimore, Md.
Royster, Lucy
Smith, IrisWhite Stone, Va.
Seiss, MaeRocky Ridge, Md.
Wallis, LouisaElkton Hospital, Elkton, Md.
Young, Grace
Toung, diadonninininininininininininininininininin
1928
Currens, MargaretUniversity Hospital, Baltimore, Md.
Dugger, HildaUniversity Hospital, Baltimore, Md.
Hall, Edith
Hamiele Irana Tiningaite Transital Daltingar M.1
Hamrick, Irene
Huddleson, ThelmaUniversity Hospital, Baltimore, Md.
Hastings, MarthaUniversity Hospital, Baltimore, Md.

ALUMNAE BULLETIN

Hough, Goldie	. University	Hospital,	Baltimore, Md.
Hoffman, Anne	. University	Hospital,	Baltimore, Md.
Kelly, Mary (Mrs. Paul Hayes)	.Texas		
Leishear, Frances	. University	Hospital,	Baltimore, Md.
Magruder, Martha	. University	Hospital,	Baltimore, Md.
Marcus, Mildred	.University	Hospital,	Baltimore, Md.
Pearce, Marie	.University	Hospital,	Baltimore, Md.
Priester, Elizabeth	. University	Hospital,	Baltimore, Md.
Pennewell, Elizabeth	. University	Hospital,	Baltimore, Md.
Roth, Katherine	. University	Hospital,	Baltimore, Md.
Riffle, Margaret	.University	Hospital,	Baltimore, Md.
Slacum, Emily			
Smith, Vada			
Wagner, Grace	. University	Hospital,	Baltimore, Md.
Winship, Emma			
Work, Elizabeth			



