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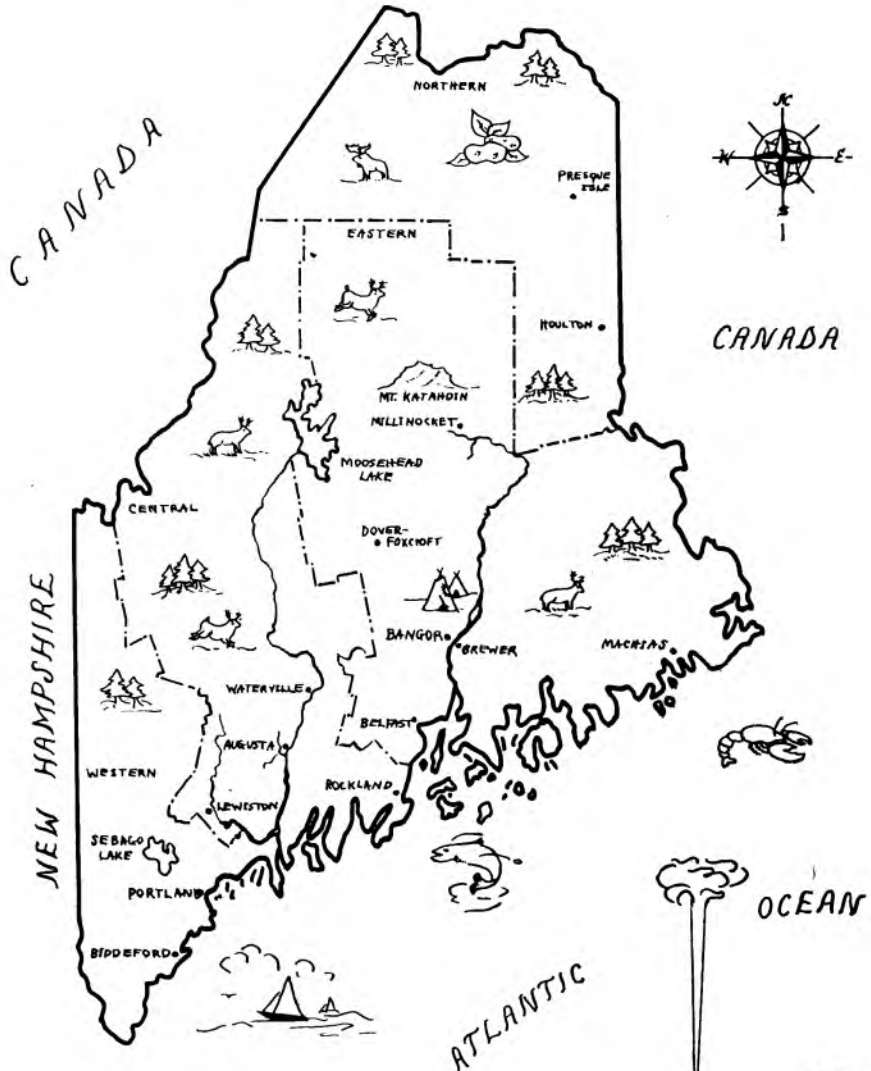
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THE MAINE R.N.

March, 1953



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Summer Session—M. S. N. A.
PORTLAND, MAY 11—LAFAYETTE HOTEL

THE MAINE R. N.

Volume II

March, 1953

Number 1

Published by the Maine State Nurses' Association

March, June, September, December

489 State St., Bangor, Maine

Mrs. Aubigne C. Smith, R.N., Editor

768 Union St., Bangor, Maine

Subscription price \$1.25 per year to non-members, (included in dues for members).
Single copies .35.

Application for entry as second-class matter is pending.

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MAINE STATE NURSES' ASSOCIATION

Proposed Budget, 1953

Estimated Income

750 Active Members at \$10.00.....	\$7,500.00
50 Associate Members at \$2.50.....	125.00
Registration June and September	
Meetings	250.00
Total	\$7,875.00

Estimated Expenditures

Salary, Executive Secretary.....	\$1,000.00
Social Security (Employer's Con- tribution)	15.00
Traveling expenses, Executive Secretary	300.00
Insurance and storage of office furniture	60.00
Telephone	50.00
Office Supplies and Postage.....	300.00
Part time secretarial assistance.....	300.00
Bonding treasurer	10.00
Auditing accounts	40.00
Executive Committee	300.00
Constitution and By-Laws Committee	15.00
Program Committee	300.00
Legislative Committee	150.00
Nominating Committee	45.00
Public Relations Committee.....	50.00
Nurses' Economic Security Committee	50.00
Sub-Committee on Nursing of the State Poliomyelitis Planning Committee	50.00
Research Committee	15.00
Membership Committee	15.00
Finance Committee	15.00
Maine R.N.	300.00
Women's Legislative Council.....	5.00
A.N.A. Regional Workshop.....	300.00
President's traveling expenses.....	300.00
Miscellaneous	25.00
A.N.A. Active Members, 750 at \$5.00	3,750.00
A.N.A. Associate Members, 50 at \$1.25	62.50
New England Division, 800 Members at 5c	40.00
Total	\$7,862.50
Balance	\$12.50

Respectfully submitted,

Georgina J. Patterson
Mary Graffam
Marjorie Boucher
Ina G. Bean, Chairman

Ex-officio

Josephine C. Philbrick
Aubigne C. Smith

Summer Session

Maine State Nurses' Association

Lafayette Hotel, Portland, Maine

TENTATIVE PROGRAM

SUNDAY, MAY 10

7-9 P.M. Registration Lafayette Hotel

7 P.M. Executive Board Meeting
Lafayette Hotel

MONDAY, MAY 11

8-9 A.M. Registration Lafayette Hotel

9-10 A.M. Section Meetings

Public Health

Chairman, Katherine Donley

General Duty

Chairman, Alfreda Roy

Private Duty

Chairman, Ruby Kelly

10-12 General Session

Speakers:

Miss Elouise Collier

American Nurses' Association

Anna Fillmore

National League for Nursing

Summary of highlights of

both speeches

Mrs. Aubigne C. Smith

Executive Secretary MSNA

12:30 Luncheon

Presiding—To be announced
Speaker

Mrs. Grace Bok Holmes

International Children's

Emergency Fund

United Nations, N. Y.

2:30 P.M. General Session

Presiding, Mrs. Josephine C. Philbrick
President Maine State Nurses'
Association

For reservations contact The Lafayette
Hotel, Portland, telephone 3-6441. Over-
night rates are as follows:

Single with bath—\$4.25, \$4.75, \$5.00, \$5.25,
\$6.25

Single with running water—\$3.25

Double with bath—twin beds—\$8.75, \$9.25,
\$9.75

Double with bath—wide bed—\$7.25, \$8.25,
\$8.75

Double with running water—twin beds—
\$6.00

Double with running water—wide bed—
\$5.50

Two singles connecting—bath between—
\$9.50, \$10.00

Two doubles connecting—bath between—
twin beds—\$16.00

Double and single connecting—bath between
—\$12.75

Additional cot in room—\$2.00

Grace Bok Holmes Discusses . . .



. . . "The World's Children"

Struck by scarce headlines people are quick to say the United Nations never worked anyway. But millions of children do not shrug off the U. N. so abruptly. To them the U. N. is synonymous with UNICEF—the United Nations' International Children's Emergency Fund—which has helped their governments provide them with food, medicines, clothing and trained care since 1946.

Nor is "international cooperation" just a worn phrase in the children's world. They have seen the UNICEF label on sugar from Poland, milk from the United States, vaccines from Denmark, rice from Thailand, meat from Uruguay, or say, X-ray equipment from the Netherlands. For UNICEF, which will have reached 65 countries in 1952, is kept going by voluntary contributions from the people and governments of almost 100 countries and territories. Not only do recipient countries "match" UNICEF's expenditure locally, but 39 of them have contributed to UNICEF's work elsewhere.

In these crucial first years of U. N. history, UNICEF is a dramatic success story of what the United Nations is accomplishing despite world dissensions. Here are nations of divergent views welded in one common endeavor—the well-being of children whatever their race, creed, politics or religion.

Mrs. Grace Bok Holmes tells the stirring story of how UNICEF, little known but outstandingly active, has performed its herculean task. As UNICEF's observer, Mrs. Holmes has toured Asia and the Middle East, where she saw UNICEF in action in Indonesia, Thailand, Burma, India, Pakistan, Lebanon, Transjordan, and Israel. She met with the growing number of women's groups there who are responsible for organizing volunteers to administer UNICEF's aid. In New Zealand and Australia she stopped off to thank the people for their generous contributions to UNICEF. En route back to the U. N. Headquarters, Mrs. Holmes revisited Greece and Yugoslavia, which she had covered in 1949 on a UNICEF tour of nine European countries. Her most recent trip, in the spring of 1952, took her to Central America.

"Why is the handshake of a village chief in Kedoeng Sogo more significant than words and monuments?" How do religion and superstitions about childcare and medicine alter UNICEF's approach to peoples in Thailand or India? What about the position of Asia's women—have the "miracles" of penicillin and DDT and UNICEF's help in training female nurses and health workers gone far to change the "Purdah" status of women? Has UNICEF, whose cumulative resources have totaled \$165,000,000, really been able to initiate projects which Asia can carry on alone? Mrs. Holmes' thoughtful answers are highlighted with vivid descriptions of her own personal contact with the people—their way of life, their tragedies, their joys.

Mrs. Holmes is well-qualified to speak on the nature and magnitude of existing child-health needs, whether they be in Mymensingh Province, Pakistan, or the little village of Dolni-Sac in Czechoslovakia. Since UNICEF's establishment by the General Assembly on December 11, 1946, she has served as liaison officer with non-governmental organizations both international and national. Her post has taken her, literally, around the world.

Prior to joining the Fund, Mrs. Holmes was Director of Chapter Relations for the Prisoner of War Section of the American Red Cross, National Headquarters, Washington, D. C. As such, she organized information activities of the Chapters and set up next-of-kin meetings throughout the country.

The experience of viewing first-hand the response to UNICEF's aid has strengthened Mrs. Holmes' conviction that "UNICEF and similar practical projects are far more understandable and unifying to peoples of all races, creeds and political beliefs than any other type of international effort."

WELCOME

Members of the Maine
State Nurses' Association to
the Spring Meeting

May 11

Lafayette Hotel
Western District

NOTICE

Members of the Maine State Nurses' Association are urged to write to their State Senators and District Representatives in Augusta in support of the Resolve now being considered concerning Nursing Attendant Education, which reads as follows:

Legislative Document, No. 499, H.P. 480.
RESOLVE, Providing Funds for Nursing Attendant Education.

Nursing attendant education; appropriation for. Resolved: That there be, and hereby is, appropriated in favor of the department of education the sum of \$45,500 for the fiscal year ending June 30, 1954, and the sum of \$39,500 for the fiscal year ending June 30, 1955, for the purpose of providing nursing attendant education; said sum to be taken from the general fund of the state.

STATEMENT OF FACTS

The expansion of hospital facilities and the increase in hospitalization demand training programs for nurse attendants to provide necessary bedside nursing care. The services of the professional nurse could thereby be made available for the critically ill, the operating room and supervisory positions.

Address all communications care State House, Augusta, Maine.



HIGHLIGHTS OF MSNA EXECUTIVE COMMITTEE MEETING—FEB. 6, 1953

MAINE STATE NURSES' ASSOCIATION

Report of Treasurer

November 17, 1952 - February 6, 1953

Balance on hand in checking acct.,
November 17, 1952.....\$2,578.95

Receipts

Advertising Maine R.N.....	\$ 49.80
Public Health Section M.S.N.A.....	259.96
Membership, 141 Active.....	1,410.00
17 Associates.....	42.50
	<hr/>
	1,742.26
	<hr/>
	\$4,321.21

Expenditures

Maine State Grange.....	\$ 5.00
Travel, Executive Board, Nov. meeting.....	52.78
A.N.A., 2 copies of manual for Section Ch.50
Maine R.N. Labels, supplies and telephone.....	6.52
Maine R.N. Printing.....	222.36
Baker & Adam, auditing accounts.....	40.00
Fox & Ginn, storage, \$10; truck- ing, \$6.18.....	16.18
Salary, Executive Secretary.....	197.04
Secretarial assistance.....	30.00
Travel to Health Council meeting.....	11.94
Western District M.S.N.A.	14.00
Mailing Permit.....	20.00
Office Supplies.....	55.79
Postage.....	41.24
Telephone.....	10.15
Mailing Maine R.N.....	12.90
Expenses to Advisory Council meeting.....	105.12
Finance Committee, travel.....	9.10
Collector of Internal Revenue, 4th quarter.....	37.80
New England Division.....	40.00
A.N.A. Members, 141 Active at \$5.00.....	705.00
17 Associate at \$1.25.....	21.25
Annual Meeting, mailing film and tips.....	4.72
	<hr/>
	1,659.39
	<hr/>
Balance.....	\$2,661.82

DISTRICT REPORTS

NORTHERN

Annual meeting was held on Feb. 4, 1953, and the following officers elected:

President.....Mrs. Honor P. Purvis
1st Vice President.....Mrs. Barbara Rogers
2nd Vice President.....Mrs. Mary Conlogue
Secretary.....Alfreda M. Roy
Treasurer.....Mrs. R. Arlene Evans
Directors: Mrs. Georgina Lyons, Mrs.
Ruby Kelley, Katherine Donley, Mrs.
Mae Kierstead.

EASTERN

The annual meeting was held on January 28, 1953. The members voted to accept an amendment to the Bylaws, Article I, Section 1, whereby the Chairman of the Private Duty Section would become a member of the Executive Committee.

Reports on the Presidential Inauguration and the ANA Advisory Council meetings were given by Mrs. Josephine C. Philbrick and Mrs. Aubigne C. Smith.

Membership to date: 209 Active; 6 Associate.

The following officers were elected:

President.....Georgina J. Patterson
1st Vice President.....Mrs. Doris Greene
2nd Vice President.....Mrs. Aubigne C. Smith
Secretary.....Bernice L. Getchell
Treasurer.....Mildred Richards
Directors.....Mrs. Nellie Norell
Sister Laititia

CENTRAL

The annual meeting was held on January 14, 1953. The guest speaker was Miss Elouise Collier, R.N., Assistant Executive Secretary of ANA. The complete text of Miss Collier's talk, entitled: "The New Organization and Its Meaning at the District Level," will be found in this issue.

The following officers were elected:

President.....Amanda I. Lerch
1st Vice President.....Agnes Berry
2nd Vice President.....Elizabeth Foyer
Secretary.....Virginia Welsh
Treasurer.....Mrs. Marjorie Boucher
Directors.....Gwendolyn Hardy
Elizabeth Henderson
Helen Dunn
Eleanor Melledy

WESTERN

Membership to date: 296 Active; 13 Associate.

The annual meeting was held on January 21, 1953, and the following officers elected:

President.....Mrs. Mary Ann Furbish
1st Vice President.....Mrs. Edith Woodman
2nd Vice Pres.....Mrs. Catherine Robinson
Secretary.....Mary Catherine Ragan
Treasurer.....Mrs. Mary Graffam
Directors.....Alice Tremblay
Leona Rines

SECTION REPORTS

Mrs. Ruby Kelley, Chairman of the Private Duty Section, reports approval by this section of the following raises in wage scale:

8-hr. duty—\$10.00
12-hr. duty—\$15.00
20-hr. duty—\$18.00
\$1.00 extra for communicable, psychiatric, and alcoholic cases.
\$2.00 for the first hour of hourly nursing.
\$1.25 for each succeeding hour of hourly nursing.
\$7.50 for each patient in multiple nursing.
\$12.00 for care of patient during labor and delivery.

REPORT ON "THE MAINE R.N."

Four issues of the "R.N." will be pub-

FOR NURSES' SHOES

STANDARD SHOE STORE

Bangor, Maine

lished in 1953 at a cost of approximately \$250.00 per issue. In order to finance the bulletin, more advertising space must be sold than in 1952. It was voted to establish a subscription rate of \$1.25 per year for four issues to non-members of MSNA, and a price of 35¢ per single copy.

CALENDAR OF COMING EVENTS

1. 1954 Biennial, April 25-29
2. Congress of the International Council of Nurses, Rio de Janeiro, July 13-18, 1953
3. NLN Convention, Cleveland, June 22-26, 1953

RECOMMENDATION APPROVED

"Executive Committee of the MSNA wishes to go on record as strongly recommending that the MSNA take an active part in the promotion of any legislative action on Education of Nursing Attendants which may take place during this legislative year. It suggests that members of the Legislative Committee be invited to attend meetings held in the discussion of a bill, and that when the bill is in hearing, representatives of the MSNA be present. The Association's active participation in this legislation, it is felt, is imperative if the MSNA is to fulfill its purpose of improving nursing service for the citizens of Maine."

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Augusta, Maine

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**Northern National Bank
of Presque Isle**

Presque Isle, Maine

ANA Advisory Council

On January 21-23, 1953 your President and Executive Secretary represented the Maine State Nurses' Association at the annual meetings of the ANA Advisory Council at the Henry Hudson Hotel in New York.

Space forbids a complete report of these meetings, but the highlights of discussion and decision included such topics as:

1. Progress in Reorganization.
2. ANA Professional Counseling and Placement Service.
3. Federal and State Legislation.
4. Public Relations.
5. Research and Statistics Program.
6. Economic Security Program.
7. Intergroup Relations.
8. Reports from Federal Agencies: Army, Navy, and Air Force Nursing Corps, American National Red Cross, Nursing Service of the Veterans Administration, and the FCDA.
9. Methods of Selecting ANA Committees and Candidates for Nominations.

Throughout the entire session Mrs. Elizabeth Porter, President of the ANA, stressed the fact that the ANA exists *only* to carry out the wishes of the membership—not to make decisions for them. ANA develops programs on the strength of the wishes of the House of Delegates.

Startling questions such as, "What can be done to protect the nurse in the practice of medicine?" drive home most emphatically our problems in the nursing field with regard to State Medical Practice Acts, and such techniques as venipuncture. As it stands now, 17 states approve intravenous techniques carried out by a registered nurse. 15 states approve such techniques if the nurse is under direct supervision by a doctor. 20 states prohibit completely any intravenous work performed by nurses. Maine falls into the second category—that of legal approval of intravenous techniques performed by a registered nurse under the supervision of a doctor.

Announcement was made of the ANA Regional Workshops which are being planned for 1953—more complete information on which is to be found in this issue.

At the end of these most stimulating meetings, we were privileged to witness the unveiling and first showing of the portrait from the Harmon Foundation Exhibit of Major Mary Mills, outstanding American of Negro origin, heading the PHN Program under point IV in the Near East.

Following the close of the Advisory Council sessions, most of the council members attended a special program at the United Nations, prepared by the Section for Non-Governmental Organizations, United Nations Dept. of Public Information. This program, prepared by Mrs. Marian B. Reed, Liaison Officer for this Dept., included the following speakers:

Mr. Benjamin Cohen, Asst. Secretary General in Charge of Public Information.

Mrs. Mary Tenison-Woods, Chief of the Section on the Status of Women, Dept. of Social Affairs.

Mrs. Grace Bok Holmes, Liaison to Non-Governmental Organizations, United Nations International Children's Emergency Fund (UNICEF).

(Ed. note: See program for MSNA May meeting—Mrs. Holmes is to be our main speaker, and a most dynamic one!)

Nursing Schools Report Increased Admission

Schools of professional nursing in the United States admitted 42,103 new student nurses in 1952, it was announced recently by Theresa I. Lynch, Chairman of the Committee on Careers in Nursing, National League for Nursing, which conducts the national student nurse recruitment program. An additional 439 students entered nursing schools in Hawaii and Puerto Rico, bringing the total number of new student nurses in the United States and territories to 42,542 in 1952, compared to a total of 42,053 in 1951. Miss Lynch termed the increase encouraging because it marks the beginning of a gradual rise in nursing school admissions which may be expected over the next few years as the population in the 17-18 year old bracket increases.

*Compliments
of*

WHITE & HAYES

FUNERAL HOME

Bangor, Maine

The New Organization and Its Meaning To the District Nurses' Association

By ELOUISE COLLIER, R. N., Assistant Executive Secretary, ANA

The year 1952 undoubtedly will stand out in nursing history as a year of great accomplishment, as well as the year of a great beginning. Certainly it marks a milestone in the search by professional nursing organizations for the best possible structure which nursing as a progression could build. Where do we go from here?

For the American Nurses' Association and its constituent association, we have a broader, more far-reaching program in which attention can be focused on problems and interests of all nurses and in which the concerns of special interest groups may be considered. The bylaws and the platform adopted by the House of Delegates of the American Nurses' Association in June of last year give us the go-ahead signal. It is true that state and district nurses associations have their own bylaws and adopt their own platform or program, but by and large for continuity of organization and program their bylaws and platforms or programs are patterned in many ways after those of the American Nurses' Association.

Let us examine the bylaws and then the program to see what each offers.

First we find that we have not just the privilege, but the responsibility of defining functions of nurses, and promoting standards of professional nurse practice. That, of course, is as it should be. In almost every profession or vocation, the persons who are actually doing the job are the ones who are best qualified to define the functions of the profession or vocation, and set the standards of practice. In addition, we shall define the qualifications for the practitioners within the profession.

We shall actively promote those legislative programs that affect health programs or that affect the practice of nursing. We shall continue to be concerned with the economic as well as the general welfare of nurses and to provide professional counseling for nurses and their employers. In an effort to eliminate overlapping in some areas and lack of adequate consideration in others, we shall work with the National League for Nursing in those activities which are the concern of both organizations. Those are some of the functions which we, as members of a professional nursing organization composed only of registered professional nurses have said we plan to carry on. In order to do that effectively we have made certain changes in our basic organization. A big change has been made in our subdivisions which we call sections.

Prior to June of last year, there were sections for some nurses in some occupational areas, but not for all. Sections were limited in what they could do, because they had no executive, legislative, or administrative powers. Probably for that reason many nurses showed no interest in section membership at all, preferring in some instances to pay district, state, and national dues, but remaining somewhat distant from organizational activities.

Today that pattern has definitely been changed. Now sections have been established for six different occupational interests and a seventh section has been organized from which we expect to see other sections emerge as time goes on. Sections now have certain well-defined functions which will make and keep these groups alive and active in those areas of interest which are their special concern. No longer can a nurse through membership in her state and district nurses association have a voice in the platform and policies of the American Nurses' Association as considered and adopted by the House of Delegates. Today she will identify herself with a section of her state and district association through which she will have representation in the House of Delegates.

No longer will the choice of delegates representing a state nurses association at the convention of the American Nurses' Association be left to an individual or to a few individuals. It will be up to the membership of the state and district sections to select from among their membership those persons who they think can best represent them when our national association convenes. How can any serious minded, red-blooded nurse not take advantage of such an opportunity to be in on the ground-floor operations!

Let us look for a few moments at the broad areas our newly adopted platform embraces. There are three broad areas of endeavor which are made more specific by the planks which relate to and describe them.

First, we shall attempt to provide health protection for the American people.

Second, we shall aid nurses in becoming more effective and more secure members of our profession.

Third, we are committed to promote better health care for the people of the world.

Such worthy objectives as these cannot be carried out by any small group of nurses working on a national or state or district level. Such objectives as these do not require just money, or just membership lists, or just publicity. They require all of these and more. They require the time, the talents, the efforts of each of us working in our community, in the district, state, and national organization. They require co-operative action between members of district, state and national nurses associations and members of the district, state, and national leagues for nursing.

To that end provisions have been made on a national level, and will be made on state and district levels, where possible, for a coordination council which will be composed of the board of directors of the nurses association and the board of directors of the league for nursing. Here again some of us might be tempted to say, "Oh well that's completely out of our hands; that has nothing to do with us."

But let us remember that we select the members of our board of directors so we have a great voice in the composition of the coordination council. In order that the programs which concern both the nurses association and the league for nursing might be coordinated, this council shall:

- (1) Serve as a forum for the discussion of different points of view.
- (2) Serve as a clearing house for activities that concern both organizations, and plan for the allocation of new major programs.
- (3) Consider priorities and timing of inter-related activities of the two organizations.

We have therefore, a dual responsibility. Not only must we choose the members of our own board with great care and deliberation, but we must let them know what we feel is important and necessary to be done. Let us not be like one nurse whom I overheard at a convention. She said, in all seriousness, "I didn't know any of the candidates for that office, so I voted for Miss So-and-So because I liked her hat."

The best way to know candidates for office is to be so active in the organization that we recognize them, not just by sight, but by their actions, their speeches, and their publications.

The president of the American Nurses' Association, Mrs. Elizabeth K. Porter, at the opening session of our House of Delegates in June said, in part:

"A recent writer in nursing has pointed to the likeness between our governmental structures and the structural plan for nursing that we are now

considering. In earlier years, there was a disposition to think of government in terms of the local community, but with the growing complexity of our way of life, no community can provide for all the needs of its people; it can do only part of the job. So we have the wider communities—the state and the nation with their richer resources of specialists, organizations, money, authority, but always"—mark this well—"always the local community and the state to influence national policies. Our district and state associations will have the same relation to the new American Nurses' Association. The structure is in its nature democratic."

We have indicated that the need for a coordinating council was based on the realization that at times the programs of the two organizations would overlap or be duplicated. Despite the fact that functions which should be the sole responsibility of members of the profession will be undertaken by the American Nurses' Association, and despite the fact that functions which the members of the profession should share with the consumers of nursing service and with allied professional workers will be undertaken by the National League for Nursing,—despite these facts,—we realized that by the very nature of the programs which each organization has undertaken, there must be a common denominator. So the coordinating council came into being. Its function on a state and a district level will be similar to the pattern on a national level, but it is quite conceivable in states where transportation is not a big problem and in districts, that there might be joint programs having their inception in the coordination council.

Let us go back a bit now, and consider in more detail the role that sections, will play in the nurses association. We must consider carefully the functions of sections, giving them as much opportunity as we can do work effectively. As sections they will be able to plan and conduct programs of special interest to the members of the section or to members of other sections whose interests may be similar. Let us think of some specific examples of how that might work. Perhaps the section for institutional nursing service administrators is planning a work-shop on the team concept of nursing care. Wouldn't it be natural for that section to invite to such a program those members of the general duty nurses' section and of the section for educational administrators, consultants, and teachers who could benefit from such a program?

Let us consider another possibility. Perhaps in the general duty nurses section,

conference groups have been organized for nurses who work in surgery, in tuberculosis, in psychiatry, in obstetrics, etc. Any one of those conference groups within the section might develop and sponsor a program from which members of other conference groups within the section might benefit and to which they might be invited.

Another term which has grown out of this reorganization is the word sub-unit. Let us first differentiate between the words conference group and sub-unit. A conference group is a group within a section which is formed to meet a special interest need. That interest may be based on clinical field or occupational field. I have already illustrated how general duty nurses within their section might organize conference groups to consider problems peculiar to pediatrics, or medicine, or surgery, etc. In the special groups section, however, you would have conference groups whose origin would stem from occupational interests, such as registrars, office nurses (unless they have their own section), executive secretaries of professional organizations, etc. Sub-units, however, are organized with one specific aim in view. That is the consideration of the Economic Security Program separately from other groups in the same section, whose economic interest might be somewhat different.

For example, in the *state* public health nursing section you would probably have directors and assistant directors of public health agencies, supervisors and staff nurses. All of these nurses are concerned with public health nursing, but their economic interests might each differ somewhat. The staff nurses may organize a sub-unit to consider their economic needs separately from any other members in the section, and—and this is important, they will be able to report directly to the board of directors of the association without having their findings or decisions reported first to the section. Although sub-units will not be formed in district sections, the members of district sections have the responsibility and the privilege of making recommendations to sub-units of the corresponding state section.

Let us now think in more specific terms of the new organization and the Central District of the Maine State Nurses' Association. During 1952 you had approximately 200 members in the district association, one-fourth of the total membership for the state of Maine. What are your possibilities for section organization and activity? The state nurses association in Maine has functioning sections for general duty nurses, private duty nurses, and public health nurses and is developing or considering the organization of other sections. Per-

haps you cannot have all of the seven sections which have been established in the American Nurses' Association, or which will be established in the Maine State Nurses' Association. But in your district association, you have the membership potential for several sections. Let us analyze your membership as reported to ANA for 1952. These figures are an approximation, due to my hasty and perhaps faulty addition.

However, your membership fell into these categories:

Private duty 33	Public Health 23
General duty 12	Industrial 3
Administrative 15	Office 8
Institutional 31	Military 4
Nursing Education 5	Government 43
Inactive, associate, unknown, and others 26	

Certainly you have enough nurses for active sections for private duty nurses and for public health nurses. The minimum for a state section is 35, so you certainly have enough for district sections with 15 nurses in administration and 12 in general duty. However, we must bear in mind that there is no longer a section nationally for nurses in government nursing positions, so that the 43 nurses employed by the government in your district would fit into one of the other sections to increase that number. It would appear that many of them would swell the number in the general duty section and in the administrative section. The 31 nurses who listed themselves as institutional nurses would find their place in a section also. It would certainly seem that sections could be established in your district association for private duty nurses, general duty nurses, institutional nursing service administrators and public health nurses.

Such a plan would take care of everyone except those in nursing education, industry, the military, offices and the larger group of nurses (26) who are inactive, associate, etc. What will become of them? These nurses would, of course, join the *state* section to which they are eligible. They might, also, however, wish to combine to form a special groups section on the district level. This would be desirable if, as members of such a section, they could plan a program which would be helpful to the members of the section. It would certainly not be desirable for these nurses to form a section, just to belong to a district section. However, by exploring the possibility of meeting together as a special groups section, it is quite possible that a worthwhile program will be developed. The eight office nurses and the six or more nurse educators might wish to develop programs as conference groups in the special groups section, such

programs for their own benefit or the benefit of the entire section or for other sections.

Many of the inactive or associate members would be eligible for membership in one of the already established sections, since every section provides membership for the retired members of its group. It would appear that your office nurses, nurses educators, industrial nurses, and anesthetists would have sufficient numerical strength to form a special groups section and develop a program. It would be important, however, for them to identify themselves with their proper section on a state and national level, so that they will always be informed of what is taking place and so that they may make recommendations that can be carried to the state section and the national section.

You might well ask what activities section members on a district level can carry on. These activities would, of course, be related to the purpose and aim of the Central District Nurses' Association and the object of the section. Although the object of each section differs from that of any other section, they basically are all very similar. To improve nursing care to patients and to improve the professional development and economic status of nurses is basic to the aims and objectives of all sections of nurses associations, district, state, and national.

On a district level these aims may be carried out by program meetings, workshops, institutes, study groups, by public relations with the consumer of nursing service and with allied organization, by initiating or cooperating in studies or experiments in nursing practice, by interpreting policies accepted by the district association and disseminating these interpretations, by contributing time and information to legislative programs that affect health, by working with student nurse groups, by recruitment programs, by studying functions, standards, and qualifications for practice within the field to be certain that they are the best that can be maintained. These are some of the ways in which district sections can be alive and growing and productive. Of course it will take concerted effort to produce results. This is not a one-man job.

Another important function of the district section has farreaching results. Consider the composition of the ANA House of Delegates in future years. No longer will it be composed of delegates chosen by the state nurses association without regard for occupational interests. It will be composed of delegates chosen by the sections of state nurses associations. As members of a section of a district nurses association, you

will have the responsibility of nominating or suggesting persons who will represent you and your district and state section, you and your district and state association at meetings of the American Nurses' Association. If the work of the A.N.A. is to continue and to grow, this is a responsibility which must be taken seriously by every member of every district section throughout the country.

Perhaps we can pinpoint this responsibility a little more by using the private duty section as an example. Last year there were 236 private duty nurses in the Maine S.N.A. If a similar number is recorded on December 31st of this year, the state section will be entitled to two delegates to the 1954 ANA Convention. But there are four district sections. This will mean that each district section would nominate persons to serve as delegates, and from these nominees, 2 delegates would be chosen. Certainly they would not be chosen from the same district but from 2 different districts, and they should feel responsible for reporting to the state nurses association and to the state private duty nurses section who would in turn feel responsible for reporting to the four district nurses associations and the district private duty nurses sections, respectively.

Let us now consider the role our district nurses association will play in the student nurses organization. Those of you who attended our biennial convention in Atlantic City will recall the decision which was reached by the thousand students who were there. They decided not to become a part of either the American Nurses' Association or the National League for Nursing, but rather to form an independent student organization under the sponsorship of the coordinating council. That very wise pattern we expect to see followed by state and district student groups.

However, there are still responsibilities which we must assume towards these students. In revising the model forms for bylaws for district nurses association, provisions have been made for those responsibilities to be carried out. It is hoped that district committees on constitutions and bylaws will study the suggested changes and plan to incorporate them in their revisions of bylaws when next the bylaws are amended or revised. Inherent in such changes should be the following provisions:

1. It shall be the responsibility of the district nurses association to set up such machinery as will foster an organization of students of professional nursing that will assist in preparing them to meet their professional obligations as graduate nurses.

2. Provisions shall be made for representative participation of such an organization in the activities of the district nurses association. Members of the student organization may attend meetings of the district nurses association.

3. Officers of the student organization shall be eligible to attend meetings of the board of directors of the district nurses association in rotation, one officer attending each meeting, but without vote.

4. Members of the student organization shall be eligible to attend meetings of committees of the district nurses association.

Only by working with student nurses in their organization, by giving them advice when they seek it or need it, by making the program of our own association so vital that they will see the worth of it, can we hope to see these students assume their proper places in professional organization upon graduation. The responsibility rests squarely and fairly upon our shoulders. Let us not shift it, but let us assume the responsibility and do something about it. After all, isn't it a type of membership promotion for our own association? The path from student organization to professional organization should be a continuous one without detours.

Let us summarize briefly the changes that have been wrought in our association by the reorganization of the American Nurses' Association and its constituent associations.

1. We have well-defined functions which we have adopted and which we shall attempt to carry out.

2. We have seven sections through which our membership can actively work to carry out the association's program.

3. We have attempted to separate the functions of the nurses association from

those of the league for nursing, and have provided a coordinating council to bring the two organizations together on points of common interest.

4. We have changed our basis for delegate representation so that not only the nurses association, but their sections will be guaranteed a voice in the scheme of things.

5. We have pledged our interest and support to the student nurses organizations.

6. We have adopted a platform which encompasses a diversified range of social and professional responsibilities.

May I, in closing, quote from the last paragraph of an address given by Miss Pearl Melver in Atlantic City in June?

"Our new plan of organization offers each nurse unlimited opportunities to reach her maximum professional potentialities as an individual practitioner and it will unite all nurses from every field of nursing. It will also offer every nurse an opportunity to participate fully as a member of the health team which will play such an important role in promoting the brotherhood of man throughout the whole world."

BEST WISHES

REED & KNIGHT

HARDWARE

Fort Fairfield, Maine

LAVERDIERE'S DRUG STORES

"We Carry Everything at Lowest Prices"

WATERVILLE

AUGUSTA

GARDINER

THE PAGE COMPANY

Maine's Most Unusual Furniture Store

112 STATE STREET

AUGUSTA, MAINE

ANA Regional Workshop for SNA Sectional Representatives—Hotel Statler, Boston, April 23-24

The ANA is holding eight regional conferences throughout the country to give assistance to the SNA's with section reorganization problems and with the development of section programs.

Each state nurses' association is entitled to send two representatives from each of the occupational fields represented by ANA sections—that is, two from Private Duty, two from Industrial, two from Public Health, two from Institutional Nursing Service Administrators, two from Educational Administrators, Consultants and Teachers, and two from Special Groups. This makes a total of fourteen from each state. Of course, where SNA sections have been organized to correspond to ANA sections, these SNA sections will decide who will be their representatives. The workshop provides for general and small group conferences.

COSTS—The ANA will pay the cost of transportation of representatives to these ANA workshops. The SNA will cover the cost of maintenance.

More detailed information will be sent to the representatives as soon as their appointments are made.

TENTATIVE PROGRAM

FIRST DAY

- 8:45 a.m. Registration
9:00 a.m. General Session
1. **Opening Statement**
Meaning of the reorganization of ANA at biennial convention. Significance to sections—new purposes and functions. Section membership as the base for ANA membership.
 2. **Agreement on Purpose of the Workshop**
Why the workshops are being held? What participants expect to get from the conference? What they expect to give? Commitment to a plan of action in SNA's as a follow through of workshops.
 3. **Reorganization Problems**
A mimeographed outline of problems will be given each participant. These will be reviewed at the opening general meeting and the participants given an opportunity to add to or subtract from the list. Criteria and aids to organization such as model forms, question and answer sheets, glossary of terms will be supplied.
- 1:00 p.m. Small group sessions, according to occupational grouping or other as desired by the participants.
Discussion of selected reorganization problems.
- 4:00 p.m. General Session
Reporting of results of the small group sessions.

SECOND DAY

- 8:30 a.m. General Session
or
9:00 a.m. Planning the sections' program of work.
- 1) Sections' plan to carry out functions and fulfill purpose of section.
 - 2) Sections' plans for participating in SNA programs (those not specifically identified in sections' functions).
- 9:45 a.m. Small group sessions, according to occupational grouping or other as desired by the participants.
or
10:00 a.m. Discussion of selected attendance in the planning of the sections' program of work.
- 1:30 p.m. General Session
Reporting of results of the small group sessions.
- 2:45 p.m. Small group sessions according to SNA's. Planning for follow through in the SNA. State groups will meet to develop plans of action in the respective states.
- 4:00 p.m. General Session
1. Summary reports of plans for action by each state group.
 2. Final remarks
 3. Adjournment

Helpful materials, bibliography and worksheets will be developed and supplied to the participants both prior and during the conferences.

Compliments of

**MAINE
5-COUNTY
PHARMACEUTICAL
ASSOCIATION**

Your MSNA Committees

At the beginning of each fiscal year, when your Executive Committee is concentrating on filling Standing and Special Committees, one hears repeatedly, "I would be willing to serve on this committee, but I simply don't know what is expected of me."

The following analysis is to give you, in an abbreviated form and stripped of all legal verbiage and frills, the functions and duties of these committees. The members of these committees shall represent all fields of nursing, as well as geographic distribution in the state. This means that each committee has one representative from each district. All decisions and actions of committees are subject to the approval of the Executive Committee. (Ref. Art. IX, Constitution and Bylaws, Maine State Nurses' Association.)

Our purpose is to prepare a "Policy Book" as a guide for future reference for all MSNA committees. We welcome any criticism, suggestions, deletions or additions from members of any committee or from MSNA members individually.

COMMITTEE ON LEGISLATION

5 active members, one of whom shall be Chairman.

1. Study pending legislation, both state and national, which may affect nurses and nursing.
2. Inform the Executive Committee and membership of pending legislation.
3. Make recommendations to the Executive Committee for changes in law which may be for the betterment of nurses and nursing; make recommendations for changes in law which may affect nurses and nursing adversely.
4. Contact senators and representatives, asking their support of legislation approved by the Executive Board, or in opposition to legislation which is adverse to established policies.
5. Appear at legislative hearings which pertain to nurses and nursing in the interest of the Maine State Nurses' Association.
6. Study the Legislative Program of ANA and recommend to the Executive Committee its support of this legislation.
7. Present a report at the annual convention and submit this in writing for permanent record.

COMMITTEE ON NOMINATIONS

Not less than 4 active members, one of whom shall be Chairman, and not more than one from any one District.

1. Send to the District Nurses' Associations *on or before March 1st* the names of officers then serving
 - a. whose terms of office expire at the next annual convention
 - b. who are eligible for re-election
2. Request from each District a list of names of active members qualified to fill vacancies in office. These names should be representative of various fields of nursing and geographic distribution. Such lists shall be signed by the President or Secretary of the respective District and shall be submitted not later than June 1st to the MSNA Committee on Nominations.
3. Prepare a slate of nominees from the above lists, consisting of at least two *consenting* nominees for each office to be filled.
4. Forward this slate to the Executive Committee for its approval. The Secretary of the Executive Committee will then mail it to each District *at least two months* prior to the annual convention.
5. Present the slate of nominees to the assembled membership at the annual convention for vote by the elected delegates.

COMMITTEE ON MEMBERSHIP

4 or more active members, one of whom shall be Chairman.

1. Devise ways and means of promoting membership.
2. Cooperate with the ANA Committee on Promotion of Membership and be familiar with the suggestions it has to offer.
3. Work closely with District and Alumnae membership committees in securing members.
4. Interpret to nurses the program of the MSNA as a selling point in promoting membership.
5. Plan a publicity program for increased membership.
6. Guard the stability of the MSNA, as well as promote expansion.
7. Work with the State Board of Registration for Nurses in keeping track of registrants.
8. Be alert to new graduates and newcomers to the state, who should be invited to join the association as soon as they become registered.
9. Compile lists of nurses, both active and inactive, in all areas of the state. Special effort should be made to find the so-called "hidden nurses."

10. Enlist the cooperation of employers of nurses in establishing ANA membership as one criterion for employment.
11. Present a report at the annual convention and submit this in writing for permanent record.

ADDENDA

The work of this committee knows no surcease. All nurses living and working in Maine should be invited and urged to join the MSNA. During November and December, emphasis should be placed on renewals of membership. January should be devoted to follow-ups on renewals, and obtaining new members. March should be the check-up month on delinquent members.

COMMITTEE ON FINANCE

At least 4 active members, including the Treasurer of the MSNA, one of whom shall be Chairman.

1. Prepare a realistic budget for the fiscal year.
2. Advise as to expenditure of funds.
3. Present a report to the Executive Committee at each Board meeting, showing funds expended, balance on hand, etc.
4. Distribute to the membership at the annual convention a written report, giving full data on assets, liabilities, expenditures, etc.

COMMITTEE ON PROGRAM

At least 4 active members, including the 1st Vice-President of the MSNA, one of whom shall act as Chairman.

1. Prepare a program for all meetings of this association (these would be the Summer Session in May or June, and the annual convention in September or October).
2. Act in an advisory capacity to Committees on Program of Districts.

ADDENDA

The Summer Sessions and the annual conventions rotate by District according to established procedure. The 1st Vice-President of the MSNA is responsible for planning the program and obtaining the speakers, subject to approval of the Executive Committee.

The Program Committee of the District whose turn it is to hostess the meeting makes all other preparations, such as place of meeting, reservation of hall, arrangement for inter-com system, seating of guests, displays, banquet, flowers, music, corsages for guests, etc.

COMMITTEE ON HEADQUARTERS

At least 4 active members, one of whom shall be Chairman.

1. Advise on the administration of the State Association headquarters.
2. Select a suitable location for an office when necessary.
3. Confer with the Executive Secretary upon her request concerning the efficient functioning of the Headquarters office.
4. Purchase equipment and replacements of physical set-up on authority of the Executive Committee.
5. Present an annual report at the fall convention and submit in writing for permanent record.

ADDENDA

This committee will be called upon to advise the Executive Secretary on questions of management and the physical set-up of the office, to sign leases and make negotiations with landlords offering space for rent; to execute ratifications of the Executive Committee, to devise ways and means of raising money for new or replacement of old equipment.

COMMITTEE ON CONSTITUTION AND BYLAWS

At least 4 active members, one of whom shall be the Chairman.

1. Keep the MSNA bylaws in harmony with the ANA bylaws.
2. Receive all proposed changes and/or amendments to the bylaws, and present them to the Executive Committee for approval.
3. Secure an opinion from the Chairman of ANA Committee on Constitution and Bylaws on all proposed amendments.
4. Review the bylaws of any constituent association that wishes to become affiliated with the MSNA.
5. Review and advise any District on proposed changes or amendments to its bylaws, in order to keep the District bylaws in harmony with the MSNA bylaws.

ADDENDA

Proposed changes in the bylaws must be submitted to the voting body of the association for action at the annual convention. Bylaws may be amended by a two-thirds vote of the accredited delegates present and voting. All proposed amendments shall be in the hands of the secretary of the association at least two months before the annual convention, and shall be appended to the call for meeting at the annual convention.

Exception: "These bylaws may be amended at any annual meeting by a unanimous vote without previous notice."

COMMITTEE ON NURSING INFORMATION AND PUBLICITY

At least 4 members, one of whom shall be Chairman.

1. Plan and promote a program for disseminating information about the MSNA: what it has done, what plans are in the offing, activities it wishes to promote, etc.
2. Inform nurses about professional organizations and their activities.
3. Study and keep posted on the ANA program and its progress.
4. Interpret the ANA program to nurses.
5. Save clippings from local newspapers for the association scrapbook.
6. Report all activity of State and District associations to the newspapers, radio, and other channels of communication.
7. Make a report at the annual convention and submit this in writing for permanent record.

ADDENDA

The chairman of this committee is responsible for state-wide releases. All releases shall be sent simultaneously to the various committee members, with a release date. Each member of the committee will then contact the local paper in her District, explain the purpose of the release, and enlist the paper's support and cooperation. On a state basis, the same would apply to the Associated Press.

COMMITTEE ON NURSES' RELIEF

At least 4 active members, one of whom shall be the Treasurer of this association.

1. Assist in formulating policies and principles governing the use of the Nurses' Relief Fund.
2. Offer suggestions for the organization and functioning of District Committees on Nurses' Relief.
3. Act in an advisory capacity to District Committees on Nurses' Relief.
4. Stimulate fund raising to expand service to sick members through District and State Nurses' Relief Committees.
5. Present a report at the annual convention and submit in writing for permanent record.

ADDENDA

This fund is earmarked for assistance to sick members of the association who are in need of financial aid. Recipients are referred through their Districts. The grants are small and are authorized only by the Executive Committee upon the recommendation of the Chairman of this committee. All contributions to this fund should be made payable to the Treasurer of the MSNA.

COMMITTEE ON THE AMERICAN JOURNAL OF NURSING

At least 4 members, one of whom shall act as Chairman.

1. Initiate an educational program which can be coordinated with the promotion program of the American Journal of Nursing.
2. Foster individual use of the official magazine so that every nurse may be a better informed member of the profession.
3. Promote a program to interest nurses both in subscribing to and in reading the Journal.
4. Inform members of Districts of the value of the Journal in keeping abreast of the times in nursing activities and encourage its wider use.
5. Make a report at the annual convention and submit in writing for permanent record.

ADDENDA

This committee should have on hand leaflets and subscription blanks prepared by the AJN for distribution. They should plan displays at District and State meetings and bring the AJN to the attention of nurses at every opportunity.

COMMITTEE ON CIVIL SERVICE

At least 4 members, one of whom shall act as Chairman.

1. Encourage well-qualified nurses to take civil service examinations.
2. Inform nurses on the dates, requirements, salary schedules, and title of examinations.
3. Inform nurses on the difference between Federal Civil Service and State and Municipal Civil Service plans.
4. Make a report at the annual convention and submit in writing for permanent record.

ADDENDA

This committee should be on the mailing list of the U. S. Civil Service, Nursing Division, Washington, D. C., for announcements of Civil Service examinations; the Personnel Service of Maine, Augusta, Maine, for announcements of State examinations; and as many local lists as possible.

Lists are posted in all U. S. Post Offices. Members of the committee should study them for opportunities for nurses.

Members should be alert to any changes in the Maine Merit System which may affect our members adversely. If such proposals present themselves, they should be referred to the Executive Committee for action.

The committee should offer its services to local and State Civil Service Groups who are writing personnel policies for nurses.

NURSES' ECONOMIC SECURITY COMMITTEE

At least 4 active members, one of whom shall act as Chairman.

1. Study the ANA Economic Security Program and make recommendations to the Executive Committee.
2. Plan a program of publicity and public relations.
3. Represent nurses in planning conditions under which they shall work.
4. Make personnel studies and write job descriptions as necessary.
5. Present a report at the annual convention and submit in writing for permanent record.

ADDENDA

This committee should consist of members from General Duty, Private Duty, Administrative, etc., who will be prepared to make suggestions for the personnel practices under which the nurses work. They should know and represent the group's thinking.

MSNA Office Receives Copy of New Book

A presentation copy of *Collegiate Education For Nursing* by Dr. Margaret Bridgman has been received from the publisher, the Russell Sage Foundation, New York.

"The importance of providing nursing education on the college level to prepare sufficient potential candidates for specialized functions has been repeatedly emphasized, but information regarding basic baccalaureate curricula has been lacking."

Dr. Bridgman, now Consultant in the Department of Baccalaureate and Higher Degree Programs, National League for Nursing, studied at close range the bewildering diversity of current teaching programs in existing schools of nursing. *Collegiate Education For Nursing* is her critical report. "With its careful appraisal of the field of nursing education, its discussion of present weaknesses and limitations, and its constructive suggestions for improvement and expansion, supported by accompanying patterns of degree curricula, the book presents a real challenge to every nursing school and to institutions of higher education offering baccalaureate credit in this field."

Ed. Note: For a more complete review, see the *American Journal of Nursing*, March 1953.

Student Auxiliary

At the MSNA annual convention in September 1952, the Junior Auxiliary voted to issue a bulletin five times a year. We are calling it, "J A B," and are rotating the publishing of it among the five schools of nursing in the organization: Mercy, Maine Medical Center, Eastern Maine General, Central Maine General, and St. Mary's. Two issues have already gone out, and the third is to follow soon.

Plans are now being made for the spring meeting in May.

We wish to extend our thanks to the members of the Maine State Nurses' Association and the Maine League for Nursing for their interest and cooperation in enabling us to become a state wide unit. We greatly appreciate it.

Nellie Jose, President

Refresher Course

Three Portland hospitals, the Maine General, the Maine Eye and Ear Infirmary, and the Mercy, are sponsoring a three-weeks refresher course for all graduate nurses, beginning March 9th. Sessions are being held from 7 to 10 p. m. each Monday and Thursday evening from March 9 through March 26.

Demonstrations, doctors' lectures and films will be presented on such subjects as pre-operative and post-operative nursing care, nursing care of chest and general surgical conditions, modern therapeutic agents, preparation and interpretation of laboratory tests, oxygen therapy, and others.

Miss Frances Jordan at the Maine Eye and Ear Infirmary, Miss Edith Doane at the Maine General, and Miss Mary Catherine Ragan at the Mercy are responsible for the registrants.

N. B.—As this bulletin goes to press, word has come that registration closed March 5th because of a "full house." The course will be repeated at a later date.

NOTICE

The 40-hour week went into effect for all general duty nurses at the Eastern Maine General Hospital, Bangor, on March 16th. Statewide coverage of all major hospitals of the state in the adoption of this nurse employment standard is now complete.

New England Division Biennial—June 17-19

Plans are taking shape for the New England Division of ANA Biennial at the University of Massachusetts, Amherst, Mass., to be held in conjunction with the Public Health Biennial.

The program will include many outstanding nurses, to wit: Marion W. Sheahan, Lucille Petry Leone, Mildred Tuttle, Marie Farrell, Eleanor E. Healy, Mary Collins, Mary Mahar, to mention only a few. There will be two days packed to the gunwales with good red meat. Our own Mrs. Velma Haley will be one of the participants, and will report on the findings of the Governor's Committee on the Study of Nursing Resources.

The packaged cost of this biennial for members of the MSNA will be \$16.50, inclusive of registration fee of \$3.00, room on campus, meals in the cafeteria, and banquet.

This is a royal opportunity for every nurse to bring herself up to the moment on many issues that are before the nursing world today. The cost is minimal, travel during June is at its best, and the program is lush in all it has to offer. It has been arranged so that there will be ample opportunity for you to hear many of the Public Health speakers as well, one of them Mrs. Oveta Culp Hobby.

Each member of the MSNA will receive her own individual program as soon as they come off the press. For the nonce—chalk the dates on your calendar and start planning now to be on the campus on June 17th.

1953 MEMBERSHIP DUES

The officers and Membership Committee of the MSNA are working hard to enlist the support of every good nurse and up the figures of the state association membership. In 1952, the membership fell behind alarmingly, and we would like to know the reason why. In a state which had a registration of over 8000 nurses, it is hard to understand why only 800, or 10%, saw fit to belong to their state association. To be sure, some of the 8000 were resident in other states and were participating in the nursing activities of that state. This accounts for only a small number, however.

The MSNA dues are the lowest in the country. Even so, membership in your state organization entitles you to all the privileges of ANA. With an expanded program in this fiscal year, ANA offers you more service than at any other time in its existence. Many of you have asked the

NEWS ITEMS

As the "R.N." goes to press, Mrs. Josephine C. Philbrick, President of the Maine Nurses' State Association, is in Chicago to attend the March meetings of the ANA Committee on Membership, of which she is a member.

The 1953 Executive Secretaries' Conference will be held March 19-21 at the Kellogg Center, Michigan State University, East Lansing, Michigan. Mrs. Aubigne C. Smith, Executive Secretary of the Maine State Nurses' Association, is to be one of the coordinators of group discussions at this conference.

The ANA will begin this year to issue to all ANA members a quarterly news letter containing items of news and action of interest to all nurses.

The Aroostook General Hospital Alumnae Association, Houlton, Maine, will hold a reunion on Thursday, June 4, 1953.

Registration will be from 10:00 a. m. to 12:00 n. at the Aroostook General. Cafeteria lunch, banquet, dance (informal), cards—\$2.50 complete. Lodging will be furnished.

For more information, please write to Mrs. Lawrence Roach, 9 Leonard Street, Houlton, Maine.

question, "What does ANA do for me?" but have you, in turn, thought to examine yourself and ask, "What do I do for ANA that justifies my existence as a professional person?" Have YOU paid your 1953 dues?

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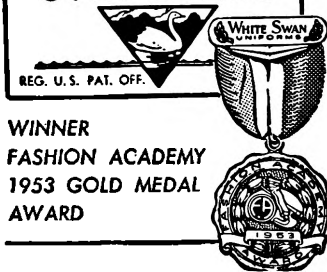
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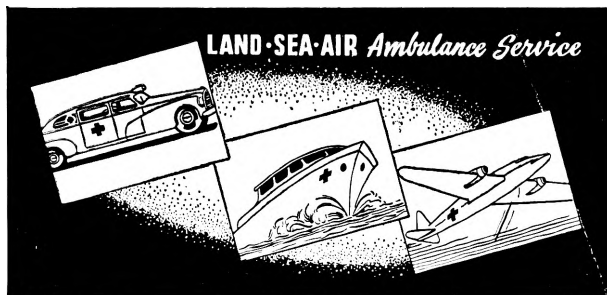
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