A HISTORY OF NURSING IN OREGON

by

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CHAPTER I

INTRODUCTION

This study traces the development of organized, professional nursing in Oregon to the present time, approximately a half-century, and organizes pertinent information and materials in such a way that they may be useful to both teachers and students of nursing history. All nursing students are required to study the progress of nursing and it seems logical to assume that the local segment of such progress should occupy a place in that study.

Every nurse has an obligation to take an active part in the activities of professional nursing organizations at the local, state and national levels. Part of the preparation of the senior student for this responsibility involves a study of the present organizational structure and program in the state. By providing an account of Oregon nursing history, the basic materials will be made available for a better understanding of the present characteristics and the possible direction of future development.

The only record of nursing history in the state at the present time is in the form of minutes kept of
organization activities, isolated survey and committee re-
ports filed away in unusable forms in the different
offices. Nursing students and others interested in this
material do not have easy access to such data and much of
it is also out of context.

Sources of data for this paper are listed here for
those who may question the authority of the materials:
The Oregon State Nurses Association
Oregon State Board for the Examination and
Registration of Graduate Nurses
Oregon State Board of Health: Public Health
Nursing Division
Portland Visiting Nurse Association
In addition there were many interpretations provided by
people who participated in the development of our organi-
zations and each school of nursing contributed materials
congering development of the particular school. With
the exception of materials referring to national trends
and events, original data have been used almost exclu-
sively and have been gathered first hand.

The limitations of this history are those of many
formal reports. Very often committee reports and
minutes of meetings do not provide the bases for the
action taken nor the original reasons for the actions.
Many reports were incomplete or missing altogether and
others were unsigned or undated. Many gaps were filled in with interpretations provided by nurses who participated at the time of the activity, but a few times the memories of individuals seemed to be biased and were not used. Many efforts which aborted, interesting episodes, attitudes and opinions have never been recorded except possibly in personal letters and therefore the study does not attempt to provide certain details of Oregon nursing history.

A very brief summary of nursing in the United States is provided here so that students of nursing who may use this paper will be able to fit the progress made in Oregon into the picture of the total country and to help them realize that the situation in Oregon at any particular time is very much a typical portion of the whole.

The pioneering period in the American system of nursing education covers the years from 1873 to 1893 and started certain customs which have survived better judgment and educational philosophy to the present time. Those customs were: paying the student nurse for her service while learning; control of the school by the hospital; lack of funds for education; and relying on senior students rather than graduate nurses to manage hospital wards. However, from 1913 to 1933, nursing
leaders accomplished much in the way of studies and investigations which strengthened holds on education and started some collegiate programs. The problems of this period were also tied in with the rapid development of scientific medicine, public health programs, while at the same time an increasing number of technical duties passed from the physician to the nurse.

The influence of World War I on nursing education was sufficient to break down many barriers of the system. There were 115,000 trained nurses available for service, but this was not nearly enough. Many college women became interested in nursing for the first time; new methods were tried to speed up the training process; the weaknesses of the old system were brought to public attention as well as the importance of nursing. The Goldmark report on Nursing and Nursing Education in the United States (5), pointed out weaknesses with the facts and offered sound suggestions for improvement. Unfortunately, it has taken another war to get attention refocused on these weaknesses which had not been corrected in the majority of schools. Post-war pressures are operating now which may break down a few more of the traditional barriers in the system which have retarded progress.
CHAPTER II

THE BEGINNINGS OF PROFESSIONAL NURSING IN OREGON

Before 1890 there were no schools of nursing in Oregon and only a few trained nurses who had migrated from Eastern cities. The physician did much of what is now considered nursing, or the sick were cared for by women in the family or from the neighborhood. Often-times, a widow in the community was able to support herself by helping to care for the sick. Anyone interested in the diseases which were prevalent in early Oregon history and methods of treatment will find Dr. Larsell's book, The Doctor in Oregon (10), a fascinating story. Also Barker's, Letters of Dr. John McLoughlin (1), will provide information concerning epidemics, methods of treatment and the problems of early communities.

The beginning of any one of the health services in Oregon seems to parallel population growth in the state. Nursing progress may be compared with that of the country as a whole by referring to Appendix A. Larsell mentions that in 1890, Portland had 70,000 people and three trained nurses. One of these nurses was Miss Emily Loveridge, a Bellevue nurse, who established the first school of nursing at Good Samaritan Hospital. Her name and works are threaded all
the way through Oregon’s nursing history from this time on until her death in 1941.

Multnomah County Hospital was established for the county poor in 1862 and both Good Samaritan and St. Vincent’s Hospital were established as general hospitals in 1875. Their nursing schools, however, came into existence much later. The story of the development of these early hospitals and schools is one which compares with the development of other institutions in the state and is worth telling for those newcomers into professional nursing who take the present schools for granted, without realizing what changes have come about in the lifetime of their own grandparents.

St. Vincent’s Hospital School of Nursing
University of Portland, College of Nursing

A gift of land and a small sum of money from the Society of St. Vincent de Paul in 1874 started two Sisters of Charity, Mother Theresa and Sister Joseph, on the way to a hospital which grew from 25 beds in 1875 to 400 beds in 1950. The Sisters made a house to house canvas and put on a bazaar for additional funds which resulted in the dedication of the hospital in 1875; the first patient was admitted the same night. There was no help other than the two sisters and a few people who volunteered; the sisters relieved each other in the care
of the sick during the night.

The original frame building had to be abandoned after thirteen years because of a need for more beds and the present site was selected over many protests because it was so far out of the city and surrounded by dense woods. The new hospital had a capacity of 275 beds, but an annex had to be added in 1910 which increased the hospital size to 400 beds.

Quoting a story which appeared in the Catholic Sentinel:

"The Sisters realized the need of opening a school, however, in order to reach the sick in their homes and to care for a larger number in the hospitals; consequently, with three young women who volunteered to enter the first class as students, and with Sister Emerita as Superintendent, they opened the first St. Vincent's school of nursing...." (22, p. 11).

The sisters prepared for the management of a training school by a year of study under the direction of a young Bellevue graduate, Miss Cox, who instructed them in new nursing procedures, surgical technics and the nature of the Bellevue curriculum. The school opened in 1892 and the first class graduated after a two-year course in 1894. The curriculum was probably modeled after the Bellevue Hospital plan and is included here for student nurse comparison with the present curriculum (24, p. 1).
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The school has progressed steadily since it opened and in 1920 became affiliated with the University of Oregon in a five-year combined nursing and college program. This plan was discontinued in 1935 and a new four-year course was established with the University of Portland, which up to this time had been exclusively a school for men. The school also changed its name to become The University of Portland, College of Nursing. Their graduates have contributed much to nursing leadership in the state and those in particular who should be mentioned are: Margaret Tynan, Helen McCusker, Jane Gavin, Harriet Osborne.

The original nursing school cap was similar to the Bellevue Hospital cap, but this was changed sometime before 1925 to the present cap. The following story appeared in a school publication and is probably one of the few recorded experiences of a student nurse in these early days.

Miss McDowell was the first student to be sent on special duty in the country. She was an excellent nurse and could be depended upon in the most trying situations. It was some time in the fall of 1896 that she was sent to one of the small valley towns on a
typhoid fever case. She was isolated on a farm, and it rained incessantly during the three weeks she was there. The house was small and the family insisted on sleeping in the bedroom with the patient. They were horrified when she asked them to use the parlor for a bedroom and they flatly refused to do her bidding. There was further opposition when she asked for time off during the day to sleep. She was told that a trained nurse was not supposed to sleep, but Miss McDowell won her argument in this instance to the extent that she managed to take two hours rest on the parlor sofa each afternoon. At night there was not even time for a doze in a chair, for the patient was quite ill, with high temperature and delirium. The treatment consisted of frequent doses of calomel, and in the care of the patient numerous trips to the outhouse were necessary on the part of the nurse. This was a hazardous journey by lantern light from the kitchen stoop over a line of narrow boards, and from which a misstep meant ankle deep in mud.

At the end of the three weeks, the patient was sufficiently recovered for the nurse to return to the hospital. She sought redress for her hard work in presenting the patient with a bill for $3.00 a day, a graduate nurse's fee. The family refused to pay the bill. They told her that the Sisters owed them this service because they had roomed with them when they were in town collecting for the building of a hospital (25, p. 1).

Good Samaritan Hospital School of Nursing

This was the first school of nursing to be opened in Oregon and it has continued as a first school in other ways. For example, in 1949, the first Negro student to graduate from an Oregon school was a Good Samaritan nurse and she was also president of her class. There is mention of Good Samaritan nurses who
volunteered for the relief train sent to San Francisco in 1906 after the great earthquake and fire.

The hospital was erected on its present site in 1875 following fund-raising efforts by Bishop Morris and has been maintained since then under the auspices of the Episcopal Church. At that time, the hospital was surrounded by a belt of timber on the outskirts of the city. During the first year, 51 patients were cared for and 25 children at the adjoining orphanage. The hospital has grown from 37 beds to 325 beds.

In 1890, Miss Emily Loveridge, a Bellevue graduate, came to Oregon at the request of Bishop Morris and agreed to stay one year. She established a school of nursing in the hospital with five students. The training period lasted two and one-half years and instruction included lectures on Materia Medica, and Anatomy and Physiology delivered in her room at night after the day's work was over. The next few paragraphs were taken from Miss Loveridge's diary to show what nursing was like in 1890 in Oregon.

I was Superintendent of Nurses, floor nurse, operating room supervisor and in my leisure moments did any necessary work, sewing, cleaning, painting, etc., in fact any work that was there to be done. We all worked and no one grumbled, not even at the end of a perfect day of twelve to sixteen hours of work, for there were no hours off and sometimes no afternoons.

..................................................................................................................................................................................
The nurses roomed in a dormitory near one of the women's wards, my room was over that same ward. On one occasion, when a delirious alcoholic pneumonia was in the ward below, the night nurse roused me from my slumbers, saying she could not keep the case in bed and having the care of all the other patients she could not stay with her. So I slept on a cot near the delirious woman with my hand on her arm to restrain her as necessary. After two nights of this a nurse tells me I said: "I'm dead for sleep! I don't know whose life is worth the more, hers or mine. Anyway, she recovered, but came back ten years later with pulmonary tuberculosis. That first year I never knew what it was to have a whole night's uninterrupted sleep.

Our first operating room had a double window at the end and a single one at the side. Mrs. Wakeman conducted the first operation held after my arrival, and my Bellevue training, of even that period, received a shock. She told me that in an operation she had recently witnessed in another hospital she was impressed by the convenient place picked out for threaded needles, they were stuck in the window shade! Our needles were run in a piece of bandage and boiled with the other instruments -- or were they "carbolized?"

The cold water we used was boiled by the night nurse. Each kettle had to boil hard for fifteen minutes before being emptied into a large covered granite can.

The field of operation was covered with a rubber sheet over which was placed towels soaked over night in 1-1000 Bichloride, and wrung out as dry as possible. Every surgeon irrigated, using a rubber bag previously boiled. How we scrubbed and rinsed everything, and washed them with bichloride. This scrubbing process included even the field of operation, nothing was spared. Unless the patient's skin was red we felt it had not been properly cleansed. Pans were boiled in a wash boiler.
All gauze was unbleached, we bleached it with chloride of lime, rinsed it thoroughly, boiled it well and shook it dry. From some of this we made our iodoform gauze, which was used on most wounds, with a bountiful sprinkling of iodoform into a mixture of glycerine and iodoform powder into the meshes. The nurse who made this was often unpopular with the neighbors on account of the odor.

During each operation one nurse was the official brow wiper. A few of the men objected, preferring to let those beads of sweat fall when and where they would. One surgeon dropped his eye glasses into an abdominal cavity, but we irrigated more than usual and if I remember rightly the wound healed by "first intention" -- not even "laudable" pus in it.

Catgut was cut in yard lengths, wound on pieces of glass rods, put in mason jars, covered with alcohol and boiled in a water bath for four successive boilings, with three days in between. Preparing catgut was part of my job, and rather nervous work. We had several explosions. While boiling it I corrected examination papers and charts, wrote histories, etc.

How hard we worked over our first abdominal operation! It took days to get together enough supplies and prepare them. The first assistant, trained in the East, worked as hard as the rest of us. All was well until the ligature slipped from the pedicle and the woman died of internal hemorrhage. All of us were heartbroken.

Sunday was our busy day for operations. The only day the doctors did not have office hours -- and there was no golf!

Our first ward beds had straw ticks, washed and refilled with straw between patients. The standing beds were made up ala Bellevue, using a flat stick to level it down. For ordinary heat to feet, etc., we used stone jugs, bricks, and glass quart bottles, all in flannel covers, a few choice rubber bags were kept for abdominal applications, etc.
Flax seed poultices were popular and hot stupes, especially turpentine, and both were usually made over an oil stove. We used gas for lighting, also in dressing and serving rooms, and the diet kitchen for boiling purposes. We had oil stoves also, but burned wood in the kitchen stove and all furnaces.

In those days many people refused to come to a hospital, were afraid to do so, therefore, the hospital went to the patient for operative work, all necessary paraphernalia being carried from the hospital. Usually we used the kitchen table for the operating table, found it much more satisfactory than the ironing board. Bedroom stands and marble top tables, with the marble turned upside down, were used for instruments and sponge tables. I usually went several hours before an operation and scrubbed everything. We covered the tables with bichloride towels and kept hot water in pans and kettles on the kitchen stove. Sometimes the whole family helped. It kept them out of our surgical things to keep them busy, and then they did not have time to faint (11, pp. 12-14).

Portland Sanitarium & Hospital, Portland
Walla Walla College of Nursing

The Sanitarium was opened in 1892 by Dr. Lewis Belknap with a total capacity of six patients but it soon outgrew these quarters. Until 1906, the hospital was independently owned, but since that time it has been under the direction of the Conference of Seventh-Day Adventists.

In 1897, a class for the training of nurses was started and the school has made steady progress since. In 1948, the school of nursing became a part of Walla Walla College in Washington and is now exclusively
a four-year college nursing program with only the clinical division at Portland Sanitarium and Hospital. It is now known as the Walla Walla College of Nursing and differs from other schools in the state in that most of their students are Seventh-Day Adventists and upon graduation, a good proportion go into the missionary field. Also the dean of the college is a man, Fred R. Hanson, R.N. The school celebrated its fiftieth anniversary in 1949 for the 568 nurses who have become alumni members.

St. Anthony’s Hospital School of Nursing, Pendleton

The hospital was opened in 1902 in a renovated private dwelling by the Catholic Sisters of St. Francis. The school opened in 1910 with five Sisters and one lay student. The history of the school has been kept as a diary by Sister Barbara Ann, R.N. and provided the material for this brief sketch.

As in other schools at this time, students often took care of the sick in the patient's own home under the doctor's supervision and one item in the diary indicates that two Sisters went to a home to assist the doctor with an operation. An event of some consequence in 1915 was two Cesarian operations and both successful! Another account mentions four operations in one day and one of them on a patient with a ruptured appendix.
There is an interesting entry in 1918 concerning the first case of influenza in Pendleton; a sailor returning from a furlough was taken from the train to the hospital with the "flu". In the same month a Sister and a student nurse went to Umatilla to inoculate fifty railway employees with flu serum. The situation soon reached epidemic proportions and the Red Cross opened an emergency hospital to handle the overflow of patients.

In 1949, St. Elizabeth's Hospital School of Nursing in Baker was closed and all students and teaching personnel were transplanted to St. Anthony's Hospital. The present hospital maintains an average of 94.7 patients per day and there are 28 students in the school. Affiliations are provided for the students in Pediatrics and Psychiatry outside the home school.

Emanuel Hospital School of Nursing

The hospital and school were both established in 1912 as the result of Reverend Renard's work to raise funds and subscriptions through the Emanuel Charity Board of the Lutheran Church. The first hospital was located on the west side of Portland on the present site of the Medical Arts Building and had approximately 35 beds. The basement of the building provided a class-
room, dining room, kitchen and quarters for two servants.

Both the hospital and school have continued to grow and at present the patient daily average of the hospital is 323.3.

Sacred Heart Hospital School of Nursing, Eugene

The history of this school goes back only to 1942, but that of the hospital is from 1924 when it was opened as Pacific Christian Hospital. A school for nurses was also started at this time. In 1928, Mercy Hospital, also in Eugene, was purchased and became a part of Pacific Christian, but financial reverses soon put the hospital in the hands of a receiver and the training school was closed in 1931.

For a few years, local physicians operated the hospital and then in 1936 it was sold to the Sisters of St. Joseph of Newark and the hospital changed its name to the Sacred Heart General Hospital. It grew under the new management and a training school was again opened in 1942.

Providence Hospital School of Nursing

This is the next to youngest of the nursing schools in the state, having been established in 1944 at Providence Hospital by the Sisters of Charity of Providence.
The first class numbered 30 and at present there are 100 students enrolled.

Multnomah Training School for Nurses

The Multnomah County Hospital which is now the clinical center for University of Oregon nursing and medical students has undergone radical changes in its evolution from a county poor farm. For many years the aged poor and the chronically ill were housed in the same institution, but as the population of Portland increased rapidly at the turn of the century it became necessary to provide more space for the county sick. In 1909, Multnomah County Hospital was opened with a capacity of sixty-five beds and a staff of fifteen graduate nurses (20).

The Multnomah Training School for nurses was opened the next year and reorganized in 1936 to provide a closer relationship with the Medical School Department of Nursing. Finally in 1944, the inscription on the school pin was changed to read University of Oregon Medical School, Department of Nursing, and student records were centralized in the registrar's office of the Medical School.

The University of Oregon Medical School,
Department of Nursing

A public health nursing course of study for graduate nurses was started in 1920 and constituted the
first graduate nurse program available in the state. The Oregon Tuberculosis Association furnished most of the funds and also persuaded the National Organization of Public Health Nurses to loan Miss Elnora Thomson as director of the program for a few years. The program started out in the Portland School of Social Work but later the control of all state supported educational institutions of higher learning were placed in the State Board of Higher Education as an economy measure and the School of Social Work was closed. The Department of Nursing was saved, however, and placed in the Medical School.

Since the first nine students enrolled in 1920, the Department has grown gradually and has helped equip many of our nursing leaders, particularly in the public health field. The W. K. Kellogg Foundation granted a fund of $60,000 to the Department in 1947 to further the development of programs for graduate nurses.

A basic five-year degree program was started in 1926 in which the student spent two years on the University of Oregon campus, two more years in approved Portland hospitals and a fifth year of specialization. Students affiliated at both St. Vincent's and Good Samaritan Hospitals until 1936 when the experience was confined to the hospitals and clinics of the Medical
School for closer supervision and control. In 1943, as a war time measure, a three-year diploma program was established and has continued; also, the degree program was accelerated for completion in four years.

Lewis and Clark College Department of Nursing Education

The College established the department in 1948 as the result of a growing interest and demand for the college type of nursing education. This program differs from others in the state by the arrangement of the curriculum which requires that the student take the first year at the college, then two years of clinical nursing at a hospital and the fourth year back on the college campus. This arrangement stems from the philosophy that nurses need more than a technical education and by coming back to the college in the fourth year as more mature students, they may elect those cultural and liberal arts courses which help to provide a broader understanding of the society in which we live and to provide a more truly liberal education.

This very brief history of the schools is limited to those in existence at the present time, although there are several schools now closed which have contributed in many ways to nursing in the state. The reader
should refer to Appendix B for the complete list of schools, sponsors, reason for closure and size.
CHAPTER III

CHARACTERISTICS OF THE FIRST SCHOOLS

Until 1911, there was no uniform or minimum curriculum and each school operated according to its own ideas. The course usually lasted two years and upon graduation the nurse did private duty nursing in the home. Hospitals only employed a very few nurses for supervision so the field for practice was as limited as the training they received.

An allowance was usually paid the student by the hospital and ranged from eight to twelve dollars per month but the student worked about 56 hours a week for her board, room and training. Some hospitals took in two, three or four classes a year depending on the number of applicants and also at the discretion of the superintendent.

In 1911, the State Board of Registration of Graduate Nurses came into existence and as dictated by the law it was their function among other things to inspect and license training schools. At first, they had to visit hospitals to find the training schools and then set up standards for their operation. A meeting was arranged with the superintendents of training schools and the course of study outlined by the Illinois
Board of Nurse Examiners was adopted for Oregon. The Board required that applicants having only a grammar school education should be able to pass an entrance examination consisting of reading, writing, arithmetic and history. In 1914, the Board revised this requirement to a high school education or the equivalent, but there is ample evidence in the minutes of their meetings to indicate that many students had only one or two years of high school in some schools as late as 1927. Other standards specified that a preliminary course of six weeks be given before any nursing responsibilities be assigned the student and a probationary period of three months. Annual inspection of schools by the president of the Board began in 1914 and only training schools in hospitals with a patient daily average of thirty were accredited.

By 1919, the training period was lengthened to three years and a revision made in the educational requirements because so few applicants were high school graduates. The new ruling stated that after 1922 all applicants for nurses training schools must be high school graduates.

This period in Oregon nursing history seems to be one of trial and error learning for everyone concerned. A start was made towards more uniformity in
the kind of training offered and an attempt to bring Oregon schools more in line with the national standards. Progress was probably due to several factors, but certainly the State Board of Registration of Graduate Nurses instigated and promoted many of the changes for better conditions in training schools.

The Nineteen Twenties

Affiliations in the larger Portland Hospitals were started for students in hospitals having a patient daily average of less than thirty to provide a wider experience. Physical examination of applicants before admission to the school became an established practice and the Board recommended that the working day of students be reduced to eight hours; however, this did not include classes and there is evidence that some students were still working 53 to 56 hours on the wards a week.

The following quotations are provided from minutes of the Oregon State Board for Examination and Registration of Graduate Nurses to indicate some of the conditions which were noted during the annual inspection visits to training schools.

Hospital must discontinue the practice of charging patients for special duty care by students.

recommend that nurses be not required to do cleaning of floors and windows as this time
is needed for study.

Hospital in [blank] is accepting students who have had only one year of high school.

beginning January 1928 the Board will not approve the application of any student who does not have a signed statement of high school graduation of 15 units or 30 credits.

the new superintendent found student records incomplete, classes not given regularly and students ready to graduate and leave have not completed class work.

It is very necessary for reasons financial that our training school be established for we will be unable to continue with such a large staff of graduate nurses at the present rate.

There was much agitation in Oregon and in the nation for improvement during these years. The evidence in Oregon for this period seems to indicate gradual progress in the larger schools and no progress or a decline in the small schools. The schools outside of Portland were continually struggling to get more students but the amount of clinical experience available in the hospitals was very small.

The idea of a central school of nursing at the University of Oregon Medical School was promoted but never succeeded as such. However, a five-year college nursing program was started there and students from two other Portland hospitals took college classes for a time.

Uniform student records designed by the National League of Nursing Education were adopted by many schools.
The objective-type of examination question was adopted by the Board for most examinations and new subjects were added. The minimum curriculum was revised by the Board in 1925 and again in 1929 in an upward direction following recommendations by the National League of Nursing Education. Eight small schools of nursing were closed during these years as requirements were gradually raised.

**The General Scheme of Class Distribution (16, pp. 6-8)**

<table>
<thead>
<tr>
<th>First Year—First Term (15 weeks)</th>
<th>Hours</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology</td>
<td>90</td>
<td>4</td>
</tr>
<tr>
<td>Bacteriology</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>General and Applied Chemistry</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>Personal Hygiene</td>
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<td>1</td>
</tr>
<tr>
<td>Physical Training</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Elementary Materia Medica</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Principles and Practice of Nursing (Elementary)</td>
<td>90</td>
<td>4</td>
</tr>
<tr>
<td>History and Ethics of Nursing</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>345</td>
<td>16</td>
</tr>
</tbody>
</table>

**Weekly schedule for Term**

| Class and Laboratory Work        | 22    |
| Practical Work in Wards and Other Departments | 16  |
| Study                             | 22    |

**Second Term (15 weeks)**

| Elements of Pathology            | 15    | 1       |
| Dietetics                        | 60    | 3       |
| Materia Medica and Therapeutics  | 30    | 2       |
| Principles and Practice of Nursing (Advanced) | 30 | 2 |
| Psychology (including Mental Hygiene and Teaching Methods) | 30 | 2 |
| The Case Study Method (Applied to Nursing) | 15 |
|                                  | 180   | 11      |
### Weekly Schedule for Term

<table>
<thead>
<tr>
<th>Class and Laboratory Work</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Work in Wards, Diet Kitchen, etc.</td>
<td>36</td>
</tr>
<tr>
<td>Study</td>
<td>12</td>
</tr>
</tbody>
</table>

#### Second Year (30 weeks)

| Nursing in General Medical Diseases           | 30 | 2 |
| Nursing in Medical Specialties:               |    |
| Communicable Diseases and Skin                | 30 | 2 |
| Nursing in General Surgical Diseases          | 30 | 2 |
| Nursing in Surgical Specialties:             |    |
| Orthopedics, Gynecology, Urology, and Operating Room Technique | 30 | 2 |
| Pediatric Nursing and Infant Feeding          | 30 | 2 |
| Modern Social and Health movements           | 30 | 2 |

Total hours: 180

#### Weekly Schedule for Year

<table>
<thead>
<tr>
<th>Lectures, Classes and Clinics</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practical Work</td>
<td>48</td>
</tr>
<tr>
<td>Study</td>
<td>6</td>
</tr>
</tbody>
</table>

#### Third Year (15 or 30 weeks)

<table>
<thead>
<tr>
<th>Obstetrical Nursing</th>
<th>30</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Nursing</td>
<td>30</td>
<td>2</td>
</tr>
<tr>
<td>Nursing in Diseases of the Eye, Ear, Nose and Throat</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Nursing and First Aid</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Survey of Nursing Field and Related Professional Problems</td>
<td>30</td>
<td>2</td>
</tr>
</tbody>
</table>

Total hours: 120

#### Weekly Schedule for Term or Year

<table>
<thead>
<tr>
<th>Classes, Lectures and Clinics</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>Practical Work</td>
<td>48</td>
</tr>
<tr>
<td>Study</td>
<td>6</td>
</tr>
</tbody>
</table>

Total number of hours for the three years: 825
The Nineteen Thirties

All applicants for nursing schools now had to be high school graduates and the Board of Nurse Examiners went to the other extreme by specifying that they must have had three units of English, two units of mathematics and two units of chemistry.

Hospital services were still largely unsegregated, including obstetrics and pediatrics in some hospitals. Students often took care of medical and surgical patients before having the theory in each case.

There is evidence that the national depression had an effect upon nursing schools in a variety of ways. The Board of Nurse Examiners recommended that schools omit taking in spring classes to provide more employment for graduate nurses. In one Eastern Oregon hospital there were almost no patients in the hospital during a Board visit so students were sent out with the county public health nurse to give them experience.

Curricular changes in 1929 increased the amount of science in nursing education and many schools found themselves with instructors completely unprepared to

<table>
<thead>
<tr>
<th>Recommended Supplementary Courses</th>
<th>Hours</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elements of Sanitary Science</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy and Recreation</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Elements of Social Science</td>
<td>15</td>
<td></td>
</tr>
</tbody>
</table>
teach these subjects since they had not had science courses in their own student program and had taken no postgraduate work to qualify themselves either. Consequently, there was much prodding to get qualified instructors, and laboratories were installed to teach these subjects in a more meaningful way. Physicians often gave lectures in Chemistry and Bacteriology, but no laboratory work. In one small school as late as 1939, there was only one bunsen burner in the "laboratory" and only one microscope in the whole hospital!

Most schools by now required that students be immunized against smallpox, diphtheria and typhoid fever. Pediatrics became a required clinical experience.

Three more small schools were closed and no new ones started.

The Nineteen Forties

The best current picture of nursing in Oregon is provided by the findings of a statewide survey completed in 1949 but projected to 1960. The survey was initiated by the State Board of Nurse Examiners and then upon the advice of Miss Lucile Petry, turned over to the State Nurses Association for sponsorship, with professional assistance provided by the United States Public Health Service. A portion of the final survey report is
provided here and the complete report is available from
the Oregon State Nurses Association for one dollar (2).

Report of Special Committee to Study Nursing Resources
In Oregon

A total of 6037 nurses were reported working
in Oregon; of these 3478 were professional nurses
and 2559 non-professional or practical nurses.
Hospitals employed a total of 3578, public health
agencies 135, doctors' office 690, private
practice 904 and the veterans administration 346,
industry 58 and 126 miscellaneous.

A current estimate of nurses needed based
upon accepted standards and criteria indicated
we needed 7651 nurses to meet only minimum
nursing needs in Oregon. These estimates were
determined on the basis of standards of accept-
able nursing care and were not influenced by
budget appropriations, or recognized need for
such services by management, etc.

A study in schools of nursing showed a
total of 959 students in 10 schools of nursing.
Expected graduations for the 3 years 1949-1951
are 687. To make up the current deficit and
maintain the present pool of professional nurses
700 nurses should graduate annually from 1952
to 1960.

Recommendations Made by the Committee
Regarding Recruitment:

I. The OSNA should create and appoint a
representative nurse and lay Committee to
evaluate, correlate and stimulate state-
wide recruitment activities in all levels of
nursing.

II. The Committee should also encourage
and promote scholarships from private and
public sources so financial barriers do not
exclude worthy candidates needed in both
basic and graduate programs.
Regarding Schools of Nursing:

I. Schools should be associated with hospitals offering adequate clinical experience.

To secure greater economy and educational effectiveness a school of nursing should use the clinical facilities of a home hospital having not less than a daily average of one hundred patients.

II. The quality of personnel should be improved.

III. Types of Programs should be evaluated.

Investigations of degree and diploma programs in the State indicate a much higher proportion of degree students than the national average, and while Oregon should continue to take the lead in improved educational opportunities, Oregon's needs point to the production of a larger number of qualified graduate nurses.

IV. Further study is necessary.

In order to promote continued improvement in Oregon Schools of Nursing further investigation is indicated in the following areas:

1. Cost of Schools.
2. Selection techniques.
3. Counseling and guidance.
4. Quality of instructional programs with special attention to ward teaching.

It is necessary to determine the total number of student nurses that could be prepared in the existing educational facilities in the state.

V. The addition of a sixth clinical area should be considered for all students. This could be in public health nursing, tuberculosis nursing or in nursing in small community hospitals.
Regarding Advanced Study:

I. To improve the quality of nursing care throughout the state, we need to improve the quality of the teaching in our schools of nursing. Minimum faculty qualifications should include both a baccalaureate degree and special study in the clinical field and in teaching.

Regarding Practical Nurses:

I. The OSNA should stimulate courses for practical nurse education on a statewide level, to be conducted by the Department of Vocational Education of the State System of Education.
CHAPTER IV

NURSING ORGANIZATIONS

The Oregon State Nurses Association

Hospital school alumni groups provided the first organizational activity for trained nurses in the state and their influence remained strong until well into the nineteen thirties. Each alumni group represented a fairly strong, closely knit and loyal unit of nurses. Money was raised through dues and various social fund-raising events to carry on a program which benefited both the hospital and the school.

The first statewide nurses organization was created in 1904 just prior to the Lewis and Clark Exposition which seems to have incited organization. The Oregon State Association for Trained Nurses was formed by forty-five nurses who got together at Good Samaritan Hospital to decide upon a name, draw up a constitution and define their objectives: the raising and maintenance of a fund for the benefit of sick nurses; the advancement of the profession of nursing; aide to the sick poor and the development of a loyal and sympathetic feeling among trained nurses. The officers and most of the members were private duty nurses with almost no time for organization work. At one of the early meetings
Dr. Andrew C. Smith gave the nurses a talk about organization methods and suggested that they change the name of the organization to read graduate nurses rather than trained nurses. Later on in 1907, Miss Linna Richardson, a newcomer to the state with previous organizational experience, together with Miss Bessie Devoe helped reorganize the association and they took Dr. Smith's suggestion to change the name to Oregon State Graduate Nurses Association. A committee was appointed to draft a legislative bill to create a board of nurse examiners for the protection of student and trained nurses. This bill was passed in 1911 and is now commonly known as the Nurse Practice Act.

The organization's record of activity during the first two decades of its existence could not be located. The first constitution, by-laws and the membership list were relocated by a member in 1932 and the only other recorded information is provided in newspaper notices of various events which have been saved in two scrapbooks. There were sixty-eight Oregon-trained nurses and nineteen out-of-state nurses on the list of original charter members (23, p. 4).

A central headquarters and the official registry was established in 1923; only Ohio preceded Oregon in this endeavor. Many nurses from outside Oregon should
be given credit for the impetus which started the idea of a central headquarters plus the good fellowship and solidarity of five Portland alumni associations. A full-time executive secretary, Miss Jane Gavin, one of the few nurses in the state who had a college degree at that time, was employed in 1931 in conjunction with the State Board of Nurse Examiners. She went to work to put the association on a budget for the first time, set up a bookkeeping system, reorganized District Number One and the Official Registry and helped organize seven new districts which resulted in a forty per cent increase in state membership! There is plenty of evidence that the first executive secretary was a good organizer and well worth the effort it took to create her position. At present she is acting director of the State Board of Health, Division of Nursing.

Another important step which helped to bring the nurses more closely together was The Oregon Nurse, a monthly magazine started by the association in 1931 to keep the members informed of association, district and alumni activity. At first the magazine was supported by advertising and a one dollar yearly subscription fee, however, the fee has now been included in the membership fee. In 1934 the magazine was almost discontinued because of financial difficulties and only a few issues
are available for that year and the one following. The publication is now used in every nursing school library and is looked for with anticipation by nurses all over the state; it compares favorably with the publications of other similar organizations.

The association has kept a watchful eye on employment practices over the state and taken many opportunities to help nurses as a group by providing official representation on hospital and medical association committees whenever nursing was involved. The eight-hour day is standard practice now but for many years graduate nurses worked a twelve-hour day. During the economic depression of the nineteen thirties, the American Nurses Association recommended that nurses should work only an eight-hour day to distribute work among unemployed nurses. In Oregon, fees were lowered and an hourly nursing service plan started for the sick who only needed a limited amount of care in their own homes. The association initiated a joint committee with the Oregon Hospital Association to help solve the problems of general staff nurses; their recommendations were accepted and provided for vacations with salary, a straight eight-hour day and other benefits which have lasted and increased. Minimum standards have been set up cooperatively for several types of nursing personnel.
An educational loan and scholarship fund was set up by the Board members in 1935, but for some unexplained reason has been used very little.

Northwestern Sectional Conference

This section was organized in 1921 and was composed of the nursing associations of Washington, Idaho, Montana and Oregon. The conference members met every two years, at which time papers were presented, problems discussed and ideas exchanged. A message delivered by Miss Grace Phelps of Oregon at one meeting is particularly interesting because it presented a belief that is commonly expressed by our national leaders today. The following statements are taken from her paper delivered at the first conference:

"The public which should be responsible for the education of the nurses, as it is in other professions is not cognizant of its responsibility. A nurse is a public servant, and should by all means, have the advantages of our state educational institutions, which are maintained by public funds."

The Conference continued until 1935 when it was disbanded in favor of a Western States Conference which was to have included all states west of the Rocky Mountains with four voting delegates from each state. A meeting was arranged under the auspices of the American Nurses Association and met at Yosemite, California, but
no further meetings were held and no reason is given to account for its failure other than the effects of the economic depression.

Industrial Nursing

As far as organized activity is concerned, this branch of nursing is in its infancy in the state and the most logical reason for this seems to be that the industrial nurse works alone and is very often the only nurse in a plant or industry; she has little opportunity for contact with other nurses.

A letter written by an executive secretary of the Oregon State Nurses Association states that the first industrial nurse in the state was employed by the Union Pacific Railroad in 1893. Nurses have been employed increasingly to serve industry as companies expanded, industrial accidents increased and as insurance for the workers was provided. Industries which early came to use nurses were the Southern Pacific Railroad; Crown Zellerbach Paper Company; American Can Company and three major department stores in Portland. In 1949 there were sixty-five nurses in fifty plants (23 of these in Portland) and nineteen other plants employing non-professional first-aid attendants. Lumber mills employ the greatest number of nurses with food-processing
industries next in order. Registered nurses are now used in several industries on each shift or supplemented on some shifts with practical nurses or first-aid attendants. The peak years of activity came during World War II with the impetus of new industry and most especially ship building; during these years the number of industrial nurses rose to 175 in fifty-six plants.

The Industrial Nurses Section of the Oregon State Nurses Association was organized in 1943 with Ann Indseth as chairman and with seventy-five members. An educational program was developed and started off with an Eye Institute being conducted under the direction of the National Society for the Prevention of Blindness. Six nurses were sent to the University of Washington for a course in industrial nursing with tuition paid for by the U.S.P.H.S. A course in industrial nursing was given later at the University of Oregon Medical School with fifty-five industrial nurses attending and tuition paid for by the Willamette Iron and Steel Company. The medical director for the Oregon Shipbuilding Corporation and Kaiser Shipyards, Dr. F. Ricke, gave a course for industrial nurses employed by the company and others who were interested.

The new section concerned itself primarily with salaries and other standards because in the shipyards
nurses were paid less than the janitors and common labor at first. By 1946, however, the section seems to have lost its original incentives and become almost inactive. The war was over and that meant that many of them went into other types of nursing and the total number of industrial nurses was greatly reduced. At present, they have no chairman and no program. Much of the early leadership for this section was provided by Miss Perozzi and Mrs. Catherine Webster, Industrial Hygiene Consultant for the State Board of Health.

Public Health Nursing Section

This section was organized within the Oregon State Nurses Association in 1949 so that public health nurses could have the advantage of bargaining rights. The section very soon worked out and got approval on a schedule of employment standards.

Another and much older organization for these nurses is the Oregon State Organization for Public Health Nurses which was organized in 1920 as the state branch of the National Organization for Public Health Nurses. Marion Crowe was the first president and has served the organization in some capacity ever since. This organization has its own sub-committees, an educational loan fund for advanced work in public health and functions
independently as an educational organization for the membership. In 1949, there were 102 members.

A Bureau of Public Health Nursing was created by a resolution of the State Board of Health in 1919 for the purpose of promoting, standardizing and supervising public health nursing in the state, particularly in rural districts. The need for such a bureau was brought to the attention of the Board by Mrs. Sadie Orr Dunbar, executive secretary of the Oregon Tuberculosis Association. During the first one and one-half years the Tuberculosis Association financed the new bureau with the help of a small subsidy for salary and travel contributed by the Northwest Division of the American Red Cross. By 1927, a full-time field supervisor for rural nurses was employed jointly by the Bureau and the Division of Child Hygiene. Public health nursing increased steadily in the counties and in addition, the United States Indian Service employed two public health nurses in 1932 to give aid to the Warm Springs and Umatilla Indian Reservations.

A period of retrenchment set in during the early nineteen thirties, but a survey of the state made by Pearl MoIver of the United States Public Health Service helped to expand the program again. Statewide efforts to economize in 1936 put the State Bureau of Public Health Nursing and the Division of Child Hygiene together
as one Division of Public Health Nursing within the framework of the State Board of Health. Funds from the United States Public Health Service, The United States Children's Bureau, the Oregon Tuberculosis Association, state and county health agencies have all contributed to expansion of the field services offered and the number of public health nurses employed. The demand for these nurses far exceeded the supply by 1941 and the number of public health nurses for the population of Oregon has been far below the national average for many years (21).

The Portland Visiting Nurse Association

There are no recorded reasons as to the impetus which stimulated development of this association except an awareness of need by a group of civic-minded women. Objects of the association were "to benefit and assist those otherwise unable to secure skilled assistance in time of illness; to promote cleanliness and to teach proper care of the sick" (8, p. 8). Membership was open to all and the dues were three dollars, which with the help of voluntary donations was expected to finance operation of the aims. However, since the beginning in 1902, the Visiting Nurse Association has been constantly in need of more funds because the demand for its services has increased each year.
Tuberculosis caused the largest number of deaths from a communicable disease, with typhoid fever in second place and although the Municipal Bureau of Health had been organized in 1898, there were almost no hospital beds for the city poor. Care had to be provided in the home under the poorest of hygienic conditions and with all the family exposed to the disease. Health education was nonexistent and infant mortality was very high. There is no wonder that the response of the community was enthusiastic from the very beginning. The Portland Railway Company offered free transportation on city lines to the V.N.A. nurse; donations of food and clothing came in; Good Samaritan Hospital made available a free bed for mothers referred by the nurse and several physicians offered their services free.

A nurse was employed one month after organization to visit the sick people in homes of the poor and to give nursing care. The fee for this service was left up to the patient and his ability to pay, but later was limited to twenty-five cents a visit. The first V.N.A. outdoor uniform consisted of a blue bonnet with veil, a blue coat bearing the letters, V.N.A., and a nurse's bag with supplies furnished by interested physicians.

At first the nurses employed by the V.N.A. were graduate nurses, but with no training in public health
methods; in 1909, a nurse was secured who had had this experience with the Henry Street Settlement in New York. She was concerned with promoting public interest in health education as well as home nursing and so expanded the work of the Association in another direction. The University of Oregon Medical School soon proposed that a nurse be selected to take charge of a dispensary under the supervision of the V.N.A. nurse and each year saw new work such as this added and increased community recognition. The V.N.A. undertook to sell the first Christmas seals in Oregon and the funds from this source were applied on the cost of a tuberculosis clinic. They continued the sale of these seals until 1915 when the State Tuberculosis Association was organized.

In 1919, the first course in public health nursing in Oregon was offered by the University of Oregon, the V.N.A. and the Tuberculosis Association with field work provided and supervised by the V.N.A. nurses. Since then this course has become permanently established and expanded into a full major program. Also in this same year branch offices were opened which increased the number of visits a nurse could make each day. A Well Baby Station was started in the Neighborhood House in 1920 with free medical examination and instruction for the mother in the care of babies. Public demand soon
caused more of these stations to be opened up in other parts of the city. Miss Marian Crowe, who came to the Association in 1918 from Boston and with public health training at Simmons College, served the organization for twenty-eight years until her retirement in 1948. She has been responsible for stabilizing and expanding the work of the V.N.A. so that at present its services are recognized by every civic group in Portland and it receives financial support from the Community Chest.

Public school nursing has been an outgrowth of the efforts of the V.N.A. Portland City Health Department, the State Board of Health and the Board of Education. School nurses have been employed regularly since 1920 when a demonstration was started with the Mills Open Air School for underpar children who had been exposed to tuberculosis.

The Oregon State League of Nursing Education

The function of the League has traditionally been concerned with the educational standards of schools of nursing and teaching personnel, recruitment and maintenance of high ideals of nursing service. It was organized in 1922 with 26 members and Miss Grace Phelps became the first chairman. A constitution was drawn up, dues established and a membership solicited based on policies established by the National League of Nursing Education.
Since then, the League has taken a fairly active part in nursing affairs and membership has grown. Its work has usually been closely tied in with and supports that of the State Nurses Association and the Board of Nurse Examiners. It does not have any authority beyond that of making recommendations, but because of the close association mentioned above has been able to function effectively.

Much of the work of this organization has been accomplished through the work of standing and special committees. Oregon was one of the last few states that did not send outstanding senior students to the national convention of the American Nurses Association and it was through the efforts of the Committee on Lay Participation that funds were raised for this purpose in 1940 and one student was sent. Since then the Student Nurse Council has come into existence and assumes this responsibility for sending a representative. Also, student associations in the schools are now more active along such lines.

A movement was precipitated in 1947 to disband the League and become a section within the State Nurses Association. The group interested in the change succeeded and a section was organized. However, after a short two years the section voted a few months before the American
Nurses Association convention in San Francisco to dissolve the section and reestablish as an independent league again. The real reasons for each move are obscure, but the reasons which appear in the 1947 minutes are concerned with an increase in the dues to National League of Nurse Education and an expression that the move would strengthen the State Nurses Association and eliminate duplicate effort. Apparently these reasons were not worth the loss of status and representation for Oregon nurses.

**Institutional Staff Nurses Section**

The section was organized in 1948 to give this group of nurses a voice in matters peculiar to their branch of nursing. Much has since been accomplished in a cooperative way to set up minimum standards and policies for institutional staff nurses who previously had no say in employment practices except as individuals.

**Private Duty Section**

Private duty nursing occupied most of our nurses in the early days and it was a group of private duty nurses who organized the Oregon State Nurses Association. However, as hospitals, industry and population grew, nurses increasingly gave up independent practice and became part of a full-time staff and served many instead
of just one patient at a time.

A separate section for private duty nurses was organized within the state association in 1932 to provide opportunity for the discussion of problems of special interest. The section started out with many fine projects, but like the industrial nurses section, it has never matured and probably for a similar reason -- the work is isolated from other nurses. Sections were also organized in the various districts, but are now mostly inactive as illustrated by the fact that in 1939 only three districts out of seventeen submitted any suggestions for officers of their section. Of 500 survey questionnaires sent out, only twenty-nine were returned and yet there are approximately 700 nurses in the private duty category.

The major accomplishments of the section are those having to do with decreasing the length of the working day and increasing salaries. Twenty-hour duty was outlawed by 1938 in hospital practice and cut to a minimum in the private home practice. For a time all-day institutes were sponsored in cooperation with the Board of Nurse Examiners to bring newer methods, drugs and treatments to the attention of private duty nurses.

The economic depression forced many private duty nurses into other types of nursing; the shortage of nurses caused by the two wars caused many more to leave
increasing use of hospitals has increased the demand for general staff nurses rather than private duty nurses.

**Student Nurse Council**

A Student Nurse Council was organized in 1941 under the guidance of Elnora Thompson to bring about greater unity of student nurses in the state. The executive secretary of the Oregon State Nurses Association has acted as advisor to the Council and the student body in each school elects the official representatives for their school.

The accomplishments of the Council have been meager: a fund raising campaign is put on each year to pay expenses for a student to attend the American Nurses Association convention and recruitment work during the war years seem to be the most prominent achievements to date. Attendance at Council meetings is very poor and students don't seem to have much knowledge of either the purpose of the organization or their part in it.

**Practical Nurses**

There have been practical nurses working in the State longer than there have been professional nurses but they have not been organized or trained for the
work until 1948.

At one time, the Board of Nurse Examiners discouraged the employment of practical nurses in hospitals operating a nursing school. However, there was an organized in-service training program at St. Vincents' Hospital in 1936, more recently a similar program at Good Samaritan Hospital and probably others in the state before World War II. The war made it necessary for all hospitals to recognize the place and value of the practical nurse and nurses aide in order to provide sufficient nursing care and free the professional nurse for more essential duties. Also, the economic factor has probably helped in their recognition. Large numbers of nurses aides were trained by the American Red Cross in Oregon as in other states during the war years.

In the summer of 1947, the Oregon State Nurses Association appointed a committee to study the need for a practical nurse licensing law and a second committee to study the need for a training program. Both committees finished with an affirmative answer and have since been successful in getting a permissive law passed providing for the licensure of practical nurses and a school started to provide training for the work.

Progress was slow at first because of the need for all members of the committee to become oriented to
the subject. First steps were concerned with the collection and study of all possible printed information on practical nursing taken from various professional publications and journals. Also, a rough survey of the state was made to determine the number of practicing nurses, their ages, amount of previous experience or training and the place of employment. Information gained from the survey provided a start, since approximately half of the eighty-five institutions receiving questionnaires responded. No attempt was made to find the number in private practice or in doctors' offices. From the returns we found there were at least one thousand practical nurses employed in institutions, the age range was from twenty to sixty years with the largest number between thirty to forty-five. The majority of replies indicated a need for more practical nurses if they were available and already trained for the job.

The original objective worked out by the committee remained unchanged: to provide for more and better care of the subacute, convalescent and chronically ill patients in Oregon by means of specially trained practical nurses working under the supervision of a licensed physician or a registered professional nurse.

Since a large group of people were already working as practical nurses with no special preparation, a plan
was worked out to provide an Improver or Refresher course for them in cooperation with the District Nurses' Association throughout the state.

The course was conducted by a series of instructional units from twenty to thirty hours each, taught by qualified registered nurses recruited in the local area. The practical nurse could register for only one unit or she could take several successive units depending on her own felt need. The Oregon State Department of Vocational Education issued a certificate upon successful completion of the unit. The certificate states who conducted the program, number of hours of instruction and name of the course.

After considerable study of various methods used in other states to train practical nurses and conferences with hospital personnel, a course was worked out to prepare people with no previous experience in practical nursing. The State Department of Vocational Education is responsible for administration and has given considerable financial support. The course is known as the Portland Vocational Course for Practical Nurses and covers a period of nine months, of which approximately three months is allotted to theory and six months to clinical experience.

Clinical experience rotations were worked out
satisfactorily with four general hospitals and an agreement was reached to provide supervision from the regular hospital staff amounting to an average of fifty per cent of the time the students are on the wards. Students are paid from hospital funds for service given while learning on a basis which increases as the student progresses. The first class graduated in October 1949, and received a certificate from the State Department of Vocational Education and is entitled to wear the school uniform and insignia.

The original committee appointed to study the training of practical nurses has changed its function to that of an advisory committee functioning on a statewide basis.

By the end of the waiver period, July, 1950, a total of 440 licenses had been issued, but due to a rush of applications at the deadline, over a thousand remain to be processed. The licensed practical nurses are now in the process of forming their own organization.

The Oregon State Board for Examination and Registration of Graduate Nurses

This Board was created as the result of legislation initiated by the Oregon State Graduate Nurses Association and passed in 1911. It met for the first time in June of that year and consisted of three members: Mrs. O. E. Osburn, Medford; Miss Helen Jones, Portland,
and Miss Jane Doyle, Portland. Mrs. Osburn became the first president.

The new law provided for nurses who were already practicing by allowing them until July 1, 1913 to become registered without examination under a waiver clause providing they could fulfill certain requirements. The chief function of the Board was to examine and license trained nurses and to inspect and accredit nursing schools so that future graduates would be eligible for licensure. A copy of the present laws governing nursing may be found in Appendix D.

The work of the first year was concerned largely with processing applications for licensure and trying to bring hospital school practices up to the standards advocated by the American Nurses Association. Visits were made to hospitals to locate those conducting schools. The Board had no office space; meetings were called every two to three months and usually took place in the home of the Secretary. By contrast, the present Board consists of five members, has a staff of two professional nurses, three office workers and occupies a suite of three rooms in a Portland office building. Very little else has been recorded for these years. The following note appears in the annual report for the year 1918:
"The influenza so disorganized Training Schools that systematic class work was impossible, and consequently smaller numbers of nurses have been ready for Registration. One school, for the first time in eight years had no applicants for our Spring examination. We have fifteen (15) accredited schools and three applications for accrediting."

State Board Examinations

Examinations for the licensure of new graduates were written and administered by the three board members and the first examinations were given in 1914 to forty-nine candidates. Seventy per cent was considered a passing grade and a failure in any subject meant repeating the examination in the area again. A few years later, a seventy-five per cent total score became the passing grade with not less than seventy per cent in more than two subjects. At present, a constant passing raw score is used and converted to a letter grade.

Subjects covered in the two-day examinations were as follows: Obstetrics; Gynecology; Medical Nursing; Surgical Nursing; Anatomy; Physiology; Materia Medica and Home Sanitation. In 1916, Ethics, Children's Diseases and Urinalysis were added. Hygiene, Bacteriology and Dietetics were added in 1923 and Urinalysis was omitted. The questions were all of the essay type until 1934. Since then the questions have become progressively more objective and since 1943, the
examinations have been constructed by the National League of Nursing Education with the help of regional consultants. Much of the material in isolated courses is now integrated into large clinical area examinations: Surgical Nursing; Medical Nursing; Psychiatric Nursing; Obstetrical Nursing; Pediatric Nursing and Communicable Disease Nursing.

Samples of early state constructed examinations are provided in Appendix E for comparison by nurses who have recently taken the multiple-choice, situational type of examination constructed by the national office and also machine scored there.

**Changes in the Law Governing Nurses**

In 1929, the Nurse Practice Act was amended to make the licensure of graduate nurses mandatory in the state and another waiver period was provided for nurses who had graduated from two and one-half year programs or non-accredited schools. Graduates from these schools were allowed to qualify by taking postgraduate work in a large hospital to round out their experience. At this time the Board was increased from three to five members to provide greater representation and provision was made for an executive secretary because of the greatly increased amount of work. The annual renewal fee went into effect
at this time which required every registered nurse to pay one dollar per year to renew her license to practice and to remain in good standing.

The Nurse Practice Act does not require citizenship for licensure and during the nineteen-thirties there was considerable concern about the number of Canadian nurses coming into the state at a time when local nurses were unemployed due to the economic depression. A temporary policy was established in 1931 which required these nurses to become citizens or start proceedings for citizenship in order to become licensed. However, the Attorney General’s opinion overruled the policy in 1938 and since that time every foreign nurse has been licensed whose training program was equivalent to that of the approved programs in Oregon at the time. Another mark of the depression is found in a bill introduced into the legislature for the consolidation of all health boards under the State Board of Health. Some consolidation did result, but Oregon State Nurses Association and the Board of Nurse Examiners opposed the bill and won on the basis that their Board was financed independent of state funds by fees from nurses. There was also a fear that political influence might be used to lower standards in the schools such as had been attempted earlier. The fee for licensure was increased from ten to fifteen dollars in 1945 because of
the increased expenses and work of the Board.

The R.N. Pin

The R.N. pin which many registered nurses still wear along with their school pin originated in 1937 as the result of a problem created by the employment of nurses not registered in the state, nurses who had failed to pass the state examination and practical nurses representing themselves as registered nurses. Many of these people were being employed as registered nurses and were collecting the same fees for their work which caused much concern in the nursing organizations. The idea of a pin with R.N. in plain letters on the face was devised and instituted by the Board to be issued only to registered nurses in good standing as a safeguard for both the nurse and the patient. However, after a few years the practice was discontinued because new problems arose such as lapsed registration, stolen pins, etc.

Achievement in the Nineteen Thirties

The economic depression or its after-effects seem to have thwarted nearly every effort to make progress. Registered nurses in many parts of the state often worked for their board and room. Clinical experience in the smaller hospitals was very inadequate because people did
not use the hospitals unless their conditions made it absolutely necessary. Several attempts were made to close the small Eastern Oregon schools because of inadequate conditions such as lack of clinical facilities, unqualified and inadequate faculties, but each time pressure was brought to bear by various means to keep the schools open. The last inadequate school in that region was closed in 1950 after many years of unsuccessfully struggling to meet the steadily rising state and national standards for nursing schools. Factors such as geography, highways, limited population and industry have figured in the struggle, but are beyond the scope of this paper. Policies and recommendations made in the thirties were good, but it has taken from ten to twenty years to put them into effect.

Achievement in the Nineteen Forties

The concern of the Board of Nurse Examiners throughout the 1940's seems to have been directed toward the War effort and progressively improving the quality of nurse education. Much of the progress should be attributed to the United States Cadet Corps plan which gave funds to increase the number of student nurses to those schools which could meet their standards. Consequently, in order to secure these funds, improvements
were made which ordinarily would have taken much longer.

A paragraph taken from the annual report for 1940 summarizes conditions in some of the schools at that time which have since mostly been corrected:

In June, 1939, four of the schools which gave the basic sciences in the hospital school proper had no laboratory facilities for the science subjects. Six schools had libraries which contained only very old books and complimentary copies by the publishers. Four schools had no dietitian, and therefore no instruction in dietary treatment of disease. Three schools had no instructor, and the director of nurses was attempting to direct all the teaching. No school had an adequate teaching staff for clinical instruction. Classroom instruction and actual practice were separate and without correlation. It has been a matter of learning to do the work from the books, then going into the wards to carry out the instructions; much the same as if we taught a child to swim in the classroom, then threw him into the pond, expecting him to execute perfectly all of the strokes (17).

Many adjustments were made in requirements to aid the war effort: certain required high school courses such as chemistry were waived for the duration, age requirements were lowered to seventeen for admission to nursing schools and board examinations were given three times a year instead of twice. Basic science examinations were given at the end of the pre-clinical period in an attempt to cut down the number of failures on the final board examinations. All nursing organizations contributed to the recruitment program and as a result 547 students were
admitted to the eleven schools in 1944 as compared with 387 in 1943 and 92 per cent of these students were in the Cadet Corps. The big problem remained to maintain the quality of education during the rapid increase in quantity.

Temporary licenses were issued to older nurses offering sufficient proof of graduation from an accredited school for practice during the emergency even though they might not be qualified for permanent registration. However, by the end of the war there were so many complaints about nurses working without a license that it became necessary to employ an investigator to follow up complaints and attempt to get them to register. The Board contributed funds for refresher courses to help bring older nurses back into the field until federal funds were available. Then the University of Oregon provided a circulating instructor to visit schools to help unqualified instructors, supervisors and head nurses upgrade their work.

Following the war, Board activities have all been directed towards improvement in the schools and in 1946, the Education Consultant position was created to provide more help. The Oregon State League of Nursing Education and the Board of Nurse Examiners have jointly sponsored curriculum institutes. A workshop on school budgets and
cost analysis was arranged and conducted by Miss Louise Waagen of the United States Public Health Service. Conferences were arranged for directors of the schools with the Assistant Chief, United States Public Health Service, Nursing Division to discuss problems arising with termination of the Cadet Corps program. Four conference periods per year have been provided to discuss the administration of the curriculum and other school problems and they have been well attended. These efforts have been rewarding in that there has been a steadily rising competency of Oregon graduates on the State Board test pool examination to a point now where we compare very favorably with other states.

In 1948, the Board initiated a survey of nursing needs in Oregon and again sought help from the United States Public Health Service. Chief Nurse, Miss Lucile Petry came to Oregon and in conference with the Board and the Oregon State Nurses Association, helped with plans for the survey. She advised that the project be sponsored by the state association and a summary of the results may be found on page 29.

The executive secretary, Miss Theda Fox, was released for three months to work with the National League of Nurse Education on the construction of integrated State Board test pool examinations. Other members of the
Board also participated in the construction of these tests and the program with school faculties for the year 1949-50 was devoted to conferences, and workshops concerned with more and better integration of the nursing school curriculum.

Psychiatric Affiliation at Oregon State Hospital

This affiliation is included here because it was initiated by the Board of Nurse Examiners in 1944 to the extent of finding a qualified director, Miss Tina Duerksen, and making all preliminary arrangements for students. The superintendent of the hospital was enthusiastic about the idea of having students and cooperated with the Board in every way possible. At first the affiliation was opened on an elective basis for senior cadet nurses, but as the program grew stronger it became incorporated into the regular curriculum for all student nurses and since January 1950 has been a requirement for all students in the state. Four schools of nursing in Idaho have also sent students here for the affiliation.

Considering that the affiliation was started during the year of serious shortages in all kinds of personnel due to the war, in a hospital employing large numbers of attendants and with no previous facilities for teaching or housing students, this program represents a tremendous
achievement on the part of the new director and her assistants.

By 1949, the program was approved by the American Psychiatric Association, a nurses residence built, teaching and library facilities greatly expanded and a forty-hour week instituted for both students and graduate nurses. A postgraduate course is also offered for registered nurses.

For the first time in Oregon nursing history, the aims of nursing education were formulated after being worked out by representative groups and accepted by all schools as aims for the state as a whole.

The work of this Board continues to increase as evidenced by the number of nurses currently registered in the state for 1949, 7081, as compared with 3283 in 1939. Therefore, the quality of nursing care provided should continue to be a major concern and gains made should be maintained and increased if Oregon is to keep its present status.

Aims of Nursing Education in Oregon (18)

Ultimate. To educate and equip young women for life in a changing world, thereby preparing them to meet and adjust to both their professional and social obligations.
**Proximate**

*For the individual*

To provide the student with a background of knowledge and experience which will enable her to give competent nursing care.

To promote the development of a healthy, well-integrated personality.

To stimulate an awareness of her role as a teacher of positive health, both in the prevention and cure of disease.

*For society*

To provide an adequate supply of competent professional nurses, aware of the rights and responsibilities of intelligent citizenship and membership in a profession.
Minimum Curriculum Required in Accredited Schools of Nursing in Oregon Effective for Classes Entering in the Fall of 1948

### Time Allotment Recommendations

<table>
<thead>
<tr>
<th>School Year</th>
<th>1948-1949</th>
</tr>
</thead>
</table>

#### FIRST YEAR

**Pre-clinical Term**

<table>
<thead>
<tr>
<th>Subject</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology</td>
<td>100</td>
</tr>
<tr>
<td>Chemistry</td>
<td>60</td>
</tr>
<tr>
<td>Microbiology with Hygiene.</td>
<td>60</td>
</tr>
<tr>
<td>Nutrition</td>
<td>45</td>
</tr>
<tr>
<td>Professional Adjustments I</td>
<td>16</td>
</tr>
<tr>
<td>History of Nursing</td>
<td>See 2nd year</td>
</tr>
<tr>
<td>Psychology</td>
<td>30, 45</td>
</tr>
<tr>
<td>Nursing Arts</td>
<td>225</td>
</tr>
</tbody>
</table>

*Includes 50 hours supervised ward practice...*  
*May integrate with Nursing Arts and Chemistry*

**Total** 551 hours

**Introduction to Medical Science** 15 hours

**Materia Medica** 45 hours

**Diet Therapy** 30 hours

**Medical Nursing** 40 hours

**Surgical Nursing** 40 hours

**Total** 170 hours

*At least half the hours in laboratory*  
*Integrate these subjects as much as possible*

---

*Nursing Arts may be continued beyond the pre-clinical period as Advanced Nursing Arts with the same total hours if desired.*
Medical and Surgical Specialties

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urological Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Orthopedic Nursing</td>
<td>15</td>
</tr>
<tr>
<td>Operating Room Nursing</td>
<td>20</td>
</tr>
<tr>
<td><strong>Emergency Nursing</strong></td>
<td>Integrate 20 hours</td>
</tr>
</tbody>
</table>

Total: 43 hours plus number of hours needed to integrate Emergency Nursing.

When Medical and Surgical Nursing are integrated with other subjects, it is important that the course outline and school records show the number of hours in individual subjects in order to safeguard the eligibility of the graduate to register in other states. Many states check specifically the number of class hours in each subject.

<table>
<thead>
<tr>
<th>Time Allotment Recommendations</th>
<th>School Year 1948-1949</th>
</tr>
</thead>
</table>

SECOND YEAR

Medical and Surgical Specialties (Continued)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye, Ear, Nose and Throat Nursing</td>
<td>12</td>
</tr>
<tr>
<td>Neurological Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Dermatological Nursing</td>
<td>8</td>
</tr>
<tr>
<td>Gynecological Nursing</td>
<td>10</td>
</tr>
<tr>
<td>Sociology</td>
<td>30</td>
</tr>
</tbody>
</table>

Total: 68 hours

**Emergency Nursing** is to be integrated with other subjects and may necessitate an increase in hours allotted to those subjects. Each School of Nursing must be able to show how the 20 hours of content of Emergency Nursing has been included in other courses. Operating Room Nursing - outline showing content and hours given in O.R. must be available.
<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetric Nursing</td>
<td>36</td>
</tr>
<tr>
<td>Psychiatric Nursing</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76</strong></td>
</tr>
<tr>
<td>Communicable Disease Nursing</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>5-10</td>
</tr>
<tr>
<td>Acute Comm. Disease</td>
<td>25</td>
</tr>
<tr>
<td>Syphilis and Gonorrhea</td>
<td>5-10</td>
</tr>
<tr>
<td>Pedtrics</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Nursing</strong></td>
<td><strong>56-60</strong></td>
</tr>
<tr>
<td><strong>Total of Year</strong></td>
<td><strong>235-249</strong></td>
</tr>
</tbody>
</table>

**THIRD YEAR**

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Nursing</td>
<td>25</td>
</tr>
<tr>
<td>*Nursing and Health Service in Family</td>
<td>30</td>
</tr>
<tr>
<td>May integrate in other subjects</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>55</strong></td>
</tr>
<tr>
<td>Professional Adjustments II</td>
<td>30</td>
</tr>
<tr>
<td>Give in last half 3rd year</td>
<td></td>
</tr>
</tbody>
</table>

**MINIMUM EXPERIENCE REQUIRED IN CLINICAL AREAS**

<table>
<thead>
<tr>
<th>Time Allotment Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Year</td>
</tr>
<tr>
<td>1948-1949</td>
</tr>
</tbody>
</table>

**MEDICAL NURSING**

<table>
<thead>
<tr>
<th>Course</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Time required in Medical Nursing</td>
<td>20 weeks</td>
</tr>
<tr>
<td>Minimum required in Gen'l Medical Nursing</td>
<td>8</td>
</tr>
</tbody>
</table>

*Nursing and Health Service in the Family may be integrated with other subjects. Each School of Nursing must be able to show how the 30 hours of content has been included in other courses.
Time allowance will be given
Med. Nursing on any of the
following, not to exceed
Com.Dis.Nursing (Adults) 12 weeks Secure approv-
4 to 6 weeks Must have al for all
Must have completed others desired
Tuberculosis Nursing at least
4 to 6 weeks (Adults) 6 weeks before
Out-Patient Dept.
1 to 2 weeks (Med.Adult) Psych. affil.
Psychiatric Nursing .......... SEE BELOW

<table>
<thead>
<tr>
<th>SURGICAL NURSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total time required in</td>
</tr>
<tr>
<td>Surgical Nursing .......... 20 weeks</td>
</tr>
<tr>
<td>Min. requirement in Gen'l</td>
</tr>
<tr>
<td>Surg. Nursing .................. 8 &quot;</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Time allowance will be given</td>
</tr>
<tr>
<td>any of the following, not to exceed ......................... 12 &quot;</td>
</tr>
<tr>
<td>Emergency Room ... 1-2 wks</td>
</tr>
<tr>
<td>Out-Patient Dept. (Surg. Must have 4-6 weeks on</td>
</tr>
<tr>
<td>Adults) 1-2 wks ......... completed one of the</td>
</tr>
<tr>
<td>I.V. Therapy .......... at least segregated</td>
</tr>
<tr>
<td>2 wks. 6 weeks</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Segregated specialties Psy.affil.</td>
</tr>
<tr>
<td>as Gynecology,</td>
</tr>
<tr>
<td>Neurology, Urology</td>
</tr>
<tr>
<td>E.E.N.A.T., Orthopedics ..</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ASEPTIC NURSING TECHNIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Room ............. 8 weeks</td>
</tr>
<tr>
<td>Must precede Psy. Nursing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIET THERAPY PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet Therapy ............. 4 weeks</td>
</tr>
<tr>
<td>Must precede Psy. Nursing</td>
</tr>
</tbody>
</table>
NURSING OF INFANTS AND CHILDREN

<table>
<thead>
<tr>
<th>Section</th>
<th>Time Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Nursing</td>
<td>12 weeks</td>
</tr>
<tr>
<td>Minimum requirement in Gen'l Ped. Nursing</td>
<td>8 1/4 weeks</td>
</tr>
</tbody>
</table>

Time allowance toward Ped. Nurs. not to exceed:
- Nursery School: 2 weeks
- Well Baby Clinic: 1 week
- Out-Patient Dept. (Inf. & Child): 2 weeks
- Formula Laboratory: 2 weeks
- Orthopedic Ped. Nursing: 3-4 weeks

PSYCHIATRIC NURSING

Required for all classes enrolled after Jan. 1947. 12 weeks

OBSTETRIC NURSING

Entire time in one block

Total required time: 12 weeks
Min. required time:
- Labor and Delivery Room: 4 weeks
- Nursery (plus 1 week formula): 4 weeks
- Mothers including outpatient, if available: 4 weeks

SENIOR ELECTIVE EXPERIENCE

Record must show clinical area. No more than 12 weeks.
The following simple comparison of hospitals and nursing schools as to the size of the school and the hospital helps to show growth in just one of the public health services in the state and the trend toward schools only in the larger hospitals. These figures were taken from the records of the State Board of Nurse Examiners and do not represent total hospital facilities in the state.

<table>
<thead>
<tr>
<th>School</th>
<th>1923 Pt. Students</th>
<th>Daily Average</th>
<th>School</th>
<th>1950 Pt. Students</th>
<th>Daily Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corvallis</td>
<td>10</td>
<td>4.0</td>
<td>School closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Dalles</td>
<td>13</td>
<td>50</td>
<td>108</td>
<td>323.3</td>
<td></td>
</tr>
<tr>
<td>Emanuel</td>
<td>48</td>
<td>90</td>
<td>Eugene General</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>120</td>
<td>250</td>
<td>School closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holy Rosary</td>
<td>5</td>
<td>20</td>
<td>100</td>
<td>336.4</td>
<td></td>
</tr>
<tr>
<td>Mercy Hospital</td>
<td>15</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multnomah</td>
<td>20</td>
<td>100 U. of Oregon</td>
<td>145</td>
<td>225</td>
<td></td>
</tr>
<tr>
<td>Portland Sanitarium</td>
<td>34</td>
<td>58 Walla Walla College</td>
<td>67</td>
<td>127</td>
<td></td>
</tr>
<tr>
<td>Providence</td>
<td>0</td>
<td>0</td>
<td></td>
<td>100</td>
<td>235</td>
</tr>
<tr>
<td>Sacred Heart</td>
<td>7</td>
<td>45</td>
<td>School closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacred Heart</td>
<td>(Medford)</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacred Heart</td>
<td>(Eugene)</td>
<td>0</td>
<td>44</td>
<td>177.7</td>
<td></td>
</tr>
<tr>
<td>Salem General</td>
<td>50</td>
<td></td>
<td></td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>St. Anthony's</td>
<td>9</td>
<td></td>
<td></td>
<td>28</td>
<td>94.7</td>
</tr>
<tr>
<td>St. Elizabeth's</td>
<td>9</td>
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<td>St. Mary's</td>
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<td>50</td>
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<tr>
<td>St. Vincent's</td>
<td>97</td>
<td>325 U. of Portland</td>
<td>147</td>
<td>312</td>
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</table>
Oregon Nurses in World Wars I and II

One hundred and three nurses served from Oregon in World War I and of this number many enlisted with Base Hospital 46, which was established at Bazoilles sur Meuse, France in 1918 with Grace Phelps as chief nurse. Jane Doyle, another Oregon Nurse, was chief nurse of Base Hospital 114 located at Beau Desart, France. Ann Schnyder and Jeannette Brouillard were cited for bravery under fire at Chateau Thierry (12, p. 15).

In 1933, Jane Gavin attended the International Council of Nurses meeting in Paris and as a delegate from Oregon presented an intarsia of the Columbia River and Mount Hood to the Bordeaux School of Nursing in France for a wall in the Oregon Room there. This gift from the Oregon State Nurses Association was given in memory of two Oregon nurses who died in France as a result of the war. The cover of the Oregon Nurse, March, 1934, bears the following poem apparently inspired by the intarsia:
In Far Bordeaux

Upon a wall in far Bordeaux
Across a greying changing sea——
A magic bit of Oregon
Transplanted there in memory——
By loving hands of those who serve
In this, our glorious state.
To those we loved, who served and died
Because of greed and hate.
Majestic Hood of pearl and jade,
Or tints of golden after-glow——
A bit of Oregon, of home——
Upon a wall in far Bordeaux
by Irma Scott Le Riche

In World War II, General Hospital 46, the University of Oregon Medical School unit with Oregon doctors, nurses and technicians was set up in Besancon, France on the 7th United States Army front and located within one hundred miles of where Unit 46 had been located in the previous war. Larsell’s book, The Doctor in Oregon: a Medical History, provides much more detail concerning Unit 46 for those students who may be interested. Rose Rinella, St. Vincent’s Hospital, received the Bronze Star from General George Patton for outstanding work in an evacuation hospital in Luxembourg. Alice M. Burger, St. Vincent’s Hospital, received the Distinguished Flying Cross from General H. H. Arnold for more than three hundred flying hours as a flight nurse evacuating wounded from combat areas in the Burma Theatre. Lurlene Greene, Salem General Hospital, received the Air Medal for
meritorious service during long over-water flights with evacuated patients. Patricia Clendenning, St. Vincent's Hospital, served as flight nurse in one hundred seven combat missions in the European Theatre and came home with five stars and the Air Medal. There were a total of six hundred and sixty-two nurses registered in Oregon in the military service during World War II.

Outstanding People in Oregon Nursing History

In conclusion, some mention should be made of the outstanding people in Oregon's nursing history and although there are many more people who have made lasting contributions to our nursing organizations than appears in this list, the following women have left an influence that goes beyond the state level:

Miss Marion Crows

Graduate of St. Elizabeth's Hospital in Boston; helped organize and served as the first president of the State Organization for Public Health Nurses; attended the International Council of Nurses meet in London as Oregon's representative; a president of the State Board of Nurse Examiners; member of President Hoover's White House Conference on Child Health and Welfare; a president of the State League of Nursing Education; seven years as secretary of Multnomah County Chapter of National Foundation for Infantile Paralysis; superintendent of the Portland Visiting Nurse Association for twenty-eight years.
Miss Jane Doyle

Graduate of Orthopedic Hospital in Philadelphia; chief nurse of Base Hospital 114 in World War I; a president of the State Board of Nurse Examiners for three terms and also of the State Nurses Association; received an honorary degree of Doctor of Laws from Portland University for her promotion of nursing education and her work with the Northwest Division of the American Red Cross.

Mrs. Linnie Laird

Graduate of Chester Hospital, Pennsylvania; served nine years with the City of Portland, School Nurse Division; twelve years as executive secretary of the Oregon State Nurses Association; a secretary of the American Nurses Association and now member of their Board of Directors.

Miss Emily Loveridge

Graduate of Bellevue Hospital, New York; member of the American Nurses Association Board of Directors; president of the Northwest Hospital Association and also of the Western Hospital Association; served Good Samaritan Hospital for forty years; died in 1941.

Miss Grace Phelps

Graduate of Cincinnati General Hospital, Ohio; Chief Nurse, Base Hospital No. 46 in World War I; superintendent of Doernbecker Hospital for sixteen years; president of the State Nurses Association and also of the State Board of Nurse Examiners; awarded the twenty-five year service bar by the American Red Cross.

Mrs. Olivia D. Osborne

Graduate of the Illinois Training School; instrumental in passage of legislation for the registration of nurses in Oregon; became Oregon's first registered nurse and served the State Board of Nurse Examiners from its beginning in 1911 until 1923; served as president for the first seven years. Deceased.
Miss Elnora Thomson

Graduate of Presbyterian Hospital, Chicago; cited for work as Red Cross nurse in charge of Tuberculosis Commission in Italy during World War I; professor of Public Health Nursing, University of Oregon; vice-president and later president of the American Nurses Association; vice-president of the National Association for Public Health Nurses and later given a life membership for outstanding achievement in the field of public health by the State Organization for Public Health Nurses; president of the State Nurses Association; director of the Department of Nursing Education, University of Oregon, professor of Nursing, University of California; chairman of the American Nurses Memorial, Florence Nightingale School of Nursing, Bordeaux, France.
CHAPTER V

SUMMARY AND RECOMMENDATIONS

It is very difficult to separate organized Oregon nursing history from that of the national nursing organizations and thus to give the proper credit to Oregon. Much that came about in Oregon was due to the eagerness of its nursing leaders to follow the recommendations and pattern of the national associations. A majority of the nurses who became Oregon's leaders came from midwest or eastern states and schools and therefore transplanted methods from one area to another which have influenced the progress.

The schools of nursing have shifted from the apprentice type of training with only one or no qualified nurse instructor to professional status and a diversified staff of specially trained instructors. The most rapid period of change in the schools seems to have taken place since 1940 and stimulated by the United States Public Health Service, Cadet Nurse Corps regulations and funds. Since 1949, practical nurses have become a recognized part of the nursing team, a licensing law has been provided and entirely new schools established for them.

Employment opportunities for nurses have increased from the single field of private duty nursing to
so many areas it is not practical to list them all here, and since 1940, the supply of registered nurses has lagged far behind the demand.

There is one area of the record, however, which seems to merit serious study and that concerns membership in the Oregon State Nurses Association. The number of nurses registered in the state has increased every year but the membership in the Association has remained relatively static for the past ten years. Several hypotheses have been put forth to explain this situation such as the influx of nurses from other states and the movement of nurses due to war-time demands. However, these hunches do not provide a positive or complete answer and if the next fifty years are to be as dynamic as the first fifty have been, the organization as well as the individual nurse will need to keep constantly at the job of professional growth.

Recommendations

1. That the pattern of secretaries' minutes of official meetings be revised to include more than a brief statement of the action taken. This would also apply to the minutes kept of the various section activities. A complete record of the reasons for starting action, the ensuing discussion and then the action taken would
provide future board members and others with a better understanding of what had taken place and why. Such a change would involve more work for office personnel, but it might also provide clearer interpretations of association activities when such are needed. The lack of any interpretation, other than that provided by former participants with long memories, was a serious handicap in this study and limits its usefulness.

2. That an historical collection be started for the use of student nurses in the state. Such a collection might prove useful to instructors of the required history course in our schools and stimulate more interest among students in their future association. There are several items of interest which could be assembled to make an interesting exhibit for a student field trip to the association headquarters. For example, there are three very interesting old scrapbooks of local newspaper clippings about nurses and their activities; there is an American flag presented to the Association by Oregon nurses who served in World War I and a story of why they acquired it; there are other items scattered in the various school libraries and among individuals which might be borrowed. Each school might be willing to contribute a doll dressed to show the school uniform, cap and pin. The State Student Nurse Council might also
be interested in helping with such a project.

3. That other nursing organizations such as the Visiting Nurse Association and the districts compile a more adequate record of their own progress while they still may have the help of people who have served in the organization since its beginning.

4. That the alumni association of each school be urged to compile its own history for the use of students and include a biography of those members who have made an outstanding record.
LITERATURE CITED


APPENDIX
## APPENDIX A

### Comparison of Early State and National Development

<table>
<thead>
<tr>
<th>Schools</th>
<th>National</th>
<th>Oregon</th>
</tr>
</thead>
<tbody>
<tr>
<td>First schools established in hospitals in Eastern United States from 1873.</td>
<td>Good Samaritan, 1890.</td>
<td>St. Vincent's University of Oregon provided first courses for graduate nurses in 1920.</td>
</tr>
<tr>
<td>First courses for nurses in a university at Teachers College, Columbia University in 1899.</td>
<td>Nurses Associated Alumnae of the United States and Canada formed in 1896; reorganized as the American Nurses Association in 1911.</td>
<td>Oregon State Association of Trained Nurses formed in 1904 and reorganized in 1907.</td>
</tr>
</tbody>
</table>

| Organization | The American Journal of Nursing was published first in 1900. | The Oregon State Graduate Nurses Association Yearbook and Directory published from 1919 to 1924. The Oregon Nurse published first in 1931. |

| Licensure | North Carolina passes first registration law in 1903; by 1922 all states had a law which registered trained nurses. | Oregon's Nurse Practice Act became a law in 1911. |

<p>| Specialized Nursing Organizations | Visiting Nurse Association established in Boston and Philadelphia in 1877; National League of Nursing Education in 1911; National Organization of Public Health Nursing in 1912. | Visiting Nurse Association of Portland established in 1902; Oregon League of Nursing Education formed in 1922. |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Law Type</th>
<th>Requirements</th>
<th>Date</th>
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<tbody>
<tr>
<td>New York State</td>
<td>Law requiring</td>
<td>all who nurse for hire to be licensed</td>
<td>1938</td>
</tr>
<tr>
<td></td>
<td>practical nurses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>Permissive law</td>
<td>allowing practical nurses to become</td>
<td>1949</td>
</tr>
<tr>
<td></td>
<td>licensed</td>
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<td></td>
</tr>
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### APPENDIX B

#### Past and Present Schools of Nursing in Oregon

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Sponsorship</th>
<th>In Operation</th>
<th>Reason for Closure</th>
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<tbody>
<tr>
<td>Corvallis General</td>
<td>Corvallis</td>
<td>Private</td>
<td>1923-29</td>
<td>Inadequate clinical experience</td>
</tr>
<tr>
<td>The Dalles General</td>
<td>The Dalles</td>
<td>Private</td>
<td>1901-50</td>
<td>&quot;</td>
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<tr>
<td>Deaconess Hospital</td>
<td>Salem</td>
<td>Mennonites</td>
<td>1918-35</td>
<td>Was never accredited</td>
</tr>
<tr>
<td>Emanuel Hospital</td>
<td>Portland</td>
<td>Lutheran Synod</td>
<td>1912</td>
<td></td>
</tr>
<tr>
<td>Eugene Hospital</td>
<td>Eugene</td>
<td>Private</td>
<td>1921-28</td>
<td>Expenses and inability to get students</td>
</tr>
<tr>
<td>Good Samaritan</td>
<td>Portland</td>
<td>Episcopal Church</td>
<td>1890</td>
<td></td>
</tr>
<tr>
<td>Grande Ronde LaGrande</td>
<td>Private</td>
<td></td>
<td>1914-27</td>
<td>Inadequate clinical experience</td>
</tr>
<tr>
<td>Holy Rosary</td>
<td>Ontario</td>
<td>Dominican Sisters</td>
<td>1914-29</td>
<td>&quot;</td>
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<tr>
<td>Mercy Hospital</td>
<td>Eugene</td>
<td>Sisters of Mercy</td>
<td>1912-28</td>
<td>&quot;</td>
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<tr>
<td>Multnomah County</td>
<td>Portland</td>
<td>County</td>
<td>1907</td>
<td>Sponsorship transferred to University of Oregon</td>
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<tr>
<td>Pacific Christian</td>
<td>Eugene</td>
<td>Bible University</td>
<td>1924-31</td>
<td>Bankruptcy</td>
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<tr>
<td>School</td>
<td>Location</td>
<td>Sponsorship</td>
<td>In Operation</td>
<td>Reason for Closure</td>
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<td>------------------------------</td>
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<tr>
<td>Portland Sanitarium and Hospital</td>
<td>Portland</td>
<td>Seventh-Day Adventists</td>
<td>1897</td>
<td>School transferred to Walla College</td>
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<td>Providence Hospital</td>
<td>Portland</td>
<td>Sisters of Charity</td>
<td>1944</td>
<td></td>
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<td>Sacred Heart Hospital</td>
<td>Eugene</td>
<td>Sisters of St. Joseph</td>
<td>1942</td>
<td>Took over Pacific Christian Hospital</td>
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<td>Salem General Hospital</td>
<td>Salem</td>
<td>Community</td>
<td>1895-1934</td>
<td>Financial reverses</td>
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<td>St. Anthony’s Hospital</td>
<td>Pendleton</td>
<td>Sisters of St. Francis</td>
<td>1910</td>
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<td>Baker</td>
<td>&quot;</td>
<td>1911-50</td>
<td>Inadequate clinical experience</td>
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<td>St. Mary’s Astoria</td>
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<td>Sisters of Charity</td>
<td>1910-48</td>
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<td>1892</td>
<td>School transferred to Portland University</td>
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<td>Was never accredited</td>
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<td>Lewis &amp; Clark College, Dept. of Nursing</td>
<td>Portland</td>
<td>Presbyterian</td>
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APPENDIX C

Past Presidents of the
Oregon State Graduate Nurses Association

1904 Officers of original organization were:

President: Miss L. Mae Walker
Vice President: Charlotte Adams  All
Secretary: Julie Cooper  private
treasurer: Elsie Hamilton  duty
nurses

1907 Miss Linnie Richardson
1908 Miss G. Mary Welsh  Deceased
1909 Miss Jane V. Doyle
1910 Miss G. Mary Welsh  Deceased
1911 Miss Eleanor Donaldson
1912 Miss Ella Lowe  Deceased
1913 Mrs. Etta Luther Turnbull
1914 Miss Edith Duke
1915 Miss Nannie Lackland
1916 & 1917 Miss Jane V. Doyle
1918 Mrs. Thos. Honeymann
1919 Mrs. Marion Chase Warnier Mears
1920-1924 Miss Grace Phelps
1925 & 1926 Miss Margaret Tyman
1927 & 1928 Mrs. Ruby E. Buckle
1929 & 1930 Miss Jane D. Gavin
1931 Miss Helen McCusker  Deceased
1932 & 1933 Mrs. Louise Hagen-Cliff Arneson
1934 & 1935 Miss Helen Fisher
1936 & 1937 Miss Jane V. Doyle
1938 & 1939 Miss Johanna R. Vreeland
1940-1942 Miss Letha Humphrey
1943-1944 Miss Elmora E. Thomson
1945 Mrs. Bernice Yeary; Mrs. Catherine Webster
1946-1949 Miss Shirley Thompson
1950 Mrs. Nova Young; Sister John of the Cross
<table>
<thead>
<tr>
<th>Year Range</th>
<th>Names</th>
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<tr>
<td>1911-1917</td>
<td>Mrs. O. E. Osborn</td>
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<tr>
<td>1918</td>
<td>Miss Elizabeth Darling</td>
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<tr>
<td>1919-1920</td>
<td>Miss Frances Ellis</td>
<td></td>
</tr>
<tr>
<td>1921 &amp; 1922</td>
<td>Miss Jane Doyle</td>
<td></td>
</tr>
<tr>
<td>1923</td>
<td>Miss Grace Phelps</td>
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</tr>
<tr>
<td>1924 &amp; 1925</td>
<td>Miss Emily Sanders</td>
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<td>1926</td>
<td>Miss Grace Phelps</td>
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<td>1931</td>
<td>Miss Cecil Schreyer</td>
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<tr>
<td>1932 &amp; 1933</td>
<td>Miss Marion Crowe</td>
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<tr>
<td>1934-1937</td>
<td>Miss Letha Humphrey</td>
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<tr>
<td>1938 &amp; 1939</td>
<td>Miss Elizabeth Mouser</td>
<td></td>
</tr>
<tr>
<td>1940</td>
<td>Miss Marion Crowe</td>
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<tr>
<td>1941 &amp; 1942</td>
<td>Miss Johanna Treeland</td>
<td></td>
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<tr>
<td>1943 &amp; 1944</td>
<td>Mrs. Emily Keaton</td>
<td></td>
</tr>
<tr>
<td>1945</td>
<td>Miss Helen MacKriil</td>
<td></td>
</tr>
<tr>
<td>1946</td>
<td>Mrs. Evelyn C. Chance</td>
<td></td>
</tr>
<tr>
<td>1947 &amp; 1948</td>
<td>Miss Henrietta Doltz</td>
<td></td>
</tr>
<tr>
<td>1949 &amp; 1950</td>
<td>Mrs. M. Johnson Boufford</td>
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APPENDIX D

State of Oregon

Laws Governing
NURSING

Graduate Nurses
Practical Nurses

1950
§ 54-611. Board of examination and registration — Members — Appointment. There hereby is created a state board of examination and registration of graduate nurses, composed of five (5) nurses, which shall enforce the provisions of this act. This board shall be selected by the governor from a list of ten (10) names suggested by the Oregon State Graduate Nurses' Association. At the time of appointment the members of said board must be actual residents of the state and engaged in nursing work or work pertaining to nursing. Each member shall have been graduated for a period of at least five (5) years from a reputable training school for nurses, and shall have been registered under the provisions of this act, no two members of the board to be graduates of the same nursing school or hospital. The members of this board shall be appointed to hold office for three years; provided, that nothing in this act shall be construed to disqualify or remove from office any members of the board as heretofore constituted; the two additional members of the board shall be appointed for a two-year term and a three-year term, respectively, said appointments to be made as soon as this act becomes effective. All appointments shall be made so that the term of office shall expire on the first day of April of each year, and upon the expiration of the term of office the governor shall likewise fill the vacancy for a term of three (3) years from the date of expiration of term of office from the list of ten (10) names submitted to him every year by the Oregon State Graduate Nurses' Association. An unexpired term of an examiner caused by death, resignation, or otherwise, shall be filled in the same manner as an original appointment is made.

§ 54-612. Organization of board — Duties of president and secretary of board — Salaries and expenses. The members of the board shall meet each year as soon as practicable after April 1 and elect from their number a president and secretary, who shall also act as treasurer, each of whom shall serve for one year or until a successor is elected and qualified. Three members shall constitute a quorum, and special meetings of the board shall be called by the secretary upon the request of any three members. The board shall adopt a seal, which shall be placed in the care of the secretary. Before entering upon the duties of the office the secretary shall execute a bond in the penal sum of $1,000, in favor of the state of Oregon, conditioned for the faithful discharge of the duties of the office and a full accounting for all moneys received, which shall be satisfactory to and be filed with the secretary of state. The cost of said bond shall be paid from the funds of the board. The secretary shall
be required to keep a record of all proceedings of the board, including a register of the names of all the nurses and schools of nursing registered under this act. Said records shall at all reasonable times be open to public scrutiny. The board shall inspect all training schools for nurses existing in the state of Oregon and shall register such schools as fulfill the requirements of this act. The board shall have the power to hire such employes, assistants and agents as are necessary to carry into effect the provisions of this act and to fix their compensation and to defray the necessary operating expenses of the board. The board shall also have the power to employ an executive secretary on regular salary and to define the duties and fix and pay the compensation of such executive secretary. Members of the board shall receive six dollars ($6) per day for each day or part thereof during which they shall be in attendance upon the board meetings or otherwise engaged in discharging their duties and to all legitimate and necessary expenses incurred in attending meetings and in the discharge of their duties. All salaries, compensation and expenses of every kind incurred or allowed shall be paid by the board out of the fees received by the board. All moneys and receipts shall be kept in a special fund by and for the use of said board exclusively.

§ 54-621. Registration certificate required—Title of licentiates. It shall be unlawful hereafter for any person to practice or attempt to practice nursing in this state as a trained, graduate or registered nurse without a certificate from the board. Any person who has received his or her certificate according to the provisions of this act shall be known as a registered nurse and shall be entitled to append the letters “R. N.” to the name of such person. No other person shall assume or use such title or the abbreviation “R. N.” or any such words, letters or figures to indicate that such person is a trained, graduate or registered nurse, or otherwise represent himself or herself as licensed, authorized or entitled to practice nursing in the state of Oregon as a trained, graduate or registered nurse.

§ 54-622. Examinations—Certificate—Recording—Qualifications of applicant. It shall be the duty of the board to meet for the purpose of holding examinations not less frequently than once every year, and at such times and places as they may determine. The board shall, from time to time, adopt rules for the examination of applicants for registration, in accordance with the provisions of this act. Said examination shall include the subjects of elementary anatomy, physiology, materia medica, obstetrics, gynecology, medical nursing, surgical nursing, dietetics, ethics, history of nursing, pediatrics, hygiene and bacteriology. Notice of the meetings of the board shall be given to the public press and to at least one journal devoted to the interest of professional nursing and by mail to every applicant
and to every registered school of nursing in Oregon at least thirty (30) days prior to the meeting. At such meetings it shall be the duty of the board to examine all such applicants for registration under this act as are required to be examined, and to issue to each duly qualified applicant, who shall have complied with the provisions of this act, the certificate provided for herein. Any person to whom a certificate of registration shall be issued shall, within thirty (30) days thereafter, cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such person shall be prepared, whenever requested, to exhibit such certificate of registration or a certified copy thereof. All applicants for registration shall furnish satisfactory evidence that he or she is of good moral character, and has been graduated from a school of nursing connected with a general hospital approved by the board, where a systematic course of at least three (3) years’ instruction is given. Every applicant for registration who entered a school of nursing subsequent to the year 1921 shall also furnish satisfactory evidence that he or she has been graduated from a standard high school or from an educational institution of equal or higher academic accreditation.

§ 54-624. Registration of nurses from other state—Fee. The board, upon written application, and upon the receipt of fifteen dollars ($15) as registration fee, may issue a certificate without examination to those who shall have been registered as registered nurses under the law of another state and have been graduated from schools of nursing where the requirements were equivalent to those of approved schools of nursing in this state; provided, that the board shall be sole judge of credentials of any nurse admitted to registration without examination. Nurses registered in other states who are actually engaged in nursing may be granted a temporary license to practice in Oregon, upon filing written application and payment of the registration fee of fifteen dollars ($15), which may serve as the permanent fee upon permanent registration. Such temporary license shall be issued only until such time as the applicant can qualify or until the next examination; and provided further, that no nurse who entered a school of nursing subsequent to the year 1921 shall be entitled to a certificate without examination unless she or he has been graduated from a standard high school or from an educational institution of equal or higher academic accreditation.

§ 54-625. Registration fee. All applicants for certificates of registration on examination under this act shall pay an examination fee of fifteen dollars ($15) to the board and, upon successfully passing the examinations required by the board, shall be entitled to receive the certificate of registration provided for in this act, provided the applicant fulfill the other specified requirements. Each applicant who shall take the examination more than once shall pay the regular
examination fee before each examination, and the examination fee paid by the successful applicant shall be deemed the registration fee required under this act. For issuing a duplicate certificate of registration the board shall charge a fee of five dollars ($5). For certifying to a foreign state the registration of a nurse in this state, the board shall charge a fee of one dollar ($1).

§ 54-631. Revocation of certificate—Notice and hearing—Renewal of certificate—Fees. The board may revoke any certificate by unanimous vote for dishonesty, gross incompetence, a habit rendering a nurse unsafe to be entrusted with, or unfit for the care of, the sick, conduct derogatory to the morals or standing of the profession of nursing, any wilful fraud or misrepresentation practiced in procuring such certificates, or for failure to make the regular annual renewal of certificate within the time provided for in this act; provided, the holder of such certificate shall have been given at least 30 days' notice, in writing, of the specific charge against such holder, and of the time and place of hearing the charge by the board, at which time and place the holder shall be entitled to be heard and to be represented by counsel. Upon the revocation of any certificate the same shall be null and void. The holder thereof shall cease to be entitled to any of the privileges conferred by such certificate, and it shall be the duty of the secretary of the board to strike the name of the holder thereof from the roll of registered nurses, to secure and cancel the certificate, and to give notice of such revocation to the county clerk in whose office such certificate is recorded, and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate. Every person holding a certificate from the board of examination and registration of graduate nurses shall renew annually his or her registration with said board and every registered nurse who desires to retain his or her registration in the state of Oregon shall, annually, after the expiration of the first year's registration and on or before the first day of July of each year succeeding, file an application for renewal with the board and pay a fee of one dollar ($1), for which a renewal certificate shall be issued by the board. A penalty of one dollar ($1) shall be added to the renewal fee of every registered nurse who fails to comply with this provision within sixty (60) days from and after the first day of July of each year, and if said renewal fee is not paid with all penalties due thereon before the first day of January following, thereafter the certificates of all registered nurses failing to comply with the provisions heretofore named shall be canceled, and such certificates may only be renewed thereafter upon written application to the board and the payment of a fee of fifteen dollars ($15).

§ 54-641. Violations of act—Penalties—First and second offenses. Any person violating any of the provisions of this act shall be guilty of a misdemeanor, and shall, upon conviction, be fined for the offense,
not less than ten dollars ($10) nor more than one hundred dollars ($100) for the first offense, and not less than one hundred dollars ($100) nor more than five hundred dollars ($500) for each subsequent offense. Any person who shall wilfully make any false representation to the board in applying for a license shall be guilty of a misdemeanor, and, upon conviction, shall be fined in a sum not less than one hundred dollars ($100), nor more than two hundred dollars ($200). All certificates issued by the board shall be signed by all the members thereof, and shall be attested by the president and secretary.

ACCREDITED SCHOOLS OF NURSING

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tr>
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PRACTICAL NURSES

CHAPTER 247

AN ACT

Be It Enacted by the People of the State of Oregon:

Section 1. On and after the effective date of this act any person practicing or offering to practice practical nursing in this state for compensation or personal profit may submit evidence that he or she is qualified so to practice, and become licensed as a practical nurse under the provisions of this act.

Section 2. The term “practical nursing” as used in this act shall mean the performing by any person for compensation or personal profit services in the nursing or care of the sick, not requiring specialized education, knowledge or skill equivalent to that of a graduate or registered nurse.
The term “licensed practical nurse” abbreviated “L. P. N.” shall mean a person licensed in the state of Oregon as a practical nurse.

Section 3. The state board of examination and registration of graduate nurses of the state of Oregon, as created by section 54-611, O. C. L. A., as amended by chapter 231, Oregon Laws 1947, and hereafter referred to as the board, shall provide for the examination and licensing of practical nurses in the manner herein authorized. To effectuate the purpose of this act the board shall have the power to make such rules and regulations as it may deem necessary.

Section 4. 1. An applicant for a license to practice nursing as a licensed practical nurse shall submit to the board written evidence on a form provided by the board, verified by oath, that the applicant:

(1) Is at least eighteen years of age;
(2) Is of good moral character;
(3) Is in good physical and mental health;
(4) Has completed at least a high school education or its equivalent as determined by the board; and
(5) Has completed the course of study in, and holds a certificate of graduation from, a school for the training of practical nurses, giving a course of not less than nine months and registered with the board as maintaining satisfactory standards for such a school in accordance with the provisions of this act; or has completed a course of study determined by the board to be the equivalent of such training. The applicant shall also be required to pass such written or oral examination upon the subject of practical nursing as the board shall determine.

To an applicant passing such examination, the board shall issue a license to practice as a licensed practical nurse within the state of Oregon. Examinations shall be held not less than twice each year, at such times and places as shall be determined by the board. Failure to pass the examination shall not preclude the applicant from applying for examination at any subsequent regular examination conducted by the board.

2. The board may issue a license to practice as a licensed practical nurse without examination to any applicant who, under the laws of another state, territory or foreign country, has been duly licensed or registered as a practical nurse, or entitled to perform similar services under a different occupational name, if, in the opinion of the board, such applicant has qualifications substantially equivalent to those required by this act.

3. The board shall issue a license to practice as a practical nurse without examination to any applicant who shall establish to the satisfaction of the board that the applicant:

(a) Is at least twenty years of age;
(b) Is of good moral character;
(c) Is in good physical and mental health;
(d) Has graduated from an eighth grade course of study or its equivalent, as determined by the board; and
(e) Is and has been a bona fide resident of the state of Oregon for twelve months immediately preceding the date of application for such license and has cared for the sick as a practical nurse for at least 2,000 hours during the two years immediately preceding the effective date of this act. An application for a license without examination shall be filed with the board before July 1, 1950, and shall be accompanied by the written statement of two physicians, licensed by the state board of medical examiners of the state of Oregon, to the effect that he or she has personal knowledge of the applicant's qualifications and that said applicant has satisfactorily performed the duties of a practical nurse.

Section 5. An applicant applying for a license to practice as a practical nurse shall pay a fee of ten dollars ($10) to the board, which fee shall accompany the application. An applicant applying for re-examination shall pay a fee of five dollars ($5) to the board, which fee shall accompany the application for re-examination.

All licenses issued under this act shall be for a period of two years from the date of its issuance. On the expiration of any license the same may be renewed for the period of two years on the application of the licensee for such renewal, which application for renewal shall be accompanied by a fee of two dollars ($2) payable to the board.

All money received by the board under this act, together with all money received by the board from other sources, shall be deposited in the general fund and credited to a special account available to the board in performing its functions under this and other statutes. All moneys credited to such special account hereby are appropriated for such purposes.

Section 6. 1. There hereby is created an advisory council to consult with the state board of examination and registration of graduate nurses, which council shall consist of six residents of the state of Oregon, appointed by the governor and qualified as follows: One representing the field of hospital administrators; one director of nursing education; one representing the state board of health; one representing the medical profession; and two representing the practical nurses. In making such appointments the governor may consult with, and receive suggestions from, the Oregon association of hospitals, the Oregon state nurses association, the state board of health, the Oregon state medical society and any group of practical nurses relating to the respective appointment in each such field.

2. Members of the council shall be appointed to serve as follows: The first two members mentioned for two years, the second two members mentioned for three years, and one of the third two
members mentioned for three years and the other for four years; their successors shall be appointed for terms of four years except when appointed to fill an unexpired term, in which case the appoint-
ment shall be for the remainder of such unexpired term.

3. The advisory council shall have the responsibility and duty of consulting and advising with the board in matters of policy coming within the purview of this act, and its administration. The advisory council shall meet not less than once each year within the state of Oregon at a time and place designated by the board, and at any other time at the call of its president or the president of the board, or on written request of three of its members or three members of the board directed to the president of said council who thereupon shall call a meeting thereof to be held within 20 days following receipt of said request. The council shall organize by electing from its number a president, vice president and secretary. Members of the advisory council shall receive compensation of six dollars ($6) per diem for each day actually engaged in the performance of duties and in addition shall be reimbursed for their actual expenses in-
curred in the performance of the duties of their offices and the attendance at meetings of the council. Said per diem and expenses shall be payable from the funds of the board.

Section 7. 1. Any institution desiring to conduct a course for the training of licensed practical nurses shall apply to the board and submit satisfactory evidence that it is prepared to give theoretical and practical instruction relative to practical nursing in the follow-
ing subjects: Nursing care of the patient, home nursing and home management, nutrition and cooking, care of the mother and newborn, care of children, social and occupational adjustment, and to meet other standards as prescribed in the curriculum and regulations which may be adopted by the board and standards specified by law. Such instruction and experience may be secured in one or more institutions approved for the purpose by the board. The length of such courses, including the teaching of all subjects mentioned, shall be not less than nine months.

2. With the advice of the advisory council, the board shall deter-
mine and formulate what constitutes an accredited course of study (specific subjects) and cause the same to be written and filed with the secretary of the board. The board may amend such require-
ments from time to time, and any amendment so made shall be in writing, filed with the secretary of the board. Upon the request of any hospital within the state of Oregon, the secretary of the board shall furnish and forward by mail a copy of said written require-
ments constituting an accredited course and written amendments thereto.

3. A survey of the institution or institutions with which the course is to be affiliated shall be made by an authorized member of the board, or by the secretary of the board, and a report in writing
shall be submitted to the board and to the members of the advisory council. The report is to include a survey and evaluation of physical facilities, courses of study, and qualifications of instructors. If, in the opinion of the board, the requirements for accredited courses for licensed practical nurses are met, the board shall declare the course to be an accredited course for licensed practical nurses and shall so register the same with its secretary.

4. The board shall, from time to time, survey all courses for licensed practical nurses, submitting written reports to the advisory council. If the board determines that any accredited course is not maintained in accordance with standards set by the law of the state of Oregon and the rules and regulations adopted by the board, notice thereof shall be given to the institution in writing. Failure to correct such defects within 60 days shall result in removal of the institution from the list of accredited institutions for training licensed practical nurses.

Section 8. Any person licensed pursuant to the provisions of this act may use the title of "Licensed Practical Nurse" and use the initials "L. P. N." following such person's name.

Section 9. This act shall not be construed to affect or apply to gratuitous nursing of the sick by friends or members of the family, nor shall it apply to any person nursing the sick for hire, but who does not in any way assume the title of "Licensed Practical Nurse" or use the initials "L. P. N."

Section 10. 1. The license of any person to practice practical nursing may be revoked or suspended or such licensee may be reprimanded, censured or otherwise disciplined by the board, for any of the following causes:

(a) Conviction of the licensee of any felony or of a misdemeanor involving moral turpitude, in either of which cases the record of such licensee's conviction shall be conclusive evidence;

(b) Gross neglect of the licensee in the practice of practical nursing;

(c) Wilful or repeated violation by the licensee of any of the provisions of this act or of the rules or regulations thereunder promulgated;

(d) Fraud or deceit of the licensee in the practice of practical nursing or in his or her admission to such practice;

(e) Habitual drunkenness or mental incompetence of the licensee or addiction of the licensee to the use of narcotics.

2. The members of the board shall have jurisdiction to hear all charges brought under the provisions of this section. All charges must be in writing, verified under oath by some party familiar with the facts charged, and filed with the secretary of the board. If the board shall deem said charges worthy a hearing shall be given to the accused licensee. A written notice stating the time and place...
of such hearing shall be served upon the accused licensee at least ten days before the date of hearing. At the same time a copy of the charges shall be served upon the accused.

In any hearing conducted the accused shall be granted the right to appear in person or by attorney and introduce testimony in his or her behalf. He or she shall also have the right to have witnesses, books, papers and documents subpoenaed for him or her by the board upon due application. The board shall consider the charges, answer, testimony, exhibits and all other documents introduced at the hearing and shall make findings of fact and decision based thereon. Such decision shall be in the form of a written order. The order shall be filed with the secretary of the board and a copy thereof served upon the accused as soon as feasible, unless the accused can not be found within this state.

If the board shall suspend or revoke the license of the accused licensee such licensee may appeal from the decision of the board to the circuit court in the county in which the accused licensee shall reside. Within thirty days after the filing of such decision said appellant shall file a notice of appeal with the secretary of said board. Within ten days after filing said notice of appeal, the secretary of the board shall file with the clerk of the circuit court of the county to which said appeal has been taken:

1. Copy of the complaint, notice to appear and any other documents in the nature of pleadings filed by the board;

2. The answer and any other documents in the nature of pleadings filed by the accused;

3. Transcript of testimony, exhibits and any documents in the possession of the board which have any relevancy on such appeal.

Upon the filing of said records the clerk of said court shall set the appeal for hearing and notify the appellant and the board of the time and place of said hearing, which shall be before a judge of that court.

On appeal the court shall consider the record certified by the secretary of the board and such other evidence or testimony that either party may offer and introduce and the court may affirm or reverse the order of revocation or suspension entered by the board. In the event an appeal is taken from the order of the board revoking the license such order of revocation shall be without effect unless affirmed on appeal by the circuit court.

Section 11. Any person violating any of the provisions of this act shall be guilty of a misdemeanor and upon conviction be punished by a fine of not less than twenty-five dollars ($25) or more than one hundred dollars ($100).

Approved by the governor March 28, 1949.
Filed in the office of the secretary of state March 28, 1949.

STATE PRINTING DEPT.
[ 12 ]
APPENDIX E

Examination Questions
Oregon State Board for Examination
and Registration of Nurses
October, 1928

Anatomy and Physiology

1. Name the various systems of the body and give the main function of each.

2. Of what microscopic units are the tissues composed?

3. Name the substances that make up a cell.

4. Name the four distinct tissue groups of the body.

5. (a) Into what groups are the bones of the skeleton divided?
   (b) Give the functions of bones and classification according to shape.

6. (a) What are joints?
   (b) Classify according to degree of movability.

7. (a) What is muscular tissue?
   (b) Give function of muscles.
   (c) Classify.

8. (a) What is the nervous system?
   (b) Classify according to location.
   (c) Classify according to function.

9. (a) What are the vascular systems?
   (b) Describe the blood briefly as to composition; function.
   (c) Give brief description of the heart and its function.

10. (a) Name the ductless glands of the body.
    (b) What is meant by endocrine balance.

11. Name the organs of the respiratory system and their chief functions.

12. Name the organs of the digestive system, their functions, secretions and action on various foods.
Ethics and History of Nursing

1. What is meant by nursing ethics?

2. On whom does unprofessional conduct reflect most, the nurse or her profession?

3. How much does one's mental attitude towards nursing have to do in influencing the success of any worker?

4. Why do you wish to obtain a certificate of registration?

5. Name five qualifications of a nurse.

6. Name two national nurses organizations.

7. Name one magazine owned and published by nurses. Who is the editor?

8. Name three nursing textbooks written by nurses.

9. (a) Tell what you know of the National Nurses Association.
    (b) Your State Association.
    (c) What does a nurse gain by being a member of the State Association?

10. Name three nationally known nurses.
Examination Questions
April 26, 27, 1934

Anatomy and Physiology

Answer all questions on this paper.

1. Name and locate ten bones in the body.
   1. ________________________________
   2. ________________________________
   3. ________________________________
   4. ________________________________
   5. ________________________________
   6. ________________________________
   7. ________________________________
   8. ________________________________
   9. ________________________________
   10. ________________________________

2. Locate the following:
   1. Sternoceleidomastoid ________________________________
   2. Gluteal ________________________________
   3. Trapezius ________________________________
   4. Deltoid ________________________________
   5. Poupart's Ligament ________________________________

3. (a) Name and locate four arteries.
   1. ________________________________
   2. ________________________________
   3. ________________________________
   4. ________________________________
(b) Name the arterial supply of myocardium.

________________________________________

________________________________________

4. (a) What is the unit of structure of the nervous system?

________________________________________

(b) Name and give the function of four cranial nerves.

1. ______________________________________

2. ______________________________________

3. ______________________________________

4. ______________________________________

5. (a) What is the difference between serous and mucous membrane?

________________________________________

________________________________________

(b) Name three (3) places where serous membrane is found.

1. ______________________________________

2. ______________________________________

3. ______________________________________

6. Name five functions of the blood.

1. ______________________________________

2. ______________________________________

3. ______________________________________

4. ______________________________________

5. ______________________________________
7. Where are the Islands of Langerhans found and what is their function?

1. ____________________________

2. ____________________________

8. Name the four (4) channels by which waste is eliminated from the body.

1. ____________________________

2. ____________________________

3. ____________________________

4. ____________________________

9. Tell where the following digestive juices are found and what food substances they act upon: Pepsin, Trypsin, Amylase or Amylapsin, Lipase or Steapsin, Suceus Entericus.

<table>
<thead>
<tr>
<th>Digestive Juice</th>
<th>Location</th>
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<tbody>
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<td>5.</td>
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10. What are the following:

1. Hemolysis ____________________________

2. Hemoglobin ____________________________

3. Pia Mater ____________________________

4. Bundle of His _________________________

5. Agglutinins __________________________

6. Thrombus ___________________________
8. Leukocytosis

9. Pericardium

10. Pituitary

**Ethics and History of Nursing**

Answer all questions on this paper

1. (a) Asklepics was

    (b) Hygeia was

    (c) Hippocrates was

    (d) Fabiola was

2. Who founded:

    (a) The Sisters of Charity?

    (b) Deaconesses of Kaiserworth?

    (c) Modern Nursing?

    (d) Henry Street Settlement?

3. (a) Who founded the Red Cross?

    (b) When did the United States join the International Red Cross?

    (c) Where is National Red Cross Headquarters located?

4. (a) What nurse in America started the movement for the proper housing and care of the mentally ill?

    (b) Name two important facts about Clara Barton.

1. ____________________
2. __________________________

5. (a) Name three (3) Nursing Organizations in the United States.
   1. __________________________
   2. __________________________
   3. __________________________

(b) Name one (1) International Organization.
   1. __________________________

6. What qualities does a nurse possess to be what you consider an ideal nurse?
   1. __________________________  2. __________________________
   3. __________________________  4. __________________________

7. Name four (4) things you expect of a nurse employed in your home.
   1. __________________________  2. __________________________
   3. __________________________  4. __________________________

8. Why is it best for the patient to have an optimistic nurse?
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

9. Name two (2) factors which aid in the development of self-confidence.
   1. __________________________
   2. __________________________
10. Explain how you can become a member of the American Nurses' Association.