At the annual business meeting of the National Association of Nurse Anesthetists the following officers were elected for the year 1935-36:

President—Hilda R. Salomon, Jewish Hospital, Philadelphia, Pa.
First Vice-President—Verna M. Rice, R.F.D. No. 1, Box 116, Mobile, Ala.
Second Vice-President—Olive L. Berger, Johns Hopkins Hospital, Baltimore, Md.
Third Vice-President—Eva M. Dickson, Brooklyn Hospital, Brooklyn, N. Y.
Treasurer—Gertrude L. Fife, University Hospitals, Cleveland, O.
Trustee—Helen Lamb, Barnes Hospital, St. Louis, Mo.

STANDING COMMITTEES — 1935-36

Educational—Helen Lamb, Chairman; Olive Berger, Mae B. Cameron, Mabel Hard, Mary H. Muller.
Public Relations—Marian Robinson, Chairman; Lou E. Adams, Cora McKay, Myra B. Quarles, Anna Willenborg.
Publishing—Gertrude L. Fife, Chairman; Esther Meil, Florence Sergeant, Louise Schwarting, Gertrude Alexander Troster.
Membership—Myrn Momeyer, Chairman; Marian Hollister, Marjory Walker.

PRESIDENT’S REPORT

This is the third annual meeting of our organization. It is again time for the president to give a report of her stewardship. We have this past year carefully studied all phases of the organization and in each step we have proceeded cautiously. Our program has been constructive, and while aiming to correct certain evils, has emphasized the soundness of underlying principles which help to make this world a better place in which to live. Our philosophy of life has been one of action, and our prevailing standard one of service.

Largely through the efforts of the organization in the past two years, we have seen a trend towards better organized Schools of Anes-
thesia. The hospitals are becoming more conscious of the value of carefully trained anesthetists. The success of our program has largely been due to the cooperation and support given us by the hospital organizations.

Through the influence of the organization the number of anesthetists being graduated each year has been reduced. This has been accomplished in two ways. First, the courses in anesthesia have been lengthened; and second, the number of students admitted to the better schools has been limited to the number that the school can feel reasonably sure of placing in positions post-graduation. The lengthening of the course has sent into the field more experienced and better trained anesthetists. It has also helped to maintain and even increase in certain instances the remuneration of the anesthetist, in the face of the world's greatest reduction in earnings. We must in this connection weigh values, and as an organization we must strive to keep one step ahead of the over-production by increasing the requirements for entrance to the field. We shall have a happier, more wholesome group and we shall be free to devote our efforts to finer developments of more lasting value.

The Board of Trustees and the Educational Committee of the National Association have given a great deal of thought to the educational program. Without a doubt the greatest benefits to our group and to the profession as a whole will result from concerted action leading toward the establishment of greater uniformity of the Schools of Anesthesia. Primarily we are concerned with raising the educational standards. No agency is as potent as a well organized group within the profession, because it is an obvious fact that any professional group knows its needs better than any other group. In our case the nurse anesthetist has to a large extent been the educator. The initiation of the nurse as an anesthetist was an experiment, and the nurse herself is responsible for the continuance of the practice because she met the situation and justified the surgeon's faith in her ability. It therefore is the nurse anesthetist who must guide and influence the future education of the nurse entering this field.

Any endeavor of value, however, will meet with opposition from some sources. We have proceeded quite aware of the selfish interests and the destructive forces, as well as the friendly interests, prevailing during these last few years. We can hardly hope for the protection of the nurse anesthetists' education where in certain instances those educating the nurse anesthetist are now also serving on committees to abolish the nurse anesthetist from the field of anesthesia. It therefore behooves us to go forward with the program that is being given consideration by our own group. The Educational Committee has prepared a report setting forth the aims and purposes of the education of the nurse anesthetist, and a curriculum is to be recommended which if followed will accomplish these purposes and aims. I hope this report will be accepted and ready for publication directly after this meeting. If it is, we have taken one step forward in our educational program, and we shall have as a result a yardstick to measure the value of the existing schools, and a pattern that can be used to guide the various schools throughout the country.

During the past year four issues of the Bulletin have been published. It is the first time the nurse anesthetist has been given an opportunity,
and has been encouraged, to report her experiences. The magazine has helped to establish a spirit of friendship among our members, and has been the official organ of communication. The files at headquarters contain many letters from our members commenting on the educational value of this publication, and as one member stated, "The publication alone is worth my dues in the organization." Superintendents and surgeons throughout the country have written for copies, and many have asked to be placed on the permanent mailing list. Financially, through the cooperation of the commercial companies accepting advertising space, the magazine has not only met expenses—it has shown a profit. I hope that in the next year the value of this publication will be enhanced by more contributions from our members.

It has been encouraging to see the efforts put forth towards the organization of state groups. New York, Pennsylvania, Ohio, Alabama, Virginia, Minnesota, California and Missouri are well organized. Texas has two very active sectional groups, and Florida has just recently held an organization meeting. In Wisconsin, Connecticut, Massachusetts and Washington organization plans are being considered. The states have organized with a keen desire to further a program that will aid every anesthetist in this country. The absence of sectional feeling and selfish personal motives has placed these organizations on a sound basis, working in cooperation with the larger group, to lay the foundation of an organization that will in the future be a pride to each and every one of us.

The Public Relations Committee, the Revisions Committee and the Membership Committee have been untiring in their efforts this year, to do a good piece of work. Issues have been met fairly and squarely. The reports of these committees tell the story, and I personally consider it a privilege to have had the opportunity to work with these women.

Upon leaving the office of president I extend thanks to the Board of Trustees for the loyal support and cooperation given me. To the membership I extend grateful appreciation for the many letters of encouragement and the wholehearted assistance extended during many trying and discouraging times. I consider it an honor to have been the second president of this group. I now pass the torch on to another. Forgive me if I pass it on with sadness—wishing it were burning brighter. But the flame is still there. I am convinced after working with this body for two years that with future care we can build from this flame a beacon so strong, so bright—that its light will guide us to the fulfillment of our objective.

Respectfully submitted,

GERTRUDE L. FIFE

REPORT OF EXECUTIVE SECRETARY — 1934-35

To date 1122 applicants have been accepted as active members of the National Association and 75 as associate, making a total of 1197 applications passed upon by the Membership Committee.

During the year 319 notifications of acceptance were mailed to applicants who were accepted and approved by the Membership Committee.