The effects of World War II on the association may be summed up under three heads:

The first was the increase in applicants for membership from the Armed Services and from schools that opened during the war and continued to spring up as a result of the persisting shortage of anesthetists. While it was recommended that Service-trained anesthetists who had had less than a 6-month course should supplement their education before making application, not so easily resolved were the difficulties of screening applicants from the new schools. Any further delay in effecting an accreditation program would be detrimental to the avowed objectives of the association. The program had to be reactivated with emphasis on aiding the schools to improve their educational standards and putting a stamp of approval on institutions of merit.

The second, which served only to intensify the need for the accreditation of schools of anesthesia for nurses, was the postwar increase in the number of medical anesthetists—many of them trained in the Armed Services—whose efforts to establish themselves in a civilian economy brought about a resurgence of activity against the nurse anesthetist (see Part One, Chap. 9). In the face of these attacks, the association could not afford to have the education of its potential members questioned or the teaching programs in the schools undermined by the influx of medical anesthetists.

The third, the retention of incumbents in office during the war, as a result of the lack of a quorum at the 1943 annual meeting and the canceling of the meeting in 1945, and the failure of the bylaws to provide for the control of nominations by the membership, led to a movement among affiliated associations for a change in the election and the voting procedures. Discord within the association plus propaganda against nurse anesthetists in lay publications (see Part
One, Chap. 9) called for renewed efforts with regard to public relations and increased service to members.*

Between the annual meetings in 1946 and 1950 a wider representation of regional groups became apparent in the composition of the Board of Trustees. At the thirteenth annual meeting in Philadel-

*At a meeting of the Southern Surgical Association, December 9-11, 1947, the following resolution was passed unanimously:

"Although the Southern Surgical Association has been and always will be extremely interested in the advancement of all medical sciences, and particularly in anesthesia because of complete dependence on safe anesthesia for the safe performance of a surgical procedure, it, the Southern Surgical Association, heartily disapproves of the publicity given by certain newspapers and popular lay magazines to the statements sponsored by a group of anesthesiologists who are seeking to discredit the well trained nurse anesthetist and to compel surgeons to operate only if anesthetics are administered by physician anesthetists.

"This attempt to persuade the public that there is grave danger in a surgical operation if the anesthetist is not a certified medical specialist is already decreasing the number of efficient well trained nurse anesthetists and forcing surgeons to perform recently developed complicated operations with anesthetics administered by young hospital interns or general practitioners, neither of whom have special training or experience in the administration of an anesthetic." (J. Am. A. Nurse Anesthetists 16:70, 1948.)

The American Medical Association also took exception to the publication of such articles in a resolution passed by the association's trustees:

"The attention of the Board was called to articles being published in the lay press regarding nurse anesthetists, and it was voted to condemn publicity that is not based on a scientific understanding and that does not accurately reflect the prevailing situation." (J.A.M.A. 136:834, 1948.)

With respect to legislative activity, two attempts were of sufficient importance to deserve mention. On January 31, 1947, Senator Kraft introduced Bill 1059 into the California Senate; this bill, which would have prohibited the penetration of human tissues by anyone but a licensed physician, was amended, the initiative for presenting the nurse anesthetist's position being taken by Cleo Bopp, a member of the California affiliate. (Amended California Senate Bill 1059.)

The other bill, to amend the Education Law of New York State (A. Int. No. 3030, Schuyler, 1948), would have required the licensing of all persons administering anesthesia, and would have eliminated the nurse anesthetist from practice in that state by a process of attrition. The bill was defeated in committee on March 15, 1949.

(J. Am. A. Nurse Anesthetists 17:177, 1949.)

At a meeting on February 22, 1948, the Board of Regents of the American College of Surgeons adopted a resolution commending the services of nurses who had had special training in the administration of anesthesia and recommending the continuance of training courses in this field for nurses. The resolution read as follows:

"The American College of Surgeons regards with deep concern the actions of some physician anesthesiologists in giving the impression to the laity in the public press that it is unsafe for experienced nurse anesthetists to conduct surgical anesthesia. While it supports the increasing tendency of having physician anesthesiologists in charge of surgical anesthesia, it deplores at this time any propaganda for the elimination of the trained nurse anesthetist. On the contrary, the American College of Surgeons is of the opinion that, in view of the inadequacy in number of the physician anesthesiologists and in view of the splendid record of achievement of the nurse anesthetists, institutions engaged in the training of nurses for this purpose should be encouraged to continue their programs."
phia, September 30 to October 3, 1946, Lucy E. Richards was elected president; Myra Van Arsdale, first vice-president; Edith Helen Holmes, second vice-president. Trustees were Palma Anderson; Alma Webb; Marie N. Bader, Colorado Springs, Colo.; Ruth Bergman, Northwestern Hospital, Minneapolis; Mabel Courtney, Grace Hospital, Detroit; and Ann Decker, Maine General Hospital, Portland, Maine.

At the fourteenth annual meeting in St. Louis, September 22-25, 1947, the president and the first vice-president were re-elected, and Mabel Courtney became second vice-president. Marie N. Bader, Ruth Bergman and Ann Decker were retained as trustees, the new trustees being Edith Aynes, a California member connected with the Surgeon General's Office, Washington, D. C.; Verna E. Bean, St. John's Hospital, Brooklyn; and Gertrude Alexander Troster, Memphis, Tenn.

Myra Van Arsdale became president at the fifteenth annual meeting in Atlantic City, September 20-23, 1948; Mabel Courtney, first vice-president; and Ruth Bergman, second vice-president. Edith Aynes, Verna E. Bean and Gertrude Troster had another year to complete their terms as trustees, and Julia Baines, Des Plaines, Ill.; Josephine Bunch, Shriners' Hospital for Crippled Children, Portland, Ore.; and Minnie V. Haas, St. Joseph's Hospital, Fort Worth, Tex., were elected for the 2-year term.*

The president was re-elected at the sixteenth annual meeting in Cleveland, September 26-29, 1949. Marie N. Bader became first vice-president and Verna E. Bean second vice-president. New trustees were Lillian Baird, University of Michigan Hospital, Ann Arbor, Mich.; Mary Costello, Cincinnati General Hospital, Cincinnati; and Betty E. Lank, Children's Hospital, Boston.

Verna E. Bean became president at the seventeenth annual meeting in Atlantic City, September 18-21, 1950; Josephine Bunch, first vice-president; and Minnie V. Haas, second vice-president. Elected for the 2-year term as trustees were Hazel Peterson, Deaconess Hospital, Minneapolis; Edna Peterson, St. Francis Hospital, San Francisco; and Harriet Aberg, Cottage Hospital, Galesburg, Ill.

Gertrude Fife remained in the office of treasurer until the annual meeting in 1950, when she declined the nomination, and Agnes

* A revision to the bylaws accepted at the 1946 annual meeting provided for the election of 3 trustees each year for a 2-year term, a second term being permissible.
Lange, Ravenswood Hospital, Chicago, was elected to replace her. Mrs. Fife had served as treasurer for 15 consecutive terms.* The treasurer's office was moved to Chicago on November 1, 1946.

A change occurred in the office of executive secretary with the resignation of Anne M. Campbell on December 15, 1947, and the appointment of Florence A. McQuillen, chief nurse anesthetist at the Mayo Clinic, as executive director on January 30, 1948. On February 1, 1951, the executive office moved to 116 South Michigan Avenue, Chicago.

Expanding activities in publications, public relations and education during this period led to the appointment in November, 1946, of Virginia S. Thatcher, formerly editor at the Cleveland Clinic, as full-time managing editor and public relations director, and the retention of members of the department of psychology and education at Northwestern University as educational consultants.† Emanuel L. Hayt, New York City attorney and specialist in hospital law, was named the association's legal advisor during 1948.

The movement of regional groups to obtain a stronger voice in the government of the national association had three objectives: (1) the institution of a house of delegates or a mailed ballot, the criticism being that members in the area of the convention city controlled elections; (2) an elected nominating committee, rather than one appointed by the trustees; and (3) the abolishment of the right of inactive members to vote and hold office. The second and the third objectives were realized in revisions to the bylaws at the annual meetings in 1947 and 1948. In 1947 an accepted revision provided for a nominating committee of 5 members, 4 to be elected by the membership and 1 to be appointed by the trustees. In 1948 the right of inactive members to vote and hold office was eliminated. However, the matter of a house of delegates—the agitation for it far exceeding that for a mailed ballot—was not settled so expeditiously. It remained an item of unfinished business from 1947, when it was contained in a proposed revision to the bylaws, until 1951. At the 1951 convention the report of a 2-year study of a house of delegates by the planning committee led to the unanimous acceptance of a

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*At the thirteenth annual meeting in 1946, Mrs. Fife was made the association's second honorary member.
†Adam R. Gilliland became advisor to the examination committee in 1946, and Joe Park, advisor to the educational committee in 1947; these were temporary appointments.
resolution that the question be postponed indefinitely. Another re-
vision in connection with the voting procedure was accepted at the
annual meeting in 1949 when the quorum was increased to 100
members from 20 states.

The need for the continuous elevation of educational require-
ments for membership brought about other major changes in the
bylaws during the postwar period. In a 1946 revision an 8-month
course was to be required of applicants graduating from a school of
anesthesia after September 1, 1947, and in a 1948 revision a 1-year
course was to be required of applicants graduating after January 1,
1951.

The resistance to male nurse anesthetists finally broke down, and
at the 1947 convention the bylaws were revised to admit "any per-
son" who met the qualifications. The following year a proposal to
have a classification of junior membership was rejected.*

In order to increase service to members and to broaden the scope
of the association's activities, a number of projects were undertaken
between 1946 and 1950. The most important grew out of a recom-
mandation approved by the trustees in September, 1945, that the
trust fund be abolished and the money returned to the general fund;
the possibility that any aged or indigent member could be supported
by the interest on the accumulated principal of the fund seemed
very remote. However, Myra Van Arsdale, the chairman of the trust
fund committee, saw that the money might be utilized better in an-
other way. Upon her recommendation the trust fund was abolished
at the annual meeting in 1948, and the money was converted to an
educational fund in honor of Agatha Hodgins. The purpose of this
fund—the Agatha Hodgins Loan Fund—was to provide financial
assistance to graduate anesthetists who wished to prepare to teach in
schools of anesthesia for nurses.†

*A few changes occurred in the composition and work of certain committees. A
recommendation of the examination committee in September, 1945, that the state
credentials committees be abolished because of the difficulties in processing applica-
tions for the qualifying examination was accepted at the 1946 annual meeting. That
same year the executive committee became the planning committee, composed of the
president, the treasurer, the executive secretary ex officio and two members, whose func-
tion was to act as advisors to the Board of Trustees. The composition of the finance
committee was changed to include the president, the treasurer, the executive secretary
ex officio and one other member. A government relations committee was provided
for in the bylaws accepted in 1947.

†The nucleus of a scholarship fund in the amount of $300 was given to the associa-
tion at the time of the 1947 annual meeting by Mr. and Mrs. A. N. Haskell of Detroit.
The honoring of loyal friends of the nurse anesthetist and the association was seen as a welcome obligation by the trustees during 1947, and at the annual meeting in St. Louis that year the first of a series of awards of appreciation was given to Barnes Hospital. Recipients of the award in subsequent years were George Crile, posthumously (1948); the University Hospitals of Cleveland (1949); Gertrude Fife (1950); and Mae B. Cameron, director of the Ravenswood Hospital School of Anesthesia, Chicago (1951).

The need for expanding activities in the association's publications and educational exhibits programs resulted in the launching of the A.A.N.A. News Bulletin in September, 1947, the authorization of a history on the nurse anesthetist and the association at the 1947 annual meeting and the construction of a permanent background for educational exhibits during 1948.*

As a member of the larger community of workers in the field of medical care, the association was prompted to investigate the possibility of closer relations with the American Nurses' Association, and from 1946 active interest in the Structure Study of National Nursing Organizations was displayed by individual nurse anesthetists as well as the trustees of the national body. When the Federal Government moved to pass legislation making health insurance compulsory, the association was the first of the national organizations of nurses to denounce such legislation, a resolution in opposition to it being passed at the annual meeting in 1949.

Through the efforts of Emanuel Hayt, the association's legal advisor, liability insurance coverage was obtained for association members early in 1949. As another service to members, with the May, 1948, issue of the Journal, Hayt began to write a column in which he reviewed court cases on malpractice and other matters of legal interest to anesthetists.

None of the aforementioned activities overshadowed the accreditation program, and an account of how it finally was brought to

A contribution of $200, to be used as an outright grant, was made for the same purpose by Elizabeth Navarro, a member of the New York affiliate.

Among the contributions to the Agatha Hodgins Loan Fund were $200 from both the Tennessee and Missouri affiliated associations, $300 from the Ohio affiliate and $50 from the Florida affiliate in memory of Mary C. Brown.

*A book review section was started in the May, 1947, issue of the Journal.

The association participated as an exhibitor at the Biennial Nursing Convention in 1946; this was the first time that an exhibit was prepared for a national meeting other than the meetings of the American Hospital Association.
completion makes an appropriate ending for this history of the association. After a meeting of representatives of the American Hospital Association and the A.A.N.A. on May 2, 1946, at which time the methods for procedure were outlined tentatively, the trustees of the A.A.N.A. appointed two standing committees—which were provided for in the revised bylaws—an approval committee and an advisory to the approval committee, the latter to work out the mechanics of the program. From early in 1947 until January, 1952, all other educational projects became secondary. (The association's second recommended curriculum guide was released in 1946, its preparation having been the work of a committee of which Alma Webb was chairman.)

Although it had been decided at the joint conference in May, 1946, that the association should be the accrediting agency, rather than any other organization, the advisory to the approval committee, of which Helen Lamb was chairman, worked in close co-operation with representatives of the Council on Professional Practice of the American Hospital Association—Frank R. Bradley, Charles T. Dolezal and Charles Prall.

The principal problem that faced the association in undertaking to act as the accrediting agency alone was how the program could be financed. The answer was found in increasing the dues of active members, and at the seventeenth annual meeting in 1950, the dues were raised to $20, a specified amount of the increase being set aside to cover the cost of initiating and perpetuating the accreditation program. A second problem was the securing of advisors from the field of adult education to aid in preliminary workshop conferences, the preparation of questionnaires and the initial inspection of the schools of anesthesia for nurses. On March 17, 1951, Eugene Lawler, Raymond Lowe and Adam R. Gilliland of Northwestern University were appointed accrediting advisors, Dr. Lowe subsequently being replaced by Cameron W. Meredith from the same university.

The formulation of the criteria of accreditation was the assignment of the directors of the schools of anesthesia for nurses, who participated in workshop conferences during 1951. The areas for study at the workshops were defined by a pilot committee of chairmen of the association's educational committees, and on December 9, 1951, at the conclusion of the workshops, this same pilot commit-
tee met to prepare recommendations to the trustees for putting the accreditation program into effect.

On January 19, 1952, the Board of Trustees passed on the recommendations of the pilot committee, and, as of that date, a program for the accreditation of schools of anesthesia for nurses went into operation.

What has been written here is supposedly a history of an association. But, to what can one turn and say, "This is the subject of the work?" What really has been written here is the story of an idea that found acceptance by a group of people with a common community of interest in anesthesia. The power of that idea—the preservation of human life by a high standard of education for nurses who administer anesthesia—cannot be measured by the success or the failure of the methods used to project it. It can be measured only by the extent of its acceptance. On this alone depends the association's future effectiveness as an agency for improving patient care.