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## Nurses' Alumnae Association Bulletin - Volume 2 Number 2

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**Authors**

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# Nurses' Alumnae Association Bulletin

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LOOKING FORWARD

1892



1942

FIFTIETH ANNIVERSARY

*of the School of Nursing of the Jefferson  
Medical College Hospital*

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VOLUME 2

MAY, 1941

NUMBER 2

## JEFFERSON NURSES' ALUMNAE BULLETIN

Published annually

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 JEFFERSON NURSES' ALUMNAE BULLETIN  
 Jefferson Hospital, Philadelphia, Pa.

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##### *Ethics*

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\*\*\*

### TREASURER'S REPORT, MARCH 1st, 1941

Scholarship Fund	\$3,509.18
Relief Fund	447.68
Central Penn National Bank	1,141.62
Cash on Hand	78.00

Total \$5,176.48

#### Members Paying Dues Since January 1, 1941:

New	34
Resident	198
Non-Resident	138
Associate	8

Total 378

We have just added \$4,400.00 to our Relief Fund, making a total of \$15,400.00 which we have placed with the Board of Trustees of Jefferson Hospital as a Trust Fund, the income of which is used to pay the hospital bills of sick members of the Association.

The investment of this Fund yields approximately \$400.00 annually. We still find it necessary to ask for contributions, but we hope that \$1.00 from each member this year will be sufficient to meet the expenses of the Relief Fund during the coming year.

As you know, our goal is to increase the period of sick benefits from two to three weeks, and also to include payment of hospital bills of members confined to hospitals other than Jefferson. This achievement is on the horizon, but we still need your help to continue this work.

MARGARET CAREY, *Treasurer.*

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The Annual Alumnae Card Party was held October 23, 1940, at the New Century Club. Very attractive prizes were donated. The proceeds have been added to the Relief Fund.

# NURSES' ALUMNAE ASSOCIATION BULLETIN

VOLUME 2

MAY, 1941

NUMBER 2

Miss Ella Benson organized the Training School in connection with the hospital in 1892, making it a two years' training course. In a short time Miss Benson was succeeded by Miss Effie Darling as Directress of the Training School for Nurses of the Jefferson Hospital. In March, 1895, the training school consisted of three graduate nurses, thirteen student nurses and six male nurses.

Excerpt—from History of the School of Nursing of The Jefferson Medical College Hospital, by Clara Melville, R.N., Class of 1910. Directress of Nurses, 1915-1937.

Another year has passed and that Long awaited for day is with Us again—Alumnae Day! Meeting our old friends and making New ones at the luncheon at 1 P. M. And the dance at 9 P. M.—both Entertainments held at the Warwick. Don't forget the date, May 3rd. And let's all pull this Year to make it one gala day!

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#### CLASS OF 1916

This is Your Silver Anniversary

#### CLASS OF 1931

This is your 10th Anniversary  
 Join us 100%

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GREETINGS, DEAR ALUMNAE

MEMBERS:

The fine spirit of friendliness and understanding has given me courage to accept the presidency of the Association. Let each and everyone of us far and near take a part in making 1942, the Golden Jubilee Year, the outstanding event of our organization.

We all regret it was necessary to accept Miss Berenice Freudenberger's resignation, who was such a loyal, capable and faithful worker in our organization. May she find her new position a pleasant and interesting one.

I am looking forward to meeting you at our next Alumnae Day.

DOROTHY BULETTE, *President.*

#### COMING EVENTS

April 18, 1941 (Friday), 7.30 P. M.—Alumnae Meeting.

May 1, 1941 (Thursday), 8 P. M.—Commencement Exercises of the Class of 1941, Amphitheatre, Jefferson Hospital.

May 3, 1941 (Saturday)—9th Annual Luncheon and Dance, Warwick Hotel.

May 6, 1941 (Tuesday)—Graduate Nurses' Chorus of Philadelphia Spring Concert, Town Hall, Philadelphia.

Guest artist, Joseph Baltisba, Pianist.  
 May 14, 1941 (Wednesday), 8 P. M.—Doctors' and Nurses' Night—Philadelphia County Medical Society, 301 South 21st Street, Philadelphia.

May 16, 1941 (Friday)—Annual Alumnae Meeting. Election of Officers.

## COME ON, '32

The class of '32 is very busy making an all-time record. I have been told "by a reliable source" if we continue having the highest attendance at the Alumnae Luncheon for the next two years, making our record ten consecutive years, we will be considered unbeatable. In other words, all the honor, glory and, not to forget the lovely flowers, will be forever ours. We have beaten competitors, but now we have a real goal. I'll be looking for you.

GAIL GONDER WILLARD, '32.

\* \* \*

## BALLOT FOR OFFICERS

Election, May 16, 1941, Annual Meeting

## PRESIDENT

Dorothea Bulette. . . . . *Private Duty*

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Clara Gerber Hardy. . . . . *Private Duty*  
Eve Fedock. . . . . *Supervisor*

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Marie Scherer. . . . . *Supervisor*  
Florence Heist. . . . . *Private Duty*  
Lucille Marquette. . . . . *Private Duty*

## HOSPITAL NEWS

The Fifth Floor Annex for Semi-Private Patients officially opened January 1, 1941. The floor consists of nine wards of four or five beds each. One ward has two beds and is used as a recovery room. The floor accommodates thirty-four patients. The rooms are spacious, well equipped and comfortable. There has been an average of ninety-eight patients per month since the opening.

The nursing staff of this department differs from others in the hospital in that it consists of six graduate general duty nurses, two of which are on night duty for one month. There is a constant rotation of nurses from day duty to night duty. There are also three student nurses, two on day duty and one on night duty.

The floor has many advantages and is ideal for accommodating semi-private patients with an average income.

The corridor on third floor has been converted into an Orthopedic Ward. The ward will have a bed capacity for fourteen patients, consisting of women and children.

\* \* \*

During the past year we endeavored to establish a Public Health Section of our Jefferson Alumnae Association. There is an ever-increasing number of members who are becoming engaged in various kinds of public health work, such as school nursing, industrial nursing, child hygiene, and visiting nursing. We are anxious to have this group become an active section in the Association and give a program once a year following a short Alumnae meeting.

JEANNE G. GREENFIELD,  
*Chairman, Public Health Section.*

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*Announcing*

ALUMNAE DAY

*at*

The Warwick Hotel

*on*

MAY 3rd, 1941

A LUNCHEON . . . . . At 1 P. M.

A DANCE . . . . . 9 'til 1 A. M.

*See You There!*

Please return enclosed card promptly

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Washington, D. C., January 15, 1941.

MISS LYDIA YERKES, *Secretary,*  
*Jefferson Nurses' Alumnae Association,*  
*Jefferson Hospital,*  
*Philadelphia, Pa.*

DEAR MEMBERS:

It is with keen regret that I tender my resignation as President of the Jefferson Nurses' Alumnae Association. This has been necessary because of my acceptance of a position at the Doctors Hospital in Washington, D. C., which I assumed on December 8th.

I wish first of all to convey to the members my sincere appreciation of their kind expression of interest and esteem in the form of a remembrance. I am especially grateful for their interest and loyalty.

I have not had time to accomplish some of the things I had wanted to do, but I am sure you are all aware of the growth and expansion of the Association in the past ten years, and I know that each member shares the gratification of knowing that hard and persistent work on the part of many has brought splendid results and a genuine degree of satisfaction. It is my sincere hope that this work will continue; that the Relief Fund will some day be large enough to take care of non-resident members confined to hospitals other than Jefferson; that the Scholarship Loan Fund will offer in the future an amount substantial enough to be of value to a graduate who wishes to further her professional education; and last, but not least, I hope some day the income from our Funds may be large enough to maintain a home for Jefferson nurses where the declining years of a life devoted to serving others may be spent in quiet security.

I am taking the liberty of calling to your attention the increased duties of the Secretary and Treasurer, and hope that in the near future you will give serious consideration on the establishment of an office where a qualified member may combine the work of Secretary and Treasurer and perhaps have charge of the Nurses' Registry with established rules and regulations regarding an equalization of day and night duty, and requirements for young graduates to serve their share of night duty, within, say five years, after graduation. In this office, too, could be promulgated a Publicity Program, and the preparation of the annual and semi-annual Bulletin.

These are merely ideas I hope to project for meditation and action upon at some future date. The Work of Secretary-Treasurer, and the preparation of this Bulletin, would occupy the time and attention for eight hours a day of one person alone, and Jefferson Alumnae is fast reaching the point at which she must meet the opportunity to expand or be among those who do not rank with the active and important affairs of Philadelphia Hospitals.

I hope you will accept my ideas in the true light of interest I have manifested in the welfare of the Association. I shall always find keen enjoyment in everything that the Jefferson nurses are doing. I have counted them my friends over a long period of time, and trust I may still bask in their good graces for a long time to come.

I extend a hearty invitation to any who might sojourn to Washington in the future. I may be found at Doctors Hospital or at my residence on Sundays, 1812 K Street, N. W.

Sincerely yours,

BERENICE L. FREUDENBERGER.

### LEGISLATION

The following are the Bills sponsored by the Pennsylvania State Nurses' Association which were introduced March 4, 1941, by Dr. Saroff and Mr. Stockhan, and were referred to the Committee on Professional Licensure.

House Bill No. 675 provides for the following:

- a. Licensure for all who nurse for hire.
- b. State regulation of all schools, training people for any kind of nursing service.
- c. Biennial registration.

House Bill No. 874 is the Companion Bill to make the necessary amendment to the Administrative Code.

House Bill No. 872 is the Bill to earmark the funds paid into the State Treasury by the nurses for the use of the nurses.

House Bill No. 873 is the Companion Bill to the above which makes the necessary changes to the Administrative Code.

It is important that you contact members of the Professional Licensure Committee and your Legislators to ask their support of House Bills Nos. 675, 674, 673, 672 in person if you can—if not, then by letter.

Will you also interest as many other nurses as possible in sending similar letters? It is our program and large numbers of interested nurses will be needed to offset the very active campaign of the Franklin School for Practical Nursing, of Philadelphia and Pittsburgh, and the Chicago Correspondence School.

Any assistance that you may need will be gladly given by your District Legislative Committee, Sarah A. Krewson, Chairman.

Every nurse's support is needed for this job to be well done.

\* \* \*

### SCHOLARSHIP FUND NOTES

We are all very proud of what we have accomplished with our Clara Melville Scholarship Fund. With the exception of two donations, this Fund, as it stands today, represents the combined efforts of you, who, as loyal Alumnae members, have contributed to it, believed in it, and worked for its success. Even so we are still short of our Goal.

In less than a year we will celebrate the Golden Jubilee of our School of Nursing. We are eager as a highlight of the Jubilee Year Celebration to present the first loan from our Scholarship Fund.

Could you help us to make this possible by giving a personal contribution to the Fund?

Please cut out the form below and send to

MARION J. MCCORMACK, *Chairman.*

Contribution to the Clara Melville Scholarship Fund.....Date.

Name.....

Address.....

Class of.....Amount.....

Make checks payable to MARGARET CAREY, *Treasurer,* Lenox Apts, 13th and Spruce Streets, Philadelphia, Pa.

## REFRESHER COURSE

One of the problems which confronts the Nursing profession at this time is concerned with supplying the necessary nursing personnel to care for the needs of both civilian and military hospitals.

The supply which seemed adequate during normal times falls short of meeting the additional demand which now exists. Several plans to provide the necessary nursing service without causing a serious over-supply of graduate nurses when conditions again become normal, have been considered.

The recent survey of graduate nurses revealed that there are a sufficient number who will be available in an emergency. Some of these have been inactive and are unfamiliar with methods and remedies now being employed.

In order to prepare these nurses for the work they wish to engage in, Refresher Courses are being given in various hospitals. In Pennsylvania, the nursing organizations have cooperated in formulating the following outline:

## 1. OBJECTIVES:

This course is designed as a measure of National Defense, and as such, is intended to prepare nurses who have become inactive professionally and who desire to return to the nursing field in:

- 1st—private duty in homes
- 2nd—private duty in hospitals.
- 3rd—general duty in hospitals.

## 2. QUALIFICATIONS:

- 1. State registration.
- 2. American Nurses' Association membership is desirable.

## 3. UNIFORMS:

- 1. Complete graduate uniform of the school from which the nurse is graduated.

## 4. PHYSICAL EXAMINATION:

- 1. *Complete physical examination* is strongly recommended. It is suggested that it can be given by the organization at cost.

## 5. COURSE CONTENT:

The experience offered should be mainly *medical* and *surgical* with observation or experience in special services as the clinical facilities of the hospital will permit. The course should be adequately supervised. The program should include opportunities for observation and study in:

- 1. Newer medications and methods of administrative.
- 2. Oxygen therapy.
- 3. Newer diets and treatments.
- 4. Administration of fluids.

- 5. Newer methods of anesthesia and post-operative care of patient.
- 6. Preparation of equipment and materials used in treatments whether in central supply room or otherwise.
- 7. Present day charting methods.
- 8. Any other new procedures in use in the hospital giving the course.

## 6. LENGTH OF COURSE:

192 hours' complete course is suggested—including a minimum of 8 hours formal class room instruction. This 192 hours arranged in any way convenient to the organization giving the course.

The following are suggestions of the division of time:

Course	Length	Weekly Schedule	Formal Instruction	Total
Plan A	4 weeks	6—8 hr. days	2 hr. weekly	192 hours
Plan B	8 weeks	3—8 hr. days	1 hr. weekly	192 hours
Plan C	8 weeks	4—6 hr. days	1 hr. weekly	192 hours
Plan D	8 weeks	6—4 hr. days	1 hr. weekly	192 hours

These courses may begin at any time, preferably as soon as possible, and continue with additional classes as long as the demand exists.

On completion of course no certificate will be given. A statement will be made covering the number of hours of class room and clinical experience obtained in this course.

Courses will be begun at Jefferson Hospital as soon as a sufficient number of nurses apply. Details will be furnished upon application to the Directress of Nurses.

## CORRESPONDENCE

January 1, 1941

Flora Boggess Burg, '22, writes that she has been actively engaged as an anesthetist since 1922. At present she is at Frasier-Ellis Hospital, Dothan, Alabama. She was one of the first nurses to study anesthesia.

Martha Glenn, '23, anesthetist, is at St. Peter's Hospital, New Brunswick.

Miss Burg reminds her classmates that 1942 will be their twentieth anniversary.

January 1, 1941

On the stroke of midnight, the Round Robin letter for the Class of 1926 was again sent out by Frieda G. Wood. It has reached twenty members. Please hasten the Round Robin to "Fly Home" for Alumnae Day.

February 1, 1941

A letter from Nell Hill, '14, Richmond Furnace, included the address of a classmate, Katharine Witmer Adolph, listed in the 1934 Bulletin—Address Unknown.

Thank you, Nell, for locating a "Lost Member."

March 18, 1941

Mrs. Katharine Witmer Adolph, Ithaca, N. Y., has returned from China, where she was head of the local Relief Committee, advisor to the community nurse, assistant in the clinic and infirmary on the campus of Yenching University. Mr. Adolph is Bio-Chemist and head of this department at Yenching University.

March 19, 1941

Mr. and Mrs. Kenneth Moore (Mary Heverly, '15) enjoyed a 13,000-mile trip through the western part of United States and Canada, June to August 1940, visiting many points of interest.

March 22, 1941

A very fitting Easter Thought to our Association has been received from Rev. H. G. Vorseheim, Jr., Westminster Presbyterian Church, Philadelphia.

We welcome the above contributions and express our regrets for not printing entire messages, as space will not permit.

## USES OF HEPARIN IN MODERN TREATMENT

LEANDRO M. TOCANTINS, M.D., *Assistant Director*

Division of Hematology, Jefferson Medical College and Hospital, Philadelphia

Since 1929 efforts have been made to utilize the properties of heparin to influence the course of certain diseases in which there is a tendency to formation of thrombi in the vessels, with resulting obstruction of blood flow. Such events often occur between 5 and 15 days after operations, especially splenectomy and caesarian section, but also after fractures and a number of abdominal operations. This is observed particularly in elderly individuals whose tendency to thrombosis is well recognized. The clinical use of heparin in these pathological states has brought many problems of nursing care with which the nurse has as yet not been thoroughly acquainted.

The following remarks are intended to give a brief exposition of the present knowledge concerning heparin as well as to discuss various aspects of the care of heparinized patients.

Heparin was discovered in 1916 by Howell and McLean, of Johns Hopkins University. Between that time and 1929, when Best and his co-workers in the University of Toronto began their studies of the substance, heparin was used mostly in physiological experiments to facilitate the handling of blood by keeping it from clotting inside of the apparatus. Originally heparin was obtained from the liver (Hepar (L) = Liver) of dogs, but because of many impurities it was not suitable for use in human beings. After many experiments at the University of Toronto, heparin was obtained from beef lung as a crystalline barium salt, suitable for use in clinical experiments. Though the demand for heparin is increasing daily its supply is still limited because of the expense of manufacturing the product. It is distributed as a liquid, amber in color, placed in rubber-capped vials of 10. cc. each. Each 10. cc. contains 100. mgms. of the drug, each mgm. being equivalent to 100 anticoagulating units.

As yet the chemical formula for heparin is not known and no adequate synthetic substitute for it has been found. Heparin is secreted by the Mast Cells, located just under the lining of capillaries and venules throughout the body. The location of these cells facilitates their function of supplying heparin to the blood flowing in adjacent vessels. The action of heparin may be compared to that of a lubricant; it keeps the blood from sticking to the vessel wall and thus from obstructing its own flow.

*Heparin in blood transfusions.* Because of its property as an anticoagulant, heparin has been used to facilitate the collection and transfusion of blood. A given amount of heparin is added to the blood as it is withdrawn from the patient, in very much the manner as citrate is added to blood nowadays in most hospitals. This keeps the blood from clotting for several hours and makes it possible to transfer it to the receiver at leisure. Another method consists in giving the donor an injection of a heparin solution, waiting about ten minutes and then transfusing the blood by the direct method from the heparinized donor to the receiver. The transfusion can then

be carried out slowly, and since the amount of heparin in the transfused blood is small the coagulability of patient's blood is not altered materially. Within an hour after the injection of the heparin the coagulation time of the blood of the donor will have become normal so that he may return to his usual activities. Neither one of these methods has been given wide application.

*Prevention and treatment of acute thrombosis.* It has been shown experimentally as well as clinically that heparin will prevent the formation of thrombi in the vessels. This has led to a wide use of heparin in the prevention and treatment of thrombosis, following operations, acute infectious diseases, pregnancy, etc. In this respect heparin acts by preventing the agglutination of blood platelets at any injured site of the vessel. Without agglutination of platelets no white thrombi may be formed. Small thrombi are formed perhaps continuously in the body as part of the mechanism for checking blood loss from ruptured vessels. Soon after an operation, particularly those involving a great deal of destruction of tissue, changes take place in the blood that favor the agglutination of platelets. Aside from these changes there are other factors which favor thrombosis. Stagnation of the circulation caused by immobilization in bed, infection, with probable inflammation of the walls of vessels such as the veins of the extremities and those surrounding the area of the operation constitute some of these factors. The accumulation of platelets and the formation of thrombi probably begins soon after an operation, but it does not reach proportions sufficient to give clinical symptoms until some time has elapsed. By the tenth day the thrombus is large enough and old enough to be liable to become displaced in whole or in part from its attachment in the vessel and to be carried up to the lungs. There, depending on the size of the vessel obstructed, it may give slight or severe symptoms. The dislodgement of the thrombus is usually brought about by physical efforts such as getting out of bed, bending over, turning about, etc., after a long period of rest in bed. Heparin has been used in these patients with two main purposes in mind: (1) to prevent the formation and growth of the original thrombi; (2) to prevent aggravation of an occlusion caused by the lodgement of an embolus in a large vessel such as an artery. By administering heparin to the patient soon after the operation the formation of the original thrombus may be prevented; if signs of pulmonary embolism are already present heparin will prevent extension of the existing obstructing mass and of future emboli.

Unfortunately heparin to be effective must be given intravenously and since it is desirable to maintain the effect at all times of the day and night for several days it follows that the drug has to be given continuously. This is done by placing the heparin in a given amount of physiological salt solution and allowing the mixture to drip at a regular rate through a needle placed in the vein. The exact number of drops of the solution to be given to the patient per minute is calculated from (a) the number of drops known to be equivalent to one cc. of salt solution as issued from the dropper, and (b) the amount of heparin known to be contained in 1 cc. of the heparin salt solution mixture. Ordinarily a small dropper issues 18 drops per cc., and since 20,000 units of heparin are placed in a bottle with 1,000 cc. of salt solution, there are 20 units of heparin in each cc. of salt solution. This means that a rate of 15 to 20 drops per



minute must be maintained to give from 900 to 1,200 units of heparin per hour. The following points must be kept in mind:

1. Constant attention must be paid to the rate of dropping to be sure that the patient is getting the required amount of heparin and no more. This may be accomplished by keeping a chart of the rate of dropping, very much like the chart of the pulse rate with observations being made at least every half hour. A slight change in position of the arm or leg holding the needle will alter the rate of dropping and even stop the flow altogether. After each restoration of the flow (by changing the position of the arm or leg or straightening a kink in the tube) the rate of dropping must be adjusted.

2. The needle should be placed in the vein between the elbow and the wrist or near the ankle and so arranged as to allow the patient freedom for bending the arms or legs.

3. Though the same needle may be left in place as long as 5 days it is desirable that the tubing, including the dropper, be replaced by a freshly sterilized one every third day.

4. Twice a day when possible, but at least once a day, the venous coagulation time of the blood should be measured. A dose of 900 to 1,200 units of heparin per hour will usually prolong the coagulation time to about 25 minutes (normal 10 to 15 minutes). If the coagulation time shows a tendency to become more prolonged the dose of heparin should be adjusted by reducing the rate of dropping.

5. If any injections are to be given to the patient a small needle should be used, and as little injury as possible be produced. Strong purges should be avoided.

6. The presence of bruises or hemorrhages in the skin or from the mouth or the operative wound should be looked for and reported immediately upon discovery. Likewise the urine and stools should be inspected for the presence of blood. The appearance of these signs do not constitute enough reason to stop the heparinization, but they do indicate a redoubling of vigilance.

7. If the patient complains of numbness or weakness in the arms or legs that cannot be relieved by changing the position of the limbs, the attending physician should be immediately notified.

Since stagnation of blood is one of the factors favoring the development of thrombosis it is desirable about the third day after the operation to begin moving the patient from side to side in bed. Only enough moving should be done as the general condition of the patient and the state of the wound allows. Passive motion of the legs (bending at the knees) and deep breathing exercises are also helpful. Fatiguing the patient should be carefully avoided.

Before heparin was proposed for clinical use experiments were conducted on animals in which the drug was administered for prolonged periods of time to make certain that there were no deleterious effects produced. There is no evidence available that heparin has any action in dissolving or removing thrombi from their attach-

ments to the vessels. On the other hand, it does not prevent their dislodgement and breaking up once they have formed. As with many other forms of therapy it is more effective in the prevention than in the treatment of acute thrombosis.

Several difficulties still stand in the way of using heparin as a drug to prevent thrombosis: (1) The relative expensive nature of the substance. At present the cost of heparinizing a patient for ten days is approximately seventy dollars insofar as the drug alone is concerned. (2) The inconvenience of having to maintain a constant intravenous infusion and of requiring frequent vein punctures for determinations of the blood clotting time. (3) The feeling that the great majority of patients that are operated upon do not develop serious thrombotic complications. (4) The necessity of maintaining the patient constantly under observation while the drug is being given.

These difficulties will tend to restrict the use of the drug as a preventive of thrombosis to that group of patients in whom one has reason to believe thrombosis is likely to take place, namely in adults with chronic disease of the heart and blood vessels, after removal of the spleen, Caesarian Section, and in those about to submit to an operation, who have or have had thrombophlebitis or other occlusive vascular disorders. In such persons heparinization might well be undertaken as a preventive against a likely thrombosis.

*Heparin is vascular surgery.* Before the advent of heparin, operations on diseased blood vessels gave very uncertain results. This was due mostly to the fact that after completion of the operation the blood clotted within the vessels, plugging them, thereby defeating the purpose of the operation. It is now possible to open large blood vessels or remove large diseased sections and replace them afterwards with normally functioning tissues. By adding heparin to the blood flowing through the vessel, the blood is kept from clotting and obstructing the interior. Pieces of arteries have been removed and sections of veins grafted in their place with good results. Large clots filling the inside of a large artery have been removed as long as 36 hours after they had formed, with complete restoration of function to the part supplied by the occluded vessel.

*Other applications.* Heparin has been used in the treatment of other thrombotic states such as those accompanying subacute bacterial endocarditis, and in thrombosis of the central vein of the retina. In subacute bacterial endocarditis the use of heparin has been disappointing. In thrombosis of the central vein of the retina the results have been very favorable. Over 80% of such patients in the past have lost the sight of the involved eye; recently, those that have been treated with heparin have shown a high percentage of recovery of vision. The drug has been apparently effective in this group of patients, though given by the method of repeated intravenous injections, every four hours, for several days.

Research is being continued in many clinics and laboratories in the direction of improving the methods of administering heparin and to find other fields of application for this drug. Preparation of the drug is being simplified every day, with a corresponding reduction in cost. No doubt a way will be found to make its administration more practical and convenient.

## THE JEFFERSON MEDICAL COLLEGE LIBRARY

JOSEPH J. WILSON, *Librarian*

The first steps in the development of the Jefferson Medical College Library were taken when the College Building still stood on Tenth Street, on the site of the present Hospital, in the year 1898, preceding the completion of the construction of the College Building at the corner of Tenth and Walnut Streets. An organization designated "The Women's Auxiliary of the Jefferson Medical College" was formed and began the work in a small way. The members were, for the most part, the wives and daughters of members of the Board and teaching corps of the College, together with some of their friends; their chief concern was the general welfare of the student body. The first President was Mrs. Edward H. Weil, the wife of a member of the Board of Trustees; Mrs. Addinell Hewson was the Treasurer, and Miss Florence Keen was the Secretary.

At a meeting held in March, 1898, it was decided to equip a reading room and supply it with books and magazines for the use of students, the Trustees of the College having previously granted the necessary permission for the use of rooms on the first floor of the old laboratory building. The Women's Auxiliary fitted these rooms with tables and chairs and supplied them with local newspapers and a few medical magazines. A few books, which were donated by members of the teaching corps, were placed on shelves, and in September, 1898, the Jefferson Students' Reading Rooms were opened. A little later the Reading Rooms were moved to the Annex in the Hamilton-Diesinger Building, Tenth and Medical Streets. Later, in October, 1899, with the opening of the new College Building at Tenth and Walnut Streets, the space assigned for Library use in the new building, occupying the east side of the first floor, was formally occupied.

In May, 1906, the Board of Trustees decided to assume direction of the Library as a College activity and assumed responsibility for its maintenance and regulation.

The Library in the new College Building began its service October 10, 1929. The tables, chairs and lamps in the Reading Room were especially designed for use in this room. The open shelves are a special feature, permitting students freely to consult, without formality, all except a few volumes. There is shelf space for 12,000 volumes in the Reading Room, and for 38,000 additional volumes in the stack-room on the floor below making a total capacity of 50,000 volumes. At the time of its occupancy, the total number of volumes was 12,480. There are now over 40,000 books and bound periodicals on the shelves in the library.

With the occupancy of the new building many new medical journals were subscribed for and at the present time there are on file in the reading room two hundred and eighty periodicals dealing with medical and surgical subjects from all parts of the world.

The interest and pride aroused by the new Library has resulted in a large number of contributions by members of the teaching corps, the alumni, and others. We are especially indebted to the following for their gifts to the library:

Samuel Parsons Scott, Hillsboro, Ohio.  
William H. Greene, M.D.  
Albert P. Brubaker, M.D.  
S. Macuen Smith, M.D.  
Hobart Amory Hare, M.D.  
P. Brooke Bland, M.D.  
Mrs. Francis Torrens Stewart.

The college has been the recipient of a very valuable collection from the estate of the late Dr. Pascal Brooke Bland, which includes his entire Medical library of 2850 volumes. Many of these books are very rare and consist of first editions and out of print tomes of long ago. This gift will give Jefferson one of the finest collections of books on Gynecology and Obstetrics anywhere in this country.

Doctor Bland's interest in our library had extended throughout his long association with the College; for many years he served as chairman of the Library Committee and under his guidance the library grew into one of the very fine institutions of its kind in the country.

New books and latest editions of American and foreign authors are constantly being added to the shelves, so that the users of the Jefferson Medical College Library may keep abreast of the newer literature pertaining to the medical sciences.

### Let's Make 1941 a Record Year for Alumnae Membership.

Those who have applied and been accepted for membership into the Alumnae Association this year are as follows:

Josephine Barbour	Janet Lynch
Rebecca Browning	Helen Lehotsky
Dorothy Chambers	Jean Lockwood
Lydia Cressman	Rebecca Martin
Mary Banks Dale	Ethel Marshall
Doris Packer	Edna Mason
Englebrecht	Dorothy McComb
Marty Flyte	Isabel Martinelli
Virginia Foor	Elizabeth Martin
Virginia Falkenburg	Ruth Mack
Margaret Foor	Margaret Racik
Edna Fortner	Helen Nissler
Alice Freed	Lorraine Pensinger
Violet Garret	Ruth Ritter
Fern High	Ellen Remensnyder
Sarah Haines	Mary Shelley
Janet Hicks	Anna Sherman
Blanche Hill	Dorothy Shanely
Stella Jedrziewski	Frances Saltys
Helen Job	Alma Schaeffer
Sara Kelly	Juliet Umberger
Elizabeth Knowles	Angela Veet
Mildred Kalinowski	Harriet Werley
Ruth Kiefman	Berence Wigglesworth
Winnie Kistler	Frances Wippel
	Arline Yost

The Red Cross Committee of the Alumnae Association wishes to report the following new members March 15, 1941:

Frances Wildonger	Class of 1929
Lydia Purdee	Class of 1937
Josephine M. Smith	Class of 1938
Rebecca Martin	Class of 1939
Miriam Brunner	Class of 1937
Grace Bundy	Class of 1931
Helen Byerly	Class of 1939
Catherine Crotty	Class of 1937
Lorraine Pensinger	Class of 1939
Virginia Foor	Class of 1938
Ruth Frances Mock	Class of 1933
Harriet Werley	Class of 1940
Sarah Haines	Class of 1936
Eleanor Henry	Class of 1934
Helen Miller	Class of 1935
Evelyn Rolland	Class of 1934
Isabelle Martinelli	Class of 1938
Mary McMullen	Class of 1935
Dorothy Packer	Class of 1934
Lydia Cressman	Class of 1940
Lorraine Maciejewska	Class of 1938
Frances K. Johnston	Class of 1933
Ellen Crawford	Class of 1935
Ruth Paden	Class of 1939
Frances Solty	Class of 1940
Helen Houseal	Class of 1938

NORMA ZEIGLER SMITH,  
*Chairman.*

## NURSING SCHOOL EDUCATION

ETHEL M. HOPKINS, *Director of Nursing Education*

I have been asked to give you a report of the activities of the Educational Department of the School of Nursing, and particularly of the changes that have been made within the last few years.

There has been a conscious effort to bring about no changes that would seem radical in any way. No change has been made without first considering the good of the patient. While a school of nursing is concerned primarily with the education of nurses, the heart of the educational program would be left out if the welfare of the patient were not the first consideration. The only real change in administering the educational program is the attention given to the entering classes in September and February. Instead of putting these two groups together as one class in the second year, we have continued the teaching in separate class units. This has been done for two reasons. First, so that fewer students will be taken from the floors at one time, leaving more students on duty to care for the patients. The second reason concerns the student. There is a more even distribution of class hours per student, and she is not plunged too far ahead of her ability to grasp material presented. This is an additional load for the teaching group, in this respect the doctors have been most sympathetic.

You are all familiar with the fact that a "Curriculum Guide for Schools of Nursing" was published in 1937 by the National League of Nursing Education, after an extensive study of the nursing field and of the schools of nursing in the United States. While this is not entirely different from "A Curriculum for Schools of Nursing," published in 1927, it does differ in several ways.

FIRST: It signifies by its title that it is a guide to the individual school in building its own curriculum.

SECOND: Emphasis is laid on the social, economic and public health aspects in nursing in the care of all patients, as well as the physical aspect. Much more attention is given to the nursing care of patients suffering from nervous and mental diseases.

THIRD: There is an attempt made to integrate the teaching, so that many of the courses that have been added and *hung on* to the curriculum will be eliminated as subjects. The content of these courses will in most instances be retained and presented in a more effective manner, *e.g.*, Personal Hygiene should be taught in reference to the nurse herself through her physical examination, in the study of the sciences, the nursing arts course, and in professional adjustment.

FOURTH: I read into this Curriculum Guide an admission that the trend has been to overemphasize the theoretical side of nursing and that it is the hope of those who have had most to do with the building of the Guide, that there will be a closer correlation in ward and classroom teaching.

If I have made these points clear, you will see that it is necessary for every person concerned with the care of patients, and therefore in the education of the nurse, to be familiar with the whole plan and program of the school, if such a curriculum is successful.

We attempted to familiarize ourselves with the "Curriculum Guide" by discussion of it in the Organized Staff meetings during one entire winter. This was followed the next year by frequent meetings of the instructors and supervisors, continuing with the more intimate problems of teaching.

It is apparent that this kind of a program requires a number of instructors who can give full time to the teaching and supervision of students on the wards in the actual situation. It is also quite evident that all graduates, whether general duty nurses, head nurses, or supervisors, need to be prepared to interpret nursing to the student. We have been fortunate in having two full time instructors added to the teaching department. One is able to spend considerable time on the wards supervising the work of the younger or newly capped students. We still lack adequate supervision of the beginning or pre-clinical students, and as yet have no supervision for senior students.

In the attempt to correlate teaching we have eliminated as subjects, Personal Hygiene, Hospital Housekeeping, Bandaging, and Drugs and Solutions, all of which are courses given in the pre-clinical period, and have incorporated them in the teaching of Nursing Arts, particularly. This is not one hundred percent successful, but is, we think, improvement over the old method. At present we are working on the course in the Curriculum Guide known as "Introduction to Medical Science," which embodies Pathology, Public Sanitation and Hygiene, Public Health Organization and Public Health Nursing. This course will be given in the last weeks of the pre-clinical period and the beginning weeks of the junior semester. The subjects other than Pathology have heretofore been considered as senior subjects. The revamping of this material is undertaken with greater difficulties to face than the first one mentioned.

The third change is in the curriculum content. We have added Sociology and Social Problems and are giving a more extensive course in Psychology. The Social Service Department has been of great assistance in presenting Social Problems, and we hope to further develop this particularly important subject. Advanced nursing for the senior group is in the embryonic stage of development, but has been in operation long enough for the staff to sense many of the gaps in the preparation of the student.

One of the best educational methods is observation. If students are placed in a situation where they see only good nursing, they will learn no other kind. This is the responsibility of the Alumnae Association, and I am sure that you will continue to assist in the teaching program in the future as you have in the past. It is quite natural to do as we see done; not as we are taught to do.

## GENERAL HOSPITAL No. 38

In compliance with a request from the Surgeon-General's office, The Jefferson Medical College and Hospital has the privilege to form a unit to be known as

General Hospital No. 38. Appointments for this unit are in the process of being approved. It should be remembered that Jefferson was quite active during the last World War and at that time the unit was established at Nantes, France.

## ACTION — CAMERA — SENIORS

"Yes, of course you may have my auto-graph," . . . Metro-Goldwyn . . . "Oh, really, flowers! Telegrams! it was so much fun" . . . idle chatter as the curtains meet on the climax of the senior plays presented March 24, 1941, in the Medical College Auditorium. Evidently the hidden talent materialized, as already some think that Hollywood isn't complete.

But then others prefer the basketball to keep the nurse on guard and, incidentally, they find there are still some muscles that lack tonicity.

A majority swing the bowling ball to obtain the desired equilibrium; yes, balance is essentially important in our profession—the roller skating parties proved that. Ask one nurse in particular. She knows balance backwards and forwards.

Strange how "home-made stuff" attracts and impresses us. Leathercraft revealed some lovely products (the fruit of the hand). Its amazing what odd shapes crude leather will take.

Again we extend our thanks to our recreational directress, Miss Marjorie Solo, for planning such an extensive recreational curriculum.

Yes, the curtains meet, but much is going on "back stage."

FRANCES TRIMBLE,  
*President, Senior Class.*

## DEGREES RECEIVED

Marjorie Workinger, '26, Bachelor of Science in Nursing Education, University of Pennsylvania, 1938. Miss Workinger was Science Instructor, Frankford Hospital, for two years. She is now doing graduate work toward her Master of Science Degree in Administrative Science.

Fern Nunemaker, '29, Bachelor of Science in Nursing Education, University of Pennsylvania.

Willie Alder, '31, Bachelor of Science in Nursing Education, University of Pennsylvania.

Rena White, '23, Bachelor of Science in Sciences in Nursing. Teacher's College, Columbia. Miss White is now Educational Director of Nursing, Temple University Hospital School of Nursing.

Clara Brunner, '23, Master of Arts in Administrative Work, Teacher's College, Columbia. Miss Brunner is now Director of Nursing, Butler General Hospital, Butler, Pa.

\* \* \*

The sale of Christmas cards netted \$31.35 for the Relief Fund. The Alumnae members were very cooperative in purchasing these cards and Miss Dorothy Ranck and Miss Margaret Taylor were most generous in their assistance in carrying on the sale.

Letters were sent to four hundred members of the Alumnae in January, along with their bills for 1941 dues. These letters explained the reason for asking the nurses for donations of \$1.00 for the Relief Fund for 1941, instead of the \$2.00 asked in 1940. Alumnae members have shown unselfish response to such requests. The Alumnae hopes in time to extend the benefits of the Relief Fund to cover cost of hospitalization for non-resident members, corresponding to that of resident members.

The letters also expressed the hope that 1942, the Fiftieth Anniversary of the Jefferson Hospital Nurses' Training School, may mark the first year that the Clara Melville Scholarship Fund will be used. This anniversary seems to be a very appropriate occasion for launching such a worth-while project. Donations for this fund will be welcome.

MARY R. TAYLOR, *Chairman,*  
*Ways and Means Committee.*

## ENGAGEMENTS

THELMA WEAVER, '40, to PAUL H. TAYLOR.  
THELMA MARKS, '36, to DR. BLAIR SAYLOR.  
BETTY TAYLOR, '34, to DR. PAUL DAVIDSON.  
DOROTHY SCHANELY, '40, to WILLIAM SOMERVILLE.  
RUTH ZOLL, '41, to PAUL WALTZ.  
DOROTHY NULL, '38, to WILLIAM DRENNEN.  
GRACE WOLFORD, '29, to ALBERT EICHELBERGER.  
JEAN GREENFIELD, '38, to JOHN SCHMIDT.  
AGNES KEVEL, '31, to JOHN J. HENRY.  
DOROTHY BECK, '38, to DUANE BAKER.  
MARY A. BOWMAN, '34, to JOHN J. GRAZIOLI.  
VIRGINIA MANNON, '40, to NELSON MUTSCHLER.  
LAURE MANN, '38, to GEORGE SHELLEY.  
LAURA COOKE, '38, to LIEUT. RALEIGH H. LACKEY.

## WEDDINGS

Mathilda Snare, '38, to Dr. Joseph Finn.  
Winnie Greulich, '39, to Dr. William Kistler.  
Marion Jones, '40, to Dr. Martin Tracy.  
Thelma Cooper, '37, to Dr. George Stock.  
Etta Heal, '37, to Dr. Andrew Baker.  
Judith Winstead, '39, to Dr. Theodore Fetter.  
Cannie Hatley, '37, to EVO Mattucci.  
Catherine Lilley, '32, to Robert Wilson.  
Priscilla Vannauker, '21, to John Danforth.  
Frieda Grundkovski, '26, to Arthur Wood.  
Ruth Adams, '34, to Rev. George W. Fritch.  
Julia Nemshick, '33, to Joseph Davoney.  
Agnes Johnson, '32, to John Gaffney.  
Isa Ruth King, '33, to James A. Ewing.  
Ann Woodring, '33, to James H. Crofford.  
Erma Coup, '32, to Paul Painter.  
Doris Packer, '40, to William Engelbrecht.  
Ruth Nettles, '40, to Harold Painter.  
Hope Kramer, '40, to Paul Moot.  
Averene Summerfield, '40, to Roland Murphy.  
Esther Armitage, '40, to Aloysius Ebel.  
Sue Banks, '40, to Frank Dale.  
Hazel Landis, '40, to Emerson Knepper.

Ruth Swanson, '38, to Frances E. Penney.  
Ruth Weidaw, '38, to Joseph Lorenzo.  
Eva Werkheiser, '39, to Kenneth Shook.  
Charlotte Kring, '38, to John Eldridge, Jr.  
Thelma Gans, '39, to Jack Rosen.  
Mary Schaefer, '35, to Herman Ries.  
Norma Ziegler, '40, to Martin Smith.  
Virginia Ott, '40, to Robert Rowan.  
Dorothy McComb, '40, to Raymond Talbot.  
Frances Huston, '41, to Walter Rumbaker.  
Winnifred Justis, '41, to Charles Messick.  
Helen Pfaff, '41, to Michael Bedner.  
Goldie Byers, '40, to Herbert Pringle.

## BIRTHS

Rebecca Stees Feltwell, '35—girl.  
Hazel Greenley Citta, '38—girl.  
Charlotte Moore Burt, '29—twins, boy and girl.  
Pauline Helman Kough, '33—girl.  
Dorothy Steele Norris, '31—boy.  
Clara Minns Greenman, '33—boy.  
Ruth Adams Fritch, '34—boy.  
Marjory Fagan Gold, '37—girl.  
Virginia Kinter Hatton, '38—girl.  
Harriet Briesch March, '33—girl.  
Eleanor Heake Matthews, '37—girl.  
Jean Heine Arnold, '37—boy.  
Agnes Johnson Gaffney, '31—boy.  
Isabel Russell Lindcamp, '32—girl.  
Rebecca Thornton Ingling, '36—girl.  
Dorothy Kline Miller, '37—girl.  
Virginia Ott Rowan, '40—girl.  
Mildred Dunkle Bouman, '34—boy.  
Chloe Swisher Ericksen, '33—boy.

## DEATHS

We record with sorrow the death of  
Agnes Guerin, Class 1916-1940.  
Mary Cushen, Class 1902-1940.  
Geneva Doutrich McKee, Class 1933-1941.

We extend our sympathy to Grace Waltman Fenstermacher, 1926, husband Percy, deceased, 1940.

Cut out and send to MISS MARGARET A. CAREY, Lenox Apts., 13th and Spruce Streets, Philadelphia, Pa.

## PLEASE CHANGE MY ADDRESS

Name.....

Former Address (Street and No.).....

City.....

New Address (Street and No.).....

City.....

If you know of any graduate who does not receive a BULLETIN or Annual Luncheon Notice, please notify one of the Officers.

## ATTENTION

Please enclose blue By-Laws book with your 1941 dues. Save expenses for your Association and extra work for your Treasurer by keeping By-Laws book as receipt for paid dues.

The Pennsylvania State Nurses' Association considers you in arrears if dues are not paid by March 1st, and Penn Points will not be mailed to those paying dues after April 1st.

If dues are not paid before the Annual Meeting (3rd Friday in May) you are considered in arrears by your Alumnae Association and all sick benefits are void for delinquents.

\* \* \*

The resignations for the year have been the following:

Mrs. Edith Hoover Frizell.  
Mrs. Virginia Kinter Hatton.  
Mrs. Catherine Lilley Wilson.

On January 17, 1941, the Organization on the Control of Cancer showed some very interesting films, which were followed by an address by Dr. Kornblum, of Jefferson, also on Cancer Control.

L. K. YERKES, *Secretary*.

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## ALUMNAE BULLETIN PROGRESS

That our Bulletin has been noteworthy is proven by a former mention in the Harrisburg Alumnae Bulletin and recently in two copies of Davis' Nursing Survey.

\* \* \*

## OF SPECIAL INTEREST

With much pleasure we report that two former graduates each have a daughter in our School of Nursing:

Mame Calhoun McNitt, '11; daughter, Jean McNitt, '42.

Mae Brechim Boyle, '18; daughter, Catherine Boyle, '43.

\* \* \*

## ARMY ASSIGNMENTS

Mildred Huber, '33, Walter Reed Hospital, Washington, D. C.

Ellen Piatt, '33, Fort Jackson, Columbus, N. C.

Sara Raymer, '32, Indiantown Gap, Pa.  
Ruby Willwerth, '38, Camp Belvoir, Virginia.

Areta Matlack, '36, Fort Knox, Knoxville, Tenn.

Dorothy Richter, '38, Walter Reed Hospital, Washington, D. C.

Please contribute news for the Alumnae Bulletin and change of addresses. The Publicity Committee is anxious to be in touch with all graduates for the Golden Anniversary in 1942.

KATHRYN ADAMS,  
MARY R. ROTZ,  
FRIEDA GRUNDKOVSKI WOOD,  
SUE WILLIAMS,  
MARTHA E. RILAND, *Chairman*.

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## MEETINGS

*September:* Dr. and Mrs. Dale Spotts entertained the staff by showing motion pictures of their trip through the West. The pictures were in technicolor and music was recorded throughout the showing. Later in the evening refreshments were served.

*November:* Mrs. Waters, a representative from Strawbridge & Clothier's Fashion Department, was the guest speaker and gave some helpful hints about the season's coming fashions.

*December:* The Annual Christmas party was held in the Nurses' Home. The features of the evening were several renditions given by guest soloists, and a trip from Santa Claus (Marie Scherer), who gave us all a present.

*January:* No meeting was held because the President, Miss Long, was ill. Her resignation was tendered in January. Accepted her resignation with regrets.

*February:* Dr. Tocantins spoke on the "Nursing Aspects of Modern Methods for the Treatment of Blood Disorders."

*March:* A film was presented by the "Ortho Products, Inc." to the staff members and the Senior Class of student nurses. The name of the film was "Studies in Human Fertility."

We are looking forward to the next two meetings. In April a representative from our Occupational Therapy will be the guest sneaker. The May meeting will be in the form of an annual dinner.

## ORGANIZED STAFF ACTIVITIES

### STAFF OFFICERS

*HELYN LONG	President
CHARLOTTE DAVENPORT	Vice-President
MIRIAM BRUNNER	Secretary
ALMA SHAFFER	Treasurer

\* Due to the resignation of Miss Long, Miss Davenport was elected Acting President.