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Nurses' Alumnae Association Bulletin - Volume 5 Number 8

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Nurses' Alumnae Association Bulletin

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School of Nursing of the Jefferson
Medical College Hospital

Volume 5

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Number 8

NURSES' ALUMNAE ASSOCIATION BULLETIN

VOLUME 5

MAY, 1947

NUMBER 8

DEAR ALUMNAE FRIENDS EVERYWHERE:

It is a privilege to be able to send a brief word of greeting to you.

In these stirring and difficult times we are faced with many and varied problems. The unrest around us confuses our ideals, at times seems to threaten our very foundations. But hope springs eternal. And as we look ahead there seem to be greater opportunities than ever and greater hope of accomplishment. The path of progress is always a hard one but I am confident that you will carry on with the same enthusiasm for successful achievement that you have in the past.

Always sincerely yours

MARGARET M. JACKSON, R.N.

*Director, School of Nursing
and Nursing Service*

CALLING ALL NURSES

The December issue of the PENNSYLVANIA NURSE contained your membership blanks to your Alumnae, District, State and National organizations. If you missed this issue or just failed to fill out the blank, you can secure one from your District Office. Do this immediately—*fill out and mail* with your dues.

This year has ushered in a new era in nursing. Much has been done to assure nurses decent working conditions, reasonable hours, and adequate salaries. The economic security program has emerged in almost every state and will aid each and every nurse.

Oh yes! We have all heard the question—What does the organization do for me?—I would answer with one word—"EVERYTHING."

It takes very simple arithmetic to figure out why it has been necessary to raise our dues. We all know it is important to have money to carry on all the important programs planned for this year. So come to your Alumnae and District meetings, take an active part in all constructive thinking and planning. "Don't just be a member, take an active part."

I dare to hope that you are a bit curious about the future of our profession, for even a casual curiosity may be translated into an active interest. Nursing has a glorious past, but its tomorrows can be greater than its yesterdays with your help. This means FULL MEMBERSHIP of all nurses.

Membership is a true bargain to all. *Success or failure* depends on each nurse. Let us get all nurses to join today with the hope of a golden tomorrow.

KATHRYN M. PRENDERGAST, R. N.

Private Duty P.S.N.A. Bulletin Committee.

Reprint, The Pennsylvania Nurse, March 1, 1947

JEFFERSON NURSES' ALUMNAE ASSOCIATION

PUBLISHED ANNUALLY

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Second Vice-President	MISS ALMA SHAFFER, '40
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FINANCIAL REPORT

December 31, 1946

Dues Received 1946	\$3,320.00
Donation to Scholarship Fund	1,872.00
(In Memoriam to Clara Melville, '10)	
Relief Fund	50.00
Income from Investments	1,006.66
Relief Trust Fund	23,175.00
Scholarship Fund	10,000.00
(Memorial to Clara Melville, '10)	

840 Members Paid Dues in 1946.	
450 Members Paid Dues in 1947—To Date	
—March 20, 1947.	
113 Days of Sick Benefits Paid in	
1946	\$395.50
79 Days of Sick Benefits Paid in	
1947	276.50
Nurses' Salary for Sick Nurses	134.75
(From Special Fund.)	

CALENDAR OF EVENTS

May 7, 1947—Baccalaureate Exercises.
May 8, 1947 (Thursday), 3.30 P. M. Business meeting of Private Duty Section. Room 302, 311 South Juniper Street, Philadelphia, Penna.
May 22, 1947 (Thursday), 8 P. M. Regular business meeting of District No. 1. Auditorium, 311 South Juniper Street, Philadelphia, Penna.
May 12-16, 1947—Ninth Quadrennial Congress, International Council of Nurses, in Atlantic City, New Jersey.
May 8, 1947—Graduation Exercises at 8 P. M., in the Amphitheatre. (128 nurses graduated.)
June 7, 1947—Alumnae Day.
May 12, 1947—Meeting of Private Duty Section at 3.30 P. M.—Special Nurses' Dressing Room.
May 16, 1947—Last regular meeting for the summer—7.30 P. M. in the Amphitheatre.

LEST YOU FORGET!

You are reminded to attend all District meetings as well as Alumnae meetings. Taking an active part will keep you informed of all activities in the various organizations.

We wish to have every Graduate become an Alumnus: Resident, Non-Resident or Associate Member. Please send for your application blank.

ATTENTION

Please enclose By-Laws Book with your Alumnae dues. Save expense for your association and extra work for your treasurer by keeping By-Laws Book as a receipt for paid dues.

If dues are not paid before annual meeting, you are considered in arrears by your association and sick benefits are void for delinquents.

CLASS OF 1922—This is your Silver Anniversary.

CLASS OF 1937—This is your Tenth Anniversary.

CLASS OF 1941—This is your Fifth Anniversary.

Including March 15, 1947—Dues have been received from 403 Alumnae Members.

Some pay their dues when due.

Some do before they're due.

Some never do. How do you do WHEN YOUR DUES ARE DUE?

MARGARET CAREY, '27.

Announcing . . .

ALUMNAE DAY

June 7, 1947

Luncheon - - - at 12:00 in Ball Room

BELLEVUE-STRATFORD HOTEL

BROAD AND WALNUT STREETS

Dance - 9 P. M. 'til 12 M. - Clover Room

Music by Clarence Fuhrman's

Original KYW Orchestra

10th Anniversary for Class of 1937

Return Luncheon Reservations by

May 28th, 1947

to

MISS BETTY PIERSOL, '34

1010 SPRUCE STREET

PHILADELPHIA 7, PA.

PLEASE USE WALNUT STREET ENTRANCE FOR DANCE

Please Help Make This a Success -- Come and Join Us

REVIEW OF THE ALUMNAE ASSOCIATION MEETINGS

SEPTEMBER 20, 1946: 52 members present.

New members accepted: Adelaide Lanyaume, Audrey Rose Haleski, Irene Larson, Marilyn Jean Climenson, Helen E. Miller, Betty Jane Knox, Virginia Hersey Donahey, S. Elizabeth Kaw, Betty Ann Auman, Catherine Hankee, Elizabeth Jane Mitchell, Vivian Overdorf, Harriet Miller Polmer, Christine Lindes, Phyllis Hartzell, Elaine Strong, Beryl Mathuse, Bernice Ruth Byorick, Geraldine Halversan, Josephine Alexander, Phyllis J. Morrow, Margaret Nash.

It was voted that \$10,000 from the Clara Melville Scholarship Fund be turned over to the Board of investment.

Miss Dorothy Ranck, Chairman of the entertainment committee recommended that we have a fall dance. A letter of thanks from Miss Florence Hawke was read by Miss Martha Riland.

The following names were accepted for resignation: Mary Wilkinson, Florence Wilkinson, Elizabeth Frowenth.

It was recommended that the names of the graduates from 1943 to 1946 be sent to C. D. Williams for the sale of Jefferson Caps.

Miss Margaret Jackson gave a short talk on the report of Miss Porter at the last district meeting on Collective Bargaining.

It was voted upon that a \$100.00 check be sent to the board for a student and staff nurses' unit. This being the first donation to be called "The Nurses' Home Fund."

OCTOBER 18, 1946: 54 members present.

New members accepted: Camille Ginn James, Kathryn Glass.

Junior members accepted: Marjorie Hunsicker, Elizabeth Golden, Eleanor Gast, Helen Black, Elaine Gaver, Ruth Miller, Margaret Cossman, Elaine Murphy, Dorothy Harris.

The resignation of Marion Rutter Morris was accepted.

There were six recommendations made:

1. That \$850.00 from the general fund be transferred to the scholarship fund.
2. That \$700.00 from the general fund be transferred to the relief fund.
3. That we send our usual contribution of \$5.00 to the Cancer Forum.
4. That the book be sent for auditing November 1, 1946.
5. That we add the relief fund that is invested into the medical fund and to deposit with the Philadelphia Saving Fund Bank.
6. That the association accept Mr. Barringer's proposal.

Miss Caroline Kemmerer, Chairman of the Ways and Means Committee reported that Christmas Cards are being sold. It was approved that the expenses be paid for the State Convention in Harrisburg. The delegates are: Misses Bonenberger, Brunner, Carey, and Mrs. McGee.

It was announced that a tea would be held in honor of Mrs. Raymond Snedaker, Tuesday, October 29, 1946, at 1012 Spruce Street, Philadelphia 7, Pa.

Reports from the National Convention held in Atlantic City were given by the Misses Riland, Edgar, Keiper, and Piersol.

NOVEMBER 15, 1946: 56 members present.

New members accepted: Ann Trostle Miller, Lorraine Brown Priestly, Mildred Snyder, Mary Lehman Roller, Ruth Marian Fisher, Esther C. Milewski, Betty Jane Riggan, Dorothy Mae Irwin, Doris Heaps Parrish, Margaret Gaffey, Nellie Chellen, Betty E. Schultz.

The resignation of Ethel Hendricks Krugler was accepted.

A thank you letter was read by Miss Riland from the Community Chest.

It was announced that the Readers Digest be sent to members on the sick list at Christmas. These included Mabel Black, Mabel Bohler, and Ruth Phillips, and Olga Christensen.

Miss Piersol gave a report that a dance is to be held at the Bellevue-Stratford Hotel, January 11, 1947.

Miss Bowser from the transfusion unit gave a very interesting demonstration on the preparation of plasma.

Reports from the State Convention held at Harrisburg were given by Mrs. McGee, Misses Carey, Bonenberger, and Brunner.

JANUARY 17, 1947: 74 members present.

New members accepted: Elsie Doran Chase, Dorothy Fessler, Jane Elizabeth Handy, Elizabeth Louise Snyder, Mary Eisenbrown Amundson.

Thank you cards were read by Miss Martha Riland from Mabel Bohler, Ethel Hopkins, Ruth Phillips, Olga Christensen, and the Melville Sisters.

Report of the Private Duty Section were as follows:

<i>Chairman</i>	Miss Mary Bonenberger, class of '26
<i>Vice Chairman</i>	Mrs. Evans
<i>Secretary</i>	Mrs. Mildred Garmon McGee, class of '32

Report on the dance: 21 graduates and 69 Alumnae members. Proceeds were \$300.00.

FEBRUARY 21, 1947: 38 members present.

New members accepted: Elizabeth Burden, Mary Scanlin Harrar, Ruth Schray, Laura Patterson, Lillian Wheeler, Emelia Nasveschuk, Jane Elizabeth Handy, Dorothy Fessler, Elsie Doran Chase, Jennie Alisio, Elizabeth Wissler, Hanna Marie Reynolds, Alice Raup, Mary Halzman, Betty Jones, Jacqueline Baer.

Notes of thank you were read by Miss Riland from Miss Ada Welker and Miss Florence Hawke.

Miss Riland announced that a card party would be held on March 18, 1947 at 1012 Spruce Street, Philadelphia 7, Pa. Also, that a dinner is to be given in honor of the graduating class of 1947 on April 29, 1947, at the Sheraton Hotel. Miss Barbara Schutt, Assistant to our State Nurses' Association of Pennsylvania secretary presented to us a most interesting talk on the Meaning and Organization of the Economic Security Program

PRESIDENT'S REPORT

To the Members of the Alumnae Association:

I submit to you a report of the activities of the Alumnae Association of the past year. There were eight meetings held in the amphitheatre of the hospital. The average attendance—about fifty members. The program chairman did very well in preparing interesting meetings, the programs varying from new nursing procedures to current topics of interest to nurses and the reports of the Delegates who attended the national and state conventions.

The By-Laws have been amended; those of you who have paid your current dues will have received a copy to paste in your By-Law Book. One of the amendments is Junior Membership from the Senior Class. It was felt by your directors that Junior Membership would be a means of acquainting the senior students with

the Alumnae Association, thereby, encouraging participation in the Alumnae Association when they become graduate nurses.

The Alumnae reached their goal in December 1946 for the Clara Melville Scholarship Loan Fund of \$10,000. The money has been turned over to the Jefferson Medical Fund for investment. Let us all strive to increase this fund that a scholarship may be given to one of our graduates to further her education—that it will not be a loan, but a direct scholarship.

The Alumnae Association subscribed to the group plan for health and accident insurance with the Massachusetts Bonding and Insurance Company, February 1, 1947. There was a good response from the members to the insurance plan. The next date for new subscribers will be in about nine months. This insurance was recommended by the Pennsylvania Nurses' State Association.

The social activities in the past year were: the annual luncheon, May 16, 1946, the attendance 324; the Spring dance, May 16, 1946, and the dance in January, 1946. At both dances members of the 1945 and 1946 Classes were guests of the Alumnae. A Saint Patrick Bridge Party held at the Nurses' Home March 18, 1947, the proceeds to go to the Nurses' Relief Fund.

This year the Graduating Class will be entertained by the Alumnae at a dinner April 29, 1947. The Hotel Sheraton, 19th and Walnut Streets.

Plans have been made by the entertainment chairman for the Annual Re-union June 7, 1947.

The membership in the District and State and National Organization from the Alumnae has dropped to half the membership. I recommend that the members take the responsibility of assisting the membership chairman in encouraging our nurses to join the nursing organizations. It is through the organizations that nurses will secure decent working conditions, reasonable hours, and adequate salaries.

I would like to take this opportunity to thank the Directors and chairmen for their wonderful cooperation and the Alumnae Members for their faith in me.

Respectfully submitted,

MARTHA E. RILAND, *President*

BARTON MEMORIAL DIVISION

On November 23, 1946, the last patient was discharged from the Department for Diseases of the Chest of Jefferson Hospital at 236-38 Pine Street. This department, known affectionately for years as "Pine Street" or "Little Jeff", had served humanity and the community well since 1913. Now, however, progress in the treatment of chronic pulmonary diseases made the building obsolete and inadequate, and larger facilities had to be obtained.

The new building, known as the Barton Memorial Division of the Jefferson Hospital, and located at 739 South Broad Street, has been organized and is being run under the able leadership of its Medical Director, Dr. Burgess Gordon. It is a four story brick building built in the form of an "L" which makes all the rooms light and airy. A complete face lifting job was done before any patients were admitted. This consisted of tearing down some partitions, putting up others, painting from top to bottom, installing new plumbing, laying new asphalt floors, and equipping new and modern laboratories, X-ray department, kitchens, and operating suite.

The first patient was admitted December 16, 1946, and from that date until March 25, the date of this writing, 168 patients have been admitted and 85 have been discharged. At the present the bed capacity is approximately 80. However, the fourth floor is not completely finished so that eventually we should reach nearly 100 beds.

All kinds of chronic diseases of the chest will be admitted. The largest group will continue to be tuberculosis but neoplasm of the lung and bronchiectasis will play no small part. Patients will be admitted for differential diagnosis and treatment. Once the diagnosis has been established and/or treatment has been begun or completed as the case may be, the patient will be returned to his home or to the White Haven Division of the Jefferson Hospital for convalescent care. This will result in more and better care to more people at a lessened financial loss to the patient and to the community.

The surgical department, under the direction of Dr. George Willauer, is a busy and interesting community all its own. Morning and afternoon finds "The Team" going strong. Pneumonectomies, lobectomies, thoracoplasties, pneumolyses, phrenics are chalked off as one patient after another is started on the road to health. Nothing is more satisfying than to watch the progress of one of these people and see their dreams become realities as their bodies are healed.

I could go on and on and tell you of the department and the excellent work being done. But the only way you can really appreciate it is to come and visit and see for yourself. The staff will be willing and eager to show you through the whole department. So do "Come up and see us sometime."

THELMA SHOWERS MORRIS, Class of 1932.

In 1913 a card party was given by the Jefferson Nurses' Alumnae Association. Proceeds to be used for starting a Relief Fund. We have reached and are proud of the \$23,175.00 in a Nurses' Relief Trust Fund, which the Association has worked hard and earnestly to raise.

Let us not be satisfied, but work more diligently to raise an additional \$75,000.00 in order that any hospital in any state may bill the Alumnae Association for sick benefits equivalent to two weeks' hospitalization at Jefferson.

There is no goal unattainable if we each put *Our Shoulder to the Wheel and Work.*

Dear Alumnae Members away from your Alma Mater that are not here to participate in our special efforts to raise money for this fund are given the opportunity now.

Mail your contribution to President, Miss Martha E. Riland, R. N., 459 Fairfax Road, Drexel Park, Penna.

Or to Miss Margaret A. Carey R. N., 1012 Spruce Street, Philadelphia 7, Penna.

OXYGEN THERAPY

Oxygen Therapy is that science which deals with the administration of oxygen in those types of pathology where the use of such gas is indicated.

Contrary to a rather common opinion, this type of therapy is not used solely as a "last resort," as it has its place in pre-operative as well as post-operative treatment; and, since it is another of the comparatively new adjuncts as used in the field of medicine, its fullest applications have not yet been developed.

In routine hospital practice oxygen is administered by use of the nasal catheter, mask, and the oxygen tent.

Oxygen should be considered as a drug; and its dosage should always be prescribed in terms of concentration. It is the responsibility of nurses, technicians and other hospital personnel to be capable of administering according to the prescribed concentration.

In administering oxygen with the face mask it is possible to induce a concentration ranging from 21 to about 100 per cent. In using the catheter or oxygen tent it is not possible to obtain a maximum concentration of more than 60 per cent.

As further advances are made in the application of oxygen therapy it is to be hoped that the nursing profession and technicians will be afforded greater opportunity to become thoroughly familiar with this modality.

MAUDIE DUNIGAN,
Oxygen Therapist, Jefferson Hospital.

WELCOME, WHITE HAVEN ALUMNAE

On June 1, 1946, the White Haven Sanatorium merged with the Jefferson Medical College Hospital.

The procedure in such matters has been to invite the graduate registered nurses who are members of the Alumnae Association of the hospital no longer in existence; to merge with the hospital it has become a part of.

At the regular monthly meeting of the Jefferson Nurses' Alumnae Association held March 21st, 1947, in the amphitheatre, the following resolutions were discussed and accepted:

Upon motion, duly made, seconded and carried, the following preambles and resolutions were adopted:

WHEREAS, Jefferson Hospital has acquired all of the assets of White Haven Hospital, of White Haven, Pennsylvania, and said White Haven Hospital as such is no longer in existence and its facilities are now being operated as a part of Jefferson Hospital:

WHEREAS, White Haven Nurses' Alumni Association is considering dissolving and has indicated to this Association that some of its members may desire to become members of this Association;

WHEREAS, It is the sense of this meeting that it would be desirable to work out a plan under which certain of the members of White Haven Alumni Association may become members of this Association;

NOW, THEREFORE, RESOLVED that the President of this Association be and she hereby is authorized and empowered to appoint a committee of three members of this Association (one of which members may be the President, if she so desires) to meet and negotiate with the representatives of the White Haven Alumni Association for the purpose of seeking to work out a plan acceptable to both Associations under which the acceptable members of the White Haven Alumni Association may become members of this Association.

On April 16th, 1947 Miss Schmidt and Miss McGlade, two members from the White Haven Alumnae Association, met with the Misses Riland, Carey, and Piersol. A plan was accepted by both committees.

The Assets of the White Haven Sanatorium Alumnae Association will be turned over to the Jefferson Nurses' Relief Fund. The same privileges will be extended to the registered nurses of the White Haven Sanatorium Alumnae Association as the Jefferson Hospital Nurses' Alumnae Association members.

We are very happy to have the White Haven Alumnae members with us and extend to them a warm welcome.

Cordially,

MARTHA E. RILAND, R.N., *President*

Professor—"Here you see the skull of a chimpanzee, a very rare specimen. There are only two in the country—one is in the National Museum, and I have the other."

Anger is a wind which blows out the lamp of the mind. Robert Ingersoll.
Wise physicians know that a peaceful mind is the best medicine.

CLINICAL USE OF PENICILLIN IN INFECTIONS OF THE EARS, NOSE AND THROAT

AUSTIN T. SMITH, M.D.

Penicillin is a specific agent, effective only against certain organisms, but since these organisms include the pyogenic cocci, which are most frequently responsible for the troublesome and serious infections in otolaryngologic practice, it is of particular value in this field. Because it is a specific agent and not a panacea, it is necessary to determine the bacterial nature of every infection against which it is used.

Penicillin is given for the most part by intramuscular injection. In some cases it is given by intramuscular injection and local instillation, and in others (in cases of septicemia, for instance), it is started by the intravenous route and its administration continued, after a few days, by the intramuscular route. In meningitis, intrathecal injection may be combined with intramuscular injection. The primary objective of any mode of administration is to obtain an effective concentration of the drug at the site of the injection for a sufficient length of time for the substance to exert its maximum bacteriostatic action.

The minimal and the maximal effective dosages for various infections remain to be determined. In each instance the type of organism and its susceptibility are an important factor in the dosage. Hemolytic streptococci are extremely susceptible, while staphylococci require a considerably higher concentration. As the agent is carried by the blood stream, the adequacy of the blood supply and the ability of the drug to come in contact with the organism are important considerations in deciding what the daily dose should be and the length of time it should be given. In general, it has been found that infections of soft tissues can be cleared by smaller doses, administered over a shorter period, than infections of bony cavities, such as sinuses and ears. As long as the drug is not toxic, the policy, particularly in regard to severe infections, should be: too much, too frequent, over too long a period rather than too little, too infrequent and over too brief a period. It is advisable to check the potency of the penicillin being used from time to time.

The following observations were made on the results of treatment of a hundred patients with penicillin. As a statistical analysis of a small uncontrolled series is of little value, I shall discuss the cases of each type of infection as a group, citing illustrative cases to bring out points of interest.

CHRONIC SUPPURATIVE OTITIS MEDIA

The results of the treatment of chronic suppurative otitis media were disappointing in practically all cases. Penicillin was given intramuscularly in the dosage of 160,000 units per day for a period of two to three weeks. In some instances the ear became dry, but the time required did not point to any particular advantage over methods of treatment. Three patients with marginal perforations in Shrapnell's membrane were treated by radical or modified radical mastoidectomy after three weeks of penicillin therapy. One could observe no effect on the pathologic condition of the mastoid process, which consisted of sclerotic, avascular bone interspersed with areas of necrosis. There was no apparent way in which the drug could be brought to the site of the infection either by local or by systemic administration.

ACUTE OTITIS MEDIA

In cases of acute otitis media with clinical and roentgen evidence of mastoiditis, the clinical response was prompt and often dramatic, and it was believed that the drug was an important factor in curing the infection and sparing the patient mastoidectomy. The time required varied from eight to twenty-one days. Only one patient with acute

otitis media who received penicillin was submitted to mastoidectomy. This was done because a second roentgenogram taken five days after beginning penicillin therapy because a second roentgenogram taken five days after beginning penicillin therapy was reported as showing increased destruction of bone. The clinical evidence of normal temperature, dry ear and decreased pain and tenderness indicated that the infection was subsiding, but it was thought advisable to explore the mastoid process. At operation there was no pus in the mastoid cells; they were filled with healthy granulations, and the appearance was that of a healing process. Culture of materials from the mastoid process gave negative results. The mastoid wound healed by primary union and without discharge. I believe that resolution and healing would have occurred without operation.

MASTOIDITIS WITH COMPLICATIONS REQUIRING MASTOIDECTOMY

Four patients who had mastoiditis with complications were treated with penicillin, this therapy being employed as an adjunct to mastoidectomy. One patient had petrositis; 1, meningitis and petrositis; 1, an extradural abscess, and 1, facial palsy. The hemolytic streptococcus was the active organism in all. All had received treatment with sulfonamide compounds for a period of two to six weeks without effect on the mastoiditis, or on the complications. It was felt that penicillin played an important part in the recovery of each. The operative wounds became clean and healed more rapidly than usual. In the case of meningitis and petrositis, the drug was probably life saving, but adequate surgical treatment was also necessary. After fourteen days' treatment consisting of mastoidectomy and intrathecal and intramuscular injection of penicillin and four additional days of intramuscular injection alone the spinal fluid became clear, the ear dried, the mastoid wound healed and the patient appeared to be on the road to recovery. Five days after penicillin therapy was discontinued severe headache in the left parietal region, nausea, vomiting, fever and double vision developed and there was a profuse discharge from the ear. Examination of the eyes revealed sixth nerve paralysis on the left side, and a roentgenogram showed evidence of petrositis. The mastoid process was reopened, and a suppurative tract was found extending into the posterior cells of the petrous pyramid. The spinal fluid remained clear. Cultures again showed hemolytic streptococci. The posterior cells were opened and drained, and penicillin was given again by intramuscular injection. The therapy was continued for eighteen days. By this time the mastoid wound had healed, the middle ear was dry and the patient seemed well; so it was discontinued. After seven days, headache, nausea, vomiting and purulent discharge from the ear recurred. The mastoid wound was opened to promote drainage, but no further exploration of the bone was done, and a third course of intramuscular injections of penicillin was given. In addition, the solution was instilled into the mastoid cavity through a small rubber tube drain. The penicillin therapy was continued for forty days, until all discharge from the mastoid wound had ceased, and culture of material taken from inside the rubber tube drain gave negative results. Hemolytic staphylococcus aureus was obtained from the wound and the mastoid process at this time.

We believe that the relapses in this case can be explained on the basis that infection was locked in cells of the petrous pyramid, that the area had been made relatively avascular by thrombosis and necrosis and that the infection could not be reached by the penicillin in sufficient concentration for it to be effective. This case illustrates the principle that evacuation of closed collections of pus is still necessary in spite of the efficacy of penicillin in controlling certain types of infection.

SINUSITIS

The cases of sinusitis studied represent acute and chronic infections of the frontal, the maxillary and the ethmoid sinuses, with and without complications and of varying

degrees of severity. In all the cases cultures revealed organisms considered sensitive to penicillin.

The most notable results were obtained in patients suffering from acute multiple sinusitis, with involvement of the frontal, ethmoidal and maxillary sinuses on one side. Four of this group had orbital cellulitis or abscess. In all, it was felt that the drug was responsible for limiting the amount of surgical treatment that was necessary, or for eliminating it altogether. In regard to one patient, the first one treated with penicillin, it was considered imperative to drain the frontal sinus externally, as he appeared critically ill and threatened with intracranial complications. The infection was due to the hemolytic streptococcus, and he had received enough sulfadiazine to insure a high blood level, without any sign of improvement. At operation, the mucous membrane of the sinus was not disturbed except where the floor was removed for drainage, and the ostium, the nasofrontal duct and the middle meatus were not touched. The most notable feature of this case was the rapid reduction of swelling which occurred in the middle meatus within forty-eight hours, with reestablishment of drainage from the nasofrontal duct. Also, there was prompt reduction of the swelling of the mucous membrane of the frontal sinus at the outlet of the nasofrontal duct. Within three days a probe could be passed through the patulous nasofrontal duct into the frontal sinus. By the sixteenth day, healing had occurred, and all indications of infection in the frontal, ethmoid and maxillary sinuses had cleared.

With the other three patients no surgical drainage of the sinuses was done. In one patient an orbital abscess was incised and drained through a small incision below the eyebrow. In the other two the orbital cellulitis subsided without intervention. In all, the rapid reduction of the swelling in the ethmoid cells, which was often polypoid in type, and the rapid establishment of normal drainage and ventilation through the middle meatus, were the striking features.

A patient with acute frontal sinusitis due to the hemolytic streptococcus showed marked improvement under sulfadiazine therapy and was apparently on the road to recovery when, in the fifth week, there suddenly developed marked swelling of his forehead, extending to the nose and both orbits. He had a high fever and was toxic. Roentgen study revealed thickening of the periostium and an area in the anterior plate of the very deep right frontal sinus, which had the appearance of early osteomyelitis. Penicillin was given intramuscularly, and in nineteen days the swelling subsided, the osteomyelitis was arrested, and healed, and the frontal sinuses had become clear. In this case a radical, deforming surgical procedure was averted and a dangerous frontal sinus infection cured. There seems to be little doubt that penicillin was the responsible factor.

In one case of chronic frontal sinusitis in which there was a mixed culture of *Staph. aureus* and *Haemophilus influenzae*, *Staph. aureus* was eliminated, but *H. influenzae* remained, and there was no clinical improvement. In another case of chronic sinusitis involving the left frontal, ethmoid and maxillary sinuses the infection, due to hemolytic *Staph. aureus*, was eradicated by a Caldwell-Luc operation, intranasal ethmoidectomy and administration of penicillin. The part that the drug plays in such cases is indeterminable, for in the past similar treatment without penicillin has been successful in most instances.

The effect of either the local instillation or the systemic administration of penicillin on maxillary sinusitis is difficult to evaluate. The patients with acute sinusitis frequently get well under ordinary symptomatic therapy, or none at all, and the chronic infections often respond to ordinary local measures. In a small series it is impossible to rule out the possibility of chance. It is necessary to have a large series of cases, checked by an equal number of controls under the same circumstances, before definite facts as to the efficacy of penicillin over other types of therapy can be established.

The following is a summary of observations on the treatment of maxillary sinusitis with penicillin:

A combination of systemic therapy and local instillation is better than either form of treatment alone. There is usually an associated infection of the ethmoid sinuses, particularly in cases of acute infection, and the systemic administration of penicillin has a marked effect on these sinuses, probably because of their better blood supply. This results in reduction of swelling in the middle meatus, with reestablishment of ventilation and drainage.

The infection is in the deep layers of the mucous membrane, and by local instillation the penicillin cannot be kept in contact with all areas of the cavity long enough to allow it to penetrate to the deeper layer, in spite of its solubility. To reach the deep layers it must be carried by the blood stream. However, removing the pus from the sinus by irrigation and then instilling 2 cc. of penicillin solution (19,000 units of penicillin) facilitated contact of the drug with the infected tissues and seemed to hasten cure. In a few cases the infection was cleared up by irrigation and local instillation alone. On the other hand, there were a number in which infection that failed to clear up by local treatment responded after the addition of systemic therapy.

INFECTIONS OF THE THROAT AND SOFT TISSUES

Penicillin was of definite value in the treatment of acute follicular tonsillitis. The clinical response was rapid and it was necessary to administer the drug only from five to seven days. In these cases administering the drug by intramuscular injection gave an advantage over medication by mouth, because of the painful swallowing, particularly if there was peritonsillar inflammation present. Its rapidity of action and freedom from toxicity make it a potent agent in the treatment of this ordinary but frequently serious disease. If given early, it should prevent the serious complications which not infrequently arise. However, it had no apparent effect on the course of rheumatic fever and infectious mononucleosis following acute tonsillitis, although the inflammation of the tonsils and the pharynx subsided promptly.

In cases of cellulitis, carbuncles and furuncles the limitation and resolution of the infection occurred in a surprisingly short time. There was marked improvement in the appearance of the lesion within twenty-four hours, and recovery was complete in five to eight days. Penicillin is the therapy of choice for this type of infection. In cases of furuncles or cellulitis of the nose and upper eyelid it probably offers the best guarantee against spread of the infection to the cavernous sinuses and intracranial structures.

Penicillin appeared to be an effective agent in the treatment of Ludwig's angina. This has always been a serious problem and is difficult to treat. In three cases, all following tooth extractions, the condition cleared up in from five to nine days. In one instance through and through surgical drainage was done; in the other two no surgical procedure was necessary.

Two patients with bacteremia due to *Staph. aureus* were successfully treated. In one patient the bacteremia was a complication of cellulitis of the back of the neck due to furuncles. Penicillin was not given until six days after the onset of the infection of the neck when high fever developed and the patient became irrational and began expectorating blood-streaked sputum. A roentgenogram of the chest revealed evidence of small infarcts throughout both lungs. The temperature became normal on the eighth day of penicillin therapy; hemoptysis had subsided by the seventh day; the chest cleared and the systolic mitral murmur disappeared after the twelfth day. The patient received the drug for seventeen days—a total of 3,840,000 units. The value of penicillin in this instance cannot be questioned. Had it been given at the onset of the infection of the neck, I believe that the bacteremia would not have developed. Experience has shown it to be so rapid and effective in cases of cellulitis and furuncu-

losis of staphylococci or streptococci origin that it should be the treatment of choice regardless of the apparent severity of the lesion. The small furuncle in a vascular area is always a potential source of bacteremia and fatal complications.

The second case of bacteremia illustrated the difficulty which arises from lack of definite information as to adequate dosage. The condition was due to hemolytic *Staph. aureus* and came as a complication of acute sore throat. Penicillin therapy was started at 120,000 units daily (15,000 units every three hours). The temperature continued to rise daily to 105 F., and toxemia was marked, although the pharyngitis and the cervical lymphadenitis subsided, until the seventh day, when the dosage was increased to 480,000 units a day. Within forty-eight hours the temperature dropped to normal, the toxemia disappeared, and the blood cultures became negative. The administration of penicillin was discontinued after six days of normal temperature. The patient appeared well, but there was a loud persistent systolic murmur over the pulmonic area. Four weeks later, sore throat again developed, the temperature rose to 103 F., and there were chills and marked toxemia. The blood culture was again positive for *Staph. aureus*. Penicillin therapy was started at 20,000 units every two hours. The temperature became normal and the blood sterile in five days. The administration of penicillin was continued for another week, and complete recovery resulted. I believe that the relapse would probably not have occurred had larger doses been given more frequently and treatment continued for a longer time after the original bout. Intensive, prolonged, uninterrupted treatment is indicated, especially in cases of serious staphylococcal infection, to eliminate the infection from hidden foci as well as from the blood stream.

In two cases of osteomyelitis of the mandible, penicillin appeared to be an aid in clearing up the infection, supplemental to surgical treatment of the bone. In both cases, however, it was administered over long periods, thirty-nine days and twenty-six days, and it is difficult to evaluate the efficacy of any therapeutic agent when it requires weeks or months rather than hours or days to obtain beneficial results. However, if used at the very onset of cellulitis and adenitis complicating the application of dental surgery, before involvement of bone occurs, it is effective. This was demonstrated in three cases, in two of which there was extensive involvement with abscesses of the parotid gland. One of the patients had received, in addition to surgical incision and drainage, roentgen therapy and treatment with sulfonamide compounds for thirty-six days. There was complete healing after eleven days of penicillin therapy with 120,000 units being given each day. All showed marked clinical improvement within two days and were completely well within two weeks. After osteomyelitis occurs, the infecting organism becomes sealed in and difficult to reach in areas of the bone made relatively avascular by thrombosis and necrosis, and surgical removal of the sequestrums is necessary.

Reprinted, with additions, from the Archives of Otolaryngology

During one of the tensest moments of a murder picture at the Paramount Theatre in New York, an elderly gentleman began groping for something on the floor, greatly disturbing a lady in the next seat. "What have you lost?" she inquired testily.

"A caramel," said the man.

"You're going to all this bother for a measly caramel?" she asked.

"Yes," was the reply. "My teeth are in it."

"Say, doctor, can't you give me something to stop my cough?"

"Sure, take two ounces of castor oil and you won't dare cough."

Waiter—"Here, what are you doing with those teaspoons in your pockets?"

Young Man—"Doctor's orders."

Waiter—"What do you mean—doctor's orders?"

Young Man—"He told me to take two teaspoons after each meal."

R. N.—"Mother, I think I'll take a course in obstetrics this fall."

Little Brother (butting in)—"You're only wasting your time. Some doctor will find a cure for that and then where will you be?"

A Scotsman was told that his wife needed salt air—so he fanned her with a herring.

ADDRESS—GRADUATION OF NURSES, 1945

MARTIN E. REHFUSS, M.D.

Tonight in this peaceful sanctuary, you are about to graduate. No air raids, no broken walls, no echoes of war's frightfulness can disturb your peace. But resounding throughout the ages with an ever increasing symphony are those contributions of your noble profession. Conceived in religious faith, hardened and fostered by war's peremptory demands, it is now dedicated to the conquests of science, the future of which no man can predict. It was religion which induced the women of the earlier centuries of christianity to take up nursing. It was war, The Crimean War, our own Civil War and the subsequent great conflicts in Europe and Asia which brought this movement to fruition. But it is science and its transcendent possibilities in the alleviation of human suffering which makes it the God given profession that it is today.

Yesterday you belonged to that valiant group who from the first dedicated their lives and fortunes to the relief of human misery. Today you enter a new world tried in fire, emerging from a holocaust which has rocked and seared the world, but which has brought forth new weapons in the treatment of disease, the potentialities of which we hardly know. It is through the effort of the medical profession and its sister profession of nursing that these will be available to all the world. The chemist, the physicist, and the worker everywhere in the vineyards of human suffering have come upon new methods to conquer man's eternal enemy—disease. It is through the efforts of the medical and the nursing profession that the star spangled results of this war have been achieved. Nearly 97 per cent of the wounded have been saved. Pneumonia, meningitis, plague, cholera, typhus, yellow fever, have lost their fangs and for the first time mankind faced the future unafraid of these scourges which have decimated humanity. It is true that newer surgical technics, plasma, sulfa drugs, the antibiotics like penicillin and DDT and a host of other things have appeared, but it is only their intelligent application by a trained medical and surgical staff that these results were attained and only those so trained are fit to use them.

In this new world, there is hope everywhere that there will be emancipation from care and want and suffering. Someone has said that all the peoples of the world, some two and one-half billion of them, can be put in an area of an eighth of a cubic mile, while there are available hundreds of thousands of square miles for man's needs. When America in her might arose to become the arsenal of the world, when it produced goods in unheard of amounts, there can surely be no doubt in our minds that in the golden era of peace the same results can be achieved. It is possible and only possible if we have that form of leadership which shall divorce personal greed and political expediency and devote itself to the need of people everywhere. Let us pray that in this great post-war crisis where arrogant minorities threaten to disrupt the work of peace that God in His infinite wisdom and our leaders with their fearful burdens will see clearly the issue and that, in peace as in war, our Infinite Creator will continue to smile on America and through our blessed country on the whole world. Never again, let us hope, will prosperity depend on increased cost and restricted output when there is a man or woman in America who needs some essential thing for living. President Truman said yesterday—let us go home. cut out the foolishness and get to work. Let us make this country what it ought to be, the greatest nation the sun ever shone upon.

We are entering this new era—a world as thrilling and full of possibilities as ever before in history with new weapons and new problems. We need nurses with special training to handle these new weapons and to meet the highly specialized demands of almost every branch of medical science.

But all of our problems are not material. More and more we realize that only a spiritual awakening will produce an enduring peace. You will deal with the most precious of all earthly created things—man. Man is not alone a material agglomeration of elements but in the heart of each one of them there is a dim realization that he is playing some part in the divine scheme of things. Without this realization no nation can become great. Man has made radios and planes and automobiles, but not a single blade of grass. He is forever attempting to study the methods of the infinite. This war was fought not only to resist aggression, but to establish the right of every man to some form of spiritual sustenance. Only then is he in tune with the infinite—only then does he fulfil his divine mission.

I only wish that I could put in words my impression of some of the great nurses who have walked these halls. They all have one thing in common. They have given and given and given. Day after day and year after year they have assuaged pain and soothed the troubled brow. Their names are not to be found on bronze tablets but in the hearts of those they have helped. The other day I calculated that the more than three hundred men in the junior and senior class will be responsible for the health and lives of more than a million human beings. Imagine if you can, how many of God's children will feel the touch of members of this graduating class. Just a little star dust occasionally, to light their lives, and sometimes a vision of what it means to possess that priceless privilege, but mostly work and often hard work. Many times you cannot be paid in the coin of the realm but you will make priceless friendships, sometimes I think almost the greatest thing in the world. Kindness should be your virtue and humility your daily fare. How often you will be remembered, not by your technical duties, but rather by the small forgotten little acts of kindness and love.

Dr. McCrae was once asked by the student body to write a short note on what he thought was most important to their success. He assumed that they knew their business but he said that in all his professional life the one thing that patients remembered above all else was kindness. Robert Burns once said, in "A Winternight", that a heart benevolent and kind most resembled God. Wordsworth "in some lines composed a few miles from Tintern Abbey" said that the best portion of a good man's life has echoed that thought. I came across a little book the other day in which were written Father Faber's thoughts on kindness. The worst kind of unhappiness as well as the greatest amount of it comes *From Our Conduct to Each Other*. Kindness is following the golden rule. It is treating others as we would be treated ourselves. Kindness adds sweetness to everything. Kindness has converted more sinners than zeal or eloquence or learning. Kindness is infectious. How many times have we been wrong when we have put a kind construction on the conduct of others? Kind words are the music of life. Kind words produce happiness and life without happiness is a sordid thing. Kind words cost nothing, yet how often we begrudge them. The habit of saying kind words is quickly formed and not easily forgotten. The consequence of all this is the immense power of kindness in bringing out the good points in others. More than thirty years in the practice of medicine with all sorts and conditions of men has established that fact and so I leave you with just one more quotation on that blessed virtue by one of your own sex—Emily Dickinson:

If I can stop one heart from breaking,
I shall not live in vain;
If I can ease one life the aching,
Or cool one pain;
Or help one fainting robin
Into his nest again,
I shall not live in vain.

MISCELLANEOUS ITEMS

Miss Beatrice Bixler, Class of 1926, who is living in Wormleysburg, Penna., recently surprised her classmates with a visit here in Philadelphia, Penna.

Mrs. Frieda Grundovski Wood, Class of 1926, is temporarily employed by the United States Treasury Department, which is located at 35 South 9th Street, Philadelphia, Penna.

Miss Areta Matlack, Class of 1937, is now nursing at the Polio Center in New Brunswick, New Jersey.

Mrs. Edith Bayar Lyall, Class of 1923, is now living at the Patrol Headquarters in Hanford, Washington.

Miss Stella Jedrzewski, Class of 1940, is once again Dr. Anspach's Office Nurse.

Mrs. Mildred Shock McGee, Class of 1931, is Dispensary Nurse for the Immigration and Naturalization Service at 15th and Chestnut Streets, Philadelphia, Penna.

Mrs. Jessie Neibert Walker, Class of 1922, wishes to attend the Alumnae Luncheon this year to help celebrate her class' 25 Anniversary. Mrs. Walker has been living in East Cleveland, Ohio, for sometime now. She sends fondest regards to all the nurses that know her.

Miss Sara M. Raymer, Class of 1932, is working in Civil Service at Morrison Field, Florida, as a First Aid Dispensary Nurse.

Miss Catherine Smulling, Class of 1934, is nursing in Juneau, Alaska.

Mrs. Virginia Hazel Bickel Miller, Class of 1937, is Office Nurse for Drs. Kenneth Frye and F. Johnson Putney.

Mrs. Huldah M. Woltman Ho, Class of 1945, would like to hear from her classmates. Mrs. Ho's address is P. O. Box No. 552, Hilo, Hawaii. Please write to her.

Miss Charlotte Hardin, Class of 1937, is Resident Nurse at the Asheville School for Boys, Asheville, North Carolina.

Mrs. Janet Lynch Plant, Class of 1940, is now living in San Jose, California. Several of our Jefferson Nurses have visited with Mrs. Plant while passing through San Jose.

Miss Hilda Bell, Class of 1931, is doing Office Nursing in Philadelphia, Penna.

Mrs. Dorothy Groff Compton, Class of 1937, is Office Nurse for John Walker, D.D.S., who is situated in the Medical Tower Building at 255 South 17th Street, Philadelphia, Penna.

Captain Madelline Ullom, Class of 1938, and who was a prisoner of the Japanese during World War II, is now living in New York City. We wish Captain Ullom lots of luck.

Mrs. Margaret Pound Ransom, Class of 1936, and Dr. W. W. Ransom are now living in Berkeley, California.

Miss Helene Weber, Class of 1922, who has been nursing in Vancouver, Washington, for several years, is now living in Howard, Penna.

Mrs. Thelma Showers Morris, Class of 1932, is in charge of the Barton Memorial Division, of the Jefferson Hospital, which is located at 739 South Broad Street in Philadelphia. All

types of chronic diseases of the chest are cared for at the Barton Memorial Division.

Miss Jane Eshelman, Class of 1945, is attending the University of Rochester, New York. She is taking a post-graduate course in Obstetrics. On completion of this course, Miss Eshelman plans to take an advanced course in Pre-Natal Care. We wish her much luck and success in her career.

Miss Ruth Koch, Class of 1929, is now nursing in Kealakekua, Hawaii.

Miss Emma Schaeffer, Class of 1926, is now working for the Penn Mutual Insurance Company in Philadelphia, Penna.

Mrs. Lorraine Maciejewska Wallen, Class of 1938; Captain Phil Wallen, and their son, are visiting Captain Wallen's parents in Texas. Mrs. Wallen was a member of the Jefferson Unit during World War II. We wish the Wallens lots of luck.

Miss Edna Scott, Class of 1928, who was in charge of our Unit in Cairo, Egypt, who was in charge of the Obstetrical Nursing Department at Bryn Mawr Hospital in Bryn Mawr, Penna., is now in charge of the Operating Rooms at Jefferson Hospital. She is Head Supervisor. We are happy to have Miss Scott back at Jefferson again.

Miss Scott replaced Miss Ruth Spencer, Class of 1934, who is now going to college full time. We wish to thank Miss Spencer for the excellent work she did for Jefferson, and we wish her loads of luck, success and happiness in her new undertakings.

Miss Margaret Carey, Class of 1927, who taught Volunteer Workers, is now in charge of 3rd floor, Old Building, at Jefferson Hospital. Miss Carey replaced Miss Florence Hawke, Class of 1927, who is on a leave of absence, due to illness. We wish to extend our best wishes to Miss Hawke for a speedy recovery.

Miss June Jacobs, Class of 1945, is working at Dr. Kelly's Private Hospital, which is situated at 19th and Spruce Streets, in Philadelphia, Penna.

Miss Barbara Schutt, Class of 1939, who was an Instructor of Nurses at Jefferson Hospital, is Assistant Executive Secretary of the Pennsylvania State Nurses' Association.

Miss Marion Dailey, Class of 1923, is Assistant State Counselor of the Pennsylvania State Nurses' Association.

Mrs. Willie Alder Hamilton, Class of 1931, is Hospital Consultant for the Department of Health in the State of Maryland.

Mrs. Eleanor Henry Porter, Class of 1935, left New York on December 20, 1946, and arrived in Jerusalem on January 6, 1947. Her husband, William, who is the American Consul to Jerusalem, and the twins, also made the trip with Mrs. Porter. They had a very interesting and lovely trip. Mrs. Porter is known as Second Lady of Jerusalem. The Porters will live in Jerusalem for a period of two years, then they will return to the United States. We wish the Porters lots of luck, success and happiness. Mrs. Porter was a member of the Jef-

erson Unit in Cairo, Egypt, during World War II.

Mrs. Elizabeth Williams Kochel, Class of 1939, and her daughter, Karen, arrived in Sendai, Japan, in November of 1946, to join with Kenneth, her husband. The Kochels may be living in Sendai until November of 1948. She wrote to us that life in Sandai, Japan, is strange and interesting. "Everything is far superior to anything that any of us imagined," wrote Mrs. Kochel. Mrs. Kochel sends her regards to all of her friends who still remember her. Mrs. Kochel was formerly in charge of 5th and 6th floors in the Old Building at Jefferson Hospital at night. She was well known and well liked by all that knew her. We wish the Kochels much success, health and happiness.

Miss Ruth Butler, Class of 1937, is working in the Chambersburg Hospital, Chambersburg, Penna. Miss Butler was formerly Circulating Nurse in 140R at Jefferson Hospital.

Miss Dorothy Raubenhold, Class of 1934, who was in charge of the 11th Floor Nursery, is now doing Private Duty Nursing at Jefferson Hospital.

Mrs. Sylvia Cole Vlam, Class of 1932, who was Chief Anesthetist at Jefferson Hospital for a number of years, has resigned.

Mrs. Johanna Laise Leighton, Class of 1939, is working at the Abington Hospital X-Ray Department, Abington, Penna.

Mrs. Angela Veet Toomey, Class of 1939, wrote a very interesting letter. She has worked for quite a few different hospitals in the last few years. Mrs. Toomey tells us that in her travels she has worked in South Carolina, New Jersey, and two hospitals in Hollywood, California, one in Santa Barbara, and now she is working at Cedars of Lebanon Hospital, in Cali-

ifornia. Mrs. Toomey wrote that Private Duty Nurses are paid ten dollars for eight-hour duty. This went into effect January 1, 1947. Here are the dues of 1947 in California: District Dues—\$28.00 (five dollars to District No. 5, twenty dollars to the California State Nurses' Association and \$3.00 to A.M.A. Private Duty Dues—\$43.00; fifteen dollars plus membership.) Mrs. Toomey sends best wishes to all those nurses that still remember her. She would like very much to have her classmates write to her. Mrs. Toomey's address is Mrs. Angela Veet Toomey, 4238 Sunset Drive, L. A. 27, California.

Mrs. Martha Yuskoski Witkoski, Class of 1941, is nursing at the Providence Hospital, Anchorage, Alaska.

Miss Florence C. Heist, Class of 1933, who has been nursing in Vancouver, Washington, for the past few years, is now working in Oakland, California.

Miss Henrietta Harder, Dietician, who graduated from Jefferson in 1933, and who served Jefferson for a period of 14 to 15 years, has resigned from Jefferson. We wish to extend our deepest gratitude to Miss Harder for the excellent work she did for all of us at Jefferson. May good luck, success and happiness be her passwords.

Miss Alma Snyder, Class of 1935, has re-enlisted in the A.N.C. We wish Miss Snyder much luck in her new work.

On March 18, 1947, a St. Patrick's Card Party was held at the Nurses' Home at 1010 Spruce Street, Philadelphia, Penna. It was a great success. Proceeds went into the Relief Fund.

Mrs. Betty Clogg Moyer Vance, Class of 1945, is now located at Albrook Field, in the Canal Zone.

Reprint from *The Pennsylvania Nurse*, December, 1946

DO YOU JUST BELONG?

Are you an active member,
The kind that's liked so well,
Or are you just contented with
The badge on your lapel?

Do you attend the meetings and
Mingle with the craft,
Or do you stay at home
And criticize and laugh?

Say, do you take an active part
To help the work along,
Or are you satisfied to be
The kind that "just belong?"

HOW THOUGHTLESS OF THEM

A grave digger, absorbed in his thoughts, dug a grave so deep he couldn't get out. As the chilly night came on he became more and more uncomfortable, and started shouting for help.

At length a passing drunk, attracted by his

Do you lend a helping hand
Of your own accord,
Or leave the work to just a few
And criticize the Board?

We've quite a program scheduled
That we're sure you've heard about,
And will appreciate it, if you'll
Come and help us out.

Come to the meetings, help
With each hand and heart.
Don't be "just a member," but
Take an active part.

—Anonymous.

cries, heard him and staggered over to investigate.

"Get me out of here," shouted the grave digger, "I'm cold."

The drunk regarded him with surprise. "No wonder you're cold," he answered, "they forgot to put any dirt on you."

Sherman H. Dryer, producer of the radio program, "Exploring the Unknown," has granted us permission to reprint material from two pamphlets, "The Blood That Kills" and "The Story of Malaria."

"THE BLOOD THAT KILLS"

WHAT IS THE RH FACTOR?

The RH factor is a substance found in minute amounts in red blood corpuscles. It takes its name from the rhesus monkey, in which it was first discovered.

Scientists injected some blood from rhesus monkeys into rabbits and found that, as a result, an anti-substance appeared in the rabbits' blood serum. This anti-substance, when mixed with rhesus monkey blood, attacked the red cells of rhesus blood, causing them to clump together.

What had happened was very similar to what goes on in our bodies when invaded by the germs of a disease like typhoid fever. At first we have no defense, and we become ill. The body manufactures certain substances called antibodies, which attack the germs. After we have recovered from the disease, the antibodies remain in the blood and repel further invasion by the germs. That is why many diseases are contracted only once, and also why it is possible to create immunity to certain diseases by injecting weakened germs of that disease into the blood.

More surprising was the discovery that the antibodies produced by the rabbits caused clumping of the blood of most of the people that were tested. Eighty-five per cent of the people tested were found to possess this factor in their red blood cells and were therefore said to be RH positive. The remaining fifteen per cent whose blood was not affected by the rabbit serum, and who therefore did not have the RH factor in their red cells, were called RH negative.

Later study has shown that the RH factor is hereditary. You are either born with it or not; and if you have it, it remains in your blood throughout your life. Like the color of your hair, or the shape of your nose, whether you will be RH positive, or RH negative, is determined by the characteristics of your parents.

The RH factor is unrelated to the inheritance of sex, the major blood types, or any other known physical trait. Thus, for example, there are as many men as women who are RH positive.

In inheritance RH positive is dominant over RH negative. Which is to say, if a child receives from one of his parents the tendency to be RH negative, and from the other the tendency to be RH positive, he will be RH positive.

HOW THE RH FACTOR THREATENS A BABY

An RH negative woman married to an RH positive man may be in danger while pregnant and during transfusion. Her unborn child is also in danger. Since RH positive is dominant, the child will likely be RH positive, and the mother may unwittingly "poison" the child she is carrying.

There is no known direct connection between the blood vessels of the mother and those of her unborn child; hence, there is no direct exchange of blood between the two. The blood flowing in the baby's veins is manufactured by his own body. For this reason, the blood of the baby can be different from that of the mother.

The child is attached to the mother's womb by a placenta where a thick network of the mother's blood vessels comes very close to a corresponding network of blood vessels from the baby. At the placenta, foods dissolved in the mother's blood can diffuse into the veins of the child, and waste products from the child are absorbed into the veins of the mother.

Some of the red blood corpuscles of the baby may diffuse across the barrier of the

placenta and enter the blood stream of the mother. When the baby is RH positive and the mother RH negative, the baby's red corpuscles contain the RH substance, which is foreign to the mother's blood. The mother's bodily defenses mobilize to destroy it—she produces antibodies in her blood which attack the foreign substance.

These antibodies may then flow back across the placental barrier into the veins of the baby, and there destroy the baby's red blood cells.

When this unfortunate situation arises, there is likely to be either a miscarriage, stillbirth, or a child born with a disease called "erythroblastosis of the newborn."

RH AND TRANSFUSIONS

If RH positive is injected into an RH negative person by transfusion, antibodies may be created which sensitize the individual to the RH factor. If at any later date RH positive blood is again used for a transfusion, the red cells of the transfused blood may be clumped or destroyed in the veins of the receiver, with serious consequences.

The mother of a child with erythroblastosis is already sensitized to the RH factor. If she is given a transfusion of RH positive blood, the antibodies which she has built up against the red cells of her baby will attack the transfused blood, and perhaps cause death.

Most serious is the case of a mother who has been sensitized to RH by a previous transfusion. In this case, the danger to her baby is especially great. Normally, the placenta is a very strong barrier, and rarely do the blood corpuscles of the baby manage to struggle through to the veins of the mother. But if the mother is already sensitized by a previous transfusion, the child may be stricken with erythroblastosis from the antibodies already present in the mother's blood stream.

For this reason, no RH negative woman should ever be transfused with RH positive blood.

THE STORY OF MALARIA

DESTROYER OF CIVILIZATIONS

No other disease has disabled and killed as many people throughout the world as malaria. It is a malady which can attack entire populations. When it does not kill, it lingers on in the body of its victim, periodically breaking out in the dread paroxysm of chills and fever, gradually sapping all his strength. Whole civilizations have been undermined in this way. Malaria was as much the conqueror of Rome as were the barbarian invaders.

Today malaria claims 800,000,000 sufferers—nearly half the world's population. Its ravages are concentrated in the tropic and semi-tropic regions where warmth and moist air prevail. The disease occurs less frequently in the cooler regions of the earth, and is practically unknown in the far north.

A hundred years ago malaria was rampant in middle Europe and the United States. Today it is rare. It still occurs in the deep south, but even there it is rapidly disappearing. However, thousands of veterans returning from India, China and the South Seas brought with them the germs of malaria still active in their bodies. Until the spring of 1946, the chances of complete cure for these sufferers from lingering malaria were slight.

THE WINGED KILLER

For thousands of years it was believed that malaria was caused by the noxious vapors that linger over swamps and stagnant water. The name itself is from the Italian *mala aria*, meaning bad air.

Sixty years ago a French scientist, Laveran, discovered that malaria is caused by a parasite, a microscopic animal called plasmodium, that swarms in the blood-stream

of its victims, destroying the red blood cells. A decade later, an Englishman, Ross, and an Italian, Grassi, discovered that the microscopic killer was transmitted by the female of the anopholes mosquito. No other mosquito, not even the male anopholes, can do the job. The malarial parasite undergoes a life cycle, and part of this cycle must be spent in the body of a female anopholes.

When a lady anopholes sucks a mouthful of blood from the veins of a human being infected with malaria, it draws some of the microbes along. These proliferate in the stomach walls of the mosquito, and then migrate to the insect's salivary gland where they lurk, ready to be injected into a new victim.

RELAPSING MALARIA

Plasmodium, the malaria parasite, has three different forms, each producing a different form of the disease. Relapsing malaria is caused by a microbe known as plasmodium vivax. Vivax is found in the red blood corpuscles as a pale, shapeless parasite. When it enters a blood cell, it promptly begins to grow. Within 48 hours it reaches maturity, dividing into eighteen to twenty daughter parasites. The red blood corpuscle bursts, spewing the young killers into the bloodstream, each capable of infecting another red cell.

Relapsing malaria is not very deadly, but once contracted it is difficult to throw off. Some of the microbes may creep into the tissues—muscles and bone marrow. After one attack has ended, these emerge into the bloodstream and bring on another attack. The patient after recovery from one paroxysm lives under the constant threat of a relapse. It is this form of the disease with which most of the servicemen became infected overseas.

Another form of relapsing malaria is caused by the plasmodium malariae. It is similar to vivax, except that the parasite matures in 72 hours. It is also not deadly, and is comparatively rare.

MALIGNANT MALARIA

Much more deadly is the type of malaria caused by the plasmodium falciparum. Under the microscope falciparum looks feeble and harmless. It is much smaller than vivax, and occurs in human blood corpuscles as a tiny, translucent crescent. But its attack is vicious. One form of the disease caused by falciparum is the dread black-water fever. Without medical treatment, death is almost certain.

On the other hand, falciparum, when cured, does not recur. Apparently the microbes do not enter the tissues as do vivax.

CHILLS AND FEVER

Malaria has gained its evil name partly because of its paroxysmal attack. After being injected into the blood by a mosquito, it takes about fourteen days for the microbes to reach dangerous numbers. And then begins the terrifying struggle of the body to throw off the parasite. First come chills, in which for an hour or more the skin is blue and cold, and the patient is overtaken with uncontrollable shivering, while the interior body temperature mounts to fever heat. Then the skin slowly loses its chill and becomes intensely hot. The temperature may reach 107 degrees. The face and body become flushed, the pulse is full and bounding, thirst is unbearable, and the mind of the patient may become cloudy with delirium.

After several hours of torture, the patient suddenly begins to perspire in huge quantities, and shortly after comes relief. He then becomes almost normal—until the next paroxysm.

GUARDING AGAINST MALARIA

The major safeguard against malaria is unremitting warfare against the female anopholes mosquito—destruction of breeding places, swamps, ponds, and other open

water; killing the mosquitoes with DDT or other lethal chemicals; shutting them out with screened houses, bed netting, or the like.

In regions where malaria is rampant, small, daily doses of quinine or atabrine prove effective in warding off infection.

TREATMENT

Long before it was known that plasmodium caused or anopholes carried malaria, quinine was used as a treatment. Quinine is a drug extracted from the bark of the cinchona tree, a native of the western mountainous regions of South America, but now cultivated chiefly in the East Indies.

The treatment requires taking large doses of quinine sulfate every day for four or five weeks. Many persons are allergic to the drug, and cannot take it in such large doses.

Furthermore, quinine does not cure the recurrent type of malaria. It does kill the parasites swarming in the blood, but it has no effect on the microbes secreted in the tissues.

When war broke out with Japan, it became immediately clear that one great enemy would be malaria. In the steamy south sea islands, in the rain drenched Philippines, in the sweating Carolines, malaria is constantly alive. But the Japanese almost immediately captured the major source of quinine for the world—the cinchona plantations of Java. Our reserve supply of quinine was insufficient to serve the needs of our troops in the infected areas.

The army turned to atabrine, a synthetic drug similar to quinine, which has been

The army turned to atabrine, a synthetic drug similar to quinine, which had been discovered in Germany in 1932 and finally synthesized in the United States in 1941. At first atabrine was used with extreme hesitancy, but it quickly proved to be superior to quinine. It kills off the plasmodium in the bloodstream faster; it is less unpleasant in its "side effects," and it turned out to be a complete cure for the malignant falciparum malaria.

Recently, another drug, chloroquine, has been developed which is even more effective and safe than quinine or atabrine. It will rid the blood of the malarial parasite in three days.

But with all these drugs, the problem still remained of vivax malaria, the recurrent type. The drugs could suppress one onslaught of the germs, but it could not rid the body of the germs altogether.

CURE

In the tremendous search for a complete cure carried out under the Office of Scientific Research and Development during the war, thousands of drugs were tested on convicts, chickens and monkeys. In May of 1946, doctors at the University of Maryland tested drug number 13,276. This drug, called pentaquine, was a distant relative of a compound called plasmoquin, developed in Germany over ten years ago. Plasmoquin would cure relapsing malaria, but it was also toxic, poisonous. The patient was threatened with cramps, nausea, even serious anemia.

Through many painstaking steps, plasmoquin was finally altered so that its curative powers remained—were even enhanced—and at the same time its toxicity was reduced. Pentaquine, the final product, given in conjunction with quinine, completely eradicated malaria in sixteen out of seventeen cases. It proved to be only one-half to three-quarters as toxic as plasmoquin.

Although pentaquine is not entirely free from toxicity, it is safe when administered under the supervision of a competent physician. And, it finally erases the fear of relapse which has haunted the victims of vivax malaria.

PROGRAM

Processional
Our National Anthem
Presiding Officer Horace P. Liversidge
Chairman, Hospital Committee
Board of Trustees
Invocation Rev. Andrew Mutch, D.D.
Pastor Emeritus,
Bryn Mawr Presbyterian Church
Student Nurses' Chorus
"Ye Watchers and Ye Holy Ones"
17th Century German,
Arranged by Katherine Davis
Harp—The March of the Men of Harlech,
Old Welsh Air
Largo in F Major *Johann Sebastian Bach*
Theme et Variations *Marcel Tournier*
Address John H. Gibbon, Jr., M.D.
Professor of Surgery, Director of
Surgical Research in the Department
of Surgery
Student Nurses' Chorus
The Green Cathedral *Hahn-Carleton*
Harp Accompaniment
Conferring of Diplomas,
Robert P. Hooper, LL.D.
President, Board of Trustees
Presentation of Pins
Presentation of Prizes
Laura Maurer
Anna Heishman
Jane Handy
Mary Udicious
Edith Myfanwy Morgan, *Choral Director*
Ruth N. Johnston, *Accompanist*
Marcella DeCray, *Harpist*
Jefferson Song
Benediction
Recessional

PRIZES—MAY, 1946

The Adaline Potter Wear Memorial Prize of twenty-five dollars to the member of the graduating class who, in the opinion of the School of Nursing Faculty, has demonstrated outstanding ability in the Nursing Arts course to

ANNA KATHERINE HEIKER HEISHMAN

Honorable Mention to Elizabeth Ann Nissler.

The William Potter Memorial Prize of twenty-five dollars to the member of the graduating class attaining the best general average during her senior final examinations to

LAURA ELIZABETH MAURER

Honorable Mention to Jane Elizabeth Handy.

The Jefferson Hospital Women's Board Prize of twenty-five dollars to the member of the graduating class who, in the opinion of the Nursing School Faculty, demonstrates the greatest versatility and co-operation in nursing situations to

JANE ELIZABETH HANDY

Honorable Mention to Marilyn Jane Dinklocker.

The Jefferson Nurses' Alumnae Association Prize of twenty-five dollars to the member of the graduating class who attains the highest average during the three years' course of study to

MARY MADELINE UDICIOUS

Honorable Mention to Jane Elizabeth Handy.

CAPPING EXERCISES

February 20, 1947

JEFFERSON MEDICAL COLLEGE HOSPITAL
SCHOOL OF NURSING

PROGRAM

Processional Onward, Nurses, Onward
Our National Anthem
Invocation Pastor Reisch
Greetings Dr. Louis H. Clerf
Chairman of the Nursing School
Committee
Significance of the Cap Miss Josephine Messa
Presentation of Students,
Miss Wilda Gige, R.N., A.B.
Educational Director
Presentation of Caps,
Miss Margaret M. Jackson, R.N., B.S.
Directress of Nurses

Mary Stewart's Prayer
Class Song Ruth Sherlin, '49
Nightingale Pledge
School Song Jefferson
Benediction Pastor Reisch
Recessional Follow the Gleam
Choral Director, Edith Myfanwy Morgan
Accompanist, Ruth Johnson

CLASS SONG

Lord, make us truly willing
To pledge ourselves to be
True messengers of mercy
To distressed humanity.
And let us feel within our hearts
A thankfulness that we
Can help to drive away the pain
And ease the agony.

Lord, make us truly worthy
To wear these caps of white
To see them as a symbol of
The struggle for the right.
And fill us with a gentleness
That knows no race nor creed,
But willingly administers
To everyone in need.

Lord, keep us ever faithful
To this our solemn vow,
That we may carry on the trust
That we accept here, now.
And grant that we may realize
That happiness will be
The rich reward for her who lives
To serve humanity.

RUTH SHERLIN,
Class of September, '49.

JEFFERSON SONG

Let's lift our voices and sing the praises of dear
old Alma Mater Jefferson,
With hearts sincere and voices loud that raises
Our joy for the glorious work we've won.

Chorus

All hail, and sing the praises of dear old Jef-
ferson,
Thro' years we'll always take our places beside
you,
And sing when our glorious deeds are done.

Second

Let us breathe a prayer that we may ever
cherish
And honor Jefferson with noble name,
That we may do the work that's set before us,
And achieve our grand and silent fame.—Cho.

CLASS ROLL

Rosaria Balestra	Mt. Ephraim, N. J.	Doris Graver	Allentown, Pa.
Ann Balogh	Kingston, Pa.	Joy Groves	Camden, N. J.
Jean Beard	Laurel Springs, N. J.	Dorothy Kauffman	Jobstown, N. J.
Mary Betchold	Bethlehem, Pa.	Marie Kautz	Hummelstown, Pa.
Mary Louise Bell	Elizabeth, N. J.	Charmaine Kissinger	York, Pa.
Bertha Beloff	Tuckerton, N. J.	Ursula Koulik	Wilkes-Barre, Pa.
Barbara Brown	Helmetta, N. J.	Ella Kresge	Lehigh, Pa.
Roberta Cashner	Milton, Pa.	Dorothy Lamson	Gibbstown, N. J.
Emily Clarke	Lititz, Pa.	Ruth Lange	Wilmington, Del.
Helen Daugherty	Wilmington, Del.	Mary Levinsky	Luzerne, Pa.
Donna Mae Dawson	DuBois, Pa.	Ruth Linthicum	Camden, N. J.
Louise Dietz	Red Lion, Pa.	Margaret Logan	Philadelphia, Pa.
Joanne Duffield	Greencastle, Pa.	Mildred McCormick	Philadelphia, Pa.
Lucille Flavell	York, Pa.	Alice Magnitzky	Philadelphia, Pa.
Nancy Gerber	York, Pa.	Helen Martin	Altoona, Pa.
Alice Gerngross	Laurel Springs, N. J.	Betty Mengel	Auburn, Pa.
		Lorraine Milawski	Chester, Pa.
		Gertrude Nemschick	Plymouth, Pa.
		Catharine Newcomer	Elizabethtown, Pa.
		Jane Norstedt	Kulpmont, Pa.
		Teri Oikawa	Philadelphia, Pa.
		Eleanore Paris	Lebanon, Pa.
		Pauline Prebula	White Haven, Pa.
		Peggy Lou Reed	Shamokin, Pa.
		Jean Reeves	Haddon Heights, N. J.
		Marie Scian	Camden, N. J.
		Jean Searfoss	White Haven, Pa.
		Florence Servello	Altoona, Pa.
		Hazel Sheckler	Cornwall, Pa.
		Ruth Sherlin	Catasauqua, Pa.
		Shirley Snyder	Greencastle, Pa.
		Carolyn Sprenkel	Kingston, Pa.
		Margaret Stradley	Carneys Pt., N. J.
		Betty Tomalis	Plymouth, Pa.
		Marilyn Turner	Wyncote, Pa.
		Elizabeth Wergo	Frackville, Pa.
		Helen Zbuckvich	Big Run, Pa.

THE ECONOMIC SECURITY PROGRAM OF THE
PENNSYLVANIA STATE NURSES' ASSOCIATION

No professional nurse can afford to ignore the crisis which our profession is facing today. The direction which nursing takes in the next few years will determine, for generations to come, the place nursing will fill in our social world and the level on which it will function. We are beset with problems which touch every phase of the nursing field; but the most immediate problem is that of supplying the public with the amount of nursing service it needs and which it is demanding.

Why are we losing well prepared nurses from active nursing to other fields? Why cannot we attract more capable young people into the profession? Why are so many discontented, unstable and unhappy in the practice of nursing? We know, not only from conversations with our colleagues, but from actual studies, that nurses like to nurse—nurses want to nurse. Where, then, does this apparent resistance to the profession lie? It lies in the effect on the nurse of the *conditions* under which she is expected to work.

A good business man learns early that if he is to make profits his workers must produce, and to produce these workers must be contented in their employment conditions. How long can an employee produce at his peak with a salary which does not begin to compensate for his preparation or his degree of responsibility, under long, strenuous hours, with no concrete guarantee of vacations, sick leave, time off, salary increments, holidays, health and retirement benefits, or a voice in determining employment standards? Nurses, who are no different from the average mortal, have worked

too long under these very conditions—so long that the effects are overshadowing every part of the future safety of the total profession. Shall we continue to make recommendations such as have been made for years, and watch those recommendations become lost in a remote corner of a desk drawer? Or shall we depend on outside interests such as labor organizations to do something about it?

There is an alternative, but that alternative demands the attention, the interest and the activity of every registered nurse in the country. For years, nurses have promoted the growth and development of other aspects of the nursing profession through the medium of their own professional associations. With the welfare of the total profession leaning on an improvement in the economic standards for nurses, it is only logical that it comes through the activities of these associations. With the full support of the American Nurses' Association, thirty states have launched an economic security program for their nurses. The Pennsylvania State Nurses' Association is showing outstanding leadership in this program. Its principles have been drawn up, its functions have been defined and its plan of action is chartered. Now the responsibility for its success lies completely on the shoulders of the individual nurse. The next few months will tell us whether or not she will come through.

How does this program work? Here are 15,000 registered nurses whose interests are mutual and whose problems are common, all of whom are identified through membership with the prestige and the dignity of their own professional association. Through activity in their local district sections, in each of which are nurses engaged in the same type of nursing—private duty, institutional, public health, industrial—the nurses, themselves, will determine the standards under which they feel they *should* work in order to provide efficient nursing service. These standards will be compiled into one set of *minimum* state-wide standards, below which no nurse should be expected to work. They will be supported by the whole Association, printed and distributed to every employer of that type of nurse. When the employer does not understand the need for instituting these standards in his agency, the nurses may ask their own state association to speak for them, through actual negotiations with their employer whenever necessary. These negotiations will be conducted on a professional level, by professional people, the chosen representatives of the nurses. The responsibility for gaining the employment standards which the nurses need will be assumed by their own state association. The total program will be guided by competent legal counsel and supported by a strong public relations program.

The individual nurse has a heavy responsibility if she is to expect effective action, for her own needs or the needs of the other nurses in the state. First, she must learn all about it. The professional publications, the *American Journal of Nursing* and the *Pennsylvania Nurse*, have a great deal about the program in recent issues. It is being discussed at section and district meetings, and the officers of the district and state association can explain it. Second, she must contribute her voice and her interest in her local meetings. Without activity on the part of the nurse herself, this program can fail. Third, since the nurse is asking for recognition of her *status* as a professional person, she must give the quality of nursing *service* which warrants that recognition.

Nurses from every part of the country and every part of the state are looking to the economic security program for the solution to most of their professional problems. There is no need to tell the nurse how much she needs it. The need, now, is to convince her that she must *use it*.

BARBARA SCHUTT, R.N. (Class of 1939),
Assistant Executive Secretary of
Pennsylvania State Nurses' Association

As the one eye said to the other eye, "I think there's something between us that smells."

Someone has said, "One of the greatest achievements in life is to have the ability to determine values."

THE CLARA MELVILLE SCHOLARSHIP FUND

It was in 1935 that our Scholarship Fund was started, but it was not until 1937, after the death of our Directress, that we began the Clara Melville Scholarship Fund, in her memory. It was one of her greatest ambitions that such a fund be started. This is 1947 and is in reality our 10th Anniversary, since so little was done before 1937 to increase it.

To date, we have \$10,556.59 in our Scholarship Fund. We can never forget the generosity, nor do we cease to thank Miss Margaret and Miss Elizabeth Melville for their magnificent gifts. Their liberal contributions from time to time have been such a boost to this fund. We are fortunate in having the Jefferson Hospital Board of Trustees invest \$10,000 of this money for us. The rate of interest is high, and we can be confident in their good judgement in handling it for us.

This year, we have started something new. It is our earnest hope that you will patronize our little business. We have personalized stationary and postal cards, personal labels, boxes of assorted cards for any occasion and so forth. Every article is refined, and you will be pleased.

We have added this line to help, not only our Scholarship Fund but also our Relief Fund. Won't you order from us when you need such items? Any of them would make most acceptable Christmas gifts. For your convenience, there is a price list below. Keep it handy, and use it often!

Thank you,
HENRIETTA FITZGERALD SPRUANCE, *Chairman*

PRICE LIST

200 Personal Labels	\$.50
50 Personalized Postal Cards .....	.50
24 Gift Card Booklet .....	.25
24 Gift Card Booklet (Children) .....	.25

EVERY BOX UNUSUAL

No. 10—14 DeLuxe Everyday Box Assortment	\$1.00
No. 11—14 All Birthday Box Assortment	1.00
No. 12—14 Convalescent Box Assortment	1.00
No. 13—14 All Sympathy Box Assortment	1.00
No. 14—14 DeLuxe Everyday Box Assmt. (Scripture Text Verses)	1.00
No. 15—12 Economy Everyday Box Assortment .....	.50
No. 20—10 Everyday Box Assortment (Scripture Text Verses) .....	.50
No. 22—12 Humorous Everyday Box Assortment .....	.50
No. 23—16 Letter-ettes Box Assortment .....	.50
No. 24—12 Petite Picture Notes Box Assortment .....	.50
No. 25—Everyday Gift Wrapping Box Assortment	1.00
No. 30—10 All Birthday Box Assmt. (Scripture Text Verses) .....	.50
No. 31—All Convalescent Box Assmt. (Scripture Text Verses) .....	.50
18 Gift Cards for All Occasions .....	.50

CARD OF THANKS

The family of Frank Mariano, and also Margaret Mariano Pargola, Class of 1934, wish to thank all of those Jefferson nurses who sent sympathy cards, sent flowers, and to those that sent spiritual bouquets, or assisted us during the death of our dear wife and dear mother, Mrs. Frank Mariano.

Respectfully yours,

HUSBAND AND CHILDREN,
39 East Diamond Ave., Hazleton, Pa.

THE POET'S CORNER

PORTRAITS

WASHING MACHINE

By James J. Metcalfe

We have a mighty good machine
That washes all our clothes,
And does them automatically
While we enjoy a doze.
It cleans the sheet and pillow case,
The towel and the shirt,
And leaves the sox and underwear
without a sign of dirt.
It is a great invention and
We often wonder who
Possessed the brains to save us all
The work that it can do.
For it not only cleans the clothes,
It rinses them as well,
And afterwards the laundry has
That sweet, refreshing smell.
And all we could desire to
Improve on its design,
Would be to have it take our things
And hang them on the line.

CRUSHED FENDER

It Happened in Milan one summer night,
While we were driving down a narrow street,
A fender crashed—the brakes froze to a stop
Beneath the pressure of the driver's feet.
I hurled my ire against the guilty one:
"You should be taught to signal as you
turn!
At least put out your arm!" I cried at him.
"You could have caused our car to overturn!"
At first the man was silent, then he spoke:
"Sorry," he said, "to cause you such alarm,
You did not see it, for the night is dark,
But as I turned, I did put out my arm.
Please take my license number and my name—
I hope you will forgive and understand.
I was a soldier once, somewhere in France—
My left arm is a stub. I have no hand."

I could not speak. The words choked in my
throat—
I did not take his number, nor his name—
I turned the car against the dull black night,
My face averted to conceal my shame.
ROSA ZAGNONI MARINONI.

THE NURSE

May I pay my tribute to her with this simple
verse?
The world will join me when I sing the praises
of the nurse,
In hospitals and nursing homes, she plays her
splendid part,
Although she may have troubles of her own
locked in her heart,
And have you ever thought of what would
happen if one day
The nurses all decided that they'd like to run
away.

Folks like myself could go on strike and no-
body would heed,
But Nurse is indispensable, she meets the
world's great need,
Her hands are blessed, because they do a work
that's good and fine,
For "Christ" Himself said, "Heal the Sick, this
Labour is Divine,
And will earn a rich reward when Life's last
shadows fall,
A Life of Selfless Service, is the Greatest Thing
of All."

PLANTING BULBS

I've put my bulbs into the mould,
They look so withered, dry and old,
I can't believe they'll bloom in gold,
On some April day.

What is this urge? this force, this power,
That works in darkness hour by hour,
And with the aid of sun and shower,
God creates a daffodil?

What is a bulb?
How very odd, that if I plant it in the sod,
Some day a flower will look to God,
And suddenly it's Spring.

THE OPTIMIST

You can't escape gloom in the everyday game,
And hearts cannot always be gay;
A shadow is cast by the cheeriest flame,
Indeed, 'tis a proof of the ray.
But if you're observant while journeying on,
You'll find, as has always been found,
That whatever of weather comes in with each
dawn,
There's sunshine enough to go 'round.

Enough for your heart unless vapors of fear
Bedim it with fog of despair;
Enough for your soul if the radiance clear
Isn't halted by curtains of care.
With aid of tear-showers 'twill cultivate
flowers
In even the barrenest ground,
And these shall be symbols, despite darkened
hours,
Of sunshine enough to go 'round.
LEIGH MITCHELL HODGES.

A NURSE'S PRAYER

Dear Lord, if I could save one sinking soul,
One human heart hard pressed,
I should not count these changeless days
As dreary, but as blessed.

If I could ease a night of pain,
And soothe a sobbing child,
I'd gladly try to train myself
To gentle be, and mild.

Oh, it is hard to change oneself,
To learn to think of others;
But, Lord, please keep reminding me
That these are all my brothers.

The highest type of nurse, I pray
Thee Lord, please let me be;
And I will do my part, I swear,
To serve humanity.

RUTH ALICE WILSON.

BETTER THAN GOLD

Better than grandeur, better than gold,
Than rank and titles a thousandfold,
Is a healthy body and a mind at ease,
And simple pleasures that always please.
A heart that can feel for another's woe,
And share his joys with a genial glow;
With sympathies large enough to enfold
All men as brothers, is better than gold.

Better than gold is a conscience clear,
Though toiling for bread in an humble sphere,
Doubly blessed with content and health,
Untried by the lusts and cares of wealth,
Lowly living and lofty thought
Adorn and ennoble a poor man's cot;
For mind and morals in nature's plan
Are the genuine tests of an earnest man.

Better than gold is a peaceful home
Where all the fireside characters come,
The shrine of love, the heaven of life,
Hallowed by mother, or sister or wife.
However humble the home may be,
Or tried with sorrow by heaven's decree,
The blessings that never were bought or sold,
And center there, are better than gold.

ABRAM J. RYAN.

SANTA FILOMENA
LADY OF THE LAMP

When'er a noble deed is wrought,
When'er is spoken a noble thought,
Our hearts, in glad surprise,
To higher levels rise.

Honor to those whose words and deeds
Thus help us in our daily needs,
And by their overflow
Raise us from what is low.

Thus thought I as by night I read
Of the great army of the dead,
The trenches cold and damp,
The starved and frozen camp.

The wounded from the battle plain,
In dreary hospitals of pain,
The cheerless corridors,
The cold and stony floors.

Lo, in that house of misery,
A lady with a lamp I see
Pass through the glimmering gloom,
And flit from room to room.

And slow, as in a dream of bliss,
The speechless sufferer turns to kiss

Her shadow as it falls
Upon the darkening walls.

On England's annals, through the long
Hereafter of her speech and song,
That light its rays shall cast
From portals of the past.

A lady with a lamp shall stand,
In the great history of the land,
A noble type of good,
Heroic womanhood.

LONGFELLOW.

YOUR MEDICINE CHEST

Let's take an inventory of your medicine
chest!

So many times we find the contents of our
medicine chests are detrimental to good health.
Is your medicine chest a safeguard to you and
your loved ones? Or is it a place where death
lurks?

A change in color, consistency or odor of any
substance should be questioned. This applies
especially to proprietary preparations, antiseptics,
etc., all of which are bound to undergo
radical chemical changes with time. Do not
keep unused medications too long. Stale drugs
should be discarded without hesitation.

See that every bottle is corked and immedi-
ately replaced after use.

All bottles, boxes and receptacles should be
appropriately marked with labels, which are
not apt to fall off. Be sure that labels are ap-
plied to receptacles as soon as prepared or re-
moved from original containers.

Segregate drugs. Substances used externally
should be kept together, and substances used
internally should be grouped together.

All poisons should be labeled "Poisons."
They should be kept in distinctive bottles or
other receptacles.

Oils should be kept in cool places since they
readily decompose.

It is essential to keep the medicine chest in-
accessible to children. If possible, keep it
even too high for a small child to reach from a
chair. It is more important to exert special
pains to keep ordinary housekeeping prepara-
tions out of their reach; insecticides, bleaches,
powders and cleaning fluids. This also goes for
such substances as these: moth balls, lye, de-
odorants, perfumes, toilet waters, laxatives, fur-
niture polish, kerosene, gasoline, benzene, rat
poison, etc.

Don't hinder your family's health by being
careless. Precision should be a password in
preparing doses of medicines. Accuracy is very
necessary in calculating doses—if in doubt
verify your answer. Always look three times at
the label of every bottle or box before using
any of its contents. Never pour a medicine
back into the bottle. These are a few rules to
remember.

A final warning to all of you is—don't let
Death hide within your medicine chests!

THE HOSPITAL PHARMACY

By HERBERT L. FLACK, B.Sc., *Chief Pharmacist*

This past year has seen several changes in the hospital pharmacy. Improvements in the physical appearance and changes in personnel have been made with an eye toward the future day when the pharmacy, along with the whole hospital, can justly boast that it is one of the most modern and efficiently run in this area.

Cooperation has been the keynote of this forward movement—cooperation with the physician and nursing staff of the hospital being of utmost importance. From the nursing viewpoint, the introduction of a delivery service has saved an innumerable number of hours of valuable nursing time. Though there are presently three deliveries of drugs daily, it is felt that the nursing staff has not attempted to utilize the facilities of the drug delivery service to a maximum. The average nurse has more than enough to do with nursing problems without acting as messenger or delivery personnel. The pharmacy is attempting to relieve the nurse of these unnecessary duties and anticipates that, in the near future, the nursing staff will not be required to visit the pharmacy at all, except in emergencies.

Another means of cooperation is the dilution of penicillin vials by trained personnel in the pharmacy. It is estimated that it requires four or five minutes for an efficient nurse to dilute one vial of penicillin with normal saline solution. Thus, for every 100 vials that can be diluted by mass production methods in the pharmacy, approximately 7 hours of valuable nursing time is saved. Calculating on the volume of penicillin consumed per week, over 40 hours of nursing time is saved weekly by this method.

By special arrangement with the Business Manager, a new system of procuring charge drugs was introduced. It is impossible to estimate the total nursing time saved on this one change of procedure. Cooperation of the nursing staff is required by this change, though, by bringing to the attention of the pharmacist who accepts the charge that the patient is leaving the hospital, if that is so. If this were not done, many charges would never be billed until the patient had left the hospital, which might lead to non-collection of the bill and resultant loss to the hospital. If the nursing staff would not cooperate in this matter, procedures would have to be changed to the old time-consuming method of making three stops for every charge drug.

One of the more esthetically effective jobs that the pharmacy has undertaken, is the dispensing of floor stock drugs in uniform containers with clean, neat labels attached. It is thought that besides improving the appearance of the floor drug closet, this standardization has increased the efficiency of the nurses' dispensing of medications.

The pharmacy is presently staffed by six licensed pharmacists, all recent graduates, each possessing, as a minimum, the degree of Bachelor of Science in Pharmacy. Completing the pharmacy staff are two pharmacy technicians, a secretary, delivery man, porter and four apprentice pharmacists. It is anticipated that in the fall of 1947, graduate instruction leading to the degree of Master of Science in Pharmacy, will major in Hospital Pharmacy, will be begun with students from the Philadelphia College of Pharmacy and Science in cooperation with the Jefferson Medical College and this Hospital. This graduate instruction will constitute formal instruction at the two Colleges together with an internship in the hospital pharmacy.

One of the more important functions of the hospital pharmacy is the dispensing of information. Both the physician and the nursing staff are invited to visit the pharmacy or to telephone the pharmacy when any problem is presented. It is thought that no problem is too large or too small to demand the attention of a pharmacist. Monthly meetings of the pharmacy staff are held at which time the pharmacist personnel present abstracts from the current medical and pharmaceutical literature. This

is required if the pharmacy is to keep abreast of modern medical and pharmaceutical practice.

No statement is complete without mention of some of the functions of the hospital pharmacy. Besides compounding an average 122 out-patient prescriptions daily, an average 250 in-patient prescriptions and charges are filled daily, plus some 25 or 30 floor requisitions containing an average of 7 items. The number of telephone calls and verbal requests for information have not been counted but it is noted that at least one of the two telephone lines to the pharmacy is always busy during working hours.

JEFFERSON MEDICAL COLLEGE HOSPITAL SCHOOL OF NURSING FACULTY

Wilda Giguee, R.N., A.B.	Educational Director
Diploma in Nursing	University of Rochester School of Nursing
A.B. Degree	Alfred University, Alfred, New York
Advanced Study	University of Pennsylvania
Dorothy J. Edgar, R.N., B.S.	Instructor in Sciences
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
B.S. Degree	Teachers College, Columbia University
Anna May Jones, R.N., B.S.	Instructor of Anatomy, Physiology, Sociology
Diploma in Nursing	Bryn Mawr Hospital School of Nursing
B.S. Degree	Temple University
Matilda Krezanowsky, R.N., B.S.	Instructor of Pediatrics and Communicable Diseases
Diploma in Nursing	Temple University Hospital School of Nursing
B.S. Degree	Temple University
Miriam L. Brunner, R.N., A.B.	Instructor in Nursing Arts
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
A.B. Degree	Wheaton College, Wheaton, Illinois
Advanced Study	University of Pennsylvania
Bettyann Auman, R.N.	Assistant Instructor in Nursing Arts
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
Advanced Study	University of Pennsylvania
Elinor Knotts, R.N.	Assistant Instructor in Nursing Arts
Diploma in Nursing	National Homeopathic Hospital School of Nursing
Wilma B. Gillespie (Mrs. W. T.), R.N.	Assistant Instructor in Nursing Arts
Diploma in Nursing	Charleston General Hospital School of Nursing
Advanced Study	University of Pennsylvania
Sylvia E. McClure, R.N., B.S.	Director of Clinical Instruction
Diploma in Nursing	Allegheny General Hospital School of Nursing
B.S. Degree	Youngstown College, Youngstown, Ohio
B.S. Degree	New York University
Advanced Study	Teachers College, Columbia University
Charlotte F. Davenport, R.N.	Clinical Instructor in Surgical Nursing
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
Advanced Study	University of Pennsylvania
Genevieve Koehmstedt (Mrs. J. P. L.), R.N., B.S.	Clinical Instructor in Medical Nursing
Diploma in Nursing	Saint Mary's Hospital School of Nursing
B.S. Degree	College of Saint Scholastica, Duluth, Minnesota
Candidate for M.S. Degree	Catholic University, Washington, D. C.
Paula K. Erdos, R.N., B.S.	Clinical Instructor in Obstetrics, Gynecology
Diploma in Nursing	Cornell University, N. Y., Hospital School of Nursing
B.S. Degree	Cornell University
Thelma Showers Morris (Mrs. H. T.), R.N., B.S.	Instructor in Tuberculosis Nursing
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
B.S. Degree	University of Pennsylvania
Edna W. Scott, R.N.	Instructor in Operating Room Technique
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
Advanced Study	University of Pennsylvania
Elizabeth Piersol, R.N.	Instructor in Neurological Nursing
Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
Advanced Study	University of Pennsylvania
Jennie Kutz, R.N.	Instructor in Urological Nursing

Diploma in Nursing	Jefferson Medical College Hospital School of Nursing
Martha Walker, Dietitian	Instructor in Nutrition
University of Georgia	
Elizabeth Garden, Dietitian	Instructor in Diet Therapy
Mary Washington College, Fredericksburg, Va.	
Eleanor Meagher, Dietitian	Laboratory Instructor in Nutrition
Rochester Institute of Technology, Rochester, New York	

We regret to announce the resignation of Miss Margaret M. Jackson, Directress of Nurses and Nursing Service, who will leave Jefferson Hospital on June 1st, 1947, to become Directress of Nurses and Principal of the School of Nursing at the Western Pennsylvania Hospital, Pittsburgh, Pa.

During her stay with us Miss Jackson has worked with untiring effort to improve nursing care given to patients at Jefferson Hospital and to further the interests and welfare of Jefferson nurses. In all our contacts with Miss Jackson we have been made to feel that she was one of us and we wish to take this opportunity to express our appreciation of her loyalty.

We have benefited from Miss Jackson's abilities and participation in the activities of nursing circles. Her progressive ideas have made us more aware of the goals towards which we should be striving as professional nurses.

We are grateful for the help which she has given us and extend to her our very best wishes for happiness and success in the future.

It is with regret that we announce the following resignations:

Miss Wilda Gige—Educational Directress
 Miss Martha F. Riland—Assistant Directress
 Miss Miriam L. Brunner—Nursing Arts Instructor
 Miss Charlotte F. Davenport—Clinical Instructor in Surgical Nursing

Miss Brunner and Miss Davenport are planning to do advanced study at Western Reserve University, Cleveland, Ohio.

JEFFERSON HOSPITAL GRAY LADY UNIT, A. R. R.

MRS. WILLARD M. RICE, *Director*, Philadelphia, Penna.

Gray Ladies began working in Jefferson Hospital in March, 1942—with the first corps of 70.

In 1945, our corps reached its peak with over 400 active day and evening Gray Ladies covering 28 different assignments each week throughout the hospital, giving 40,556 hours during that year.

Through 1946 we had 151 Gray Ladies who gave 16,607 hours covering the most important assignments, such as:—operating rooms, clinic and private floors. Many of the young girls of the night group have gotten married, and we have lost some fine workers through illness and the necessity of home duties. Very few have resigned due to lack of interest, as our need is great in the hospital.

We are a peace time organization as well as war and have our duties and need in the hospital doing morale building, reading, helping the nurse and so forth.

Music, which is brought to the wards once each week, is part of our Musical Therapy Gray Lady Work, which brings much pleasure to the patients.

The cart from the Alcove Shop is taken by Gray Ladies through the wards twice a week supplying the patients with soft drinks, candy, magazines, etc., which they have no other way of buying.

Well over 200,000 dressings are being made each year through our Gray Ladies Corps.

Most of the success of our group has been due to our fine organization and the

splendid cooperation of our Jefferson nurses. As a Gray Lady works directly under the nurse's orders, the success and help she can give is reflected in the good supervision she has received; without this help we could not have accomplished the job we tried to do.

ADELAIDE M. RICE.

THE VOLUNTEER NURSES' AIDES SALUTE JEFFERSON NURSES

How very pleased I was when Miss Mathuse asked me to give her a paragraph or so on the Volunteer Nurse's Aides for your Bulletin. As you know, the Red Cross disbanded the Jefferson Volunteer Nurse's Aide Corps as of December 31, 1946, and we were requested to go to the Philadelphia Naval Hospital. Some few of them could, and did go; some continue at Valley Forge. A few of us stayed on at Jefferson trying to lighten in some small degree the never ending work of the staff and students.

Instead of talking to you of the aides, I welcome this opportunity to tell you how greatly we all appreciated the privilege we had, during the war years, of aiding you in your noble and self-sacrificing work. You have earned our deep respect and admiration. We have a picture of the problems, discouragements and triumphs that surround you daily and will carry that understanding with us as we resume our pre-war pursuits.

We aides feel that we've made lifelong friends of you and we hope that you too feel the bond of affection in which we hold you.

(MRS. FREDERIC H.) ALICE S. BARTH,
Former Captain of V. N. A.'s;
 A. E. ELLWANGER,
Former Co-Captain.

The Jefferson Hospital's nurses' deepest gratitude goes out to all of the volunteer groups for their splendid assistance, unflinching cooperation and sympathetic understanding during our difficult years.

CHANGES IN THE STAFF AT JEFFERSON HOSPITAL

Susan Shoemaker, Class of 1946, General Duty—Women's Medical Ward.	Jean Katherine Gilbert, Class of 1946, General Duty—Fifth Annex.
Wanda Edgell, Class of 1947, General Duty—Men's Medical Ward.	Doris Young, Class of 1947, General Duty—Ninth Annex.
Evelyn White, Class of 1945, Head Nurse—Center Ward.	Marilyn Morrison, Class of 1946, General Duty—Twelfth Annex.
Betty Nissler, Class of 1946, Head Nurse—Men's Special Ward.	Jane Northey, Class of 1946, General Duty—Star Floor.
Margaret Cossman, Class of 1947, General Duty—Men's Special Ward.	Betty Metzger, Class of 1945, General Duty—Fifth Floor—Old Building.
Jennie Alisio, Class of 1945, Head Nurse—Women's Special Ward.	Belle Sorensen, Class of 1945, General Duty (c/o Children)—Sixth Floor—Old Bldg.
Emelia C. Nasveschuk, Class of 1946, Head Nurse—Orthopedic Ward.	Novetta Beuhman (Graduate of Altoona Hospital), Relief Supervisor—5th and 6th Floors—Old Building.
Evelyn Swartzlander, Class of 1946, General Duty—Gynecological Ward.	Betty Arlene Whipong, Class of 1947, Night Duty Supervisor—5th and 6th Floors—Old Building.
Anita Fink, Class of 1946, General Duty—Gynecological Ward.	Ruth Patterson, Class of 1946, General Duty—Children's Ward.
Margaret Carey, Class of 1927, Supervisor—Third Floor—Old Building.	Maxine Grimston (Graduate of Michigan Hospital), General Duty—Children's Ward.
Marjorie Wilson, Class of 1945, Head Nurse—Women's Surgical Ward.	Elaine Shottin, Class of 1946, General Duty—Children's Ward.
Dionysia Mary Sweeney, Class of 1946, General Duty—Women's Surgical Ward.	Edna Scott, Class of 1928, Head Supervisor—Operating Rooms.
Frieda Virginia Mosser, Class of 1946, General Duty—Men's Surgical Ward.	Violet Garrett, Class of 1940, Assistant Operating Room Supervisor.
Josephine Pispecky, Class of 1946, General Duty—Fifth Annex.	

Matilda Kresanowski (Graduate of Temple University Hospital), Supervisor—Children's Ward.
 Jeanne Markione, (Class of 1945, Supervisor—3OR.
 Jacqueline Baer, Class of 1946, General Duty 3OR.
 Venetta Quick (St. Luke's Hospital, Richmond, Virginia), General Duty—3OR.
 Betty Whithead, Class of 1943, Supervisor—4OR.
 Betty Martin, Class of 1947, General Duty—4OR.
 Regina Chudzinski, Class of 1945, General Duty—4OR.
 Jack Holkosh (Male Nurse), General Duty—4OR.
 Janet Hawke, Class of 1945, Supervisor—8OR.
 Gladys Druckenmiller, Class of 1945, General Duty—8OR.
 Betty Lou Jones, Class of 1945, General Duty—8OR.
 Barbara Bowler (Graduate of Memorial Hospital, Rhode Island), General Duty—8OR.
 Marie Welliver, Class of 1947, General Duty—8OR.
 Beatrice Hoyle, Class of 1945, Supervisor—14OR.
 Betty Jane Walters (Graduate of Johns Hop-

kins Hospital), General Duty—14OR.
 Jayne Kratz, Class of 1947, General Duty—14OR.
 Elizabeth Burdan, Class of 1947, General Duty—14OR.
 Ruth Laube, Class of 1945, General Duty (Part Time)—14OR.
 Miss Lodo (Graduate of St. Agnes Hospital, Philadelphia, Penna.), General Duty—14OR.
 Margaret Williams, Class of 1946, General Duty—Eleventh Floor.
 R. Elaine Henney, Class of 1946, General Duty—Eleventh Floor.
 Margaret Mae Scholes, Class of 1946—Eleventh Floor—Nursery.
 Patricia Crawford, Class of 1945—Eleventh Floor—Nursery.
 Mrs. Meredith (Graduate of Memorial School of Nursing, North Carolina)—Third Floor—Nursery.
 June Wall, Class of 1945, Supervisor—Maternity Nurseries.
 Pauline Shank (Graduate of Temple University Hospital, Philadelphia, Penna.), Supervisor—Maternity.
 Beata J. Butzer, Class of 1945, General Duty—Maternity.
 Ruth Shirley Schroy, Class of 1946, General Duty—14th Floor—Delivery Room.

Please help us locate the following nurses. Forward addresses to Nursing School Office at Jefferson Hospital please. If you don't get an Alumnae Bulletin, that is because we do not have your address. So please cooperate and send your correct address to us.

Mrs. Helen Schropp Daniels, Class of 1939.
 Alma Julianne Fleegle, Class of 1945.
 Mrs. Virginia Hauser Heckman, Class of 1942.
 Mrs. Margaret Racik Meyers, Class of 1940.
 Anna Howerter, Class of 1925.
 Mrs. Evelyn Claycomb Long, Class of 1943.
 Ruby Willwerth, Class of 1938.
 Mrs. Dorothy Smith Bennett, Class of 1928.
 Mrs. Louise Cooley Oliver, Class of 1902.

Helen R. Dubler, Class of 1932.
 Esther Robertson, Class of 1934.
 Henrietta Bigney, Class of 1920.
 Lily Elizabeth Lindberg, Class of 1941.
 Dorothea M. Richter, Class of 1928.
 Mrs. Theo Matchen Peterson, Class of 1943.
 Mrs. Esther Bowser Benton, Class of 1923.
 Eva Medwid, Class of 1938.
 Margaret Foor, Class of 1940.

Do any of you know who these nurses are? Information is insufficient for our Blue Book.

Mrs. Evelyn Arnold, Class of
 Mrs. Ethel Roth Droud, Class of
 Mrs. Walter W. Reemberger, 34 Pennsylvania Avenue, Mt. Union, Pa.

Mrs. Ester Greenby Rothermel, 226 Centre Street, Ashland, Penna.
 Mrs. W. H. Gleitz, Onslow County Hospital, Jacksonville, Fla.

RED CROSS RECRUITS

The American Red Cross recruited 104,456 nurses for the Army and Navy Service between 1940 and 1946.

DID YOU KNOW THAT

An aluminum pressure cooker is a very satisfactory substitute for the autoclave, especially for small dressings, rubber gloves, syringes and instruments used in office practice, including minor surgery?

THE PENNSYLVANIA NURSE

It is suggested that if some of the married nurses and those inactive in nursing, would drop membership in the district, state and national organizations, they be urged to consider subscribing to *The Pennsylvania Nurse* for the opportunity it offers to keep up to date on nursing activities. The bulletin is published monthly, except July and August, and carries district news items as well as other material of interest to nurses. The subscription price is \$1.00 (one dollar) per year.

MEDICAL COLLEGE NEWS

Dr. George P. Muller, noted surgeon, died at his home February 18, 1947.

Dr. Muller was chief surgeon at Jefferson, Lankenau and Misericordia Hospitals and had offices at 326 South 19th Street, Philadelphia, Penna. His death followed an illness which began at Christmas time. He would have been 70 next June 29.

He was Osler Professor of Surgery at Jefferson Medical College from 1937 to 1946. Dr. Muller served as consulting surgeon to White Haven Sanatorium and Rush Hospital.

Author of more than fifty published articles on surgery, Dr. Muller was a member of the editorial board of the *Annals of Surgery* and had contributed to surgical textbooks.

CLINIC AT JEFFERSON MADE VA AGENCY

(From The Philadelphia Inquirer, February 19, 1947)

Jefferson Medical College has been designated as an agency of the Veterans Administration for the treatment of Veterans with service connected neurological disabilities, according to John T. Thompson, manager of the Philadelphia Regional Office of the VA.

Veterans eligible for this service will be first examined at the Veterans Administration Clinic, 227 South 4th Street, and will then be referred to the Jefferson clinic, under the direction of Dr. Bernard Alpers, professor of neurology at Jefferson.

Dr. Richard Manges Smith, chief clinical assistant of Curtis Clinic X-ray at Jefferson Hospital, died in December, 1946.

Dr. Smith had been on leave of absence from Jefferson Hospital, due to illness, for several years.

Dr. Smith interned at Jefferson Hospital from 1927 to 1929.

Dr. George J. Willauer, Class of 1923, is in charge of the Anesthesia Department at Jefferson Hospital.

Dr. Willauer teaches both female and male nurses Anesthesia.

Dr. Norris W. Vaux' portrait was unveiled and presented to the Jefferson Medical College by the Senior Medical Students on March 13, 1947.

Dr. Vaux was made Emeritus Professor of Obstetrics at Jefferson on March 11, 1946. Also, Dr. Vaux now holds the position of Secretary of Health of the State of Pennsylvania.

Dr. Harold Jones is now the President of the Jefferson Medical College Alumni Association.

Dr. Kenneth Goodner has been made Professor of Bacteriology and Immunology at Jefferson Hospital.

Dr. Reimann, Dr. Gibbon and Dr. Alpers will soon have their offices in the newly furnished eighth floor of the Jefferson Medical College.

Dr. Bruce Nye is now back and is once again in charge of the Curtis Clinic.

Edward King Daly, President of the Horn and Hardart Company of New York City and the Horn and Hardart Company of Philadelphia, has been elected a member of the Board of Trustees of the Jefferson Medical College and its Hospital.

MAGAZINE AND NEWSPAPER ITEMS

(In Evening Bulletin, Saturday, March 1, 1947.)

Pill Pushers:—In their white monkey suits, stethoscopes dangling from pocket, those young Jefferson internes who slip out for a late morning cup of java at the 10th Street luncheonette across from the hospital play the pin-ball machines with an intense, professional, operating-room gaze.

(In the February, 1947, copy of R. N.)

Outmoded self-treatment and commercial advertising are held largely responsible for the waste of millions of dollars annually by people with colds, grippe and influenza, according to Dr. Hobart A. Reimann, of Philadelphia, Penna.

\$8 MINIMUM IS FIXED FOR PRIVATE NURSES

(In Evening Bulletin, Tuesday, April 1, 1947.)

A state-wide minimum fee of \$8 for eight hours of consecutive duty for private registered nurses has been established by the Pennsylvania State Nurses' Association.

Announcing this yesterday, Miss Letitia Wilson, president of the organization, said that this was a first step in a campaign to alleviate the acute nursing shortage.

"We cannot hope to keep nurses on the job or in the State as long as their pay and working conditions are sub-standard," Miss Wilson asserted.

Jefferson Nurses' Cap—The price, at present, is 40 cents each. By mail three for \$1.30, the ten cents to cover postage. Identification letter must be presented or mailed when making the first purchase. This will be filed for reference for future sales. Write to the Nursing School Office for identification letter.

C. D. Williams & Company, 246 South 11th Street, Philadelphia, Penna., will manufacture and be the distributors of the Jefferson Nursing Cap.

CENTRAL DRESSING ROOM AND TRANSFUSION UNIT

Please return all equipment promptly and in good condition.

Only through the co-operation of the staff, special nurses, and student nurses, will we be able to meet the needs of our hospital.

RULES CONCERNING CENTRAL DRESSING ROOM

1. All instruments (Plain, Gyne, Ear-Nose-, Throat, and Warren B. Davis) must be returned as soon as used—day or night.
2. All trays washed and cleaned before returning.
3. All gloves washed and dried before returning.
4. When articles are borrowed from floor to floor or ward to ward, please make note stating what and where it is going so we can be notified by the "Borrowed Ward."
5. Private floor nurses should keep a record of where instruments are on their respective floors.
6. All special trays should be returned as soon as used. These include:—Bone Marrow Tray, Willauer Tray, Encephalogram and Histamine Trays.
7. Catheterization trays should not be stored in closets, because they are not considered sterile after four hours (because of solutions).
8. Trays (other than instruments) will not be accepted after 4.30 P. M.
9. Central Dressing Room irrigating bottles are not to be used for any solutions other than C.D.R. Solutions.

RADIOS AND ELECTRICAL APPLIANCES

Consult the Head Nurse on the floor before plugging in radios or electrical appliances on the Hospital current. The General Hospital Building is wired for the use of 220 volts direct current. This is a stronger current than is generally used and it will burn out ordinary electrical appliances wired for use on 110 volts alternating current. Radios and electrical appliances wired to receive 220 volts direct current may be used in the General Hospital Building while those wired to receive 110 volts alternating current may be used in the Thompson Annex provided the doors of the rooms are kept closed, and then only if other patients are not disturbed.

ATTENDING COLLEGE

Veronica Owens, Class of 1924.
Margaret Carey, Class of 1927.
Grace Jennings, Class of 1942.
Ruth Spencer, Class of 1934.
Jane Eshelman, Class of 1945.
Betty Ann Auman, Class of 1946 (U. of P.).

NURSES IN ANESTHESIA

Geraldine Eshelman, Class of 1945.
Geraldine Schreffler, Class of 1943.

CONDOLENCES

We wish to extend our deepest heartfelt sympathy to:

Mrs. Marion Novak Ryder, Class of 1940, on the death of her husband, Ronald Ryder, who died in 1946.

Mrs. Lolita Day Steen, Class of 1916, on the death of her husband, Mr. Steen, who died in 1946.

Mrs. Marion Bowers Smith, Class of 1928, on the death of her husband, Dr. Richard Manges Smith, who died in December, 1946, after being ill for a long time.

MARRIAGES

Elizabeth Killinger, Class of 1937, Mr. Mowday.

Grace Bundy, Class of 1931, Mr. Otto F. Rogers.

Marjorie Fink, Class of 1944, Mr. Bob Searing.
Betty Louise Maier, Class of 1945, Mr. Howard Breaw.

Irene Larson, Class of 1946, Mr. Marlin Kessler.

Lillian Utterbach, Class of 1946, Dr. William Herrick.

Marjorie Rhodes, Class of 1945, Mr. Cain.
Gertrude Frie, Class of 1941, Mr. Riviello.

Dorothy Everett, Class of 1945, Mr. Edward Novak.

Opal Stottemyer, Class of 1945, Mr. Shelley.
Betty G. Umbower, Class of 1945, Mr. Vincent Attanasio.

Louise Evert Wheat, Class of 1936, Mr. Keich.
Thelma Showers, Class of 1932, Mr. Hayes P. Marshall.

Erma Lee, Class of 1935, Lt. Elwood Harris.
Ruth Rohr, Class of 1945, Mr. Sterner.

Vivian M. Passmore, Class of 1933, Mr. William R. Murray.

Agnes Steele, Class of 1935, Mr. Piccione.
Jean Gackenbach, Class of 1944, Mr. M. Franklin Andrews.

Christine W. Lindes, Class of 1945, Mr. Park.
Mary L. DeLancey, Class of 1931, Mr. H. Manlove Bouchelle.

Dorothy Groff, Class of 1937, Mr. Bill Compton.

Anna M. Schell, Class of 1944, Frank Snyder.
Mary Virginia Hershey, Class of 1943, Mr. Charles W. Donahey.

Margaret Armstrong, Class of 1935, Mr. Tannard.

Hattie Kellner, Class of 1939, Mr. O'Connor.
Mary C. Eisenbrown, Class of 1945, Mr. Amundson.

Doris Marie Heaps, Class of 1945, Mr. Parrish.

Ellen E. Piatt, Class of 1933, Mr. Vetenko.
Martha Yuskoski, Class of 1941, Mr. John F. Witkoski.

Beatrice Schlenker, Class of 1939, Mr. Stephen Urramo.

Helen Schropp, Class of 1939, Mr. Daniels.
Verna Gurd, Class of 1918, Mr. Taylor.

Mary Snook, Class of 1944, Mr. Smalkovic.
Lillian Angwin, Class of 1928, Mr. Smeltz.
Ruth M. Barr, Class of 1945, Mr. Siciliano.
Gertrude Nichols, Class of 1937, Mr. William M. Sessions.

Ellen Simonds Bunting, Class of 1904, Mr. Wm. Gates Welsh.

Margaret A. Buxton, Class of 1926, Mr. Alfred Pinkerton.

Doris G. Phettplace, Class of 1928, Mr. Robert Wise.

Mildred Felter, Class of 1924, Mr. Charles Semler.

Emma Margaretta Heiss, Class of 1931, Dr. Peter J. Yannuzzi.

Mildred I. Spangenberg, Class of 1931, Mr. David H. Nason.

Mary Herr, Class of 1932, Mr. Seibert.
Rebecca Kaplan, Class of 1935, Mr. Yuninger.

Millicent Kalinowski, Class of 1936, Mr. Ballard F. Smith.

Lydia Yerkes, Class of 1936, Mr. Robert A. Walker.

Virginia Hazel Bickel, Class of 1937, Mr. Louis Miller.

Henrietta Eifert, Class of 1937, Mr. Stetler.
Kathleen Hock, Class of 1939, Captain Robert Martin.

Johanna Laise, Class of 1939, Mr. Henry B. Leighton.

Charlotte Florence Smith, Class of 1939, Mr. John M. Stacey.

Juliet Roberts Umberger, Class of 1939, Captain John Harding Light.

Alda Newcomer, Class of 1940, Mr. Knodel.
Reba Ammerman, Class of 1941, Mr. Flack.

Roberta Winifred De Remer, Class of 1941, Mr. Coble.

Anna Cianfrani, Class of 1942, Mr. Harrison.
Augusta Graf, Class of 1941, Mr. Harold Waters.

Dolores Imogene Davis, Class of 1943, Mr. James Wilkinson, 3rd.

Anna A. McCready, Class of 1943, Mr. Joseph B. Gallagher.

Vera Thompson, Class of 1943, Mr. Wm. Scoggin.

Ann L. Trostle, Class of 1943, Mr. Dyle J. Miller.

Norma Vogelaar, Class of 1944, Mr. Smith.
Emily A. Frampton, Class of 1944, Mr. Roger D. Donnelson.

Charlotte Dinse, Class of 1945, Mr. Laverne Fretz.

Geraldine Halvorsen, Class of 1945, Mr. Wagner.

Betty Hechler, Class of 1945, Mr. Paul Fleming.

Mary Jane Holcomb, Class of 1945, Mr. Wilbur C. Trautman, Jr.

Vivian Overdorff, Class of 1945, Mr. Charles F. Wert.

Sylvia Ozer, Class of 1946, Mr. David Beck.
Thelma Lorene Shetzley, Class of 1945, Mr. Fleming.

Betty Jane Williams, Class of 1945, Mr. Randall.

Eleanor Winnick, Class of 1945, Dr. Jack A. C. King.

Huldah M. Woltman, Class of 1945, Mr. Stephen Ho.

Ruth Barndt, Class of 1946, Mr. Guthrie.
Dorothy Schleinkoffler, Class of 1945, Mr. Warren Hannoway.

Neddie Kaneshiro, Class of 1944, Mr. Wm. Atchison.

NEW ARRIVALS

Millicent Kalinowski Smith, Class of 1936—baby boy.

Mabelle E. Moore Cooke, Class of 1936—baby boy.

Mary Jane Lardin Braid, Class of 1942—baby girl.

Christine Diacumakos Heckler, Class of 1945—baby boy.

Ellen McCurley Steward, Class of 1942—baby boy.

Doris Winnisheck Day, Class of 1940—baby girl.

Jean Lockwood Wagner, Class of 1941—baby boy.

Viola Cook Brubaker, Class of 1942—baby boy.

Laura Klink Williams, Class of 1934—baby boy.

Isabelle Martinelli Jackson, Class of 1939—baby girl.

Jane M. Owen Goodman, Class of 1940—baby girl.

Anna Cianfrani Harrison, Class of 1942—baby girl.

Etna Young Harrington, Class of 1945—baby boy.

Lorraine Maciejewska Wallen, Class of 1938—baby boy.

Janet Lynch Plant, Class of 1940—baby girl.
Bertha A. Bell McCloskey, Class of 1931—baby boy.

Janet Besecker Willett, Class of 1931—baby girl.

Dorothy Maag Frizen, Class of 1942—baby girl.

Alice Donovan Massey, Class of 1942—baby girl.

Dolores Sample Nelson, Class of 1942—baby girl.

S. Betty Williams Kochel, Class of 1939—baby girl.

Isa King Ewing, Class of 1933—baby boy.
Sarah Patton Saunders, Class of 1939—baby boy.

Janet Robertson Gerow, Class of 1942—baby girl.

Evelyn Thompson Niece, Class of 1932—baby girl.

Gloria Scheckler Robertson, Class of 1945—baby girl.

Ruth Moore MacAdams, Class of 1942—baby girl.

Betty Haines McKim, Class of 1943—baby boy.

Betty Schultz Smith, Class of 1944—baby boy.

Mary Eisenbrown Amundson, Class of 1945—
baby girl.
Betty Sitgreaves Eichland, Class of 1939—
baby boy.
Mary Jane Holcomb Trautman, Class of 1945
—baby girl.
Catherine Lewis Huddleston, Class of 1945—
baby girl.
Vivian Zindel Bowen, Class of 1943—baby
boy.
Ellen Crawford Teague, Class of 1935—baby
girl.
Margaret Elliott Wallett, Class of 1941—baby
girl.
Jane Metzler Flack, Class of 1942—baby girl.
Sally McHugh Luscombe, Class of 1942—baby
girl.

Life offers plenty of opportunities to all of
us, but it remains for us to make proper use
of them.

DEATHS

Miss Katherine Campbell, Class of 1908,
died suddenly in July, 1946, of a heart attack.
Miss Campbell was in charge of 5th floor (old
building) at Jefferson Hospital for quite a few
years. Later, she was in charge of Orthopedic
Clinic in Curtis Clinic. For sometime, before
her death, Miss Campbell had been retired
from nursing.

Mrs. Christine Mann Butler, Class of 1913,
died in 1946.

Mrs. Josephine Bushick Schuek, Class of
1939, died September 28, 1946.

Mrs. Ann Rogers Cannon, Class of 1917,
died in March, 1947.

Miss Lydia Cressman, Class of 1941, was
killed in a bus accident in Portland, Oregon,
in April, 1947.

Mrs. Beatrice Terrell Zinn, Class of 1911,
died.

THE BULLETIN COMMITTEE

The members of the committee have tried to bring you the news and happenings
of the past year accurately. If there are any mistakes, we will gladly accept correc-
tions, also hope there will be no offense taken if anyone has been missed, as we have
no means of verifying and securing items that are handed to us.

We wish to thank each and every one who has helped us in making the Nurses'
Alumnae Association Bulletin possible.

ATTENTION, ALUMNAE

Help us put out a better Nurses' Bulletin! Send us every scrap of news and
information you can get concerning former graduates. Constructive criticisms, or
any suggestions you may have to offer are more than welcomed, and will be greatly
appreciated. Please send news to your editor.

NEW ADDRESSES

It is very difficult for the Publicity Committee to keep in contact with all the
girls, and especially those in the services. We would appreciate knowing of each
change of address—either yours or a friend's. Thank You.

Cut out and send to MARGARET M. PARGOLA, 1332 South Broad Street,
Philadelphia 46, Pa.

PLEASE CHANGE MY ADDRESS

Name as when graduated

If married—husband's name in full

Former address (Street and No.)

City Zone State

New Address (Street and No.)

Class

If you know of any graduates who do not receive a Bulletin or Annual Luncheon
Notice, please notify Publication Committee, or Nursing School Office at Jefferson
Hospital.

