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Nurses' Alumnae Association Bulletin, April 1955

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Nurses' Alumnae Association Bulletin

1891



1955

School of Nursing of the Jefferson
Medical College Hospital

April, 1955

ALUMNAE DAY

IS

MAY 7, 1955

JEFFERSON NURSES' ALUMNAE
ASSOCIATION BULLETIN

PUBLISHED ANNUALLY

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Nurses' Home

JOSEPHINE MESSA, *Chairman*

FINANCIAL REPORT

December 31, 1954

Cash

General Fund \$ 3,822.12

Relief Fund 114.47

Scholarship Fund 1.56

Nurses' Home Fund 2,042.85

Investments (at cost)

Relief Fund \$40,175.00

Scholarship Fund 17,000.00

Liabilities None

Net Assets \$63,391.00

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Nurses' Alumnae Association

Bulletin

APRIL, 1955

DEAR ALUMNAE:

As the newly elected president of the Jefferson Nurses' Alumnae Association, I wish to extend greetings and best wishes to you. I consider it a privilege and an honor to be asked to serve as an officer of a remarkable organization.

The Alumnae Association plans to continue its efforts in the attainment of its objectives of promoting fellowship among its members, providing mutual help and comfort in times of illness, discouragement and misfortune, and promoting the advancement of the School of Nursing of the Jefferson Medical College Hospital. It is my sincere hope that all of you will assist in these endeavors.

As in previous years, the BULLETIN will attempt to bring you up to date on changes, activities and progress of the institution — Jefferson Medical College Hospital and the people who are or have been associated with it.

Let us hope that with your assistance, 1955 may be a prosperous and successful year for our Alumnae Association.

Sincerely yours,

DOROTHY J. EDGAR, *President*

DIGEST OF ALUMNAE ASSOCIATION MEETINGS

FEBRUARY 2, 1954

28 members present.

The following recommendation was approved: That the Alumnae pay for a full page advertisement in the 1954 NOSOKOMOS.

"Virus Diseases in Children" was presented by Dr. Miles Drake, instructor of Pediatrics at the Children's Hospital.

MARCH 2, 1954

28 members present.

Accepted into the Association: Anna Fitzgerald Nissler, Anna E. Werner, Jeanette Plasterer.

Miss Helen Sheriff '50 presented a series of excellent slides she made during her stay in Hawaii.

APRIL 6, 1954

25 members present.

A contribution of \$100 to the Relief Fund from the sale of stockings by Miss Isabella Kevel was acknowledged.

Mr. Edward Hartshorn from the Pharmacy Department gave a very interesting talk on "New Drugs."

MAY 4, 1954

28 members present.

Accepted into the Association: Geraldine Williams Waters.

Resigned from the Association: Ruth Goodin and Mildred Spangenberg Nason.

A contribution of \$25.45 to the Relief Fund by Miss Kevel from the sale of pencils was acknowledged.

Interesting reports on the ANA convention in Chicago were given by Misses Kuba and Summers.

This meeting was held at Friends Hospital, and a tour of its beautiful azalea gardens was the highlight of the evening.

A social hour with refreshments followed the meeting; Miss Blanche Ford being our gracious hostess.

SEPTEMBER 7, 1954

34 members present.

Accepted into the Association: Mary A. Bond, Gene Kutz Fuoti, Beatrice Toole O'Hara, W. H. and Kathryn McNevin.

Resignation from the Association: Muriel Tice Rotherman.

The following recommendations were approved:

1. To invest \$2000.00 in the Relief Fund and \$500.00 in the Scholarship Fund.
2. To send the Misses Fox and Edgar to the PSNA convention in Philadelphia.

A social hour with refreshments followed the meeting.

OCTOBER 5, 1954

33 members present.

A contribution of \$100.00 to the Relief Fund from the sale of stockings and sweaters by Miss Kevel was acknowledged.

A social hour followed the meeting.

NOVEMBER 2, 1954

19 members present.

Accepted into the Association: Miss DeLong.

The following recommendation was approved: To send magazine subscriptions of Coronet to incapacitated members.

Miss Helen Sheriff gave a very interesting demonstration and talk on "The Respirator."

JANUARY 4, 1955

30 members present.

The annual election of officers for the Association was conducted.

Misses Fox and Edgar presented interesting reports on the PSNA convention.

WAYS AND MEANS COMMITTEE

In this past year another \$2000.00 was invested in Jefferson Medical College Fund for our Relief Fund, bringing the total investment to \$40,175.00. During the year 1954 income of \$1,805.04 was received on the investment.

The principal project for the year was the ANNUAL GIVING from which the Relief Fund received \$913.00. Additional income was received from donations of \$305.00 (including \$50 from the Class of 1934 and \$100 from the Class of 1944) and \$225.45 from the sale of stockings, sweaters and pencils by Miss Kevel.

During 1954 only \$300.00 was paid out for sick benefits and professional services.

SCHOLARSHIP COMMITTEE

In 1954 this committee participated in the ANNUAL GIVING and from which only \$321.25 was realized. In addition to this, donations amounting to \$15.00 were received and \$40.00 was made in the locker-room "store." Therefore, only \$500.00 could be invested in the Jefferson Medical College Fund, bringing the total investment to \$17,000.00. The income received in 1954 was \$571.71.

There was one application for the scholarship in 1954, but it was later withdrawn.

NURSES' HOME COMMITTEE

In this past year the sum of \$519.75 was added to the Nurses' Home Fund from contributions to the ANNUAL GIVING. In addition to this, the class of 1934 donated \$50.00 in honor of their 20th anniversary, and the class of 1929 pledged \$200.00 in honor of their 25th anniversary. One-half of this pledge has been received so that our total receipts for 1954 amounted to \$669.75.

As you all know, the Nurses' Home leaves much to be desired. However, if we combine our thoughts, efforts and energies and support this fund wholeheartedly with yearly contributions, we can make an attractive, modern Nurses' Residence become a reality.

MEMBERSHIP COMMITTEE

The response to the appeal of this committee in last year's BULLETIN has been gratifying. The amount received in dues and reinstatement fees in 1954 was \$3,612.50, an increase of about \$300.00 from the previous year. However, let us not become complacent. Our total membership is approximately 25% of the number eligible.

Won't you make a real effort this year to become a member of the Association?

BULLETIN COMMITTEE

This committee has, as its annual function, the preparation for publication and the distribution of the BULLETIN. We have tried to bring you news of Jefferson and of Alumnae activities accurately and in an interesting manner. Your impressions and reactions to the BULLETIN are always welcome and appreciated.

As in the past, we appeal to you to notify us of any change in your name and/or address.

ENTERTAINMENT COMMITTEE

The members of this committee wish to thank the Alumnae for their support in attending the functions during the past year.

A dinner for the graduating class of 1954 was held at the John Bartram Hotel. There was 100% attendance.

The event of the year was the program for Alumnae Day which was held on May 3, 1954. The luncheon was in the Ballroom of the Bellevue-Stratford Hotel. The attendance was less than four hundred due to last minute cancellations. Each class which was celebrating its anniversary had a part in the program. The dance that evening was held in Town Hall in Philadelphia. There were fifty-two couples present.

Please note the change of place for the luncheon this year. Return your reservations as soon as possible. If you plan to attend the dance, invitations can be obtained from the Nursing School office or one of the committee. Please do not bring your own liquor to the dance. There will be a bar set up for our use.

MARRIAGES

Margaret Scholes, '46.....Mr. Schwartz
 Grace Ronco, '47.....John Stagaman
 Eileen Graber, '47.....James W. Kuehl
 Louise Swartz, '48.....Mr. Lorah
 Christina Morrison, '48.....Rev. L. G. Blasius
 Roberta Cashner, '49.....J. F. Grieff
 Clara Richardson, '50.....Mr. Flynn
 Miriam Schorn, '50.....Russell Bower, M.D.
 Ellen Baran, '50.....Charles Stahl, III
 Barbara Duckworth, '51.....Robert Arkes
 June Wheatly, '51.....Robert Guraughty
 Janet Withka, '51.....Eugene Warden
 Audrey Roberts, '51.....Mr. Reynolds
 Bettie Laws, '51.....John Taylor
 Audrey Heller, '52.....Mr. Folker
 Annette Otrosina, '52.....David Boyer
 Doris Thorn, '52.....W. R. Suter
 Anna Cleaver, '52.....Mr. Angert

Marilyn Fullerton, '53.....Robert Bower
 Janet Edwardsen, '53.....J. R. Meredith, M.D.
 Joan Mowery, '53.....Harold Kramer
 Betty Richards, '54.....James Stone
 Alice Melevin, '54.....Joseph Rosano
 Ruthie Mehalko, '54.....W. E. French
 Joan Korn, '54.....L. B. Purnell
 Pat Narusiewicz, '54.....Bernard Yurich
 Marylee Stoutenburg, '54.....E. D. Adams
 Lorelee Davis, '54.....W. N. Carter
 Connie Esterline, '54.....D. J. McSurdy
 Doris Henry, '54.....R. W. Innes
 Jean Tangye, '54.....William Crummer
 Anna Gustafson, '54.....J. L. Graham
 Sue Seckinger, '54.....Robert Marshall
 Mary Billig, '54.....John H. Carter
 Margaret Irwin, '54.....N. W. Reimer, D.D.S.

NEW ARRIVALS

Virginia Bickel Miller, '37.....boy
 Viola Garrett Hyman, '40.....girl
 Reba Ammerman Flack, '41.....boy
 Janet Correll Reinhard, '42.....boy
 Gladys Reed White, '42.....girl
 Elizabeth Smith Alt, '44.....boy
 Thelma Shetzley Fleming, S '45.....boy
 Betty Loyd Wildasin, S '45.....boy
 Kay Fowler Hood, S '45.....boy
 Lenore Brady Strigari, S '45.....girl
 Eleanor Finton Young, S '45.....girl
 Frances Knipe Gracey, S '45.....girl
 Ina Ebert Bonde, S '45.....girl
 Florence Carlson Harley, S '45.....girl
 Delphine Machamer Hale, F '45.....girl
 Harriet Mullen Palmer, F '45.....boy
 Mary Holcomb Trautman, F '45.....girl
 Eileen Gingrich Ebling, F '45.....girl
 Charlotte Cooper Phillips, F '45.....girl
 Beryl Mathuse Chipowsky, F '45.....boy
 Jean Fishel Carter, F '45.....girl
 Vivian Smith Osborn, F '45.....girl
 Ida Jean Fluck Bertram, F '45.....girl
 Florence Schmick Howanitz, F '45.....girl
 Janet Hawke Clelan, F '45.....girl
 Margaret Nash Schulheisz, F '45.....boy
 Dorothy Churella Adams, F '45.....boy
 Ruth Fairweather Nemeth, '46.....boy
 Marie Oesterle Thiers, '47.....boy
 Elinor Geyer Hays, '48.....boy
 Patricia Long Haupt, '48.....girl
 Ruth von Franzke Cassidy, '48.....boy
 Ruth Bullock Garret, '48.....boy
 Sally Newkirk Boswell, '48.....girl
 Phyllis Russell Szewezak, '48.....girl
 Jeanne Campbell Farley, '49.....boy
 Barbara Fisher Ackerman, '50.....girl
 Twila Anderson Sanborn, '50.....boy
 Mazie Groves Boyd, '53.....girl

NECROLOGY

Flora Boggess Burg.....Class of 1922.....March 26, 1954
 Dorothy Vernon Wayland.....Class of 1912.....December 28, 1954
 Mabel Meisenhelder Dyson.....Class of 1913.....December 29, 1954

ALUMNAE NOTES

At the Alumnae Luncheon in 1954 there were 368 graduates present, although a few over 400 had sent in reservations. The class of 1929, celebrating its 25th anniversary, pledged \$200.00 to the Nurses' Home Fund. The class of 1934 contributed \$50.00 to the Nurses' Home Fund and \$50.00 to the Relief Fund in honor of their 20th anniversary. The class of 1944, celebrating its 10th anniversary, con-

tributed \$100.00 to the Relief Fund, \$25 of which was designated as a memorial to Dorothy Showers Hoffer, '44.

An orchid was presented to Katherine Rogers, class of 1899, who was celebrating her 55th anniversary, and gardenia corsages were given to Ellen Simmons Welch and Blanche Lichty Barnard, class of 1904, in honor of their 50th anniversary.

Mrs. Anna Manges Swartz of York, Pa., portrayed in a kindly way, the Pennsylvania German people in a program of humorous character sketches and monologues.

Sister M. DeMontifore (Rose Kershbaumer, '48) is stationed at the Holy Family Hospital in British West Africa.

Mrs. Frances Huston Rumberger, '41, was appointed school nurse in the New Cumberland Joint Schools.

Eugenia Barnard, F '45, and Catherine Betz, F '45, will receive B.S. degrees from Temple University in June. Roberta Morgan, F '45, will graduate from Seton Hall University with a B.S. degree in June.

Gladys Keiper, '42, has accepted a position with the Veterans Administration at their new hospital in New York City.

Lorraine Jeitner, '51; Jean Mease, '49, and Mary Glasgow, '49, members of the Air Force Nurse Corps, are en route to Japan. Janet Edwards, '47, also in the Air Force, is stationed in Japan.

The class of 1954 dedicated its NOSOKOMOS to Anna Kuba, F '45, and had the foreword written by Catherine T. Betz, '45.

Sylvia Hendrickson, '42, a captain in the ANC, returned from a tour of duty in Germany and is presently stationed at Camp Campbell, Kentucky.

ANNUAL GIVING — 1954

Class	Number of Contributors	Amount	Class	Number of Contributors	Amount
1899	1	\$25.00	1932	5	\$40.00
1900	1	5.00	1933	5	30.00
1904	1	10.00	1934	5	32.00**
1906	1	20.00	1935	9	55.00
1908	1	10.00	1936	9	37.00
1909	1	5.00	1937	1	5.00
1910	4	35.00	1938	8	38.00
1911	2	15.00	1939	7	67.00
1912	4	75.00	1940	3	12.00
1913	6	25.00	1941	3	12.00
1914	1	5.00	1942	8	54.00
1915	3	31.00	1943	9	40.00
1916	2	15.00	1944	1	5.00***
1917	2	40.00	1945S	3	16.00
1918	3	34.00	1945F	9	45.00
1919	4	20.00	1946	6	22.00
1920	6	52.00	1947	14	68.00
1921	9	79.00	1948	10	42.00
1923	6	62.00	1949	9	35.00
1924	6	35.00	1950	7	23.00
1925	5	27.00	1951	5	22.00
1926	13	77.00	1952	7	29.00
1927	6	36.00	1953	6	20.00
1928	9	45.00	1954 (Feb.)	4	12.00
1929	6	80.00*	White Haven	7	41.00
1930	5	21.00	Anonymous	1	1.00
1931	10	67.00			
Total				279	1754.00

The classes not listed made no contributions.

*Also contributed \$100 to the Nurses' Home Fund.

**Also contributed \$50 to Nurses' Home Fund and \$50 to Relief Fund.

***Also contributed \$100 to Relief Fund.

SCHOOL OF NURSING REPORT

Another year has passed and it is again time to report upon the progress and changes in the Hospital and in the School of Nursing.

The new hospital building — the Pavilion, will soon be completely in operation. There have been many difficulties and problems attendant with its opening as might be expected with the addition of any new facilities. While the nursing service problems were many, on the whole the gradual opening of the new floors has proceeded fairly smoothly.

Many of you are already familiar with this new wing, but for just as many others, the tour which is planned for Alumnae Day will be your first experience with the new facilities. On your tour through the new wing, you will note not only the attractive environment which is conducive to good patient morale, but also many modern "nurse-saving" devices, as the "Executone" which provides a means of communication between patient and nurse, and the "Telautograph" which enables the nurse to contact various departments of the hospital simultaneously without innumerable telephone calls. Besides these mechanical nurse aids in the Pavilion, other measures designed to free the nurse to give more nursing hours to the actual care of the patient have been instituted. More non-professional personnel have been employed to take over many non-nursing duties and some of the less important tasks which nurses formerly performed. Ward clerks are now employed on every Pavilion floor, a service which will extend to all departments, and trained practical nurses and nurses' aides are utilized throughout the hospital. The Patient Transportation Service, located in the Thompson Annex, sends aides or porters to escort patients between their rooms and the various hospital departments to which they may be summoned in the course of their hospital stay. This service, starting with the Pavilion, is gradually being extended and will eventually cover all of the patient unit.

Our graduate nurse staff is growing, and it is hoped that the salary increases and the forty-hour week effective since the first of the year, will continue to attract qualified applicants for positions on the staff.

To have a continuous source of such graduates, it will be necessary to enlarge the School of Nursing. One important recruitment factor is the ability to show prospective students a modern, attractive nurses' residence. As most of you realize, the accommodations in our present Nurses' Residence leave much to be desired. In spite of continued renovation — painting, papering, and replacing old plumbing fixtures, the buildings are still unsatisfactory in some areas, and inadequate for the number of students being housed there.

In order to correct some of the deficiencies in student housing and to make it possible to increase the school enrollment without further crowding, the Board of Trustees has recently made arrangements to lease the Whittier Hotel at Fifteenth and Cherry Streets, Philadelphia, as an additional nurses' residence. This is a temporary measure adopted until a new nurses' residence may be erected.

The Whittier Hotel is a building in good condition which has been well-maintained by its owners — The Young Friends' Church Group of Philadelphia. The rooms are attractive and well-furnished and the building provides a small auditorium and stage, a conference room, two living rooms, and a library. No more than two students will room together and many rooms are for single occupancy. While the hotel is a little distant from the hospital, no difficulty in transporting students is anticipated. Bus service, arranged with the Philadelphia Transportation Company, will be provided for the first-year students who will live there and who have a regular schedule of classes and clinical assignment.

The teaching of the sciences in the Medical College for the preclinical students has continued during the past year. In addition to these medical college instructors, there are fourteen full-time Faculty members and a part-time librarian. Nearly all of the faculty position vacancies have been filled. It is to be hoped that since so many of the graduate staff employees are taking advantage of the Hospital's offer to pay one-half tuition for courses in advanced nursing education, future faculty positions may be filled with well prepared graduates without difficulty.

I have noted in these paragraphs, changes and improvements over the past year. Much more remains to be accomplished. We must continually look toward improving patient care. We are still able to give less than the approved minimum hours of nursing care per day. While the forty-hour work week may attract more graduate staff nurses, it is cutting our nursing care to patients by a great many hours per week. We must, therefore, increase both our graduate staff and our School of Nursing, and we look to you, the Alumnae Association, for assistance with both projects.

During the past year, many prospective students have applied for admission to the School, having been referred by Alumnae members. This is an encouraging note and one which we hope will be emulated by the entire Association. With concerted effort, our goal of a large School and a new Nurses' Residence may be more quickly realized.

My very best wishes to each of you in the coming year.

MABEL C. PREVOST, *Director*
School of Nursing and Nursing Service

PHYSICAL ADVANCES AT JEFFERSON HOSPITAL, 1955

PAUL F. RAKE, *Director of Development*

Jefferson has been in an important period of growth and advancement and this progress is especially noticeable in the physical facilities of the hospital.

Jefferson Medical College Hospital's 14-story, \$7,500,000 New Pavilion was occupied in early November, with much public attention, expanding these facilities to the third largest voluntary hospital in the nation.

The ultra-modern addition is attached to the Thompson Annex on all but two floors. The addition of nearly 300 beds brings the total complement to 1,400 beds in all Jefferson hospitals, and will permit the admission of approximately 8,500 additional bed patients yearly, or a total of 30,000.

Colorful formal Opening Ceremonies were held on November 8th as the principal event in a program of tours and publicity lasting over the period from November 1st to 16th.

Some 250 persons, including public officials, prominent business leaders, medical authorities and principal donors witnessed the ribbon cutting ceremony in the New Pavilion lobby following a luncheon in the college. The exercises were completed by a building inspection.

Vice Admiral James L. Kauffman, President of Jefferson, served as master of ceremonies. Other speakers on the program included Dr. Frank R. Bradley, President of the American Hospital Association; Mr. Percival E. Foerderer, Chairman of the Board of Trustees; Dr. Hayward R. Hamrick, Vice President of Jefferson and Medical Director of the Hospital; and Architect Mr. Vincent G. Kling, A. I. A., Philadelphia, who designed and supervised construction of the new wing.

Inspection tours for numerous groups, which included nearly five thousand contributors and other friends of Jefferson, were scheduled throughout the period. Trustees, hospital and college staff and faculty, nurses, employees, Women's Board and Gray Ladies, students, residents and internes and others of Jefferson's "family" were guided on tours of inspection in the week preceding the formal opening.

Philadelphia newspapers, television and radio stations, magazines, and hospital, medical and architectural journals gave much space and time in reporting the opening of this very important unit for Jefferson and this region. An announcement leaflet was mailed to thousands of contributors and to other institutions throughout the country.

The use of the New Pavilion is proving very satisfactory, with most of the patient accommodations in use or scheduled very early. The New Pavilion completion provides a very great forward stride for Jefferson in which all alumnae may take pride.

Other important construction and remodelling is being carried out as part of the overall program of expansion and reorganization.

A wholly new food service has been constructed on the entire seventh floor of the Main Hospital and Thompson Annex, coupling with the New Pavilion. Spacious new kitchens with new equipment, new dining rooms and cafeteria have been constructed at substantial cost and are rendering a complete and efficient service to patients and personnel. The kitchen, at maximum capacity, is capable of serving up to 9,000 meals per day.

The New Post-operative Recovery Suite, for the central care of patients immediately following surgical operations is being constructed on the fifth floor, Annex Building, adjacent to the eighteen operating rooms in the New Pavilion. Work should be completed in two months.

Other areas of the Main and Annex Buildings, vacated for transfer of technical services to the New Pavilion, will be remodelled for necessary new services and purposes and relocation-expansion of existing facilities.

Plans are being made, through the help of the House Committee of the Women's Board, to establish an inter-faith chapel in the suitable area on the first floor of the Thompson Annex adjacent to the New Pavilion.

Plans are also being made to cover the floor of the solarium in the Children's Ward with asphalt tile

The very large new telephone exchange has been established for more than a year on the sixteenth floor of the Annex.

In the Curtis Clinic improvements have been made in various areas including better lighting and painting of the first floor and renovations in the Nose and Throat Clinic on the fourth floor.

Nearing completion in the Blakiston Building, 1012 Walnut Street, are a group of new private patient consultation offices for members of the medical staff, which will be available on a temporary basis to individual staff physicians.

It is also planned that a Health Clinic for personnel of Jefferson will be consolidated and established in the Blakiston Building. Jefferson employees, medical students and nurses will have use of the medical consulting services in this clinic, to be suitably staffed.

A considerable amount of improvement has been completed at the Nurses' Home on Spruce Street with painting, renovation and some replacement of plumbing. Plans for more work will be achieved soon. A new rug has recently been purchased by the Nurses' Home Committee of the Women's Board for placing in 1012 Spruce Street.

At the Barton Division, the entire hospital has been painted completely inside, and plans for the improvement and expansion of the kitchen are under way, with the construction of new refrigerator boxes. The Nurses' Home at the Barton Division has also had painting improvements recently completed.

All the alumnae of Jefferson Hospital may take pride in the growth of the hospital and the medical center whose importance to the state and nation has been outstanding.

THE CHALLENGE OF NEUROSURGICAL NURSING

By

RUDOLPH JAEGER, M.D.

Chief of the Department of Neurosurgery
Jefferson Medical College Hospital

Address delivered before The Pennsylvania State Nurses' Association
Philadelphia, November 10, 1954

Archaeologists have evidence which indicates that the ancients probably attempted operations on the skull and brain. Skulls found in excavations that date back to times of ancient Egypt and the Incas suggest that the small round holes found in them may have been made by crude surgical tools for the purpose of relieving either the evil spirits, or actual obnoxious substances that might be causing a person to suffer from illness. Whatever the intention, it is certain that such "operations" were surely the tamperings of bold fools. With their ignorance of methods for controlling hemorrhage and preventing infection, it goes without saying that failure was the rule and more lives were lost through such attempts than if the disorder had been left to run its natural course. Even in the present age of modern surgical science, "Fools still rush in where angels fear to tread."

Neurosurgery started developing into a scientific specialty along with all the other specialized types of surgery. Actual progress was made in all of them only after the discovery of methods for preventing infection, the avoidance of shock, the control of hemorrhage, and the elimination of pain by anesthesia. Advancement was slower in operations on the brain, spinal cord, and nerves because the diagnosis was more difficult, infection less tolerated by nerve tissue and hemorrhage difficult to control in these soft, deep, and highly specialized anatomical structures. Actually, the very first brain tumor successfully and completely removed was not until 1886 when William W. Keen, Professor of Surgery at Jefferson Medical College, removed a growth as large as a hen's egg from a man's brain. He lived for 30 years after that, and when he finally died, his brain, which showed its complete removal, was given to that College. The tumor and the brain now reside in the historical museum there. This historical event was possible only because at that time antiseptic surgery, by cleaning every possible tissue, drape, and instrument with carbolic acid solution, prevented the complications caused by infection. General anesthesia also aided by keeping the patient free of pain and movement while the delicate operation was in progress.

It was in the early nineteen hundreds before aseptic technics, blood replacement by transfusion and precision diagnosis by the injection of air inside the skull and

brain, made possible the tardy development of neurological surgery into an adult medical specialty. Between the years of 1910 and 1920, Harvey Cushing, in Baltimore and Boston, developed the meticulous technic necessary to handle and cut nerve tissue safely. In 1918, Walter Dandy, a student of Cushing's, discovered a method for the x-ray visualization of tumors inside the skull by removing the cerebrospinal fluid and replacing it with air. From that date, neurosurgery was recognized as a highly specialized, rewarding type of surgery requiring the full attention of sturdy, self-disciplined, dedicated medical men who became known as neurological surgeons, more recently referred to as Neurosurgeons. The acquisition of the electrosurgical (Bovie) unit, mechanical suction, silver vessel clips, electro-stimulators, and numerous other instruments and appliances has made possible the further development of neurosurgical technics that are absolutely necessary for increasing the safety and saving the lives of patients ill with benign lesions of the brain and spinal cord.

You, of the nursing profession, are undoubtedly interested in where the nurse fits into the past, present, and future of this most complicated of all surgical specialties. That the great majority of the "working" surgical nurses are fanatically devoted to their arduous, physically exhausting, nerve racking duties can not be questioned.

Without their help, there could be no neurosurgery. In fact, a successful operation on the spinal cord, nerves, or brain requires the efforts of a highly trained staff composed of many types of individuals, from the orderly who scrubs the floor to keep it scrupulously clean and free of debris during the operation, to the chief surgeon himself who must have devoted years of his life to his training and have passed an examination given by the National Board of Neurosurgery before he will be recognized as a qualified neurosurgeon and is given operation privileges in any first class hospital. Furthermore, he must have a background of having completed Medical College, one year of internship, a year of general surgery, and five years in an approved neurosurgery training center before he will be permitted to take the Specialty Board examination. He will be 33 years of age before he is admitted to practice as a full fledged neurosurgeon.

THE NEUROSURGICAL OPERATING ROOM NURSE AT THE PRESENT TIME

There was a time in my early years in neurosurgery when all graduate nurses who aspired to be a surgical supervisor or a scrub or circulating nurse in a neurosurgery operating room, were required to take special training for at least a year in a clinic where formal instruction in this specialty was given. In the last 10 years, such requirements are no longer in force and practically every new nurse now admitted to the personnel of the neurosurgical clinic is a newly graduated student with little or no specialized training, who may not even have passed the state board examinations.

In a very few weeks, she must, if she keeps her self respect, learn the intricacies of a most formidable array of surgical instruments and operative procedures. She must know the operating room set-up for each of the great variety of brain, spinal and nerve operations. There are at least ten different types of metal artery clips which must fit precisely into as many different types of clip-holding forceps. She must be acquainted with the workings of many complicated electrical and electronic devices such as the electro-encephalograph, the electrocoagulating unit, and the various electrical contrivances and currents used in brain, nerve and spinal cord stimulation, and lights of varying high and low voltage. There must be a double suction apparatus with four special tips, one of at least a dozen different rongeurs must be quickly selected and placed in the surgeon's hands. There are many instruments peculiar to neurosurgery such as brain retractors, spinal and ventricular drainage tubes, and curettes of about thirty different kinds. The drapes, sponges, sutures, dressings and a multitude of other materials, as are used in no other surgery, must be at the nurse's finger tips. Her skill is just as important as that of the surgeon's. If she bungles a maneuver in passing the wrong instrument a patient's life may be the penalty. Is it any wonder, as is so often remarked, that "the nurses are afraid of neurosurgery?" Until nurses are properly trained for this type of work, it is only natural that an intelligent girl should look with suspicion on any attempt to shove her, without proper preparation, into the middle of a neurosurgical operating room set-up. Indeed, it should be considered a crime for any nursing supervisor or hospital manager to send a nurse into a neurosurgical room who is not properly prepared for her duties.

FLOOR NURSING PROBLEMS

Now a word about the floor nursing of neurosurgery patients. Here again, we are faced with antiquated nursing methods, for outside of the large public wards, the private patients are rather generally scattered throughout hospitals which prohibit specialized training methods. It would greatly improve and simplify the private patient nursing of neurosurgical patients if they were all concentrated on one floor or at least in one wing of the hospital. In the European countries, this is universal and is frequently carried to the point of segregating the specialized patients in a complete hospital unit with its own operating rooms, x-ray facilities, and other special devices peculiar to each specialty. However, I should like to say that the floor nursing of neurosurgical patients is generally good, and I find it poor only when there is insufficient nurse-patient contact of this special type to gain experience. As compared to the facilities and personnel required for good surgery, the floor nursing is relatively simple and few pieces of equipment are needed that are not common to those found on any hospital floor. With the proper proportion of the nurses' training time given to the study and instruction in neurosurgery and the whole-hearted interested cooperation of the neurosurgeon when he makes his daily rounds, there should be few difficult or unpleasant floor nursing problems. Perhaps it would be well to mention a couple of the common nursing problems to be met in neurosurgery. For this purpose, I should

like to specifically consider two of the more difficult clinical conditions and discuss their management with you.

1. *The patient paralyzed from the waist downward—including bladder, bowels and legs (the so-called "paraplegic") usually caused by fracture of the spine or spinal cord tumor.*

A Foley indwelling catheter is immediately placed in the bladder and left there until it regains its function or the patient can sit up or walk. It is kept constantly in place and a pinch cock on the tubing is released every three hours so as to imitate the normal filling and emptying of the bladder. Irrigating fluids are unimportant since urine is the very best flushing fluid for the bladder and the antibiotics can be used to maintain sterility.

The patient must be rolled off of any one pressure point every two hours without fail. This is effected by placing a long blanket roll beneath the shoulder and hip to tilt the body slightly from off the back. With a Stryker frame, the patient can be nursed on the face. The heels must be lifted off the bed by a pillow under the ankles. The iliac crests and greater trochanters are to be protected at all times by rings or small pillows above or below them when the patient is recumbent. A daily enema will be needed to empty the bowels and a diaper should be worn to prevent soiling from incontinence. At times, it is necessary to give gas propelling drugs with the enema such as pituitary extract to keep the bowels empty.

It is extremely important for rehabilitation to keep the knee and hip joints free. To assure this, the legs are manipulated several times each day, and as soon as the spine has healed the patient sits on the edge of the bed and in a chair. By placing a cuff below each knee to which is attached a three foot strap, the patient can be taught to keep the knee and hip joints supple. Without such a contrivance, it is impossible for the knees to be reached.

2. *Brain tumors or brain injury cases (pre- and post-operative).*

When these patients are seen in a fully conscious state, it is only necessary to note any change in their alertness and responsiveness. When confusion, stupor or coma ensues, it is mandatory that the attending surgeon be notified through the intern and neurosurgery resident. If there is serious injury or unusual concern in regard to the patient's mental state, he must be awakened every hour if sleeping to make sure he is not profoundly stuporous. The same observations go for patients who have undergone brain operation and have recovered consciousness. Post-operative blood clots can only be recognized by vigilant observation during the first post-operative week. Unusual headaches or a tendency to be sleepy should make the nurse

suspect increasing intracranial pressure from a tumor or bleeding. The pulse and respiratory rate should be taken at the same hourly interval. However, stupor and somnolence precedes the slowing of the pulse and respiration. Breathing that is Cheyne-Stokes or less than ten a minute in rate should arouse suspicion. The blood pressure is less important than the observation as to consciousness, pulse and respiratory rate. It should be taken every 30 minutes for the first 6 post-operative hours after leaving the operating room so that blood can be given if necessary to prevent shock or a continuation of the shock state. Obviously, many operations such as spinal ones, do not require such close observation. After there is full recovery from shock and an alert mental state, it is unnecessary to continue taking the blood pressure. An increase in the pulse rate or a continuing post-operative fast pulse rate should arouse suspicion. The shocked patient should also receive oxygen until the mental state is satisfactory.

The head injury and post-operative brain patient can be nursed in almost any position in bed, but generally the head should be elevated to encourage venous and lymphatic drainage from the brain, skull and scalp tissues. They are encouraged to sit up in bed and in a chair as soon as possible.

For incontinence, a Foley catheter is placed in the bladder and a diaper should be worn. Feeding of fluids and food in stuporous or comatose patients is effected by giving adequate caloric requirements through a small stomach tube placed through one nostril. There is rarely any abdominal difficulties and feeding is a minor problem. Pain is less after skull operations than after most any other surgery and is easily controlled with codeine and aspirin. There are few abdominal, respiratory or post-operative pain problems in neurosurgery such as occur in thoracic, abdominal, orthopedic or nose and throat surgery.

To be sure there are numerous other neurosurgery nursing problems which would offer material for a detailed discussion, but none of them is difficult for the well-trained general nurse once certain underlying principles are understood. It is well to remember that the neurosurgical patient is not a fragile, delicate, insane person to care for. Very few are mentally disturbed, none is violently insane, and most of them can be nursed with less effort and unpleasantness than those with other types of illness.

Over the years, I have intimately observed the trial and tribulation of the nurse as she has patiently and cheerfully rendered a service to the ill. A service which no one else has the knowledge, understanding and devotion to give. Perhaps you will say that I paint a drab, gloomy picture of the neurosurgical nurses' duties and daily tasks, or that the reward is hardly worth the effort. Knowing nurses as I do, I am quite certain you are intrigued by the ever-approaching new horizons in your profession. Neurosurgery nursing offers a new challenge in spiritual, professional accomplishment to those who must have more than the bare physical necessities of life.

SOME LEGAL PROBLEMS OF NURSES

DOROTHY EDGAR

It may seem presumptuous of a nurse to venture, even in a hesitant way, into the legal aspects of anything. However, nurses, more frequently than they realize, may become involved in legal difficulties. The suits involving nurses may "run the gamut" from libel to assault and battery. The nurse most frequently becomes personally involved in negligence or breach of contract suits.

Anyone, whether he is a nurse or not, can be guilty of a negligent act. Negligence is a wrong committed by one person which results in injury to another provided the act which the person performs or fails to perform is the direct cause of the injury. It is the responsibility of each one of us to conduct himself in a reasonable manner. This is not only a moral obligation, but fundamentally a legal obligation. The responsibility to act in a reasonable manner is the individual's alone; and, if an act is performed carelessly, that too is the individual's responsibility. The physician who says, "Go ahead, it will be my fault if anything happens" is attempting to assume a burden he can not legally bear. He is placing the nurse in a precarious position, for if she performs negligently, even under his supervision, the nurse alone will be responsible.

Loftiness of purpose in the performance of acts of care in an emergency does not free one from the compulsion to act in a responsible and reasonable manner. The avid "first aider" who speeds to the scene of an accident, even with the best intentions, can be sued if the first aid measures cause further injury to the patient.

Professional negligence is termed malpractice, and the nurse, in the performance of her duties, may be guilty of malpractice. There are many procedures a nurse carries out which conceivably may cause further injury to a patient. She may be careless in her assistance of a patient who is getting out of bed, she may neglect to safeguard adequately a disoriented patient, she may give a wrong medication, she may neglect to answer a patient's call within a reasonable period of time and thus cause the patient to be without care in an emergency, she may neglect to sterilize an instrument and thus bring about an infection, or she may apply a hot water bottle at an excessively high temperature and burn the unconscious or helpless patient. In all cases she may be guilty of negligence and can be found so by a court of law.

If suit is brought by the injured party against the nurse, the court will try to determine if the doing or non-doing of the act was the direct cause of the injury—in other words, it will try to fix the blame—and will also attempt to determine if reasonable care had been taken in the performance of a function.

Reasonable care depends upon all the factors surrounding a given situation. If a nurse is charged with negligence in the performance of a nursing duty, the court

will consider her age, her training, her experience and so forth in determining whether she has actually acted in a negligent manner. A second year student nurse will be judged on the basis of the characteristics of what a reasonable second year student nurse would know and do. Unfamiliarity with new treatments and drugs does not constitute a defense. A nurse, in the practice of her profession, is expected to continue studying and learning about the new discoveries in medicine which will affect her functions.

Even should the nurse be charged with negligence, she may yet plead some defense in her case. She may state that the patient has assumed the risk. It is very likely today, for example, that failure to answer a patient's call may cause a nurse to be able to defend herself on the basis of assumption of risk. Most patients today are aware of the shortage of nursing personnel and, in entering a hospital, have assumed the risk which might result from this situation.

The nurse might claim as her defense—contributory negligence. If the patient should act in a headstrong or forceable manner in getting out of bed, for example, it would be extremely doubtful if the nurse would be guilty if an injury occurred.

The nurse who works for an organization or institution may find that, although she is guilty of negligence, the institution can be sued under the doctrine of 'respondeat superior' or let the employer respond. Both employer and employee may be considered responsible. This does not mean the injured party can collect twice but he may sue two people.

For nurses working in a charitable organization in Pennsylvania, the injured party is unable to collect from such an organization. Charitable institutions cannot be sued because of the concept that charitable funds will then be diverted from their intended purposes. This fact tends to make the nurse solely responsible.

Probably the second most frequently occurring legal involvements of nurses is in breach of contract suits. This has particular significance for the private duty nurse or independent contractor. As most of us know, a contract must have two parties entering into an agreement—one party offering, the other accepting the terms of a specific agreement. Both parties must have legal capacity to enter into an agreement of this type. A contract need not be in writing to be binding.

When a nurse accepts an offer or proffers her services and they are accepted, in return for the remuneration, the hours and the privileges, the nurse is expected to return nursing care of good quality and in accordance with professional standards.

In most instances, nurses will enter into a contract through some other person such as the doctor; or more frequently, the registry. This party then becomes her agent. If the agent has ever acted for one of the principles in a contract previously, when

he acts again the contract becomes binding. A registrant must be aware of the fact that the registry is responsible for all statements made concerning the nurse and, if it misrepresents facts, can be sued.

When a party fails to perform an agreed upon function, this failure to perform does not always constitute a breach of contract. There must have been a legal contract with which to start. If one of the parties lacked legal capacity, if the terms have been misrepresented, or if the performance would be an illegal act no contract has actually existed. A party to misrepresentation or to an illegal act must discontinue her services immediately upon realization in order to prevent being sued for breach of contract.

Once a legal contract has been made, failure to perform constitutes a breach of that contract. A nurse who fails to carry out her functions because the contract consists of a performance which has become inconvenient for her to do, is breaking a contract. A patient who fails to cooperate is also breaking his contract with the nurse.

Most contracts entered into by patients and nurses assume that the nurse will complete the nursing care or will remain with the patient until asked to withdraw. Any nurse who abandons or absents herself from her patient can be held liable for breach of contract. In addition, the giving over of a contract by the nurse to another without consent of the patient constitutes a breach of contract.

In these ways and others, many nurses become legally involved. The obligation to perform carefully and completely our nursing functions is not only implied ethically but is required legally.

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