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Nurses' Alumnae Association Bulletin, May 1957

Marion J. Ramp

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Authors

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Nurses' Alumnae Association Bulletin

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School of Nursing of the Jefferson
Medical College Hospital

May 1957

JEFFERSON NURSES' ALUMNAE ASSOCIATION BULLETIN

PUBLISHED ANNUALLY

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FINANCIAL REPORT

December 31, 1956

Receipts:

Dues and Reinstatements.....	\$ 4,248.50
Annual Giving	2,578.86
Investment Income	
Relief Fund	2,155.87
Scholarship Fund	661.70
Thomas A. Shallow Fund.....	1,650.50
Miscellaneous	9.00
	<hr/>
	\$11,304.43

Disbursements	7,219.28
Balance	<hr/>
	\$ 4,085.15
Cash Balance 1-1-56.....	7,595.88
Total	<hr/>
	\$11,681.03

Cash Balances December 31, 1956

General Fund	\$ 3,605.30
Relief Fund	211.88
Scholarship Fund	16.90
Nurses' Home Fund.....	6,221.45
Thomas A. Shallow Fund....	1,625.50
	<hr/>
	\$11,681.03

TABLE OF CONTENTS

	PAGE
Alumnae Notes	8
Committee Reports	6
Digest of Alumnae Meetings.....	4
Graduation Awards—1956	24
Letter from Hong Kong.....	23
Leukemia	17
Marriages	10
Necrology	10
New Arrivals	10
Physical Advances at Jefferson.....	13
President's Message	3
School of Nursing Report.....	11
Two Year Programs in Nursing.....	21
White Haven Report	14

Nurses' Alumnae Association Bulletin

MAY, 1957

DEAR ALUMNAE:

It is certainly a great pleasure for me to send greetings to you and to express my gratefulness to you for the privilege of serving as your president for 1957.

You will find in reading through your Bulletin the activities which have taken place over the past year. The project which is of utmost importance at the present time is the raising of funds to meet our pledge toward the new Nurses' Home. I am sure you have received your Annual Giving Letters and if you have not made your pledge please take care of it as soon as possible. We need your support and interest. Think seriously of what this accomplishment will mean to Jefferson and its nurses.

I want to thank the officers, the committee chairmen and the members for the support and cooperation you have given and I will continue to serve you to the best of my ability.

Hope to see you at the Luncheon!

Sincerely yours,

MARION J. RAMP, *President*

DIGEST OF ALUMNAE ASSOCIATION MEETINGS

FEBRUARY 7, 1956

42 members present.

\$100 given to Relief Fund from sale of stockings.

The Doctor Thomas A. Shallow Memorial Fund was established.

Resigned from the organization: Eileen Ebling and Margaret Neely Boston.

A film entitled "Dark Interlude" was shown.

MARCH 6, 1956

48 members present.

The meeting was preceded by a buffet dinner at the Whittier Residence.

The Student Nurses' Chorus presented several selections.

APRIL 3, 1956

24 members present.

Dr. George Haupt presented an interesting talk on the changes in and advances in the Heart Lung Machine and other new techniques.

MAY 1, 1956

38 members present.

Accepted into the Association: Alice Neibert Fulmer.

A contribution of \$100 was given to the 1956 Nosokomos.

SEPTEMBER 4, 1956

38 members present.

Reported that the anniversary classes on Alumnae Day contributed \$889.50 to the funds.

Accepted into the Association: Filomena DeLuca.

Decided to send five delegates to the Pennsylvania Nurses' Association convention in Philadelphia in October.

Interesting reports on the American Nurses' Association convention held in Chicago were given by Vivian Moyer and Catherine Prendergast.

OCTOBER 2, 1956

38 members present.

Miss Lucy Gillian, Program Director of the Y.W.C.A., talked on the importance of supporting the 1956 Community Campaign.

Dr. Browneller, Assistant Administrator of Jefferson Hospital, was guest speaker. His topic was: Different Concepts of Hospital Administration.

NOVEMBER 6, 1956

31 members present.

Coronet magazine was sent as a Christmas gift to the following members: Miss Anna Shafer, Mrs. Bernice Collins, Mrs. Mary Ford, Miss Naomi Gardner, Miss Catherine Rodgers, Miss Mabel Boller.

Interesting convention reports were given by Florence Kaufman, Catherine Prendergast, and Dorothy Edgar.

JANUARY 8, 1957

43 members present.

Accepted into the Alumnae Association: The members of the class of 1956, also Hannah Griffiths Dietrich.

The annual election of officers for the Association was conducted.

NURSES' HOME FUND CAMPAIGN

The Ways and Means Committee and the Nurses' Home Committee of the Jefferson Nurses' Alumnae Association are combining their efforts this year because Jefferson is to have, after years and years of promises, a new Nurses' Residence. Of course, we are all thrilled with the idea and have unanimously decided to lay aside all plans for other projects to concentrate on this in our Annual Giving for the next two years.

We are sure you are eager to learn of the progress which has been made thus far. The report as of April 12, 1957 is as follows:

Letters mailed to graduates.....	2,400
Donations received	\$3,499.85
Number of contributors.....	292

The fund, accumulated from interest and the campaigns of previous years is approximately \$6,000. The total is approximately, therefore, \$9,500.

We have pledged \$25,000, so we are far short of our goal. If you have not given yet, won't you open your heart and your purse and help us meet our pledge!!!

HENRIETTA SPRUANCE, '21, *Chairman, Ways and Means Committee*

NANCY A. DUNKLE, '50, *Chairman, Nurses' Home Committee*

ENTERTAINMENT COMMITTEE

Many thanks to all of the Alumnae members who gave us their support by attending the functions held during the year

Preceding the March meeting we had a successful and enjoyable buffet supper at the Whittier Nurses' Residence.

A dinner for the graduating class of 1956 was held at the Warwick Hotel on Thursday, April 19, 1956. There was 100% attendance.

Alumnae Day in May was the big event of the year. The luncheon was in the Ballroom of the Benjamin Franklin Hotel and there were 434 members in attendance. The dance in the evening was held at the Walnut Park Plaza Hotel. There were approximately 70 couples present.

Thursday, October 25, 1956 we had a most successful Buffet Dinner and Auction Sale at the Whittier Nurses' Residence. Everyone had lots of fun at the auction at which a profit of \$81.36 was the result. This was placed in the Nurses' Home Fund.

1956 was a good year. Help us make 1957 a better one by your continued support and presence at the functions of the Association.

BETTY PIERSOL, *Co-Chairman*

MARGARET SUMMERS, *Co-Chairman*

WAYS AND MEANS COMMITTEE

Report of the Alumnae Annual Giving for 1956, Jefferson Hospital Nurses' Alumnae Association.

CLASS	NO. OF CONTRIBUTORS	AMOUNT	CLASS	NO. OF CONTRIBUTORS	AMOUNT
1899.....	1	\$ 10.00	1931.....	25th Anniversary	93.00
1900.....	1	5.00	1932.....	7	48.00
1904.....	2	4.00	1933.....	5	46.00
1905.....	1	1.00	1934.....	6	53.00
1906.....	2	12.00	1935.....	4	20.00
1907.....	1	5.00	1936.....	20th Anniversary	126.00
1908.....	1	2.00	1937.....	1	5.00
1909.....	2	6.00	1938.....	4	22.00
1910.....	4	25.00	1939.....	3	51.00
1911.....	3	17.00	1940.....	3	15.00
1912.....	1	5.00	1941.....	15th Anniversary	124.00
1913.....	5	46.00	1942.....	9	57.00
1914.....	2	10.00	1943.....	6	35.00
1915.....	3	40.00	1944.....	5	24.00
1916.....	40th Anniversary	130.00	1945.....	8	56.00
1917.....	1	3.00	1946.....	10th Anniversary	205.00
1918.....	2	20.00	1947.....	5	27.00
1919.....	3	15.00	1948.....	6	19.00
1920.....	6	53.00	1949.....	7	36.00
1921.....	35th Anniversary	112.50	1950.....	5	18.00
1922.....	3	20.00	1951.....	3	13.00
1923.....	9	82.00	1952.....	7	31.00
1924.....	5	32.00	1953.....	6	23.50
1925.....	4	35.00	1954.....	5	22.00
1926.....	30th Anniversary	279.00	1955.....	10	62.00
1927.....	6	37.00	1956.....	1	5.00
1928.....	7	62.00	White Haven	1	2.00
1929.....	6	71.00			
1930.....	6	40.00	Total		\$2,421.00

The Anniversary Classes gave.....\$1,069.00

The "Breakdown"

Relief Fund\$1,038.00

Scholarship Fund\$ 333.50

Nurses' Home Fund.....\$1,049.50

Letters mailed to Alumnae Members..... 2,372

From time to time our Alumnae Association had collected such an array of card party prizes and "white elephants" that it was decided to have a catered buffet dinner followed by an auction sale on October 25, 1956 at the Whittier Hotel, the home of "our Probies."

Let me tell you, you have never been to an auction sale until you have attended one conducted by Isabelle Kevel, '27. Such an auction — she even had us bidding against ourselves. It was amusing and at times downright hilarious. Our treasury was increased by \$81.36 that night. We enjoyed it so much, it is possible that we might even collect white elephants just to have another sale.

HENRIETTA SPRUANCE, '21

Chairman, Ways and Means Committee

MISS SHAFER PASSES AWAY

Miss Anna Shafer, night supervisor of nursing at Jefferson for thirty-four years, died on December 15, 1956 after a short illness. With her passing the Alumnae Association lost a staunch, loyal supporter who gave her time, money and efforts to the furthering of the Jefferson School of Nursing and the welfare of its graduates.

Miss Shafer was born in Phillipsburg, N. J., on November 3, 1873. She entered the School of Nursing April 1, 1907 and graduated December 20, 1910. She is best remembered for many long years of devoted service on night duty which began in 1912.

Many members of the Association will remember the occasion of her retirement May 1, 1949. At that time she was honored at the Annual Alumnae Luncheon.

Even in retirement, Miss Shafer felt close to Jefferson and the nurses whom she helped to educate.

The Association will deeply miss and long remember her untiring efforts and fine example.

ALUMNAE NOTES

Emma Bahner, 1931, is serving as Governor, Eastern District National Executive Housekeepers' Association Inc. for 1955-1957.

Dorothy Ranck, '39, was elected president of the Delaware State Nurses' Association. Miss Ranck is presently director of the School of Nursing and Nursing Service of Wilmington Memorial Hospital, Wilmington, Delaware.

Barbara Schutt, '39, was selected to succeed Mrs. Katherine Miller, Executive Secretary of the Pennsylvania Nurses' Association, upon Mrs. Miller's retirement in the summer of 1957. Miss Schutt has been the Associate Executive Secretary for a number of years.

A Master of Science degree was earned by Capt. Marjorie Wilson, S '45, from Colorado University at Boulder, Colorado. She completed her academic work while assigned to Fitzsimmons Army Hospital. The subject of her thesis was "Reactions of Senior Student Nurses in Colorado Toward Selected Statements About the Army Nurse Corps and Other Military Nursing Services."

Mary J. Glasgow and Jean Mease, first lieutenants in the Air Force Nurse Corps and members of the class of 1949, have returned from duty at Nagoya Air Force Base to Keesler AFB in Mississippi. Lt. Kathryn Jeitner, '51, has reported for duty to Langley AFB from overseas service at Tachikawa, Japan.

JEFFERSON NURSES HONOR SISTERS OF LATE DIRECTOR

The Misses Margaret and Elizabeth Melville of 28 Victory Avenue, Upper Darby, were honored March 5, 1957 by the Jefferson Nurses' Alumnae Association.

A framed certificate of honorary membership was presented to them by Miss Marion Ramp, president, for their interest and support of the association.

The Misses Melville are the sisters of the late Clara Melville, a former director of Jefferson Hospital School of Nursing in whose memory the Clara Melville Scholarship Fund was established.

FACULTY OF SCHOOL OF NURSING HONORS DR. WALKLING

Dr. Adolph Walkling was guest of honor at a dinner given for him by the Faculty Organization of the Jefferson Hospital School of Nursing. The dinner was held in appreciation of thirty years of services given voluntarily to the teaching of nursing students and as an expression of regret that he no longer felt able to continue.

Dr. Walkling at one time taught the course in Anatomy and since then has taught a series of lectures in Surgery to two classes of students a year.

Several students attended the dinner and represented the many Jefferson nurses who have benefited from his teaching efforts.

Mrs. Walkling was presented with a corsage of sweetheart roses and Dr. Walkling received a radio from the faculty.

DR. HAMRICK DIES

Dr. Hayward R. Hamrick, Vice President and Medical Director of Jefferson Hospital died suddenly on January 21, 1957. He was 49.

Most Alumnae members will remember Dr. Hamrick as Medical Director of the hospital to which position he was appointed in 1942. Previous to this, he received his M.D. from Jefferson Medical College in 1935 and served a two-year internship at the hospital. He was then the hospital's Chief Resident Physician, and in 1938 was appointed Director of the Curtis Clinic.

The hospital has lost a person who has worked unceasingly for the welfare of Jefferson.

JEFFERSON NURSES' ALUMNAE BENEFICIARIES OF WILL

The Jefferson Nurses Alumnae Association became beneficiary under the will of the late Mary B. McKean, graduate of the class of 1903, who resided in Smethport, Pa.

The late Miss McKean allotted one-third of her estate or \$2,691.70 for the Relief Fund and one-sixth or \$1,345.85 for the Scholarship Fund.

This is the first time the Alumnae Association has been named in the will of any of its graduates.

MARRIAGES

Lillian Fleck, S '45.....	George Baker	Helen Angert, '56.....	Clarence Allemand, Jr.
Victoria Alex, F '45.....	Arthur Anzulewicz	Joyce Bertolet, '56.....	Frank Hutton
Josephine Messa, '47.....	Edward Quinn, Jr.	Carole May Ferry, '56.....	Thomas J. Rosle
Anna C. Read, '47.....	Roy E. Olund	Dixie Fitzpatrick, '56.....	Leon Robinson
Marie Beloff, '49.....	Robert A. Batten, D.D.S.	Joan Elbertson, '56.....	Francis J. McGinnis, Jr.
Betty Bechtel, '52.....	Rodney Runge	Gertrude Hung, '56.....	Philip Chan, D.D.S.
Ann Marie Craver, '52.....	Robert F. Andrews	Marguerite Johnson, '56.....	Francis D. Domenick
Dolores Pencavage, '52.....	John T. Schwartz, M.D.	Jean Kostrow, '56.....	George Krosynger
Edda Pupo, '52.....	John Daniel Turco, M.D.	Mary Hennigan, '56.....	Peter Sherman
Dorothy Miller, '53.....	Peter Matuskerich	Lorraine Pope, '56.....	Robert M. Baird
Julia C. Bollinger, '54.....	Edward Becher	Suzanne Ritter, '56.....	Edwin W. Daveler
Diane Deardorff, '54.....	Frederick S. Fischer, Jr.	Mary Ann Saunders, '56.....	George Chalmers Port
Helen Fetsko, '54.....	Joseph Besecker	Ruth Ann Saunders, '56.....	Andrew E. Jacobson
Mary Ann Potoski, '54.....	Joseph Juhadolmnik	Paula Scarlett, '56.....	J. Bruce Kenworthy, Jr.
Lois Hanes, '54.....	Bradley McCloskey	Jacqueline Smith, '56.....	Robert E. Mason
Ann W. Scarlett, '54.....	Charles F. Jordan	Anne Snell, '56.....	Mr. Kopple
Nanette E. DeLong, '55.....	Harold J. Smith	Shirley Stancavage, '56.....	Mr. Gallo
Gwendolyn Larimer, '55.....	William Reese	Mary Faith Stewart, '56.....	Harold W. Graham
Adrienne Marasco, '55.....	Joseph F. Rodgers	Martha Thomas, '56.....	Richard Rigling
Norma Nace, '55.....	Donald Messer	Margaret Burrows-Pegg, '57.....	Samuel Barnes Abbott
Betty Patten, '55.....	Raymond Morgan	Carol Hyland, '57.....	Marvine Gray
Hazel Reihart, '55.....	Robert Klein, M.D.		

NECROLOGY

Lena Myers, '97.....	June 25, 1956	Anna Shafer, '10.....	December 15, 1956
Mildred Cooley Oliver, '02.....	1956	Myra Badorf, '17.....	October, 1956
Jennie Cross Irick, '02.....	1956	Carrie Wood Pollock, '22.....	November 6, 1956
Mary McKean, '03.....	June, 1956	Margaret Thomas Newhall, '26.....	May 20, 1956
Elizabeth Howe Frowert.....	December 26, 1956	Tasamine Martin Zelt, '34.....	February, 1957
Margaret Morgan, '07.....	1957	Theophilia Borowski King, '38.....	June 26, 1956
Anna Parsons Johnson, '10.....	February 9, 1957		

NEW ARRIVALS

Edna Garretson Eyler, '39.....	boy	June Matsuo Fujita, '50.....	boy
Gladys Reed White, '42.....	boy	Marie Messa Wagner, '50.....	boy
Kay Tomasso Beitel, '42.....	boy	Emily Nash Hollenbach, '50.....	boy
Eleanor Shaeff Harner, S '45.....	boy	Janet Stauffer Mayo, '50.....	girl
Miriam Kowalesky Pursel, '46.....	girl	Mary Alice Bond Romig, '51.....	girl
Marilyn Morrison Hecksher, '46.....	girl	Louise Simonson O'Neill, '51.....	boy
Amelia Nasveschuk Haymen, '46.....	girl	Mary Kate Weber Morgan, '51.....	boy
Elaine Stong Kimbel, '46.....	girl	Nancy Greising Wilhelm, '52.....	boy
Lucy Banks Stillings, '47.....	boy	Jeanette Wightman Coffey, '52.....	girl
Flora Fanucci Simpson, '47.....	boy	Gertrude Lange Amend, '53.....	girl
Georgianne Molitor Anderson, '47.....	girl	Sue Orr Carney, '53.....	boy
Irma Schuetz Heller, '47.....	girl	Joan Nichols Davis, '54.....	boy
Wahnetta Taylor Carosi, '47.....	girl	Jane Snyder Wilgus, '54.....	boy
Margaret Bortner Becker, '48.....	boy	Jean Tomlin Ward, '54.....	girl
Doris Burke Hano, '48.....	girl	Anne Whitehill Hoover, '54.....	girl
Catherine Johnson Brewer, '48.....	boy	Eleanor Wise Chermella, '54.....	boy
M. Patricia Long Haupt, '48.....	boy	Shirley Brown Blackburn, '55.....	girl
Christine Morrison Blasius, '48.....	boy	Shirley Buchanan Klimas, '55.....	girl
Phyllis Russell Szevezak, '48.....	boy	Patricia Costello Magley, '55.....	boy
Patricia Loftus O'Riordan, '49.....	girl	Marjorie Roberts Boyer, '55.....	girl
Kathleen McGeary Tierney, '49.....	boy	Georgene Strazzeri Callahan, '55.....	boy
Helen Zbuckvich Buckwalter, '49.....	girl	Peggy Waite Lazar, '55.....	girl
Barbara Fisher Ackerman, '50.....	boy	Martha Thomas Rigling, '56.....	girl

SCHOOL OF NURSING REPORT

DEAR ALUMNAE:

The calendar has marked off another year, a full and busy year, during which Jefferson has continued to expand and improve its facilities for patient care.

The expansion program is a continuous one and several changes have occurred since my last message to you:

1. The Fifth Floor in the Main Building is no longer being used for patients. It has been made into very attractive quarters for residents and internes.
2. Because of the popular demand for semi-private rooms, one of the Annex private floors has been changed into semi-private facilities and various rooms on some of the other floors have been similarly changed.
3. The old operating rooms on the Eighth Floor of the Main Building have been converted for temporary use for children with orthopedic and urological problems and for those with other non-infectious conditions. Plans have been drawn for the construction of a new pediatric unit on the eighth floor which is to include private and semi-private rooms in addition to the units already in operation.
4. In line with the trend of establishing in general hospitals, units for the care of the mentally ill, Jefferson has begun the construction of a psychiatric department on the 14th floor of the Annex in the area of the old operating rooms and delivery room suite. It is expected that this unit will be completed by Sept. 1957.

While all these changes serve to help the Medical Centre maintain its traditional position as a leader in the field of medical science, they also increase nursing service needs. The opening of any new patient unit, no matter how small, requires professional nursing care around the clock. The world-wide nursing shortage is felt also at Jefferson, and if we are to render even minimum nursing care to our patients, we must increase the number of both graduate and student nurses and utilize even more the non-professional nursing group. Recruitment for graduate staff nurses will continue and we are hopeful that the recent increases in salaries will prove helpful in this project. Our salaries at this time are a little higher than those at most of the other hospitals in the city.

The School of Nursing is gradually increasing its enrollment. The faculty has been engaged in many avenues of recruiting. We have made the usual visits to high schools in the Philadelphia area and to those throughout Pennsylvania and New Jersey. In addition, members of the faculty and students participated in a television program for recruitment purposes. We have also entertained with overnight visits and tours of the hospital, many Future Nurse Clubs. When we have a new and modern nurses' residence, we probably shall not have to devote so much time and effort to recruiting for the school. Since you have all been contacted in reference to the building fund for a nurses' residence, you know that at long last we can see this goal in sight. We are hopeful that we may look forward soon to the construction of a modern residence for our students.

Improvement in the student program has been a continuous process. Recognizing the fact that the wide separation between formal classes and clinical experience has long been a weak area in the program, concerted effort toward better correlation between the two has resulted in a more meaningful learning experience for the students. Beginning with the course in operating room technique, where classes are taught concurrently with clinical experience, we have gradually extended this practice to the teaching of obstetrics, and medical and surgical nursing, and are planning to conduct the entire program in this manner.

All members of the Class of 1956 successfully wrote the State Board Examinations for Licensure. This is the first class in at least ten years in which no failures were noted. While we cannot, on the basis of the results of a single examination, conclude that the new program was entirely responsible for their success, we believe that it was a factor at least. Even though our nursing service personnel have always contributed to the teaching of the student nurses, we feel that the general staff, and head nurses, and supervisors, now have a greater awareness of the needs of the educational program and by close cooperation with the clinical instructors contribute a great deal to the learning experiences for the students. Thus the Hospital Administration, by granting a half-tuition refund for nursing personnel engaged in courses of advanced nursing, has indirectly benefited the School of Nursing. Dr. Hamrick, the Medical Director who first approved this policy, had hoped that it would contribute to the student educational program as well as to recruitment for graduate staff nurses.

New classroom space for clinical instruction has been made available to us with the construction of classrooms on the Medical Ward Floor and with an obstetrics instructor's office on the Third Floor of the Annex. We are in need of office space and conference rooms for clinical instructors in other areas and are hopeful that we may look forward to additional ones soon.

Plans for the renovation of the Nursing School Office have been completed. We believe that an attractive place for interviewing prospective students and staff personnel may help us in our recruitment program. We know that for those of us who work in this department, the change will be most appreciated.

We have in the past appreciated and depended upon the support of the members of the Alumnae Association. Your assistance in matters of recruitment both for student and graduate nurses has been of inestimable value. We should like to take this opportunity also to thank those who responded so admirably to our letters asking for help in relieving our nursing shortage by working on our nursing staff.

Let us hope that through our combined efforts, 1957 may prove to be a very prosperous and successful year for our School of Nursing and Alumnae Association.

Sincerely yours,

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

PHYSICAL ADVANCES AT JEFFERSON HOSPITAL, 1957

PAUL F. RAKE, *Director of Development*

During the past year Jefferson has continued in an important period of advancement and growth. This progress is especially noticeable in the physical facilities of the hospital, and in additions to the laboratories and other facilities of the college. The Board of Trustees and Administration have carried out extensive additions and plans are made for further improvements during the coming year.

The new Heart Station located on the 2nd Floor Annex was opened on November 7, 1956, with floor area of 1800 square feet. This New Unit offers the most modern facilities for the taking, processing, reporting, and filing of electro-cardiograms. It services the hospital, the out-patient department, and referred patients. At the present time, this diagnostic service is being provided for over eleven hundred patients monthly. Facilities are also available for the teaching of Electrocardiography to residents and students, and for holding cardiac conferences, in the course of which the house and attending staff discuss the diagnosis and care of the referred patients.

The new unit of Radiation Therapy will be ready for use some time during the spring of 1957. The basic parts of this new facility will include a rotational cobalt therapy unit of approximately 1500 curie strength. This will be used principally for therapy of deep-seated cancer. In addition, there will be new units of 250 k.v. potential both for rotational and stationary therapy. The new unit will in addition contain standard superficial therapy and contact therapy units. Of considerable importance to the irradiation therapy department will be new facilities for examination of patients and completion of clinic records. Facilities for the physicist in attendance will also be available.

Jefferson's internes and residents who were formerly housed on the 10th floor of the College were moved in the fall to their new quarters on the 5th floor of the Hospital Building. This floor was completely renovated. It offers a more central location than internes and residents previously occupied. There are two individuals assigned to each room. In addition there is a large recreation and reading room with two television sets, card tables, ping pong tables, and adjacent to a snack pantry.

Other important construction and remodeling will be carried out as part of the over-all program.

All nurse alumnae of Jefferson Hospital may have pride in the growth of the hospital and medical center, whose importance to the area and nation has been outstanding.

FINALE . . . WHITE HAVEN

ANGELA R. COZZA

Early in 1955 rumors were rather strong that Jefferson Hospital would give up the sanatorium located in White Haven, Pa. By July of the same year it was a fact that, as soon as a suitably interested group could be found, Jefferson would give up its sponsorship over the institution which since 1901 had cared for the tuberculosis victims from many areas in Pennsylvania as well as numerous patients from other states, and, in a few instances, from foreign countries. Many well-known chest physicians have studied there and many more joined its staff to aid the sick and carry on a research program in tuberculosis, anthracosilicosis, and allied diseases.

It was here, too, that a number of young women, themselves recovered from tuberculosis, chose to follow the nursing profession when Dr. Lawrence Flick established a school of nursing in 1907. This two-year course continued to function as an accredited school until 1936 when the Board of Nurse Examiners withdrew approval from similar schools in Pennsylvania. These women, by affiliating with a general hospital for a third year of study, were eligible to take their State Boards and thus qualify and rank with other R.N.'s. For those women who continued to enroll in the school, after approval had been withdrawn, it was an excellent opportunity for rehabilitation as well as a great fulfillment of their dreams to join a profession which specialized in the field of tuberculosis. This program continued until 1942 when the last student finished her course. After that year there were annual classes for practical nurses who wished to work in this special field. Many of these have now joined practical nursing organizations and are awaiting the day when that organization receives state recognition. Some have already gained that recognition in other states.

In 1946 Jefferson assumed the parent role over the sanatorium and the title was changed to the White Haven Division of Jefferson Hospital. Since many of Jefferson's physicians were already on the staff, this did not constitute a great change in management. The buildings, however, were either remodeled or renovated and a physical change did take place. It was during this period that great strides were being made in the treatment of tuberculosis. Surgery was shortening the lengthy curing period and anti-biotics were making great in-roads into the sanatorium span of treatment. By degrees more and more people came to the sanatorium only to have their course of drug therapy instituted and established, and then returned to their home for continued treatment. Artificial collapse therapy began to disappear, too; and the wonder drug made it safe for the patient to go home much earlier. All this in time affected the census and usefulness of the institution, although the care of the anthracosilicotic, with and without tuberculosis, kept the sanatorium in White Haven functioning long after similar institutions had closed their doors, or converted to the care of other diseases.

Finally in 1956 Jefferson found a suitably interested group — an organization which would continue to use the buildings for the care of the sick — the mentally retarded. Thus, it came to pass, that on January 27, 1956 the Department of Welfare, announced

that the State of Pennsylvania had purchased the one and a half million dollar sanatorium for the sum of \$150,000. By February 29, 1956 all of the few remaining T.B. patients had been either transferred to a State Sanatorium or discharged to their homes for further care.

On March 5, 1956 an intensive and active program went into immediate operation. Partitions were removed, wards were expanded, employees' quarters and buildings were utilized and by the end of March a small group of mentally retarded working boys were installed in what had been the Private floor (formerly doctors' and nurses' quarters). The Dr. Walsh pavilion, which pre-Jefferson had been an auditorium, was opened as a large ward. Dr. Miner Pavilion, which originally had been the Main Dining Room, was opened as another ward. The Nurses' Homes, Phipps and Landis (also known as Cottage III), are now used as cottages for higher grade mentally retarded. The United Mine Workers' Pavilion (Women's Pavilion) is now a very large ward, too. Rose Cottage now houses a group of working boys on all of its three floors. Gardiner Pavilion (The Lodge) named in honor of Ruth Gardiner, class of 1934, first nurse killed in action in World War II, is also a large ward with two dormitories. This building also houses the barber shop and tailor shop. Neale Cottage, or Cottage II, is used for patients; and the third floor of the Flick Building (Main Building where student nurses once resided) is now occupied by a group of boys from Polk State School. The recreation hall, which had once been the Men's Pavilion, is currently being used as a canteen and visiting room area as well as an auditorium. It is here that the boys make weekly purchases of candy, soda, and toilet articles and that the visitors may lunch and visit with their boys, or arrange to take them out for short visits off the grounds. The building once known as Cottage I, and later as Dr. Craig Administration Building, is still used as an administration building but now houses a larger and more modern switchboard, the business offices, the Security Officer's and physical director's quarters on the first floor and the superintendent's and executive secretary's offices on the second floor. This building has been carpeted with beautiful rugs.

The laundry, which proved inadequate for present conditions, underwent a face lifting by having all new equipment installed.

The ground basement under the Gardiner Pavilion, now Ward Eight, was dug out and a knotty pine recreation hall and game room was created. It is here that the boys parties are held.

The little buildings, known as The Shacks, are now used as day rooms. It is in these buildings that the lower grade boys spend their time watching TV or playing games when the weather doesn't permit out-of-doors activities. Coxie Cottage is among these.

The greatest change has taken place in the dietary department. The kitchen has had a complete change of equipment utilizing every modern convenience known for institutional cookery. The attendants' dining room is a beautiful dining area with a kitchen of its own and situated where a section of the old dining room used to be. The old men's

and women's infirmaries are now the South and North Dining Halls for the patients. It is here that four different settings take place for each meal.

The nurses, office personnel, doctors, officer of the day, and officials have their dining areas located in the former residence of the chief resident's cottage. This area, too, has a kitchen of its own. The dining room floors are covered with new, modern design rugs.

The superintendent's cottage is being retained for the superintendent and visiting officials. This, too, has had its interior brightened by new rugs and made comfortable by the installation of air conditioners.

The business manager is to occupy the cottage formerly lived in by the laundry manager and the chef. The old farm house, the original farm house back in 1895 when the sanatorium was incorporated, still stands and serves as the residence of the chief farm and grounds man. Along the same road the executive secretary occupies one side of the duplex cottage, which had been built for resident physicians in 1940, while the other side is currently unoccupied.

As can be deduced, the personnel do not live on the grounds; the attendants are the chief source of patient supervision with the nurses giving whatever nursing care is needed in the wards or the Infirmary which is located in the former nurses' classroom. The dispensary is located on the ground floor of the Main Building and occupies the site of the former operating room. Across from the dispensary will be found the dental, chiropodist, director of nurses, and medical offices. The laboratory, x-ray, and pharmacy facilities have been retained on the other end of the ground floor of the Main Building.

At the base of the big mountain which forms a backdrop for the school, and where the farm used to be, the terrain has been levelled so that a baseball field and out-door game area now overlooks the buildings on the lower levels. The brooder houses have been burned down to make room for the field. Still standing, but doomed to the same fate, are the long chicken runs and piggery. The chickens and pigs have long since gone.

While the Pennhurst State School Annex No. 2, as the institution is now known, accommodates 463 patients at the present time, ranging in age from 16 to 60, there is for it a great future as appropriations have already been made for a great building program with plans for a modern hospital, dispensary, auditorium, and fire-proof patient buildings. All this will take care of a larger number of mentally retarded. In time it will have an identity of its own. Just now it is an off-spring of the parent institution located at Spring City, Pa., hence the tag — annex No. 2. Over three hundred of the patients were transferred here from the Pennhurst School in Spring City, and one hundred from Polk State School, in Polk, Pa. Before the end of 1956 every building was full and the memories of the sanatorium were reverently laid to rest amid ground hallowed by God's greatest gift — Love of man for his fellow man. Thus these grounds remain dedicated to a noble purpose — just as Jefferson wanted that it should be.

ANGELA R. COZZA

LEUKEMIA

LEANDRO M. TOCANTINS, M.D.

Literally the word leukemia is derived from two Greek words "leukos" (white), and "aima" (blood) therefore "white blood." The expression is said to have been originally used by Virchow after observing at autopsy the contents of the large vessels of a patient who died of the disease. Others feel that the word is a contraction of the word leukocythemia.

The disease seems to be on the increase at least according to the figures compiled in this country. The cause for the increase is not clear. Exposure to ionizing irradiation is suspected as a probable cause. In individuals so exposed (radiologists principally) the incidence of leukemia is several times greater than in general population of a similar age group.

Leukemia may be defined as a malignant disorder accompanied by an inordinate abnormal proliferation of white blood cells, with infiltration of the hematopoietic organs (marrow, spleen, lymph nodes) and such tissues as the liver, lungs, kidneys and brain with primitive cells.

Leukemias are classified according to their clinical manifestations and the type of cell principally involved. Clinically leukemias may be considered to be acute or chronic. The acute variety, as the name implies, has a short course and resembles an acute infection. A course as short as one week (or even shorter) from the time the patient had his initial complaint till the time he died has been observed. In most instances acute leukemias last approximately six months, the duration not having been greatly modified by the newer chemotherapeutic agents. Chronic leukemias have a longer course and, in most instances, the patient is not greatly uncomfortable unless a complication develops. In between the acute and chronic leukemias, sub-acute varieties have been described in which the manifestations are mild and the course is longer than in acute cases, and the changes in the blood have some points in common with the chronic variety.

Depending on the predominant cells found in the blood or bone marrow, the leukemias may be classified as:

1. Myelocytic (or myeloid)
2. Lymphocytic (or lymphoid)
3. Monocytic

4. Plasmocytic

5. Megakaryocytic

The last two are the rarer types.

With the exception of acute lymphocytic (lymphoblastic leukemia) which is principally seen in children, acute monocytic and chronic myeloid are usually seen in patients in the middle age group, while acute myeloid and chronic lymphocytic are most common in those past fifty. Although there are examples of families in which leukemia has appeared more than once, it is generally considered that in human leukemia, hereditary factors do not play a prominent role. In animals, however (mice, rats, chickens), an hereditary predisposition has been definitely demonstrated.

The exact nature of leukemia in man is not known. Most workers look upon the disease as a form of neoplasm. Since the cause of most neoplasms is unknown, this explanation is not very helpful. The essential change is thought to be in the leukemic cell and consists in an inability of the immature blood cells to respond to agents which normally regulate their proliferation and maturation. The leukemic cell fails to differentiate and mature in the normal manner and seems to be able to overcome the natural forces which restrain the growth of immature cells. Different factors may be responsible for initiating these changes in different types of leukemia. Physical agents such as radiation, certain chemicals, hormones or even viruses may be responsible.

Most of the theories purported to explain the disease lack convincing proof. Excessive destruction of the blood-forming organs (as seen after irradiation) may be one of these factors. Infection is offered as another cause and the existence of a deficiency of an important nutritional component necessary for maturation of cells is also another theory.

The patient with leukemia may appear and feel in good health, the leukemia having been discovered fortuitously during an annual physical examination. Sooner or later, however, in most leukemias, the picture of long continued progressive ill health is found. The abdomen is often protuberant while the limbs are often wasted. The lymph nodes throughout the body are often enlarged, especially those about the neck. Bruises of the so-called spontaneous type may appear especially in the extremities and bleeding from the nose and gums are common.

The treatment of leukemia may be divided into: a) psychological, b) supportive, c) symptomatic, d) suppressive.

PSYCHOLOGICAL TREATMENT

In view of the nature of leukemia, it is important that as soon as the diagnosis is made that a responsible member of the family be contacted and the situation discussed. Generally speaking the most stable minded nearest relative should be selected for this purpose. It is exceptional that the patient himself need be told about the nature of his disease, since when this is done we are incapable of answering adequately many of his questions regarding cause and effective modes of treatment. Any statements to the patient must be designed to maintain his morale and reduce anxiety. Since the various forms of leukemia carry a different prognosis (patients with chronic lymphocytic leukemia may live 20 years or longer), it is important to stress to the family that there are various types of leukemia and that each type carries a different prognosis. Too often the term leukemia is thought to be synonymous with cancer. Since we do not know the cause of either disorder in man, it is obviously fallacious to speak of the two as synonymous.

The patient with leukemia, particularly in later stages, often requires much nursing attention. A tactful, cheerful attitude on the part of the nurse will go a long way to maintain physical and spiritual comfort in the patient and his family. The nurse should do everything in her power to maintain this attitude even though this may sometimes become very difficult with certain patients. The nurse's close contact with the patient puts her in a favorable position to implement these measures on a continuous basis.

SUPPORTIVE TREATMENT

Here we attempt to support certain functions which we know are impaired by the disease. The measures are designed to combat anemia, hemorrhage and infection. Anemia is corrected principally with transfusions of whole blood or packed cells, since the patient cannot make blood adequately. Many of the ordinarily used hematinics do not prove helpful.

To combat hemorrhage measures are designed to reduce the possibility of their occurrence and to check the bleeding when it occurs. Since most of the bleeding comes from the nose and mouth, the patient is encouraged to sleep with the head well propped up on three pillows, to lubricate the nostrils well with vaseline and avoid any straining which will often precipitate bleeding from the nose and mouth. The least amount of instrumentation in these two areas is desirable. Only loose vaseline coated packs should be introduced in the nose. The patient should be discouraged from chewing any hard food (the diet should preferably be soft) and the meals should be small. Since the gums are easily bruised, a tooth brush should not be used for clean-

ing the teeth. A finger wrapped in cotton dipped in a mouth wash is preferable. The mouth should be thoroughly rinsed 2-3 times a day.

Infection is a common occurrence with patients with leukemia since most of them have granulocytopenia. The patient, therefore, must be protected with proper antimicrobial agents when the condition so indicates.

SUPPRESSIVE TREATMENT

This form of treatment is designed, as the name indicates, to suppress the manifestations of the disease by one of several means and therefore give the natural blood making powers of the body the opportunity to correct the anemia and other complications. There are two types of drugs that have been used: 1) antimetabolites, 2) irradiation or radiomimetic drugs, and 3) corticosteroids.

The antimetabolites and irradiation in general destroy or impair the multiplication of leukemic tissue by interfering with its nutrition. The drugs literally rob the leukemic cell of certain elements required for its growth and multiplication. There are a number of such substances now available. Unfortunately, the effects are temporary and the remissions they produce are irregular in occurrence and duration. The patient becomes eventually resistant to the drugs and to irradiation and the disease progresses to its final stages.

The corticosteroids may not be necessarily regarded as suppressive agents except to the extent that their effect on the disease is only temporary. They are valuable in the palliative control of many of the unpleasant manifestations of the disease. The patients eventually, however, become resistant to the steroids as they do to the other forms of therapy.

SYMPTOMATIC TREATMENT

The adroit use of symptomatic therapy goes a long way to relieving the patient of much discomfort. Fortunately, pain is seldom a common symptom in the leukemias. It is more often seen in the lymphomas, especially those who involve bone. The combination of tranquilizing, sedative and narcotic drugs used at the proper time can give the patient much comfort and relief from constant anxiety.

The above brief discussion gives a general idea of how much is yet to be accomplished in our knowledge of the leukemias. Advances into this field as in every other medical field will come with a greater acquaintance with the fundamental processes of growth at the cellular or even beyond the cellular level. The mechanisms of growth, tied in as they are with the mechanisms for the maintenance and propagation of life, will require much time and ingenuity to unravel.

TWO-YEAR PROGRAMS IN NURSING

ANN KUBA, F '45

Necessity is the mother of invention in nursing as well as in other fields of endeavor. With the pressures of the nursing shortage building up in hospitals and other health agencies, there was bound to come a multitude of suggestions on how to attack the problem. One method of attempting to solve the problem that has gained the professional limelight in recent years is the introduction of a basic program shortened to two years.

The idea of preparing a nurse in two years is not new. The first schools of nursing in America had two-year programs, the training period of three years being introduced in the 1890's and early 1900's. The Goldmark Report, published in 1923 recommended the shortening of the training period from 36 months to 28 months. During World War II, the schools participating in Cadet Nurse Corps program were required to compress their traditional 36-month course into 30 months. In order to satisfy various state requirements, senior cadets spent the remaining six months giving service in a federal or non-federal hospital. After this federal project ended, several hospital schools experimented with reducing their basic course. The most notable of these is the Massachusetts General Hospital School in Boston which shortened its program to 28 months, followed by an eight-month internship.

Canada, however, in 1948 was the first country to highlight a two-year program by setting up a demonstration school under the auspices of their national nursing organizations. Through a four year project, Canadian nurses hoped to learn whether nursing preparation could be improved in a school that was financially independent of the hospital and whether a school, where students' time was not controlled by the hospital's service needs, could produce a competent bedside nurse in less than three years. The results of the project appeared to justify continuation of the program.

In the United States, experimentation with programs of less than three years has taken a somewhat different course. However, the objective of all of these experiments is to develop a curriculum to educate a person who could perform the registered nurse function in approximately two years. These experimental programs do not prepare nurses in the classroom exclusively. The students receive carefully supervised and selected experiences in hospitals and health facilities in the community. These programs require a new philosophy of nursing education and an entirely new look at the curriculum. Just to think one can simply eliminate the third year and thereby have the program is certainly an oversimplification of the task involved. There is need for long and careful planning before the program is offered and continued evaluation and planning after it is in operation.

In 1955 there were fifteen two-year programs in operation. Eight of these are participants in the research program, called the Cooperative Research Project in Junior and Community College Education for Nursing, being conducted by Teachers College, Columbia University and made possible by an anonymous grant of \$110,000 in 1952. The eight programs are responsible for developing, financing, and operating their own programs. They depend on the Project for assistance through work conferences and other forms of consultation. Since all but one of these programs is college-centered and college-controlled, the curriculum combines both general education and technical training. The controlling institutions represent both public and private support, large and small colleges, co-educational and women's colleges. They are located in six states over the United States: New York, New Jersey, Michigan, Utah, California, and Virginia. The nursing content is grouped into broad areas to make the learning experiences more meaningful and to reduce duplication and repetition. These programs range in length from two academic years to two calendar years. Upon completion of the program, an Associate in Arts or Applied Science degree is granted and the students are eligible to take the state licensing examination. The eighth Project member is a hospital-controlled program and a diploma is granted by the hospital even though it utilizes some of the services of a junior college located in the community.

Of the remaining seven programs, all except one are college-centered and college-controlled. Pennsylvania has two of these programs: one at the University of Pennsylvania, started in 1954 and one at Pennsylvania Hospital, started in 1955.

In view of the various licensure requirements of the different states, it is rather surprising to note the relatively rapid growth of these programs since 1952. According to Lesnik and Anderson's "Nursing Practice and the Law" (Lippincott, 1955), the length of the nursing course is included in only twenty-four laws. Of these, fifteen laws require a period of training from 28-36 months, seven require 24 months, and two states, Illinois and Maryland, require 24-28 months for degree programs and 36 months for hospital programs. California, which has a 36-month law, is considering an amendment to the Nursing Practice Act that would make possible two-year courses in accredited junior colleges. On the whole, the trend appears to be toward more flexibility in state requirements, and hence more opportunity for experimentation in nursing education.

So far, with only a handful of graduates of these experimental programs, it is difficult to judge the products fairly. Comments from the employers range from cautious approval to disapprobation, that they are accurate but slow, and another reports that patients praise their care. The performance of these graduates on the state licensing examinations have been gratifying. What the profession and public are looking for is not merely a short-cut solution to the nursing shortage, one that will produce quantity rather than quality; they want nurses who can give good nursing care. Whether the two-year programs are superior to the three-year programs in producing such qualified nurses is not known yet, therefore, judgment should be withheld.

LETTER FROM HONG KONG

Gertrude Hung Chan, '56, moved to Hong Kong in December, 1956 with her husband, Philip Chan, D.D.S. She writes as follows:

Dear Miss Edgar:

I believe this is the letter I promised you after leaving Philadelphia for Hong Kong. There are many interesting items concerning this island and before I proceed to enlighten you upon a few of its so-called allures, I would like to bring up some news about my registration in the Hong Kong's Nursing Registry. Until two years ago, every American or foreign nursing graduate had to take the examination for registration. However, if one is a graduate of a large and renowned nursing school (such as Jeff) one need not take this exam; but, of course, there are many requirements. These include a character reference and the filling out of a blank about information concerning our nursing education and experience.

We arrived in Hong Kong December 23rd and have since then been in a whirl of social functions. Hong Kong is really a place of luxuries not only in material things but in such things as having servants in the house. We enjoy having our meals served to us (no dishes), clothes washed and pressed, house cleaning done, beds made and even baths drawn. This last bit of chore I often do myself. I really cannot become that spoiled!

We, the women in general, enjoy a weekly shampoo, set, and a manicure for one dollar American money. Isn't that something?

Since I have been here, the social activities demand an entirely new wardrobe. So, I've acquired dresses, coats, shoes, bags, etc., all made to order. I've found that having your own clothes made for you is far cheaper than purchasing clothes readymade. In the states, this is not common except for those who can afford tailor-made clothing. I am sure we nurses couldn't enjoy such luxury.

Hong Kong is really a trading center. Here you can buy imported goods from all parts of the world at practically half the American price although still expensive. Since women and men alike have tailor-made clothing, they know their material well. I find materials such as silk the best in China and beautiful cashmere and tweeds are more common than in America.

Of course as in any place, there are the bad points to consider as well as the good ones. One thing I miss very much is the wonderful running (pure) water from our faucets. Here, since Hong Kong has been overcrowded with refugees from the Communist-occupied territories, the water supply is very poor. This, plus the fact that the climate is generally tropical and there is little rain, gives the homes running water only five hours a day. You can imagine when the warm, humid summers arrive, that less water will be given to us. I heard only one hour of running water was allowed. So, you can see how much appreciated a bountiful supply of water should be in America.

Here, we also have the poverty-stricken, I really have never been so close to the poor as here in Hong Kong. There is a great contrast between the very

rich and the very poor, that it seems unbelievable. Beggars even become a nuisance. Really, there are stories that some beggars do so well that they can afford two or three concubines who work (beg, also) for him while he takes it easy. Some incidents are amusing yet there are many, many pitiful cases.

The hospitals you can well imagine. In comparing with conditions at Jefferson, it really seems terrible here. I have heard many stories about the sanitation and so forth, but have only visited one private hospital where one of my brothers-in-law is working. That particular one seemed very clean and fairly modern in equipment. I have yet to visit the other two hospitals which are considered the best in Hong Kong.

Time is drawing near to dinnertime and I must dress now. I shall await anxiously to hear from you.

My regards to the instructors, Miss Prevost and all the folks I know at Jefferson.

Sincerely yours,

GERTRUDE CHAN

GRADUATION AWARDS — 1956

The Jefferson Hospital Nurses' Alumnae Association Prize for one hundred dollars to the member of the graduating class who attained the highest average during the three-year course to:

MARGUERITE JOYCE WYSE

The William Potter Memorial Prize of twenty-five dollars to a member of the graduating class for outstanding achievement during the three years to:

JEAN KOSTROW

The Jefferson Hospital Women's Board Prize of twenty-five dollars to the member of the graduating class who, in the opinion of the faculty of the School of Nursing has demonstrated the greatest versatility and cooperation in nursing situations to:

JOANNE WELSKO

The Bessie Dobson Altemus Memorial Prize of twenty-five dollars to the member of the graduating class who, throughout her training contributed most to harmonious living in the Nurses' Home to:

BETTY DEPO

The Adeline 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 Nursing Arts to:

HELEN WISNIEWSKI

The Thomas A. Shallow Memorial Prize of twenty-five dollars contributed by the Jefferson Nurses' Alumnae Association to the member of the graduating class who has demonstrated the greatest proficiency in Operating Room Technique to:

BETTY BINGMAN

