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Nurses' Alumnae Association Bulletin - Volume 4 Number 7

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Nurses' Alumnae Association Bulletin

School of Nursing of the Jefferson Medical College Hospital

Volume 4 May, 1946 Number 7
"WELCOME HOME"

Good times are here again. Each week approximately, some member of our unit or armed forces drop in to say "Hello!" to their Alma Mater. We want to heartily welcome each member—although we will not see everyone as some have drifted to other assignments or some have been married and have stayed with their husbands.

We are indeed proud of our unit and for the splendid work they undertook in their assignment in the Far East.

We couldn't mention exactly what each member of our unit intended to do in the future. It is difficult at the present to decide on any certain plan for the future.

We do see familiar faces that have returned to Jefferson and are working on the staff. Among these that have returned are—Beatrice Raymonn and Mildred Fromling working in Central Dressing Room. Jean Hinebaugh Uredenbergh—working now in children's out-patient department. Gertrude Frye, working in accident ward. Margaret Carey in charge of all volunteer workers at Jefferson. Ruth Butler also was in the armed forces and has returned to the staff at Jefferson working in the operating room.

We also wish to welcome the return of our many doctors who were in the unit.

Indeed, it certainly seems like old times to have each and everyone back with us.

We do hope that in the very near future we will have the opportunity to welcome the return of everyone in the armed forces.

JEFFERSON UNIT HONORED BY ARMY

The Jefferson Hospital Unit which was established outside Cairo, Egypt, after the battle of Alamein in 1942 has been awarded the Meritorious Service Unit Plaque, the highest award which the army services can give to a non-combat unit.

The 38th General Hospital, which was established by 47 doctors and 105 nurses of the Jefferson Hospital, consists of 50 one-story brick buildings and has more than 1000 beds.

The citation is "For the accomplishment of exceptionally difficult tasks and for maintenance of a high standard of discipline."

SINCERE THANKS

In behalf of the Jefferson Nurses Alumnae Association and Organization Staff, we wish to thank Miss Bertha Brozinski, dietician, for the splendid service and cooperation that she gave us for nineteen years. Many of us know her from working on the fifth and sixth floor. We take this opportunity to wish her lots of luck and happiness in her future married life.

We also want to take this opportunity to wish Mrs. Karl Reinhard lots of luck and happiness in her future married life. We knew of her as Janet Correll, Class of 1942, and the one who planned and formed our procedure book, which is now situated in each department of the hospital.
JEFFERSON NURSES' ALUMNAE BULLETIN

JEFFERSON NURSES' ALUMNAE ASSOCIATION

PUBLISHED ANNUALLY

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TREASURER REPORT
FEBRUARY 28, 1946

General Fund $2,039.74
Relief Fund 983.40
Scholarship Fund 3,295.31

Total $6,338.45

Investments at Cost
Jefferson Medical Fund $18,500.00
United States Savings Bonds 6,740.00
Total Cost of Investments $25,240.00

CALENDAR OF EVENTS
May 2, 1946—Graduation Exercises at 8:00 p.m. in Amphitheatre.
May 14, 1946—Graduate Nurses' Chorus.
May 17, 1946—Last regular meeting for the summer—7:30 p.m. in Amphitheatre.
May 20, 1946—Meeting of Private Duty Section.

GRADUATE NURSES' CHORUS
MAY 14, 1946
The annual Spring Concert of the Graduate Nurses' Chorus of Philadelphia will be held on Tuesday, May 14, at 8:30 p.m., in the Old Custom House, 420 Chestnut Street. Harry L. Martyn, baritone, will be the guest soloist. There will be no tickets for admission but an offering will be taken.

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

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

ATTENTION
Please enclose By-Laws Book with your Alumnae dues. Save expense for your association and extra work for your treasurer by keeping By-Laws Book as a receipt for paid dues.
If dues are not paid before annual meeting, you are considered in arrears by your association and sick benefits are void for delinquents.

One hundred and fifty Christmas cards were sent to our Alumnae members in service. Quite a number of these cards were returned to us, because of incorrect addresses. Please send us your correct addresses.

ALUMNAE DAY
May 25, 1946
Luncheon - - at 12:30 in Ball Room
BELLEVUE-STRATFORD HOTEL
BROAD AND WALNUT STREETS

Dance - 9 P. M. 'til 12 M.—North Garden

10th Anniversary for Class of 1936
Return Luncheon Reservations by May 15th, 1946 to MISS DOROTHY RANCK
1010 SPRUCE STREET
PHILADELPHIA 7, PA.

PLEASE USE WALNUT STREET ENTRANCE FOR DANCE

Announcing . . .

ALUMNAE DAY
May 25, 1946

Please Help Make This a Success — — Come and Join Us
HI-LIGHT OF THE ALUMNAE ASSOCIATION MEETINGS

SEPTEMBER 21, 1945: 41 members present.


The resignation of Mrs. Ruth Essig was accepted.

The following delegates were appointed to attend the State Nurses Convention in Pittsburgh: Misses Anne Bergner, Olga Dygan, Ruth Spencer, Martha Riland, and Mrs. Bernice Wigglesworth Sprecher.

It was voted that Christmas Cards be sent to the members in the service.

Death notice of Miss Helen Greaney. Mass for the late Miss Helen Greaney.

AGNES JOHNSON GAFFNEY, CLASS OF 1931 (JUNE 10TH, 1945) WERE READ.

The resignation of Mrs. Alice Rickard James was accepted.

It was voted that War Chest Fund be donated to the Cancer Forum and United Church of St. Luke and Epiphany, being paid to the Church of St. Luke and the Epiphany.

It was voted that members of the Senior Class be allowed to join the Association if rules (enclosed in Blue By-Laws Book, governing the Relief Fund) are complied with.

The following resignations were accepted: Frances Wilson, Doris Sample Nelson.

The following resignations were accepted: Frances Wilson, Doris Sample Nelson.

It was voted that Non-Active delinquent members may be reinstated for $10.00 plus the annual dues.

Miss Margaret McVilve donated $1800.00 to the Scholarship Fund.

Mrs. Henrietta Spruance was appointed Chairman of the Scholarship Fund Committee.

AMBITIONS FOR ALUMNAE ASSOCIATION

We hope to increase the Relief Fund until every nurse can be assured of fourteen day benefits each year if necessary.

The Scholarship Fund until our income is sufficient to give a scholarship every month in the year.

How can we raise this money? By all giving generously, having individual parties, such as—card games, dances, and so forth, and turning the proceeds over to which fund you are most interested in.

Please mail all dues and contributions to Sec.-Treas., Margaret A. Carey, 1421 Arch Street, Y.M.C.A., Phila., 2, Penna.

ITEMS TO REMEMBER

Associate memberships for those inactively engaged in nursing at $2.50 per year.

Two weeks hospitalization paid by Alumnae Association if rules (enclosed in Blue By-Laws Book, governing the relief fund) are complied with.

All Alumnae Dues are four dollars ($4.00) payable on or before May 17, 1946. Make checks or money orders payable to Jefferson Hospital Nurses' Alumnae Association.

Non-Resident and Resident dues $4.00 Associate Membership 2.50

The difference of dues as in previous years is that we always paid Resident dues to the district, now, the party concerned pays them direct to district.

The first Baccalaureate Service for the graduating class of 1945 was held at the Church of St. Luke and the Epiphany, Phila., on Oct. 10, 1945.
THE CLARA MELVILLE SCHOLARSHIP FUND

It was in 1935 that a former graduate gave Miss Clara Melville, Class of 1910, then the Directress of Nurses at Jefferson, $25.00 to start an educational fund. The Alumnae Association accepted the gift, added to it from the general fund and set it aside for educational purposes.

In September 1937 the Jefferson Nurses Alumnae Association established the Clara Melville Scholarship Fund in memory of Miss Melville who died in March of that year. This fund is for the purpose of making loans to graduates of the school of nursing who may need and deserve financial aid, to enable them to do advanced work.

In 1946 the scholarship fund was loaned to 12 nurses for a total of $315.00. The amount was due to be returned in 1947.

Will the following nurses please send me the following information?: Name as graduated—If married please send your husband’s name in full—Year of graduation—and correct address.

This information is needed for our files and mailing lists.

Thank you,

M. M. Pargola, Editor.

Janet B. Beyer, '44
Betty J. Lee, '44
Ann P. Morgan, '44
Jean C. McNitt, '44
Mary K. Peck, '44
Carol Rhoades Hanford, '44
Betty E. Schulman, '44
Mary E. Snook, '44
Amy E. Wilson, '44
Alma Juliane Flagg, '45
Betty Gloyne Moyer, '45
Virginia Hauser Heckman, '42
Sara Westner Prillman, '40
Margaret E. Wilhelm, '29
Sara Raymer, '32
Helen R. Dubler, '32
Elizabeth Millard, '42
Grace Bundy, '31
Margaret Elison Walter, '41
Helen Buell, '41
Lydia Clarkson, '28
Martha Davis, '36
Edna Fosha, '21
Stella Jedzirowski, '40
Mary Katz, '51
Anna MacGinnis Wible, '19
Doris Leader, '41
Margaret Reck Meyers, '40
Edith Beyer Lyal, '44
Mary Overdick, '44
Mary McKinstry, '23
Beverly Schelhas, '44
Mary Kumble, '23
Dorothy Brede Connel, '36
Ellen Simmons Bunting, '04
Jane Mertzer Flack, '42
Theo Mathen Peterson, '43
Virginia King Parry, '43
Irene Lauver Polner, '42
Lois Beans Williams, '43
Eleanor Burns Whelan, '43
Winifred Justice Messick, '43
Frances Scott Hayes, '50
Josephine Bushick Schuck, '39
Janet E. Lynch Plant, '40
Vera Thomsen, '43
Jean McMullen, '44
M. C. Hastings, '43
Helene Halgus, '55
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E. Virginia Smith Bowman, '41
Barbara Schutt, '39
Vivian Passmore, '33
Eleanor Wirt Hager, '31
Bertha Bell McClosky, '31
Mary Botz Zook, '30
Mary Lamon Roller, '26
Johanna Winner
Henrietta Gigney, '20
Laura Cooke Lackey
Lillian Kupple Nelson
M. M. Pargola, Editor.
sideration and is actually necessary in some fields of nursing. It is our desire to help those who wish to further their education but find it financially difficult and to give aid to a larger number of our graduates who would find this fund immeasurably helpful.

It is with genuine thanks and gratitude that we accepted the munificent gift of $1800 in February 1946 from Misses Margaret and Elizabeth Melville in memory of their sister, bringing their generous gift total to $2000 and swelling our Scholarship Fund to date to $8,295. On Alumnae Day we sincerely hope to announce that it has reached $10,000. To do this we need the help of each Alumnae member. Will you give this fund your earnest consideration and do all you can to make it a real memorial to Miss Melville, for whom it is named and who had been so anxious to make such a fund available to our graduates.

Henrietta Fitzgerald Spruance,

1. Qualifications:—Applicants should have one year’s experience in the nursing field. They should have acceptable academic standing and professional achievement and be in good health.

2. Amount of Loans:—This shall be entirely at the discretion of the committee administering the loan fund; the amount of the loan not to exceed $400.00 for one year.

3. Terms of Payment:—All loans must be repaid at the end of four (4) years from the time they are originally made. Repayments must start three months after the applicant completes the work for which the loan was made and shall be monthly. The amount of the monthly payments shall be at the discretion of the committee which may alter terms of payment when advisable. Beginning with the date of the first repayment, interest will be charged at one per cent (1%) on the balance due at the end of the first year the first payment is made, and thereafter at two per cent (2%). A note setting forth the amount of the loan and the terms of repayment shall be signed by the applicant.

STAFF NEWS

OFFICERS FOR 1946

President Miss Dorothy Rauh, ’39
Vice President Miss Olga Dyman, ’39
Secretary-Treasurer Miss Gladys Keiper, ’42

The 1945-1946 season of the hospital staff has been a busy one. Early in the year it was agreed that the organized and general staff be combined. Meetings formerly held in the amphitheatre are now held in the library on tenth floor of Curtis Clinic. This creates a much more informal atmosphere and is conducive to more active participation on the part of the members.

Staff meetings are held each Monday at 6:15 p.m. The object of our meetings is to keep the staff informed and to help share problems that are common to us all. We had a report from the Nursing Council of Philadelphia to learn what present day trends are. We also met with the new pharmacist, Mr. Potocki, and settled some questions we had.

For the special meetings we had various people. Dr. D. M. Davis spoke to us on certain urological operations, making them quite clear with lantern slides. The different kinds of fractures and their treatment were discussed by Dr. Adolph Walkling. Our February meeting brought Miss Marchione from the transfusion unit, who discussed the RH factor about which there is so much interest today.

There has been very little done on a social scale, but there is great activity in the field of education.

A good portion of the staff has realized a need for further preparation, and is doing post-graduate work.

To conclude our staff meetings of the year 1945, there will be a dinner for the organized staff, which will be held in the dining room at Jefferson Hospital.

NOTES ON UROLOGIC NURSING

THEODORE R. FITTER, M.D.

Urologic nursing has undergone significant changes during the past fifteen years. The attitude of the nurses in regard to urological patients has been completely reversed. Formerly, it was difficult to obtain competent nurses for the care of these patients. This is not true today. What factors have contributed to this changing viewpoint? Needless to say one might select any number, but, there is one fact which far outweighs any other, that is, the specialty of Urology has made such tremendous contributions to scientific medicine. There is no longer any doubt that Urology is a well recognized department in all modern hospitals. In the minds of many nurses the older title of "Genito-urinary Department" has always connotated disease peculiar unto the male species. This conception was fostered in the years past by giving instruction to the nursing classes in genito-urinary diseases which included venereal diseases. At the present time nursing instruction is given under two distinct headings; namely, Urology and Venereal Disease. It is obvious that as far as venereal disease is concerned the female adult or child is just as prone to contract an infection as the male adult or child. We might follow this thought farther and state that in the recent war the venereal diseases have been transferred by the Surgeon-General to the medical section. Thus urology has been taken over by other specialties. The advent of such chemotherapeutic agents as the Sulfa group of drugs and microbicides as Penicillin and Streptomycin have been in part responsible for this transfer of the management of genito-urinary infections. On the other hand, the urologist enters the picture invariably. It is obvious that advances in urologic nursing were necessarily a component part of the entire problem. If there was a breakdown in the nursing care progress in the patient's condition was retarded.

General nursing care of urological patients is the same as any other group of patients, medical or surgical. But, in addition, we are confronted with the problem of drainage of urine. This gives concern to many of the nurses and possibly is one of their chief objections to the care of urological cases. I have found that if one takes time to explain the purposes of the drainage they are very anxious to cooperate and will exert every effort to see that the apparatus is in perfect working order.

For general purposes of discussion, there are two types of drainage, open and closed drainage. Open drainage is obtained by means of a surgical incision in some part of the urinary tract, a tube is placed either in the kidney, (nephrostomy) pelvis, (pyeloscopy) ureter, bladder, or urethra. It is now incumbent on the part of the nurse to note whether the drainage is maintained. If the tube becomes blocked the house officer must be notified. If the dressings become saturated with urine the cause must be ascertained. If there is no drainage of urine and the tubes are patent and well placed, the patient obviously is in a bad way as a result of impaired renal function. Very often the incision becomes infected. The incision breaks down and incontinence is noted on its edges. The urine is strongly ammoniacal and the patient becomes quite ill. Such a series of events may be due to a break in the urologic care of the patient. Either the fluid intake was not maintained or the tube was blocked and urine escaped alongside the tube into the incision and the dressings improperly attended. One can readily appreciate that the patient’s progress is retarded. The use of the sulfonamides, Penicillin and Streptomycin have materially aided this type of patient. Local irrigations with various acid solutions may often prevent in-
crustations within the lumen of the tubes. Cleanliness and intelligent observation and care are paramount.

By closed drainage, a catheter is introduced into the bladder through the urethra, or a catheter is passed into the upper tract by means of cystoscopy. Drainage of the bladder by an indwelling urethral catheter is usually employed in cases of obstruction due to an enlarged prostate gland, also in cases of urethral stricture or urethral injury. In fact, in any obstructions of the lower urinary tract, catheter drainage is employed in young or old, in male or female. We thus improve the function of the kidneys and are in position to relieve the obstruction. It is necessary to note that the drainage of urine is maintained. Blockage can and does occur. Cleanliness is most essential particularly in regard to the tubing and receptacles. It is quite simple to detach the tubing, cleanse it and replace it. The receptacles must be emptied and then cleansed, a simple procedure but difficult to comprehend.

In regards to closed drainage of the upper urinary tract, the problem is more complicated. The lumen of the catheter is quite small, blockage is more frequent and in these cases it is well to notify the resident immediately unless the nurse has had special instruction in unblocking a ureteral catheter. This is not difficult to learn if one desires to do so. We have a number of such nurses who in many instances are able to maintain good ureteral drainage. This type of drainage is used in acute ureteral block due to a calculus, following ureteral dilatations, in chronic ureteral block preparatory to operative intervention and in certain types of upper tract infections.

It is important for the nurse to be familiar with certain urological procedures so that they can reassure their patients. One of our most common procedures is cystoscopy. Contrary to common opinion, cystoscopy is accomplished without pain or discomfort. There is a distinct need for a good understanding of cystoscopy. So often we hear that this examination was deferred or refused because of comments by nurses and physicians. The presence of blood in the urine always requires a cystoscopic examination. If cancer of the urinary tract is to be recognized early then we must reassure these patients with hematuria in regards to cystoscopy.

The rapid technical development of operative cystoscopes has opened a specialty within a specialty. Transurethral operations on the prostate and bladder are steadily increasing. In our clinic possibly seventy-five per cent of prostatic obstructions are treated by this method. Transurethral removal and destruction of tumors of the bladder is done if in the opinion of the urologist the tumor is a type which can be properly managed by such a procedure. Biopsy of the tumor is a common practice. Stones in the bladder are crushed by cystoscopic lithotriptes. Foreign bodies are frequently removed transurethrally.

In regards to nursing of patients who had a transurethral procedure with particular reference to prostatic cases, several factors are to be remembered. In all these cases, the patients return from the operating room with a retention catheter. The drainage apparatus is set up as soon as the patient is placed in his bed. If the drainage is bloody report the observation promptly. Drainage must be free. Irrigation should only be done by the nurse if she thoroughly understands the procedure, otherwise trouble ensues. Urine specimens are saved at intervals of several hours for inspection by the operator or resident. Adequate intake of fluids is essential. Rectal tubes or enemata are definitely prohibited. Hemorrhage and infection are the more common complications. Good nursing care certainly can and does obviate the majority of complications. If bleeding is persistent and the bladder becomes distended, it is very often necessary to return the patient to the operating room and evacuate the blood clots and congregate the bleeding points. If the nurse reports bleeding promptly before there is a chance for accumulation of clots in the bladder, traction on the hemostatic catheter often controls the bleeding. It is readily appre-

ciated therefore that the chief duty of the nurse is to note that the catheter is draining continuously. If there is blockage, report it promptly.

In regards to perineal and suprapubic prostatectomy, much has been accomplished in improved nursing care. The type of catheters now available for drainage of urines has a decided effect on the advances in management of urinary obstructions. It is certain another point. The thorough preoperative study and observation of every case usually heads the list. Thus, when the patient comes to operation, the post-operative course is usually smooth. The management of prostatic obstruction, today, is one of cooperation of many departments of medicine including the nursing division.

Specifically, the nurse should be familiar with the type of operation. If a perineal prostatectomy is done it is to be remembered that the incision is located just above the anal orifice. Consequently the need for extreme cleanliness is apparent. Dressings must be changed whenever they become soiled. Again it is important to note the drainage. Bleeding is not as marked in this type of operation as, for instance, in the suprapubic approach. Infection and incrustation of the incision must be prevented in order to hasten prompt healing. Invariably by the seventh or tenth day the urethral catheter is removed. It is then necessary to instruct the patient in voiding. Control usually occurs by the end of three weeks.

In suprapubic prostatectomy, the nursing problem is frequently more complicated, chiefly because of the abdominal incision. If drainage is not satisfactorily maintained, urine escapes into the dressings and necessitates constant change of dressings. If bleeding occurs it is necessary to repack the prostatic pouch or replace the hemostatic catheter. Consequently it is the duty of the nurse to have these materials available for a variable period after operation. Gasous distension of the abdomen may be more frequent in suprapubic cases than in perineal cases. Generally this depends upon the management of fluid intake. On the other hand if drainage of urine is maintained by the catheters, dressings remain dry, recovery is uneventful.

As stated before, these patients are usually prepared preoperatively by a period of drainage. If the patient cannot tolerate a retention catheter in the urethra, then a catheter is placed into the bladder through a suprapubic incision. In cases of marked kidney damage we usually place the patient on suprapubic drainage until the function of the kidney is stabilized. The salvage of this particular group of cases is surprisingly high.

Therefore, the purpose of removing the prostate is to restore normal urinary function. Every male patient after the age of forty should have a rectal examination at least once a year.

In regards to operations on the kidney, progress has also been made. Technical improvements in plastic operations on the kidney, pelvis and ureter have been made. The newer chemotherapeutic agents have been to a great extent responsible for the results obtained. The value of drainage cannot be overemphasized. The problem of drainage in the upper urinary tract is similar to that of the lower urinary tract but definitely more serious in operations on the upper tract. The kidney is not as readily exposed as the bladder or urethra. It is also more serious to re-operate on the kidney. Therefore, care and understanding of the purpose of drainage tubes in the upper tract are most essential. We are considerably more conservative in saving a kidney, but more radical in the treatment of the pelvis of the kidney and the ureter. Thus when the habits are removed, dependent or normal flow of urine to the bladder is desired. If this does not occur a serious decision must be made in regards to further surgery. It requires comparatively little courage to remove a kidney but one must exercise extreme judgment to allow the kidney to remain and attempt correction of the obstructive lesion.

In the nursing care of these patients, drainage tubes must be carefully observed.
It is necessary that the drainage be constantly maintained. The escape of urine alongside the tube into the dressings usually results in an infected incision. Extreme care is then necessary otherwise the entire operative procedure may become worthless. Secondary hemorrhage is not a particularly pressing problem unless a portion of the kidney was removed. In any renal operation the fluid intake is important. Flushing of the urinary tract by increased fluid intake in urological operations is generally practiced unless there is some reason for limiting the fluids.

In conclusion I would like to see the nurses appreciate the urinary tract as an essential necessity to the maintenance of good health. A keen understanding of the proper use of a urethral catheter can never be over emphasized. The need for cleanliness in the care of urological patients is obvious. Catheterization is a simple procedure, but for the patient's sake be gentle, clean and understanding. The value of urine studies is only proportionate to the manner in which the urine was collected.

If a patient is scheduled for cystoscopy reassure her. You, as nurses, have a fertile field in this regard. Educational propaganda for routine examinations particularly in men and women over forty years of age is spread by pamphlets, newspapers and radio. If one has blood in the urine it should be obvious to all that direct examination is very necessary. We can assure all of you that cystoscopy has no terrors.

Lastly, we, as urologists, appreciate the courtesy of an opportunity to present a few common-sense facts about our daily work.

CAPPING EXERCISES

February 18th, 1946, dawned a day of great expectation and anxiety, as eighty-five pre-clinical students were eagerly watching the clock, while the hands slowly crept toward eight p.m. What an exciting moment as they peeked in the pit, which was filled to over-flowing with friends and visitors.

The Processional Way played by Ruth Johnson, the graduates led the way carrying lighted candles. Following the graduates came the student nurses also carrying lighted candles.

Then the great moment arrived. Eighty-five awe-struck "probies" filed into their places; they had acquired their bibs and their candles were unlighted.

Following the graduation anthem, Rev. Reisch gave the invocation. Greetings were extended by Dr. Bernard J. Alpers, member of Nursing School Committee. The significance of the cap was given by Miss Jane Handy, president of the Student Council.

Miss Wilda Gigge, Educational Director, presented the students, at which time Miss Jackson pinned the dainty white cap on each student as she marched down the steps to bottom of the pit.

Her candle was then lighted by Miss Handy. After all had received their caps, the class recited the Mary Stuart prayer; following, they sang the class song. This was exceptionally beautiful, since the entire group has formed a chorus under the direction of Edith Nyfanwy Morgan.

They recited the "Nightingale Pledge," followed by the entire group of nurses, singing the school song, "Jefferson."

Benediction was pronounced by Rev. Reisch; the chorus sang the triple amen; the recessional was played by Ruth Johnson. At last! We are capped nurses! Oh, my! We are expected to know so much.

Dear Alumnae Members,

It is again my privilege to send greetings to all the graduates and to welcome back the nurses that were in the Armed Forces.

Some of you have stopped by to say hello to old friends at "Jeff." Those of you that are too far away please let us know your new address and what you are doing. Those who are coming back to visit will find the Nursing School Office in quarters.

The Nursing School Office is right off the foyer as you come in the Sansom Street entrance. The suite consists of a large reception room, a private office, which is very spacious and comfortably furnished in green, for the Director of the Nursing School and Nursing Service. The Associate Director and Assistant Director in charge of student health have their office adjoining the reception room. There is a small hall and to the right of that is an office for the Private Duty Registrar and the Director of Volunteers. Last, but not least, is the Alumnae Room.

I should like to take this opportunity to thank everyone for the letters written to the Alumnae Association and for their support to the officers during the past year.

I am looking forward to seeing you all on Alumnae Day. With best wishes for the year 1946, I remain

Martha E. Ritland, President

THE POET'S CORNER

THE NURSE'S PRAYER

Keep us, O God, from sin's deep sea;
Let us be done with fault-finding, and leave off self-seeking.
May we put away all pretense and meet each other face to face—without self pity and without prejudice.
May we never be hasty in judgment and always generous.

Let us take time for all things; make us to grow calm, serene, patient.
Teach us to put into action our better impulses, straightforward and unalloyed.
Grant that we may realize it is the little things that create differences; that in the big things of life we are one.

And may we strive to touch and to know the great common heart of us all, and O Lord God, let us forget not to be kind.

By MARTY STEWART

ANGELS ON PARADE

We can't say thanks,
And let it be enough,
To those Angels—
In the stiff white stuff.
Their patience is enduring,
Their manner very calm,
They're just the ones to have around,
When you're in physical storm.

With a softly spoken word,
And a cool caressing hand,
They ease a fevered brow,
And make you understand.

They may get very tired,
With tempers short and sharp,
But you'll always find them Angels;
Even minus the harp.

Their halos may get rusty,
Their wings a trifle bare,
But they'll never fail to treat you
With their Angel brand of care.

BERNADETTE LONCY (Student Nurse)
PYLEPHLEBITIS

DR. KENNETH FREY

Pylephlebitis or suppurative thrombo- phlebitis of the portal vein has been considered a rarity in surgery, yet at the present time, this disease accounts for five per cent of the deaths resulting from appendicitis as well as for other deaths which follow suppurative diseases of the intra-abdominal structures.

The diagnosis is difficult one and oftentimes can be only suspected during the life of the patient. Too often the lesions are found as a surprise at autopsy examination.

The prognosis of a patient with this lesion is difficult to determine, since those patients who recover might not have had the disease. Prior to the use of chemotherapy the mortality figures were variously given as ninety and ninety-eight per cent. These are probably not accurate and Ewants Graham as well as Wangenstein have stated that in this era they never saw a single patient recover.

The best treatment is that of prophylaxis. If intra-abdominal lesions are cared for promptly and adequately the incidence of the disease will decrease. This has been proven by the fact that it occurs much more frequently in perforated appendicitis and in appendical abscesses than when the disease is still localized to the appendix. Surgical treatment of the disease itself accompanies but little. Following ligation of the branches of the portal vein, isolated cases of recovery have been reported. Since the advent of sulfonamides and especially penicillin more recoveries are being reported. Most of these patients have had presumptive diagnoses only with no proof, such as that demonstrated by peritoneoscopy or operation with report of tissue removed and culture from abscesses. The following patient with pylephlebitis recovered subsequent to chemotherapy.

Case Report:

A Mexican child, aged 13 years, had an acute suppurative appendicitis with appendectomy on August 13, 1945. Convalescence was marked by a wound infection which subsided after the use of both penicillin and sulfonamide. She was discharged on August 30, 1945 and on September 2, 1945 developed epigastric pain, chills and a fever of 102 degrees. Within the next few days the fever rose to 104 degrees and was associated with chills and vomiting. She was hospitalized and quinine was given for suspected, not proven, malaria. She was discharged from the hospital on September 20, 1945, and because her symptoms continued, was admitted on October 3, 1945 as an emergency to an army general hospital. During this period her weight had dropped from 74 pounds to 54 pounds.

In this latter hospital she continued to have chills, fever, night sweats with laboratory findings of an acute infection. The liver function was slightly impaired although the patient had no jaundice. She received 80,000 units of penicillin each day given in eight equal doses. Because of no apparent change in her condition an exploratory operation was performed on October 12, 1945. This revealed a much enlarged, nodular liver and biopsy of a nodule revealed healing abscesses with culture yielding the staphylococcus aureus.

Her post-operative course was surprising. The temperature dropped to normal within forty-eight hours and did not again go over 99.3 degrees. Her pain subsided and she began to gain weight. She was out of bed in ten days and felt well. The penicillin was discontinued on October 25, 1945. She was discharged from the hospital on October 30, 1945. While in this army hospital the patient received 1,760,000 units of penicillin.

The late results of such a widespread infection of the liver are, as yet, not known. These patients must be followed over a period of years before we can say with certainty that they will be entirely well. The liver has the ability to regenerate, and the outlook is therefore apt to be a satisfactory one.
IMPROVEMENTS IN THE NURSES' HOME

By MRS. EDWARD L. BAUER, Chairman Nurses' Home Committee of the Women's Board

To provide a comfortable home and interesting diversion for our student nurses is the pleasant duty of the Nurses' Home Committee. Some of the changes made to effect this are lightly touched upon in this article.

In September, 1943 a Lounge in "1016" was newly furnished and a modern reading library installed. This contains current magazines and the latest in fiction and biography. Here also is found the Weil music library whose catalog lists the best in vocal and instrumental recordings. A table always stands ready for an occasional game of bridge and twice yearly a folio of the newer sheet music is placed on the piano. Season tickets entitle our students to the concerts of the Philadelphia Orchestra and the Orpheus Club, the Opera and All Star series and the Forum program.

In September, 1944 a Tea Room in "1018" was equipped for the convenience of the entire student body. It is operated three nights weekly by the seniors and the goodly sums netted monthly are allocated to senior class activities.

In the autumn of 1945 the reception rooms in "1012" were redecorated and it is here that the delightful monthly House Teas are held. Members of the executive staff and the senior class are invited to pour and for this purpose the committee presented a beautiful silver tea service.

Two formal school dances are given each year. These are arranged by the Junior committee which procures the music, refreshments, decorations and prizes. Always well attended these dances are great fun.

To cover the unsightly bare plot in the inner court beds of myrtle and ivy were planted edged with clumps of evergreens and shrubs. This bit of green in center city is very refreshing.

The newest enterprise is the establishment of a Student Nurses' Loan Fund to aid worthy applicants needing such assistance. A Fashion Show and Tea in May will inaugurate this drive.

It is with sincere appreciation that we here acknowledge two gifts of the Alumnae Association to the Nurses' Home. They are the beautiful broadloom rugs in the Lounge and the china and flat silver for the Tea Room.

In addition to the changes in buildings listed above the Women's Board decorated and furnished an apartment on the first floor of "1012" for the use of the Directress of Nursing as well as a section of the ninth floor of Curtis Clinic for the accommodation of fourteen student nurses on night duty. Following this the entire Graduate Building, "1010," was completely renovated and this program of general repair is being carried gradually through the remaining buildings.

At this point the Trustees found it necessary to expand the housing facilities owing to the increase in the number of students being admitted to the Training School. Accommodations for as high as one hundred pre-clinical students were provided in an Annex at 1053 Walnut Street. "1008" at the east end and "1020" at the west were added to our solid front on Spruce Street. These latter dormitories are most attractively furnished in maple.

Therefore if you have not visited Nurses' Home during the last two or three years and plan to do so shortly it would be wise to engage a guide. You will find the tour most interesting and will marvel at the many changes and improvements.
A NEW AND IMPROVED
"DEPARTMENT FOR DISEASES
OF THE CHEST"

Jefferson, as always a leader in things new, is taking the initiative in building a center for the treatment and after care of the tuberculous patient which will be second to none in the United States. Negotiations have been under way to obtain larger facilities for the Chest Division, now located at 236-38 Pine Street. These facilities have been for some time inadequate and outmoded, but by the time you read this, it is hoped that "plans" will have become realities and that the necessary surgical intervention of this medical disease will have become considerably expedited.

The official name for the new and enlarged facilities will bear the imposing title, "The Emily Barton Pendleton Institute for the Investigation, Prevention and Treatment of Chest Diseases," so called because of the generous legacy left to Jefferson Hospital by the Emily Barton Pendleton for this work. There will be two divisions of the Institute. The one located in Philadelphia, at a spot not definitively known at this writing, but close enough to the main hospital to be easily accessible to the medical students and nurses, will probably have a bed capacity of from 80 to 100. Unlike the old type tuberculosis institution where patients lay around for months waiting for something to happen to them, in this modern institution surgery will be done almost immediately, thereby saving the patient months of illness, loss of earning powers to the community and conserving his usually meager resources by obtaining the best possible treatment for this disease in the shortest period of time.

The second division will be known simply as the White Haven Division or the White Haven Institution for the Convalescence and Treatment of Chest Diseases. It is situated atop a hill at White Haven in Luzerne County and extends over approximately 360 acres of the beautiful Lehigh Valley. Here is where convalescence will be completed and rehabilitation will continue. Patients who have had thoracoplasty, pneumothorax, or are awaiting pneumolysis or need bed rest not available to them in other places can continue their cure and look forward to a happy useful life which would have been denied them twenty, yes even ten years ago.

Although many plans are necessarily still nebulous, it is hoped that this center will be an inspiration to all leaders in tuberculosis. We know there is still a real need to train young doctors and nurses in all the aspects of tuberculous control: Namely—1. Case finding, 2. Case isolation and supervision (including treatment) and 3. Aftercare and rehabilitation. It will be the aim of the institution to further this training in both undergraduate and post graduate instruction.

MISCELLANEOUS ITEMS

The following Jefferson nurses are doing civilian nursing at the Kapiolani Hospital, Honolulu, T. H.—Maryann Rickley, Ruth Gregory, Huldah M. Woltman, and Helen M. Wallace.

Helen M. Wintermeyer, Class of 1935, is visiting nurse for Horn and Hardart Baking Company's medical department, which is located at 29 North Tenth Street, Philadelphia, Penna.

Byrnice Byorick, Class of 1945, is studying public health in New York.

Mildred Spangenburg, Class of 1931, is working in Key West Municipal Hospital, Key West, Florida.

Miss Margaret M. Jackson, R.N., B.S., graduated from St. Timothy's Memorial Hospital, and House of Mercy, now Roxborough Memorial Hospital, in 1919.

In August, 1943 to October, 1944, Miss Jackson was assistant director, Jefferson Hospital School of Nursing. In November, 1944, Miss Jackson advanced to acting director of Jefferson Hospital School of Nursing. Miss Jackson was officially appointed as director of Jefferson Hospital School of Nursing, February 1, 1946.

Miss Dorothy Rancz, '39, assistant director of nurses, is attending University of Pennsylvania, on the government scholarship plan. The extra-curricular study is in nursing education.

Miss Jean Gackenbach, '44, also attending University of Pennsylvania, on the government scholarship plan for four months.

We wish them the best of luck and success.

Many nurses have written to us and requested Miss Madeline Ullom's address. The address we have in our files is:—O'Neill, Nebraska. She is a member of the Class of '38.

Miss Mary Holman, Class of 1917, who was Dr. Louis Clerf's office and operating room nurse, has resigned. Miss Eleanor Shaeff, Class of 1945, replaced Miss Holman.

Miss Jennie MacDonough, Class of 1923, is director of nursing service at Reynolds Memorial Hospital, Glessle, W. Va.

Miss Mina Wingard, Class of 1945—Dr. Lingen's office nurse.

Mrs. Betty Riggen Laggner, Class of 1945—Dr. Anspach's office nurse.

Miss Helen Moore, Class of 1945—Dr. John Montgomery's office and suture nurse.

Lt. Lorraine Owen, Class of 1945, still in A. N. C.

Miss Miriam MacFarland, Class of 1945—Dr. W. B. Davis' office nurse.

JEFFERSON'S MAIN KITCHEN ACTIVITIES

It may be surprising and interesting to know that the Main Kitchen of Jefferson Hospital prepares food to serve from 3500-4000 meals per day. This includes both the ward patients and the hospital personnel.

The food is received in the store room and requisitioned by the dietitian according to the needs of the day. These requisitions are made twice daily, as we have found it is necessary to start preparation of food in advance.

In preparing the food, we have four cooks, five kitchen men, one pantry cook, two pantry maids, one pot washer, and one cleaner. These helpers work eight hours per day. We also have three men that work in the evenings in order to serve the night nurses.

The kitchen opens at 5:30 a. m., closes at 7:00 p. m. and opens again at 8:00 p. m., closing at midnight.

The equipment in our kitchen is modern, has been well cared for and is functional. It is most amazing to visitors the large quantity cookery which is completed each day in our kitchen, without losing the palatability of the foods. We use, in preparing lunch for one day, 60 gallons of soup, which is about 1100 servings; four bushels of apples, cut to be used for salads; 55 pounds of spiced meat, to be sliced for cold platters; these are a few examples to give you an idea of how much food must be prepared to serve this number of people. Not only do we prepare food to serve lunch, but for breakfast, dinner and lunch for the night nurses.

Hence, you may have a prospective of the activity that is carried on in our main kitchen, from early morning until midnight.

MEDICAL COLLEGE NEWS

Members of the senior medical class had a portrait painted of Dr. George Mueller, professor of surgery at Jefferson Medical College. This portrait was presented Jan. 22, 1946.

Lt. Colonel Frederick Hubbell Mills, Class of 1894 — portrait presented in 1945 to Jefferson Medical College.

Dr. Jesse Hall Allen, assistant professor of pathology, at Jefferson Medical College, since 1936, died April 15, 1946, at Jefferson Hospital, after a short illness. He was 77 years old.

Dr. Morris Shapiro, instructor in internal medicine at Jefferson Medical College for the last 25 years, was 57 years old, collapsed while driving his car, and died shortly after being admitted to Jefferson Hospital on April 15, 1946.
Edward L. Bauer, M.D., professor of pediatrics, Class of 1890—portrait presented by the senior medical class of 1945 to Jefferson Medical College.

Dr. John H. Gibbon, Jr., son of Dr. John Gibbon, Sr., was made professor of surgery and communicable research at Jefferson.

Dr. Thaddeus Montgomery, Class of 1920, has returned to Jefferson, and is now professor of obstetrics. Was formerly at Temple University.

Dr. Lewis C. Scheffer, Class of 1920, was made director of obstetrics and gynecology departments at Jefferson.

Dr. Abraham Cantarow, Class of 1924, was made professor of bio-chemistry at Jefferson.

PURCHASING PROCEDURES

The purchase, receiving, distribution and storage of supplies involves a large portion of the time, energy and cost of operating the institution. Without supplies, the institution could not function.

Every item must be accounted for on our records and charged to the proper department when dispersed. A written order is issued when each article is purchased, and a copy of the order is kept on file until the goods are received. All merchandise when received is given an identification number, the number is recorded on the books, and also on the article received. In this manner we are always able to determine where the material came from, and we cannot lose the identity of our supplies with this system.

One of our problems is trying to get the cooperation of all those connected with the institution to help prevent the waste of supplies, and limit their use to the essential needs of the patient.

A few items, their cost and the quantity consumed monthly are as follows: 200 bushels of potatoes, $35.00; 1,000 pounds of coffee, $325.00; 289,600 flat paper hand towels, $250.00; 5,000 cakes of Ivory Soap, $120.00; 50,000 yards of gauze, $2,000.00; 800 pounds of Cellu cotton, $105.00; 1,500 glass water tumblers, $50.00; 60,000 cotton balls, $40.00; 12,000 Jefferson white envelopes, $40.00; and 3,500 pieces of chinaware, $860.00.

Food service represents 25 per cent of the total cost of operating the institution.

A number of departments without consulting anyone order material which they think they need. Requests for special or unusual items should be accompanied with an explanation of why the item is needed.

Looking into the future large institutions will probably employ a person to supervise the distribution and use of all supplies; and as a result should render a better service to the patient.

Purchasing Department,

JOHN H. DILLER

Pinky Patter

January, 1946

(Excerpt from Pinky Patter)

Editor, Ann Glover

(Student Nurse)

Staff Advisor, Eleanor Finton, '45

Once again an attempt is being made to start a school paper. Probably many of the students still remember when White Cap was used to come out, however, too many of us have never even heard of it. Even a year is too long a time for a group of students to go without a paper. Now that we have student government and are making an effort at more sociability and friendship than ever—it is necessary for classes to have some means of communicating with each other. The seniors are always busy with the year book work, we'll turn this over to the class below us with the hope that they feel as we do—that Jefferson needs a student newspaper.

CLASS OF 1921

This is your Silver Anniversary.

CLASS OF 1936

This is your Tenth Anniversary.

CLASS OF 1941

This is your Fifth Anniversary.

FLASH! CLASS OF 1932

Come to the Annual Luncheon! For years you have had the largest attendance! Make 100 per cent the goal for 1946! You will see old friends such as Miss Thelma Ritter, Mrs. Gail Gonder Willard, Mrs. Mildred Garmon McGee, and Mrs. Sylvia Coles Vlam there.

Recent news concerning Mrs. Christella Campbell Butler, Class of 1935, is that she and her husband have been given a state and federal permit to trap and band birds for the government. This is a scientific work for studying bird migration and bird habits. The permits are granted only if you are appointed a bander. Mrs. Butler wrote that this is a very interesting work. We wish the Butlers lots of luck.

CONDOLENCES

We wish to extend our deepest heartfelt sympathy to—

Mrs. Evelyn Doan Supplee (Class of 1908) on the death of her husband, William H. Supplee, who died on November 25, 1945.

Mrs. Margaret Owen Wieboldus (Class of 1938) on the death of her husband, who died in service.

POSITIONS

Miss Eleanor Winnick, '45, General Duty in Children's Ward.

Miss Charlotte Cooper, '45, General Duty in the 12th Annex.

Lt. Virginia Alwind, A.N.C, now convalescing in Texas from acute rheumatic fever.

Mrs. Agnes Campbell Downes, Class of 1930, is Dr. Austin Smith's office nurse again.

Miss Virginia Hazel Bickel, Class of 1937, is office nurse for Dr. Cheleden, in the Medical Tower Building.

Miss Ruth Riggin, Class of 1945, Head Nurse of Men's Surgical Ward.

Miss Eleanor Finton, Class of 1945, Head Nurse, Center Ward.

Miss Angelina Markles, Class of 1945, 80R.

Mrs. Hannah Van Dyke Reynolds, Class of 1945, Maternity Ward Nursery, 3rd Floor.

Miss Maureen Sharpless, Class of 1944, Supervisor of 30R.

Miss Ruth Butler, Class of 1937, Circulating Nurse in 140R.

Miss Margaret Carey, Class of 1927, teaches Nurses' Aides.

Miss Catherine Betz, Class of 1945, Night Supervisor, Accident Ward.

Miss Beatrice Hoyle, Class of 1945, 40R.

Miss Gertrude Frey, Class of 1941, Day Nurse in Accident Ward.

Mrs. Jean Eibenhuag Vredenburgh, Class of 1941, Pediatric Clinic.

Mrs. Ruth Schulze Smith, Class of 1944, is Circulating Nurse in 4th Annex O.R.

Miss Florence Kaufman, Class of 1923, is Supervisor in charge, from 2 P.M. to 11 P.M., in the Samuel Gustine Thompson Annex. Miss Kaufman was formerly Assistant Diectress of Nurses at Temple University Hospital.

Mrs. Elaine Trankley Miller, who was on 11th Floor, left Jefferson Hospital March 19, 1946. Mrs. Miller is taking a position in the Solution Room of The Blood Bank of Pennsylvania Hospital.

Mr. Christine Dicomboloco Heckler, 1945, formerly in charge of 4th Annex, resigned.

Miss Maria Ackcr, 1945, who did General Duty Nursing in 6th Annex, resigned.

Miss Margaret Blake, 1934, Floor Supervisor of 6th Annex.


Miss Ingeborg Zundt, 1945, 11th Floor Maternity.

Miss Helen Dick, 1945, 3rd Floor Maternity.

Miss Jean Gackenbach, 1944, has completed a course in Post-graduate Obstetrics at Lying-In Hospital. Miss Gackenbach has returned to Jefferson Hospital and is now in charge of 3rd Floor Nursery.

Mrs. Barbara Howell, Instructor in Obstetrics and Supervisor in charge of Maternity Ward is resigning June 15, 1946. Mrs. Howell will make her home in New York.

THIRTY-EIGHTH GENERAL HOSPITAL NURSES' REUNION

There was a dinner held March 30, 1946, at Kuegler's Restaurant, at 6:30 Thirty-Eighth General Hospital. About 60 members attended. A good time was had by all.

Miss Edna Scott, Class of '28, who was in charge of our unit in Cairo, Egypt, is now in charge of the obstetrical nursing department at Bryn Mawr Hospital, Bryn Mawr, Penna.
ENGAGEMENTS

Evelyn Sparks, Class of '33, to Charles G. Gates.
Vivian Overdorff, Class of '34, to Charles F. Wert.
Margaret Nash, Class of '45, to Jerry Cobb.
Eleanor Winnick, Class of '45, to Dr. Jack A. King.
Lucille Powell, Class of '43, to Chester O. Grissinger.
Eileen Gingrich, Class of '45, to Richard Ebling.
Dorothy Schleinkoffler, Class of '45, to Warren Hannaway.
Betty Umbover, Class of '45, to Vincent Aranuccio.
Beatrice L. Raymann, Class of '42, to Lt. Robert R. Reynolds, A. U. S.

MARRIAGES

Jane Miller, Class of '42, to Munnsinger.
Dolores Sample, Class of '42, to Herb Nelson.
Mary Jane Kinch, Class of '41, Robert Knight.
Beatrice Raub, Class of '42, William Seaton.
Leth Hummel, Class of '41, Dain R. Edwards.
Dorothy Maag, Class of '42, Lt. Colonel John Frein.
Jean Hinkebaugh, Class of '41, to Mr. Vredenburgh.
Ferne Nunemaker, Class of '29, to Dr. Lapenewski.
Christine Discumokos, Class of '45, to Mr. G. B. Heckler.
Bernice Goodnow, Class of '31, to Mr. Leslie Nicholas Cottrell.
Margaret Pound, Class of '36, to Capt. Wayne Ransom.
Harriett L. Mullen, Class of '45, to Herman T. Falmer.
Catherine Walker, Class of '45, Robert Jenkins.
Marion Rutter, Class of '43, to Robert B. Morris, Jr.
Anna Tenari, Class of '42, to John Begonis.
Arlene Dorn, Class of '45, to Daniel Shaw.
Mary E. Thomas, Class of '44, to William Dickerson.
Janet Keepports, Class of '44, to Robert S. Kinch.
Janet Correll, Class of '42, to Karl Reinhardt.
Jean Lockwood, Class of '41, to Fred Wagner.
Margaret Elliot, Class of '41, to Wilbert Wallett.
Margaret Clayton, Class of '34, Major Edward A. Y. Schellenger, was married in 1944.
Ellen Remensnyder, Class of '40, to Leftie M. Carlson, Jr.
Elizabeth A. Martin, Class of '39, to Patrick Doyle.
Carolyn Olson, Class of '44, to Mr. Kalenuten.

Virginia Lovell, Class of '43, Paul Hollandsworth.
Emily Clark, Class of '38, Sidney Nichols.
Frances Louise Kelly, Class of '35, Dr. Roscoe L. Fisher.
Mary J. Meenanah, Class of '44, to Mr. John H. Trueheart.
Helen Reed, Class of '23, G. R. Nofin.
Alicia Pie, Class of '32, Mr. Bonner.
Elana Carey, Class of '34, to Mr. Charles Prampton.
Betty Cogg Moy er, Class of '45, to Mr. Wm. Hudson.
Mrs. Rhea Lee, Class of '21, to Mr. Noylan.
Mary Taylor, Class of '31, Wm. B. Lawley.
Gerrodie Geirn, Class of '40, to George W. Evans.
Dorothy Brede, Class of '36, to Dr. John Conneloe.
Eleanor Louise Wilson, Class of '41, to J. B. Forneri.

Vivian RaeSmith, Class of '45, to Abraham Osborn.
Elizabeth W. Koegel, Class of '35, Lt. C. Edward Wardell, U.S.M.C.R.
Marjorie A. Lambert, Class of '44, to Mr. Swindolhurt.
Mary F. Gil bert, Class of '44, to Mr. Hildien.
Thelma Wall, Class of '44, to Mr. Latz.
Charlotte A. Stover, Class of '44, to Mr. E llenbagan.
Dorothy Dusan, Class of '45, to Mr. Mowery.
Ellen L. Coul Bourne, Class of '33, to Mr. Edmond Slack.
Anna Foster, Class of '31, to Mr. Arkinson.
Lillian Cool, Class of '29, to Mr. Walls.
Sara Chrestian, Class of '42, to Mr. Mundane.
Jane Bille, Class of '45, to Mr. Mack.
Florence Schmick, Class of '45, to Mr. WOscan.
Jean Ruble, Class of '45, to Mr. Vassali.
Elaine Meyler, Class of '43, to Mr. Frankley.
Ina Ebert, Class of '45, to Mr. Bondi.
Catherine Lewis, Class of '45, to Mr. Huddleston.
Lorraine Maciejewska, Class of '38, to married in '44, to Mr. Phil Wallen.
E. Witternmyer, Class of '43, to Mr. Norman J. Lewis.
Helen D. Hoffman, Class of '39, to Melvin C. Firman.
Sibricht Olsson, Class of '42, to Dr. Horace Given Butler.
Mary Frances Sullivan, Class of '42, to Mr. Carl Merl Gough, Carlsbad, New Mexico.
Caroline Roberts, Class of '45, to Mr. Jack W. King.

Jane Metzler, Class of '41, to Mr. Andrew Flack.
Mary Faith Myhre, Class of '44, to Mr. Freeland Vison Balcock.
Theophilis Borowski, Class of '38, to Mr. Paul King.
Filia mena Di Cres en do, Class of '41, to Mr. A. C. King.
Mary Rozz, Class of '35, to Mr. Evans.
Mary Jane Lardin, Class of '42, to Mr. Braid.
Marion Robinson, Class of '41, to Mr. Briggs.
Mary H Miller, Class of '36, to Mr. Harling.
Dorothea Pleifer, Class of '39, to Mr. Lepley.
Elizabeth Smith, Class of '44, to Mr. Alt.
Isabella Bow nswa ter, Class of '43, to Mr. Westcott.
Janet E. Lynch, Class of '40, to Mr. Plant.
Alfreida Lytle, Class of '44, to Mr. Harry Davis.
Mary Anderson, Class of '45, to Mr. Barrich.
Betty Deitzler, Class of '45, to Mr. Huston.
Margaret Greenly, Class of '45, to Mr. Wm. Rothemell.
Betty Shultz, Class of '45, to Mr. Mair.
Hannah Van Dyke, Class of '45, to Jack Reynolds.
Martha Jane Baird, Class of '45, to Mr. Tomasetti.
Ruth Rutter, Class of '40, to Mr. Halbrook.
Margaret Racik, Class of '40, to Mr. Meyers.
Gloria Schockler, Class of '43, to Mr. Neil Robertson.
Maude Gantz, Class of '25, to Mr. Busch.
Anita Bryan, Class of '38, to Mr. A. A. Eisor.
Alice G. Ripple, Class of '42, to Mr. Hennell.
Betty J. Lloyd, Class of '43, to Earl Willadsen.

DEATHS

Margaret Clayton, Class of '34, to Mr. Edward Wardell.
Perma Ethelhart Davis, Class of '41, to Mr. Davis.
Sarah Hettler Kruesen, Class of '41, to Mr. Davis.
Vivian Franklinfield Gragg, Class of '43, to Mr. Gragg.

NEW ARRIVALS

Helen Steinmetz Tannanis, '43-girl.
Perma Ethelhart Davis, Class of '41-girl.
Evelyn Sparks, Class of '33-girl.
Grace Miller, Class of '36-girl.
Ann Haines Heermann, Class of '39-girl.
Rebecca Evans Peterson, Class of '41-boy.
Grace Miller, Class of '43-girl.
Emily J. Gartin Hewitt, Class of '44-boy.
Christella Campbell Butler, '35-boy.
Margaret Clayton Schellenberg, '34-boy.

DEATHS

Mrs. Agnes Johnson Goffney, Class of '31, died suddenly, July 16th, 1945.
Mrs. Rhea Lee Noylan, Class of '21, died February 12th, 1945.
Grace Miller, Class of '40, died of a cerebral hemorrhage, June 19th, 1945.
Florence Kinsinger (Student Nurse), died at her home in March, 1946.

THE BULLETIN COMMITTEE

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

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

ATTENTION ALUMNAE

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

If I were to try to point out any outstanding accomplishment since your last bulletin was issued I would find it very hard. But if ever there was a time in our history when we were indebted to the nursing staff of our own hospital it is now. They have worked unceasingly and uncomplainingly with overcrowded wards, limited personnel and inadequate supplies and equipment. In their willingness to serve they have evidenced the fact that they do not consider their work just a job, but a profession. The credit for any advance we have made belongs to them.

In looking ahead there seems to be greater opportunities and greater hope of accomplishment of superior nursing service, of professional growth, and well being of our nurses through more adequate personnel administration. However, we cannot stand by and wish for the things we want. We must first know what we want, then have the will to do, and most important of all, the willingness to work hand in hand to accomplish these things.

Let us give ourselves the gift of open minds, the gift of looking ahead, the gift of wider caring and kindness to all humanity.

Sincerely yours,

Margaret M. Jackson, R.N.

NEW ADDRESSES

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

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

PLEASE CHANGE MY ADDRESS

Name as when graduated ..............................................................................

If married—husband’s name in full ..............................................................

Former address (Street and No.) .................................................................

City ........................................ Zone .................. State ..............................

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

Class ..............................................................................................................

If you know of any graduates who do not receive a Bulletin or Annual Luncheon Notice, please notify Publication Committee.