Nurses' Alumnae Association Bulletin - Volume 4 Number 7

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Nurses' Alumnae Association Bulletin

1892 1946

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 Frumling 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 ASSOCIATION

PUBLISHED ANNUALLY

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Miss Florence Machamer, '45

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Miss Hazel Olander, '30

TREASURER REPORT
FEBRUARY 28, 1946

General Fund $2,039.74
Relief Fund 983.40
Scholarship Fund 5,295.31

Total $3,318.45

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-(Tuesday) 8 p.m.—Graduate Nurses' Chorus.
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.

ANNOUNCING . . .

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

Please Help Make This a Success — — Come and Join Us
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 notices of Miss Grace Miller, Class of 1904 (June 19th, 1945), and Mrs. Agnes Johnson Gaffney, Class of 1931 (July 10th, 1945) were read.

It was announced that the Association now has an Alumnae Room. This room is located in the new offices of the Nursing School. It was voted that a Guest Book and a Portfolio be purchased for this room.

Miss Viola Fox was appointed Chairman of the Ways and Means Committee.

OCTOBER 19, 1945: 56 members present.

New member accepted: Marjorie Elizabeth Whitehead.

It was voted that $5.00 be donated to the Cancer Forum and $50.00 to the United War Chest Fund.

Doctor Char gave a very interesting talk on the Treatment of Tuberculosis.

NOVEMBER 16, 1945: 57 members present.

New members accepted: Anna Tenari Reganus, Eleanor S. Finton, Norma A. Vogelsar, Ruth Lanning McCarter, Mary Anne Rickley.

An announcement was made that a flyer is to be mailed to all members for the Blue Book, stating that the State and District dues are to be paid directly to the District. The State Dues being $4.00; District Dues $3.00.

Death notice of Grace Miriam Miller on June 12th, 1945, was read.

A letter was read from Miss Nell V. Bechly regarding Miss Clara Luchsinger.

Miss Olga Dygan and Miss Martha Riland gave reports of the State Convention held in Pittsburgh, October 22nd.

It was voted that the Reader's Digest be sent to the following members who have been ill over a long period of time: Miss Christianson, Miss Boller, and Miss Ruth Phillips.

Miss Ranck, Chairman of the Entertainment Committee, announced that the Fall Dance would be held at the Bellevue, November 17th.

Miss Betty Pierson gave a demonstration of the respirator.

JANUARY 18, 1946: 73 members present.

New members accepted: Barbara A. Young Miller, Bette Joan Wagoner, Betty Calhoun, Eileen Gingrich, Helen Stienmetz Tananis.

The resignation of Mrs. Alice Rickard James was accepted.

It was voted that $3.00 be sent to the Graduate Nurses Chorus for Honorary Membership Dues.

A letter was read from Miss Gertrude Ledyd in appreciation of the Memorial Mass for the late Miss Helen Grenney.

It was voted that the Alumnae Dues for 1946 be $4.00 for both the Resident and Non-Resident Members.

The Christmas Card sales amounted to $75.00.

FEBRUARY 15, 1946: 30 members present.


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

It was voted that members of the Senior Class be allowed to join the Association as Junior Members—dues being $1.00. The Junior Members will be allowed to serve on committees, but not allowed to hold office.

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

Miss Margaret Melville 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., Pa.

Please notify Sec.-Treasurer of all changes of address. Margaret A. Carey, Sec.-Treas., 1421 Arch Street, Y.M.C.A., Phila., 2, Penna.

ITEMS TO REMEMBER

Associate memberships for those inactive engaged in nursing and carries the same benefits as Resident and Non-Resident memberships.

All dues not received by July 1st, 1946, of those delinquent for two years or more will be dropped from the Association, and notified list will be published in our next bulletin.

NOTICE!

All Alumnae members, yearly 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 directly to district.

The first Baccalaureate Service for the graduating class of 1945 was held at the Church of St. Luke and the Epiphany, Phila., Penna., on Oct. 10, 1945.
BACCALAUREATE SERVICE

Jefferson Medical College School of Nursing
at
The Church of St. Luke and the Epiphany
Philadelphia

Wednesday, October 10, 1946

ORDER OF SERVICE

Processional Hymn—493
Sentences
Lord’s Prayer
Psalms 25 and 121
“Dear Land of Home,” The Nurses’ Chorus
Lesson—St. Mark 1:21-35
Hymn—399
Creed and Prayer
Hymn—16
“Praise Ye the Father.” The Nurses’ Chorus
Prayers and Blessing
Recessional Hymn—42

GRADUATING CLASS
October 11, 1945—8 P.M.

PROGRAM

PROCESSIONAL

Our National Anthem
Presiding Officer . . . William E. Hooper, Jr., M.D., Member, Board of Trustees
Bryn Mawr Presbyterian Church
Student Nurses’ Chorus
“Praise Ye the Father.” Gound
Address . . . . Martin E. Relhurst, M.D., Professor of Clinical Medicine and Lecturer in Therapeutics
Student Nurses’ Chorus
“Dear Land of Home.” Sibelius-Manney
Conferring of Diplomas
Robert P. Hooper, LL.D., President, Board of Trustees
Presentation of Pins
Presentation of Prizes
William Potter Memorial Prize
Delphine Whitney Machamer
Adeline Potter Wear Memorial Prize
Betty Loo Jones
Jefferson Hospital Women’s Board Prize
Shirley Marilyn Koch
Jefferson Nurses’ Alumnae Prize
Sarah Elizabeth Karp
Jefferson Song
Benefaction
Recessional

To All Members of the Jefferson Nurses’ Alumnae Association:

It was voted at the State Convention in Pittsburgh that the dues for the District, State and National Association be paid directly to the District Association for both Resident and Non-Resident members. The amount being for District No. 1—$7.00 per year.

To necessitate carrying on the expenses of the Jefferson Nurses’ Alumnae Association, the Executive Committee has recommended that the Alumnae dues per year for said Association be $4.00 for all members, both Resident and Non-Resident members.

This matter necessitated a revision of the By-Laws which was discussed and voted upon at the January Meeting of the Association, January 19, 1946. Results as follows:—For District No. 1 Dues—$7.00; Alumnae Dues for Resident and Non-Resident Members—$4.00; Associate Memberships—$2.50.

PRIVATE DUTY NEWS
OFFICERS FOR 1946

President . . . Miss Mary Bonenberger, ’26
Vice President . . . Isabel Kevel, ’27
Secretary. . . . Mrs. Mildred Garmon McGee, ’32

There was an increase in salary from six dollars ($6.00) to seven dollars ($7.00) per eight hour duty effective about February 15, 1946, for private duty nurses. This increase in salary allows only one meal for eight hour duty. In the event that a private duty nurse shares her patients, she may charge five dollars and twenty-five cents ($5.25) per patient for eight hour duty.

CENTRAL DRESSING ROOM AND TRANSFUSION UNIT

Only through the co-operation of the staff, special nurses, and student nurses, and in the requisitioning of just the equipment needed, and promptly returning it in good condition, will we be able to meet the needs of our hospital.

CARD PARTY HELD

The Jefferson Nurses’ Alumnae Association held a card party in the Jefferson Medical College, on March 22, 1946. Proceeds were put into the Scholarship Fund.

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 nursing education. This fund is administered by the Jefferson Nurses Alumnae Medical Association and the Scholarship Loan Committee.

Advanced nursing education is now being given much more thought and con-
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 Loan:—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 date when 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 Ranck, '39
Vice President Miss Olga Dygan, '39
Secretary-Treasurer Miss Gladys Keiper, '42
Assistant Secretary-Treasurer Miss Grace Jennings, '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 Walking. 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 an informal scale, but there is great activity in the field of education. A good portion of the staff has realized the 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 definitely 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, that 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 Sulfas 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, after the administration of these drugs fails to alter the course of the disease. It is his problem to determine the cause of the failure. Herein lies the answer and indeed the future of Urology.

It was interesting to note the changing viewpoint of the nurses in regard to Urology. As they became more familiar with urological diagnosis and treatment they noted 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, (pyelotomy) 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 incrustations are 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 nursing 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 urethral drainage. This type of drainage is used in acute ureteral block due to a calculus, following ureteral dilations, 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 tumour 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 lithotripsy. 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 patient returns 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 enemas 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 coagulate 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 urine has a far reaching effect on the advances in management of urinary infections is certainly 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. Gaseous 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 kidney is removed, dependent or normal flow of urinary in 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 eight-five pre-clinical students were eagerly watching the clock, while the hands slowly crept toward eight p.m.

What an exciting moment as they peeped in the pit, which was filled to overflowing with friends and visitors.

The Processional Way played by Ruth Johnson, the graduares entered 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. Reich 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 Gigee, 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 Stewart 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. Reich; 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 Alumni Day.

With best wishes for the year 1946, I remain

Martha E. Riland, President

THE POET'S CORNER

PATIENTLY SPEAKING

(From a Newspaper Clipping)

It's "Nurse, I'm Hot!" or Nurse, I'm Cold!"

Or, "When can I get off my feet?"

And when you've finished combing their hair

You'd think the world was cracking in two

If a Nurse should ever dare sneeze.

Then there are those who think that a Nurse

Sitting down is taking her ease.

There's the patient who thinks that she's born

without feet.

Who never say "Thank you or Please."

So when at last I seek my room,

A tired, perspiring wreck.

I wonder if Nightingale ever felt

Like wringing a patient's neck!

KEEP THE TORCH BURNING

(This was on Gimbel Brothers Building during the war and up to V-J Day.)

Give me your tired, your poor, your muddled masses, yearning to breathe free the wretched refuse of your teeming shore, send these homeless, tempest tossed to me!

I lift my lamp beside thy golden door.

(The Statue of Liberty was beneath this poem.)

ARMY NURSE'S PRAYER

Father, the soldier seems so close to You,

I wonder if his hours on earth are few;

His manly face is hot and red.

Seems I see angels around his bed.

Help me to keep him safe lest I should fail

My pledge of love to Florence Nightingale.

If he should die then I will know

You called him home 'cause You loved him so;

But, Father, ere he goes to rest

Help me to know I have done my best.

—EDITH AYNES.
PYLEPHLEBITIS

DR. KENNETH FRYE

Pyelphlebitis 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 all deaths resulting from appendicitis as well as for other deaths which follow suppurative diseases of the intra-abdominal structures.

The diagnosis is a 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 Ewart's Graham as well as Wangensteen 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 accomplishes 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 proved results. As yet no one has been able to determine which patients have had presumptive diagnoses only with no proved results, and in the face of anxiety, the apstyn developed through experience and guidance.

At the end of each day our thoughts turned to the pleasant task of typing and preparing the September edition of the Transfusion Unit. The fact that it occurs much more frequently in perforated appendicitis and appendical abscesses than when the disease is still localized to the appendix. Surgical treatment of the disease itself accomplishes 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 proved results, and in the face of anxiety, we were aware, from the first, that each day we would be expected to meet more demands, and to execute them with the aptness developed through experience and guidance.

Our tea room at 1012 Spruce Street blossomed forth with new and intriguing menus, sponsored by a different committee of women each week, and each group spent considerable time and effort to attract customers. We were aware, from the first, that each day we would be expected to meet more demands, and to execute them with the aptness developed through experience and guidance.

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.

PYLEPHLEBITIS

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.

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Students, please, before we donned the white shoes and stockings, which are rapidly becoming a mark of senior distinction at "Jeff." There was within our hearts anxiety at the anticipation of last reaching a goal which not many months ago had seemed extremely far away.

Now! We could look back on two years, 1943, dare say, with a bit of nostalgia, even in the face of anxiety. We were and are seniors with added responsibility in both curricular and extra-curricular activities.

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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 folksy 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 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.

Incidentally the Committee is greatly pleased that student government urgently recommended by its members is daily becoming a more and more practical working unit.

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 Director 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.

JEFFERSON MEDICAL COLLEGE HOSPITAL
SCHOOL OF NURSING FACULTY
Miss Wilde Giger, R.N., B.A., Educational Director
Diploma in Nursing University of Rochester, School of Nursing, Rochester, New York
B.A. Degree Alfred University, Alfred, New York
Miss Dorothy Edgar, R.N., B.S., Science Instructor
Diploma in Nursing Jefferson Medical College Hospital
B.S. Degree Columbia University
Mrs. Sara Saunders, R.N., B.S., Medical and Surgical Clinical Instructor
Diploma in Nursing Jefferson Medical College Hospital
B.S. Degree University of Pennsylvania
Mrs. Barbara Howell, R.N., B.S., Instructor in Obstetrics
Diploma in Nursing Ohio Valley Hospital, Steubenville, Ohio
Post-Graduate Ohio State University, Columbus, Ohio
B.S. Degree University of Pennsylvania
Miss Delphine Machamer, R.N., Assistant Instructor in Nursing Arts
Diploma in Nursing Jefferson Medical College Hospital
Miss Anna Kuba, R.N., Assistant Instructor in Anatomy
Diploma in Nursing Jefferson Medical College Hospital
Miss Betty Ann Auman, R.N., Assistant Instructor in Nursing Arts
Diploma in Nursing Jefferson Medical College Hospital
Mrs. Helen Timmins, R.N., Assistant Clinical Instructor
Diploma in Nursing Lenox Hill Hospital, New York City
Mrs. Edith Connell, R.N., B.S., M.S., Visiting Instructor in Social Sciences
Diploma in Nursing Roxborough Memorial Hospital, Philadelphia
B.S. Degree Columbia University
M.S. Degree Temple University
Diploma in Nursing Hartford Hospital, Hartford, Connecticut
Post-Graduate Children's Hospital, Philadelphia
Advanced Study University of Pennsylvania
Miss Jessie Scott, R.N., B.S., Visiting Instructor in Anatomy
Diploma in Nursing Wilkes-Barre General Hospital
B.S. Degree University of Pennsylvania
Miss Katherine Grider, B.C.S., R.N., B.S., Visiting Instructor in Nursing Arts
Diploma in Nursing Pennsylvania Hospital, Philadelphia
B.C.S. Degree Rider College, Trenton, N.J.
B.S. Degree New York University, New York City
Miss Elizabeth Piersol, Instructor in Neurology
Diploma in Nursing Jefferson Medical College Hospital
Diploma in Nursing Miss Jennie Kuta, Instructor in Urology
Diploma in Nursing Jefferson Medical College Hospital

NURSES TAKING ADVANCED COURSES

NURSES IN ANESTHESIA
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 Department, 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 by the late Emily Barton Pendleton for this work. There will be two divisions of the Institute. The one located in Philadelphia, at a spot not definitely 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 Sanatorium 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 completely 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 tuberculosis 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, Hawaii—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.

Miss Margaret M. Jackson, R.N., B.S., graduated from St. Timothy's Memorial 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 LORRINE O'NEILL

Miss Dorothy Ranck, '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 O'Neill's address. 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 Sheaff, Class of 1945, replaced Miss Holman.

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

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

Mrs. Betty Riggin 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, is visiting nurse for Horn and Hardart Baking Company's medical department, Key West, Florida.

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

Jefferson's Main Kitchen Activities

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 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 each 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 College. Portrait was presented Jan. 22, 1946.

Lt. Colonel Frederick Hubble 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. Scheffey, 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 file until the goods are received. All 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 is as follows:

- 12,000 Jefferson white envelopes, $40.00
- 3,300 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

(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, so the September '47 class decided to let intermediates do the work. When we become seniors and get rushed with 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.

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 Sommers, Mrs. Gail Gooner Willard, Mrs. Mildred Garmon McGee, and Mrs. Sylvia Coles Vlam there.

* * *

Recent news concerning Mrs. Christopher 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 heart felt sympathy to—

Mrs. Evelyn Doan Supplee (Class of 1906) on the death of her husband, William H. Supplee, who died on November 25, 1945.

Mrs. Margaret Owen Weidusch (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 Alwins, 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 Markison, Class of 1945, 80R.

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

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

Ehel Sparks, Class of '35, to Charles G. Gates.
Vivian Overdorff, Class of '35, 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 Grissinger.
Eileen Gingrich, Class of '45, to Richard Fling.
Dorothy Schleinkoffer, Class of '45, to Warren Hannaway.
Betty Umbower, Class of '45, to Vincent Arrauso.

MARRIAGES

Jane Miller, Class of '42, to Mr. Munninger.
Dolores Sample, Class of '42, to Herb. Nelson.
Mary Jane Kinc, Class of '42, to Robert Knight.
Beatrice Raab, Class of '42, to William Seaton.
Doris Hummel, Class of '41, to Dain R. Edwards.
Dorothy Maag, Class of '42, to Lt. Colonel John J. Fanning.
Jean Hinebaugh, Class of '41, to Mr. Fred Wagener.
Pernie Ntemaker, Class of '29, to Dr. Lapenewski.
Christina Duscumosko, Class of '45, to Mr. G. B. Heckler.
Bernice Goodnow, Class of '31, to Mr. Leslie Nicholas Cornwell.
Margaret Pound, Class of '36, to Capt. Wayne Ransom.
Harriet L. Muller, Class of '45, to Herman T. Palmer.
Catherine Walker, Class of '45, to Robert Jenkins.
Marion Rutter, Class of '43, to Robert B. Morris, Jr.
Anna Tenati, Class of '42, to John Beginis.
Arlene Dunn, Class of '45, to Daniel Shaw.
Mary E. Thomas, Class of '44, to William Dickerson.
Janet Keepoors, Class of '44, to Robert S. Kinch.
Janet Correll, Class of '42, to Karl Reinhard.
Jean Lockwood, Class of '41, to Fred Wagner.
Margaret Elliot, Class of '41, to Wilbert Wallcott.
Margaret Clayton, Class of '34, to Major Edward A. Y. Schleenger, 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 '39, to Mr. Kalenstein.
Virginia Lovell, Class of '43, to Paul Hollandsworth.
Evelyn Clark, Class of '38, to Sidney Nichols.
Frances Louise Kelly, Class of '35, to Dr. Roscoe L. Fisher.
Mary J. Meenan, Class of '44, to Mr. John H. Truesheart.
Helen Reed, Class of '23, to G. R. Noell.
Alicia Pie, Class of '32, to Mr. Bonner.
Eula Carey, Class of '34, to Mr. Charles Brampton.
Betty Clang Mayer, Class of '45, to Mr. Wm. Hudson.
Mary Jane Lardin, Class of '44, to Mr. Halbrook.
Catherine Lilly Wilson, Class of '32, to Mr. Rhea Lee Neylon.
Betty Joan Wagoner, Class of '45, to Mr. Latz.
Lorraine Maciejewska, Class of '38, to Mr. Halbrook.
Evelyn M. Stelzer, Class of '43, to Mr. H. Baglow.
Grace Miller, Class of '36, to Mr. Charles Frank.
Mary F. Gilbert, Class of '44, to Mr. Hilden.
Thelma Wall, Class of '44, to Mr. Latz.
Charlotte A. Stover, Class of '44, to Mr. Benham.
Dorothy Scharfen, Class of '45, to Mr. Mowery.
Ellen L. Coul Bourne, Class of '45, to Mr. Edmond Slack.
Anna Foster, Class of '31, to Mr. Atkinson.
Lillian Cool, Class of '29, to Mr. Walls.
Sara Chronister, Class of '42, to Mr. Mundane.
Nora Helms, Class of '45, to Mr. Badgley.
Jane Belle, Class of '45, to Mr. Mack.
Florece Schmick, Class of '45, to Mr. Howanitz.
Jean Ruble, Class of '45, to Mr. Vasili.
Elaine Meyle, Class of '45, to Mr. Frankley.
Ina Eber, Class of '45, to Mr. Bondi.
Catherine Lewis, Class of '45, to Mr. Hadley.
Lorraine Maciejewska, Class of '38, to Mr. Phil Wallen.
E. Wittenmyer, Class of '45, to Mr. Norman J. Lewis.
Dorothy Dusman, Class of '45, to Mr. Mowery.
Ellen D. Hoffman, Class of '39, to Mr. Melvin C. Firman.
Sigrid Olsson, Class of '42, to Mr. Horace Given Butler.
Mary Frances Sullinger, Class of '42, to Mr. Carl Merl Gough, Carlsbad, New Mexico.
Caroline Roberts, Class of '43, to Mr. Jack W. King.

DEATHS

MRS. CAROLYN WERT.

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 us every scrap of news and information you can get concerning former graduates. Constructive criticisms, or any suggestions you may have to offer are more than welcomed, and will be greatly appreciated. Please send news to your editor.
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.