Nurses' Alumnae Association Bulletin - Volume 5 Number 8

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DEAR ALUMNAE FRIENDS EVERYWHERE:

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

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

Always sincerely yours

MARGARET M. JACKSON, R.N.
Director, School of Nursing
and Nursing Service

CALLING ALL NURSES

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

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

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

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

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

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

KATHRYN M. PRENDERGAST, R. N.
Private Duty P.S.N.A. Bulletin Committee.

Reprint, The Pennsylvania Nurse, March 1, 1947
Announcing . . .

ALUMNAE DAY
June 7, 1947
Luncheon - - - at 12:00 in Ball Room
BELLEVUE-STRATFORD HOTEL
BROAD AND WALNUT STREETS

Dance - 9 P. M. 'til 12 M. – Clover Room
Music by Clarence Fuhrman's
Original KYW Orchestra

10th Anniversary for Class of 1937
Return Luncheon Reservations by
May 28th, 1947
to
MISS BETTY PIERSOL, '34
1010 SPRUCE STREET
PHILADELPHIA 7, PA.

PLEASE USE WALNUT STREET ENTRANCE FOR DANCE

Please Help Make This a Success — — Come and Join Us
**REVIEW OF THE ALUMNAE ASSOCIATION MEETINGS**

**SEPTEMBER 20, 1946: 52 members present.**


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

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

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

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

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

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

**OCTOBER 18, 1946: 54 members present.**

New members accepted: Camille Ginn James, Kathryn Glass.

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

The resignation of Marion Rutter Morris was accepted.

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

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

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

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

**NOVEMBER 15, 1946: 56 members present.**

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

The resignation of Ethel Hendricks Krugler was accepted.

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

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

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

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

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

**JANUARY 17, 1947: 74 members present.**

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

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

Report of the Private Duty Section was as follows:

**Chairman** Miss Mary Bonenberger, class of '26

**Vice Chairman** Mrs. Evans

**Secretary** Mrs. Mildred Garmon McGee, class of '32

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

**FEBRUARY 21, 1947: 38 members present.**

New members accepted: Elizabeth Burden, Mary Scanlin Harra, Ruth Schray, Laura Patterson, Lillian Wheeler, Emelia Naveveschuk, Jane Elizabeth Handy, Dorothy Fessler, Elsie Doran Chase, Jennie Alviso, Elizabeth Wiessler, Hanna Marie Reynolds, Alice Raup, Mary Halzman, Betty Jones, Jacqueline Bier.

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

Miss Riland announced that a card party would be held on March 18, 1947 at 1012 Spruce Street, Philadelphia 7, Pa. Also, that a dinner is to be given in honor of the graduating class of 1947 on April 29, 1947, at the Sheraton Hotel.

Miss Barbara Schutt, Assistant to our State Nurses' Association of Pennsylvania secretary presented to us a most interesting talk on the Meaning and Organization of the Economic Security Program.

**PRESIDENT'S REPORT**

To the Members of the Alumnae Association:

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

The By-Laws have been amended; those of you who have paid your current dues will have received a copy to paste in your By-Law Book. One of the amendments is Junior Membership from the Senior Class. It was felt by your directors that Junior Membership would be a means of acquainting the senior students with...
All kinds of chronic diseases of the chest will be admitted. The largest group will continue to be tuberculosis but neoplasm of the lung and bronchiectasis will play no small part. Patients will be admitted for differential diagnosis and treatment. Once the diagnosis has been established and/or treatment has begun or completed as the case may be, the patient will be returned to the department most suitable to his condition. The Surgical Division of the Jefferson Hospital for convalescent care. This will result in more and better care to more people at a lessened financial loss to the patient and to the community.

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

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

THELMA SHOWERS MORRIS, Class of 1932.

OXYGEN THERAPY

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

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

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

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

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

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

MAUDIE DUNIGAN,
Oxygen Therapist, Jefferson Hospital.
On June 1, 1946, the White Haven Sanatorium merged with the Jefferson Medical College Hospital. The procedure in such matters has been to invite the graduate registered nurses who are members of the Alumnae Association of the hospital no longer in existence; to merge with the hospital it has become a part of.

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

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

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

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

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

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

On April 16th, 1947 Miss Schmidt and Miss McGlade, two members from the White Haven Alumnae Association, met with the Misses Riland, Carey, and Pierson. A plan was accepted by both committees. The assets of the White Haven Sanatorium Alumnae Association will be turned over to the Jefferson Nurses' Relief Fund. The same privileges will be extended to the registered nurses of the White Haven Sanitarium Alumnae Association as the Jefferson Hospital Nurses' Alumnae Association members.

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

Cordially,

MARThA E. RILAND, R.N., President

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

Anger is a wind which blows out the lamp of the mind. Robert Ingersoll.

Wise physicians know that a peaceful mind is the best medicine.

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

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

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

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

**Chronic Suppurative Otitis Media**

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

**Acute Otitis Media**

In cases of acute otitis media with clinical and roentgen evidence of mastoiditis, the clinical response was prompt and often dramatic, and it was believed that the drug was an important factor in curing the infection and sparing the patient mastoidectomy. The time required varied from eight to twenty-one days. Only one patient with acute
otitis media who received penicillin was submitted to mastoidectomy. This was done because a second roentgenogram taken five days after beginning penicillin therapy because a second roentgenogram taken five days after beginning penicillin therapy was reported as showing increased destruction of bone. The clinical evidence of normal temperature, dry ear and decreased pain and tenderness indicated that the infection was improving; but it was thought advisable to interrupt the antibiotic therapy temporarily. At operation there was no pus in the mastoid cells; they were filled with healthy granulations, and the appearance was that of a healing process. Culture of materials from the mastoid process gave negative results. The mastoid wound healed by primary union and without discharge. I believe that resolution and healing would have occurred without operation.

Mastoiditis with Complications Requiring Mastoidectomy

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

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

Sinusitis

The cases of sinusitis studied represent acute and chronic infections of the frontal, the maxillary and the ethmoid sinuses, with and without complications and of varying degree of severity. In all the cases cultures revealed organisms considered sensitive to penicillin.

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

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

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

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

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

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

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

Infections of the Throat and Soft Tissues

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

In cases of cellulitis, carbuncles and furuncles the limitation and resolution of the infection occurred in a surprisingly short time. There was marked improvement in the appearance of the lesion within twenty-four hours, and recovery was complete in five to eight days. Penicillin is the therapy of choice for this type of infection. In cases of furuncles or cellulitis of the nose and upper eyelid it probably offers the best treatment. Penicillin was of definite value in the treatment of acute follicular tonsillitis. The appearance of the lesion within twenty-four hours, and recovery was complete in five to eight days. Penicillin is the therapy of choice for this type of infection.

In a few cases the infection was cleared up by irrigation and local instillation alone. On the other hand, there were a number in which infection that failed to clear up by local treatment responded after the addition of systemic therapy.

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

The second case of bacteremia illustrated the difficulty which arises from lack of definitive formation as to adequate dosage. The condition was due to hemolytic Staph. aureus and was seen as a complication of acute sore throat. Penicillin therapy was started at 120,000 units daily (15,000 units every three hours). The temperature continued to rise daily to 105.5 F, and toxemia was marked, although the pharyngitis and the cervical lymphadenitis subsided, until the seventh day, when the dosage was increased to 480,000 units a day. Within forty-eight hours the temperature dropped to normal. Penicillin was discontinued after six days of normal temperature. The patient appeared well, but there was a loud persistent systolic murmur over the pulmonic area and there were chills and marked toxemia. The blood culture was again positive for temperature became normal and the blood sterile in five days. The administration of penicillin was continued for another week, and complete recovery resulted. I believe that the relapse would probably not have occurred had larger doses been given more frequently and treatment continued for a longer time after the original bout. Intensive, prolonged, uninterrupted treatment is indicated, especially in cases of serious temperature became normal and the blood sterile in five days. The administration of penicillin was continued for another week, and complete recovery resulted. I believe that the relapse would probably not have occurred had larger doses been given more frequently and treatment continued for a longer time after the original bout. Intensive, prolonged, uninterrupted treatment is indicated, especially in cases of serious

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

Reprinted, with additions, from the Archives of Otolaryngology.

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

"A caramel," said the man. "You're going to all this bother for a measly caramel?" she asked.

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

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

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

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

Young Man—"Doctor's orders."

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

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

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

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

A Scotsman was told that his wife needed salt air—so he fanned her with a herring.
ADDRESS—GRADUATION OF NURSES, 1945

MARTIN E. REHFUSS, M.D.

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

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

President Truman said yesterday—let us go home, cut out the foolishness and get to work. Let us make this country what it ought to be, the greatest nation the sun ever shone upon.

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

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

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

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

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

Mrs. Elvina Grundwold, Class of 1926, is temporarily employed by the United States Treasury Department, which is located at 33 South 15th Street, Philadelphia, Pennsylvania.

Mrs. Edith Bayar Lvlld, Class of 1923, is now living at the Patrol Headquarters in Honolulu. She sends fondest regards to all the nurses that know her.

Mrs. Stella Jedrziewski, Class of 1940, is once again Dr. Ansplug's Office Nurse. Mrs. M. Class of 1931, is Dispensary Nurse for the Immigration and Naturalization Service at 15th and Chestnut Streets, Philadelphia, Pennsylvania.

Mrs. Jessie Neibert Walker, Class of 1922, wishes to attend the Alumnae Luncheon this year to help celebrate her class' 25th anniversary.

Miss Helen Weber, Class of 1922, who has been working in Civil Service since 1940, is now living at the Nurses' Home at 351 North 16th Street, Philadelphia, Pennsylvania.

Mrs. Thelma Stewart, Class of 1922, is now living in New York City. We wish Captain Madeline L. Elliott, Class of 1929, is now nursing in Kona, Hawaii.

Miss Emma Schaeffer, Class of 1926, is now working for the Life Insurance Company in Philadelphia, Pennsylvania.

Mrs. Lorraine Maciejewksa Wallen, Class of 1932, is living in Cleveland, Ohio, and visiting Captain Wallen's parents in Texas.

Miss Wallen was a member of the Jefferson Hospital Unit during World War II. We wish the Wallens lots of luck.

Miss Edna Scott, Class of 1928, was in charge of our Unit in Cairo, Egypt who was in charge of the Obstetric Nursing Department at Brin Maw Hospital in Bryn Mawr, Pennsylvania, is now in charge of the Operating Rooms at Jefferson Hospital. She is Head Supervisor. We are happy to have Miss Scott back as Jefferson since she joined us.

Miss Scott replaced Miss Ruth Spencer, Class of 1934, who was now full time at Morrison Field, Florida, as a First Aid Dispensary Nurse. Miss Catherine Smalling, Class of 1934, is nursing in Florida.

Mrs. Virginia Hazel Bickel Miller, Class of 1937, is Office Nurse for Drs. Kenneth Frye and E. John Overman.

Mrs. Huldah M. Wotman, Class of 1945, would like to hear from her classmates.

Mrs. H. 5. Box No. 532, Hilo, Hawaii. Please write to her.

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

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

Miss Mary A. Eberly, Class of 1931, is now living in Philadelphia, Pennsylvania. She sends fondest regards to all the nurses that know her.

Mrs. Sara M. Raymer, Class of 1922, is working at Cabaret on Mission Field, Florida, as a First Aid Dispensary Nurse.

Miss Catherine Smalling, Class of 1934, is nursing in Florida.

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

"THE BLOOD THAT KILLS"
WHAT IS THE RH FACTOR?

The RH factor is a substance found in minute amounts in red blood corpuscles. It takes its name from the rhesus monkey, in which it was first discovered. Scientists injected some blood from rhesus monkeys into rabbits and found that, as a result, an anti-substance appeared in the rabbits' blood serum. This anti-substance, when mixed with rhesus monkey blood, attacked the red cells of rhesus blood, causing them to clump together.

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

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

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

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

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

HOW THE RH FACTOR THREATENS A BABY

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

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

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

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

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

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

RH AND TRANSFUSIONS

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

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

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

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

THE STORY OF MALARIA
DESTROYER OF CIVILIZATIONS

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

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

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

THE WINGED KILLER

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

Sixty years ago a French scientist, Laveran, discovered that malaria is caused by a parasite, a microscopic animal called plasmodium, that swims in the blood-stream.
of its victims, destroying the red blood cells. A decade later, an Englishman, Ross, and an Italian, Grassi, discovered that the microscopic killer was transmitted by the female of the anopholes mosquito. No other mosquito, not even the male anopholes, can do the job. The malarial parasite undergoes a life cycle, and part of this cycle must be spent in the body of a female anopholes.

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

**RELAPSING MALARIA**

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

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

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

**MALIGNANT MALARIA**

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

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

**CHILLS AND FEVER**

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

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

**GUARDING AGAINST MALARIA**

The major safeguard against malaria is unremitting warfare against the female anopholes mosquito—destruction of breeding places, swamps, ponds, and other open water; killing the mosquitoes with DDT or other lethal chemicals; shutting them out with screened houses, bed netting, or the like.

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

**TREATMENT**

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

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

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

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

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

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

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

**CURE**

In the tremendous search for a complete cure carried out under the Office of Scientific Research and Development during the war, thousands of drugs were tested on convicts, chickens and monkeys. In May of 1946, doctors at the University of Maryland tested drug number 15,276. This drug, called pentaquine, was a distant relative of a plasmodium in the bloodstream faster; it is less unpleasant to quinine. It kills off the plasmodium in the bloodstream faster; it is less unpleasant in the body of the germs altogether.

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

Although pentaquine is not entirely free from toxicity, it is safe when administered under the supervision of a competent physician. And, it finally erases the fear of relapse which has haunted the victims of vivax malaria.
The Jefferson Nurses' Alumnae Association Prize of twenty-five dollars to the member of the graduating class who attains the highest average during the three years' course of study to

MARY MADELINE UDICUS
Honorable Mention to Jane Elizabeth Handy.

CAPPING EXERCISES
February 20, 1947

Jefferson Medical College Hospital School of Nursing

PROGRAM

Proceessional
Our National Anthem
Chairman, Hospital Committee Board of Trustees
Invocation Rev. Andrew Match, D.D.
Pastor Emeritus
Bryan Maury Presbyterian Church

Student Nurses' Chorus
"Ye Watchers and Ye Holy Ones"
17th Century German,
Arranged by Katherine Dutts

Harp—The March of the Men of Harlech
Old Welsh Air
Largo in F Major Johann Sebastian Bach
Theme Variations Marcias Tourneur
Address John H. Gibbon, Jr., M.D.
Professor of Surgery, Director of Surgical Research in the Department of Surgery

Student Nurses' Chorus
The Green Cathedral Hail-Carlston

Harps Accompaniment

Confering of Diplomas
Robert F. Hooper, LL.D.
President, Board of Trustees

Presentation of Prizes

Laura Maurer
Anita Heltman
Joy Groves
Laura Maurer, Accompanist

Edith Myrfar Morgan, Choral Director

Ruth N. Johnston, Accompanist

Marcella DeCray, Harpist

Jefferson School

Benediction
Edith Myrfar Morgan

Recessional
Choral Director Edith Myrfar Morgan
Accompanist, Ruth Johnson

PRIZES—MAY, 1946

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

ANNA KATHERINE HEIKER HEIHMANN

Honorable Mention to Elizabeth An A Nielsen.

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

LAURA ELIZABETH MAHER

Honorable Mention to Jane Elizabeth Handy.

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

JANE ELIZABETH HANDY

Honorable Mention to Marilyn Jane Dink locker.

THE ECONOMIC SECURITY PROGRAM OF THE PENNSYLVANIA STATE NURSES' ASSOCIATION

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

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

A good business man learns early that if he is to make profits his workers must produce, and to produce these workers must be contented in their employment conditions. How long can an employee produce at his peak with a salary which does not begin to compensate for his preparation or his degree of responsibility, under long, strenuous hours, with no concrete guarantee of vacations, sick leave, time off, salary increments, holidays, health and retirement benefits, or a voice in determining employment standards? Nurses, who are not different from the average mortal, have worked
too long under these very conditions—so long that the effects are overshadowing every part of the future scope of the total profession. Shall we continue to make recommendations such as have been made for years, and watch those recommendations become lost in a remote corner of a desk drawer? Or shall we depend on outside interests such as labor organizations to do something about it?

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

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

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

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

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

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

Someone has said, "One of the greatest achievements in life is to have the ability to determine values."
THE NURSE'S ALUMNAE BULLETIN

THE POET'S CORNER

PORTRAITS

WASHING MACHINE

By Mrs. J. Metailea

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

CRUSHED FENDER

It Happened in Milan one summer night,
While we were driving down a narrow street,
A fender crashed—the brakes froze to a stop
Beneath the pressure of the driver's feet.
I hurled my ire against the guilty one:
"What is this urge? this force, this power,
That whatever of weather comes in with each
And with the aid of sun and shower,
Some day a flower will look to God,
On some April day.
What is this urge? this force, this power,
That in its strength I cannot be?
There's sunshine enough to go 'round.
And center there, are better than gold.
Better than gold is a conscience clear,
Though toiling for bread in an humble sphere,
Than rank and titles a thousandfold,
BETTER THAN GOLD

Oh, it is hard to change oneself,
To learn the thoughts of others.
But, Lord, please keep reminding me
That these are all my brothers.
The highest type of nurse, I pray
Thee Lord, please let me be;
And I will do my part, I swear,
To serve humanity.

RUTH ALICE WILSON

PLANTING BULBS

I've put my bulbs into the mold,
They look so white, so dry and old,
I can't believe they'll bloom in gold,
On some April day.
What is this urge? this force, this power,
That in its strength I cannot be?
There's sunshine enough to go 'round.
And center there, are better than gold.
Better than gold is a conscience clear,
Though toiling for bread in an humble sphere,
Though failing in soul, but triumphing in spirit,
A shadow is cast by the cheeriest flame,
Indeed, 'tis a proof of the ray.

ABRAM J. RYAN

WHERE THE BULBS GROW

I can't be proud of my modest lot,
For it not only cleans the clothes,
It rinses them as well,
And leaves the sox and underwear
Without a sign of dirt.
I think it is a great invention and
We often wonder who
Possessed the brains to save us all
The work that it can do.
For it not only cleans the clothes,
It rinses them as well,
And afterwards the laundry has
That sweet, refreshing smell.
And we all could desire to
Improve on its design,
Would be to have it take our things
And hang them on the line.

A NURSE'S PRAYER

Dear God, if I could save one sinking soul,
One human heart hard pressed,
I should not count these changeless days
As dreary, but as blessed.
If I could ease a night of pain,
And soothe a sobbing child,
I'd gladly try to train myself
To gentle be, and mild.

HER SHADOW AS IT FALLS

Upon the darken'd walls,
On England's annals, through the long
Hereafter of her speech and song,
She is gone; but her shadow
That lights its rays shall cast
From portals of the past.
A lady with a lamp shall stand,
In the great history of the land,
A noble type of good,
Heroic womanhood.

LONGFELLOW

YOUR MEDICINE CHEST

Let's take an inventory of your medicine chest!
So many times we find the contents of our
medicines chests are a menace to good health.
Is your medicine chest a safeguard to you and
your loved ones? Or is it a place where death lurks?
A change in color, consistency or odor of any
substance should be questioned. This applies
especially to proprietary preparations, antitoxins,
etc., all of which are bound to undergo radical
chemical changes with time. Do not keep
unused medications too long. Stale drugs
should be discarded without hesitation.
See that every bottle is corked and
immediately replaced after use.

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

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

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

Oil should be kept in cool places since they readily
decompose. It is essential to keep the medicine chest
inaccessible to children. Keep it even too high for a small
child to reach from a chair. It is more important to
exert special pains to keep ordinary housekeeping
preparations out of their reach; insecticides, bleaches,
powders and cleaning fluids. This also goes for such
substances as: moth balls, lye, deodorants, perfumes, toilet
waters, laxatives, furniture polish, kerosene, gasoline, benzine, rat
poison, etc.

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

A final warning to all of you is—don't let
Death hide within your medicine chest!
THE HOSPITAL PHARMACY
By HERBERT L. FLACK, B.S.C., Chief Pharmacist

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

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

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

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

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

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

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

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

JEFFERSON MEDICAL COLLEGE HOSPITAL SCHOOL OF NURSING FACULTY

Willa Gigge, R.N., A.B. Educational Director
Diploma in Nursing University of Rochester School of Nursing
A.B. Degree Alfred University, Alfred, New York
Advanced Study University of Pennsylvania

Dorothy J. Edgar, R.N., B.S. Instructor in Sciences
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
B.S. Degree Teachers College, Columbia University

Anna May Jones, R.N., B.S. Instructor of Anatomy, Physiology, Sociology
Diploma in Nursing Bryn Mawr Hospital School of Nursing
B.S. Degree Temple University

Matilda Kreuzanowsky, R.N., B.S. Instructor of Pediatrics and Communicable Diseases
Diploma in Nursing Temple University School of Nursing
B.S. Degree Temple University

Miriam L. Brunner, R.N., A.B. Instructor in Nursing Arts
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
A.B. Degree Wheaton College, Wheaton, Illinois
Advanced Study University of Pennsylvania

Bernardine Connors, R.N. Assistant in Nursing Arts
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
Advanced Study University of Pennsylvania

Eleanor Keaton, R.N. Assistant in Nursing Arts
Diploma in Nursing Temple University School of Nursing

Wilma B. Gillespie (Mrs. W. T.), R.N. Assistant Instructor in Nursing Arts
Diploma in Nursing Charleston General Hospital School of Nursing
Advanced Study University of Pennsylvania

Sylvia E. McClure, R.N., B.S. Director of Clinical Instruction
Diploma in Nursing Allegheny General Hospital School of Nursing
B.S. Degree Youngstown College, Youngstown, Ohio
B.S. Degree New York University
Advanced Study Teachers College, Columbia University

Charlotte F. Davenport, R.N. Clinical Instructor in Surgical Nursing
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
Advanced Study University of Pennsylvania

Genevieve Koehnstedt (Mrt. J. P. L.), R.N., B.S. Clinical Instructor in Medical Nursing
Diploma in Nursing Saint Mary's Hospital School of Nursing
B.S. Degree College of Saint Scholastica, Duluth, Minnesota
Candidate for M.S. Degree Catholic University, Washington, D.C.

Paula K. Erdos, R.N., B.S. Clinical Instructor in Obstetrics, Gynecology
Diploma in Nursing Cornell University, N. Y., Hospital School of Nursing
B.S. Degree Cornell University

Thelma Showers Morris (Mrs. H. T.), R.N., B.S. Instructor in Tuberculous Nursing
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
B.S. Degree University of Pennsylvania

Edna W. Scott, R.N. Instructor in Operating Room Technique
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
Advanced Study University of Pennsylvania

Elizabeth Fisler, R.N. Instructor in Neurological Nursing
Diploma in Nursing Jefferson Medical College Hospital School of Nursing
Advanced Study University of Pennsylvania

Jennie Kurtz, R.N. Instructor in Urological Nursing

Jefferson Nurses' Alumnae Bulletin
The Gray Lady unit of Jefferson Hospital began working in March, 1942, with the first corps of 70. In 1945, our corps reached its peak with over 400 active day and evening Gray Ladies covering 28 different assignments each week throughout the hospital, giving 40,556 hours during that year.

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

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

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

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

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

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

JEFFERSON NURSES' ALUMNAE BULLETIN

JEFFERSON NURSES' ALUMNAE BULLETIN

THE VOLUNTEER NURSES' AIDES SALUTE JEFFERSON NURSES

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

Instead of talking to you of the aides, I welcome this opportunity to tell you how greatly we all appreciated the privilege we had, during the war years, of aiding you in your noble and self-sacrificing work. You have earned our deep respect and admiration.

We have a picture of the problems, discouragements and triumphs that surround you daily and will carry that understanding with us as we resume our pre-war pursuits.

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

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

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

CHANGES IN THE STAFF AT JEFFERSON HOSPITAL

Susan Shoemaker, Class of 1946, General Duty—Women's Medical Ward.
Evelyn White, Class of 1945, Head Nurse—Center Ward.
Betty Nissler, Class of 1946, Head Nurse—3rd Floor.
Margaret Cosman, Class of 1947, General Duty—Men's Special Ward.
Jennie Alizio, Class of 1945, Head Nurse—Women's Special Ward.
Emelia C. Nasveschuk, Class of 1946, Head Nurse—Orthopedic Ward.
Evelyn Swarrlander, Class of 1946, General Duty—Gynecological Ward.
Anita Fink, Class of 1946, General Duty—Gynecological Ward.
Margaret Carey, Class of 1927, Supervisor—Women's Surgical Ward.
Marjorie Wilson, Class of 1945, Head Nurse—Women's Surgical Ward.
Dionisia Mary Sweeney, Class of 1946, General Duty—Women's Surgical Ward.

Jean Katherine Gilbert, Class of 1946, General Duty—Fifth Annex.
Jane Northey, Class of 1946, General Duty—Fifth Floor.
Betty Metzer, Class of 1945, General Duty—Fifth Floor—Old Building.
Belle Surensten, Class of 1945, General Duty—Third Floor—Sixth Floor—Old Building.
Noverta Beubman (Graduate of Altona Hospital), Relief Supervisor—5th and 6th Floors—Old Building.
Betty Arlene White, Class of 1947, Night Duty Supervisor—5th and 6th Floors—Old Building.
Ruth Patterson, Class of 1946, General Duty—Children's Ward.
Maxine Grimston (Graduate of Michigan Hospital), General Duty—Children's Ward.
Elaine Shortin, Class of 1946, General Duty—Children's Ward.
Edna Scott, Class of 1928, Head Supervisor—Operating Room.
Violet Garrett, Class of 1940, Assistant Operating Room Supervisor.
Ruth Laube, Class of 1945, General Duty (Part Time)—140R.
Miss Lolo (Graduate of St. Agnes Hospital, Philadelphia, Penna.), General Duty—140R.
Margaret Williams, Class of 1946, General Duty—Eleventh Floor.
R. Elaine Henney, Class of 1946, General Duty—Eleventh Floor.
Margaret Mae Scholes, Class of 1946—Eleventh Floor—Nursery.
Patricia Crawford, Class of 1945—Eleventh Floor—Nursery.
Mrs. Meredith (Graduate of Memorial School of Nursing, North Carolina)—Third Floor—Nursery.
June Wall, Class of 1945, Supervisor—Maternity.
Barbara Bowler (Graduate of Memorial Hospital, Rhode Island), General Duty—140R.
Paulina Shank (Graduate of Temple University Hospital, Philadelphia, Penna.), Supervisor—Maternity.
Beat J. Butcher, Class of 1945, General Duty—Maternity.
Ruth Shirley Schor, Class of 1946, General Duty—14th Floor—Delivery Room.

Please help us locate the following nurses.

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

Mrs. Helen Schopp Daniels, Class of 1939.
Alma Pauline Fleshe, Class of 1945.
Mrs. Virginia Hauser Heckman, Class of 1942.
Mrs. Margaret Racik Meyers, Class of 1940.
Anna K. Kelder, Class of 1925.
Mrs. Evelyn Clarycomb Long, Class of 1943.
Ruby Willworth, Class of 1938.
Mrs. Dorothy Smith Bennett, Class of 1928.
Mrs. Louise Cooley Oliver, Class of 1902.

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

Mrs. Evelyn Arnold, Class of 1941.
Mrs. Ethel Roth Droud, Class of 1941.
Mrs. Walter W. Reemberger, 34 Pennsylvania Avenue, Mt. Union, Pa.

RED CROSS RECRUTS

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

DID YOU KNOW THAT

An aluminum pressure cooker is a very satisfactory substitute for the autoclave, especially for sterilizing rubber-tipped syringes and instruments used in office practice, including minor surgery.

THE PENNSYLVANIA NURSE

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

1. All instruments (Plain, Gyne, Ear-Nose, Throat, and Warren B. Davis) must be returned as soon as used—day or night.
2. All trays washed and cleaned before returning.
3. All gloves washed and dried before returning.
4. When articles are borrowed from floor to floor or ward to ward, please make note stating what and where it is going so it can be notified by the "Borrowed Ward."
5. Private floor nurses should keep a record of where instruments are on their respective floors.
6. All special trays should be returned as soon as used. These include:—Bone Martrow Tray, Willi tray, Excruphogram and Histamine Trays.
7. Catheterization trays should not be stored in closets, because they are not considered sterile after four hours (because of solutions).
8. Trays (other than instruments) will not be accepted after 4:30 P.M.
9. Central Dressing Room irrigating bottles are not to be used for any solutions other than C.D.R. Solutions.

RADIOS AND ELECTRICAL APPLIANCES

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

ATTENDING COLLEGE

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

NURSES IN ANESTHESIA

Geraldine Ebelharm, Class of 1945.
Geraldine Schreffer, Class of 1945.

CONDOLENCES

We wish to extend our deepest heartfelt sympathy to:

Mrs. Marion Novak Ryder, Class of 1940, on the death of her husband, Ronald Ryder, who died in 1946.
Mrs. Lollia Day Steen, Class of 1916, on the death of her husband, Mr. Steen, who died in 1946.
Mrs. Marion Bowes Smith, Class of 1928, on the death of her husband, Dr. Richard Manges Smith, who died in December, 1946, after being ill for a long time.

MARRIAGES

Elizabeth Killinger, Class of 1937, Mr. Moweday.
Grace Bundy, Class of 1931, Mr. Otto F. Rogers.
Margorie Fink, Class of 1944, Mr. Bob Searing.
Betty Louise Maier, Class of 1945, Mr. Howard Bicau.
Irene Larson, Class of 1946, Mr. Marlin Kessler.
Lillian Untebach, Class of 1946, Dr. William Herrick.
Marjorie Rhodas, Class of 1945, Mr. Cain.
Germude Frie, Class of 1941, Mr. Riavelo.
Dorothe Everett, Class of 1945, Mr. Edward Novak.
Opal Stottsmyer, Class of 1945, Mr. Shelley.
Betty G. Umbover, Class of 1946, Mr. Howard Williams.
Louise Evert Wheat, Class of 1956, Mr. Keich.
Erma Lee, Class of 1955, Mr. Elwood Harris.
Reithor, Class of 1945, Mr. Sterner.
Vivian M. Passmore, Class of 1935, Mr. William R. Murray.
Agnes Steele, Class of 1953, Mr. Piccionc.
Jean Gackenbach, Class of 1944, Mr. M. Franklin Andrews.
Christine W. Linds, Class of 1943, Mr. Park.
Mary L. DeLancy, Class of 1931, Mr. H. Manlove Bouchelle.
Dorothy Groff, Class of 1937, Mr. Bill Compton.
Anna M. Schell, Class of 1944, Mr. Snyder.
Mary Virginia Hersey, Class of 1943, Mr. Charles W. Donovan.
Margaret Armstrong, Class of 1935, Mr. Tannard.
Hattie Kellner, Class of 1939, Mr. O'Connor.
Mary C. Eisenbren, Class of 1945, Mr. Amundson.
Doris Marie Heaps, Class of 1945, Mr. Parrish.
Ellen E. Piatt, Class of 1933, Mr. Venetko.
Martha Yudkowsky, Class of 1941, Mr. John F. Wirksoski.
Beatrice Schlenker, Class of 1939, Mr. Stephen Uramo.
Helen Schropp, Class of 1939, Mr. Daniels.
Verna Gurd, Class of 1918, Mr. Taylor.

Mary Snook, Class of 1944, Mr. Smakovich.
Lillian Angwin, Class of 1928, Mr. Smellet.
Ruth M. Barr, Class of 1943, Mr. Siciliano.
Gertrude Nichols, Class of 1937, Mr. William M. Sessions.
Ellen Simonds Bunting, Class of 1944, Mr. Warnecke.
Margaret A. Buxton, Class of 1926, Mr. Alfred Pinkerton.
Doris G. Piemonte, Class of 1929, Mr. Robert Wine.
Mildred Felter, Class of 1924, Mr. Charles Semler.
Emma Margareta Heiss, Class of 1931, Dr. Peter J. Yannuzzo.
Mildred J. Stangenberg, Class of 1931, Mr. David H. Nason.
Mary Herr, Class of 1932, Mr. Seibert.
Rebecca Reiter, Class of 1933, Mr. Yunninger.
Millicent Kalinowski, Class of 1945, Mr. Bal-lard F. Smith.
Lydia Yerkes, Class of 1936, Mr. Robert A. Walker.
Virginia Harel Bickel, Class of 1937, Mr. Louis Miller.
Henrietta Effert, Class of 1937, Mr. Steeler.
Kathleen Hock, Class of 1933, Capt. Robert Martin.
Johanna Laise, Class of 1939, Mr. Henry B. Leighton.
Charlotte Florence Smith, Class of 1939, Mr. John M. Stacey.
Juliette Robbins Onderber, Class of 1939, Cap­ tain John Harold Light.
Ald Newcomer, Class of 1940, Mr. Kneidel.
Reta Annmember, Class of 1941, Mr. Feak.
Roberta Wilson De Remer, Class of 1941, Mr. Coble.
Ann Chafin, Class of 1942, Mr. Harrison.
Augusta Graa, Class of 1941, Mr. Harold Water.
Dorothy Imogene Davis, Class of 1943, Mr. James Wilkinson, 3rd.
Anna A. McCready, Class of 1943, Mr. Joseph Walker.
Vera Thompson, Class of 1943, Mr. Wm. Scroggin.
Andrea Kent, Class of 1943, Mr. Dyle J. Miller.
Norina Vogelsa, Class of 1944, Mr. Smith.
Erma A. Przybylo, Class of 1944, Mr. Roger D. Donnelson.
Charlotte Dine, Class of 1945, Mr. Laverne Utsumi.
Geraldine Halvorsen, Class of 1945, Mr. Wagner.
Betty Hefley, Class of 1945, Mr. Paul Fleming.
Mary Jane Holcomb, Class of 1945, Mr. Wil­ liam C. Trautman, Jr.
Vivian Overdorff, Class of 1945, Mr. Charles F. Wend.
Sydia Oake, Class of 1946, Mr. David Beck.
Thecla Lorene Sherzley, Class of 1945, Mr. Fleming.
Betty Jane Williams, Class of 1945, Mr. Ran­ dall.

Eleanor Winnick, Class of 1945, Dr. Jack A. C. King.
Huldah M. Wolman, Class of 1945, Mr. Stephen Ho.
Ruth Barnds, Class of 1946, Mr. Gutterie.
Dorothy Schlinkoff, Class of 1945, Mr. Barrels.
Neddie Kaneshiro, Class of 1944, Mr. Winn.

NEW ARRIVALS

Millicent Kalinowski Smith, Class of 1936— baby boy.
Mabelle E. Moore Cooke, Class of 1936— baby boy.
Mary Jane Lardin Braid, Class of 1942—baby boy.
Christine Diakumats Heckler, Class of 1945— baby boy.
Elen McCurley Steward, Class of 1942—baby boy.
Doris Winstin sheck Day, Class of 1940—baby girl.
Jean Lockwood Wagner, Class of 1941—baby boy.
Viola Cook Brubaker, Class of 1942—baby boy.
Laura Klink Williams, Class of 1943—baby boy.
Isabella Martinelli Jackson, Class of 1939— baby girl.
Jane M. Owen Goodman, Class of 1940— baby girl.
Anna Gianfriar Harrison, Class of 1942—baby girl.
Era Young Harrington, Class of 1945—baby boy.
Lorraine Maciejews Wallen, Class of 1938— baby boy.
Janet Lynch Plant, Class of 1940—baby girl.
Bertha A. Bell McCloskey, Class of 1931— baby girl.
Betty Jeanne Steward, Class of 1941—baby girl.
Dorothy Maag Frizen, Class of 1942—baby girl.
Alice Donovan Massey, Class of 1942—baby girl.
Dolores Sample Nelson, Class of 1942—baby girl.
S. Betty Williams Kochel, Class of 1939— baby girl.
Isa King Ewing, Class of 1933—baby boy.
Sarah Paron Saunders, Class of 1939—baby boy.
Janet Robertson Gerow, Class of 1942—baby boy.
Evelyn Thompson Niece, Class of 1932—baby boy.
Gloria Scheckler Robertson, Class of 1942— baby girl.
Ruth Moore MacAdams, Class of 1942—baby girl.
Betty Haines Kim, Class of 1943—baby boy.
Betty Schulz Smith, Class of 1944—baby boy.
Mary Eisenbrown Amundson, Class of 1945—baby girl.
Betty Sigreaves Eichland, Class of 1939—baby boy.
Mary Jane Holcomb Trautman, Class of 1945—baby girl.
Catherine Lewis Huddleston, Class of 1945—baby girl.
Vivian Zindel Bowen, Class of 1935—baby boy.
Ellen Crawford Teague, Class of 1935—baby girl.
Margaret Elliott Wallett, Class of 1941—baby girl.
Jane Mezler Flack, Class of 1942—baby girl.
Sally McHugh Luscombe, Class of 1942—baby girl.

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

DEATHS

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

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

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


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

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

THE BULLETIN COMMITTEE

The members of the committee have tried to bring you the news and happenings of the past year accurately. If there are any mistakes, we will gladly accept 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.

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, 1352 South Broad Street, Philadelphia 46, Pa.

PLEASE CHANGE MY ADDRESS

Name as when graduated

If married—husband's name in full

Former address (Street and No.)

City Zone State

New Address (Street and No.)

Class

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