Nurses' Alumnae Association Bulletin - Volume 6 Number 9

Dorothy Ranck
Dorothy M. Beatty
Katherine Childs
Nora E. Shoemaker
Betty Piersol

See next page for additional authors

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Authors
Dorothy Ranck, Dorothy M. Beatty, Katherine Childs, Nora E. Shoemaker, Betty Piersol, Mary Bonenberger, Elsie M. Walters, Henrietta F. Spruance, Evelyn Dute, Margaret A. Carey, Mrs. Edward L. Bauer, Thaddeus L. Montgomery, Lowell Erf, Martha Walker, Henrietta L. Flack, Allison Price, and Frank F. Allbritton
DEAR ALUMNAE MEMBERS EVERYWHERE:

Another year has rolled around and again the Alumnae Bulletin comes your way with news and views: news of the Jefferson Alumnae members and views of nursing and medicine.

We extend a hearty welcome to Miss Katherine Childs, who joined us as Director of the School of Nursing and Nursing Service July 1, 1947.

Alumnae Day will be held May 1 at the Bellevue-Stratford Hotel. Look for more detailed announcement of your day in the following pages!

The Alumnae has been active this past year, as you will see when you read the report of the monthly meetings. A radio has been purchased by the Association for the Alumnae members who are sick in the hospital and who do not have a radio with them. The radio is kept in the Alumnae room adjoining the School of Nursing office.

Many advances have been made in Medicine and Jefferson with its broad variety of cases has made rapid progress. You will be interested in reading the following articles in your Bulletin:

Streptomycin, by Dr. Price
Chest Surgery, by Drs. Gibbon and Allbritton
Obstetrics, by Dr. T. Montgomery
Transfusion Unit, by Dr. Erf

The graduate staff shows a marked increase. The hospital now employs 150 graduate nurses. The Staff holds meetings the first and third Mondays of every month. The first is a business meeting and the second is a program planned by a Program Committee. There has also been an increase in the number of private duty nurses. We now have 145 active nurses on the Register.

The White Haven nurses who were accepted as members of our Alumnae Association are now participating in the various committees of the organization. We welcome their interest and support.

The Tuberculosis Unit—Barton Memorial—has been a growing branch of Jefferson Hospital with a present bed capacity of approximately 100.

Among the many changes at Jefferson you will be interested in reading about the Drug Department, written by the Chief Pharmacist, Mr. Herbert Flack.

REMEMBER THE RELIEF FUND

Mail your contribution to the President, Miss Dorothy Ranck, Jefferson Hospital, or to Miss Margaret Carey, 459 Fairfax Road, Drexel Park, Penna.
As you read on you will find many items of news concerning your fellow-graduates.

The student body has been active the past year. Student Government has developed into an efficient organization assuming greater responsibilities in student recreation and life in the Home. The students are participating in the Nurses' Basketball League of Philadelphia. They have completed a very successful first season. The Choral Society, under the direction of Miss Edith Morgan, has participated in church services, Capping, Baccalaureate and Commencement Exercises, and Christmas programs. Greater enthusiasm has been shown in the extra curricular activities.

As President of the Alumnae Association, I wish to take this opportunity to thank Miss Martha Riland for her splendid leadership during the past five years during which she was President. Her work in behalf of the organization is a challenge to the officers of 1948. Thank you, Miss Riland.

The support and active participation of all Alumnae members everywhere is necessary for the expansion and growth of the organization and the nursing profession.

DOROTHY RANCK,  
President.

DISTRICT DUES
Beginning January 1, dues for the year 1948 are due. Your earnest support to assist us to carry through the Economic Security Program as well as other activities is asked.

Dues for 1948 are due.

District Dues 

State Association Dues $ 8.00

ANA Dues 

District Dues 

Total $14.00

USE YOUR MAIDEN NAME!!!
Whenever you have occasion to write your Alumnae, PLEASE use your first name, maiden name, then your married name plus the year you graduated.

Example: Marie Jones McCarthy, 1912

This is correct—Mrs. William McCarthy makes it very difficult for us to locate you in our files.

Thank you.

Don’t forget your relief fund—we are working for the $100,000 in order that you may be assured hospitalization in any State.

WELCOME! MISS CHILDS

MISS KATHERINE CHILDS  
A.B. degree from Trinity University, San Antonio, Texas.

Diploma in Nursing from Johns Hopkins Hospital School of Nursing, Baltimore, Md.

Summer School, Nursing Administration, Chicago University, Chicago, Ill.

Experience
Private Duty Nursing—8 months, 1924-25.

Supervision in Hospital and Public Health Nursing—Kermanstead, Iran, 1925-30.

Supervision in Maternity Nursing—Lake Forest, III., and St. Louis, Mo.—1930-35.

Assistant Director of Nursing in Charge of the Maternity Division, Pennsylvania Hospital, Philadelphia, Pa.—1933-41.

Associate Director of Nursing, Pennsylvania Hospital—1941-47.

The Jefferson Alumnae takes this opportunity to welcome Miss Childs as our Director of Nurses. We offer her our support and are more than pleased to have her with us.

Come out and meet her at your Annual Luncheon!

TO THE MEMBERS OF THE JEFFERSON NURSES' ALUMNAE ASSOCIATION EVERYWHERE:

With Alumnae Day so near there is a hope that many of you will be back in Philadelphia. The cordial welcome afforded me by those of your number here at home base has been an inspiration as I started this first year with you. It has also made me eager to meet those of you who are carrying the Jefferson spirit into other communities.

As you return you will see the improvements which have been made and are being made in the physical plant as materials and money are available. Space does not permit enumerating all of these. Come and see them for yourselves!

The present nursing staff of the hospital is as follows:

<table>
<thead>
<tr>
<th>Position</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Associate Director</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Directors</td>
<td>2</td>
</tr>
<tr>
<td>Faculty</td>
<td>13</td>
</tr>
<tr>
<td>Supervisors</td>
<td>14</td>
</tr>
<tr>
<td>Assistant Supervisors</td>
<td>1</td>
</tr>
<tr>
<td>Head Nurses</td>
<td>26</td>
</tr>
</tbody>
</table>
JEFFERSON NURSES' ALUMNAE ASSOCIATION

PUBLISHED ANNUALLY

OFFICERS—1948

President—Miss Dorothy Ranck
First Vice-President—Miss Ruth Spencer
Second Vice-President—Miss Ruth Eddon
Recording Secretary—Miss Betty Pieriol
Secretary-Treasurer—Miss Margaret Carey

BOARD OF DIRECTORS

Miss Martha Kiland
Miss Adele Lewis
Miss Hazel Oberdorf
Miss Caroline Kemmerer
Mrs. Henrietta Spreance

STANDING COMMITTEES

Entertainment
Miss Betty Pieriol, Chairman
Miss Margaret Summers
Miss Mary Bonnenberger
Miss Shottin
Miss Furlen
Mrs. Gail Gonder Wellard
Mrs. Thomas H. Beggade
Welfare Committee
Miss Ruth Roberts

Scholarship
Mrs. Henrietta Fitzgerald Spreance

Membership
Miss Catherine Betz
Program
Miss Betty Alman

Legislative
Miss Mary Bonnenberger

Ways and Means
Miss Gladys Kramer, Chairman
Mrs. Thelma Fleming
Miss Mary Bonnenberger
Miss Kemmerer
Mrs. Hazel Oberdorf

Bulletin—Publication
Mrs. Elsie Schreiber, Chairman
Miss Edna Scott
Miss Imae Fritz
Mrs. Thelma Fleming
Miss Frances Tomlinson

FINANCIAL REPORT

December 31, 1947

Dues Received 1947 $2,835.00
Relief Fund 1,043.25
Scholarship Fund 330.00
Donation to Relief Fund 744.00
Relief Trust Fund 23,173.00
Scholarship Fund (Memorial to Clara Melville '10) 10,000.00
113 sick benefits paid in 1946—$395.00
Sick benefits paid in 1947—$461.16
26 new members in 1947

Treasurer's Report

January 31, 1948

General Fund $3,120.76
Relief Fund 1,249.34
Scholarship 414.24
Cash on Hand 24.10
Total Scholarship Fund $5,003.44

CALENDAR OF COMING EVENTS

April 16—Alumnae Meeting, 7:30 P.M., Amphitheatre at Hospital.
April 21—Alumnae Dinner for graduating class at the Warburton.
May 1—Alumnae Day, Bellevue-Stratford Hotel.
May 11—Institutional Staff Nurses' Meeting, 311 S. Juniper Street, Philadelphia, Pa.:
May 20—District Number One Meeting, 311 S. Juniper Street, Philadelphia, Pa.:
May 31 to June 4—ANA Biennial at Chicago.
June 26—38th General Hospital Reunion.

LET'S YOU FORGET!

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

ATTENTION

Please enclose By-Law Book with your Alumnae dues. Save expense for your Association dues and extra work for your treasurer by keeping By-Laws Book in a receipt for paid dues.

If dues are not paid before annual meeting, you are considered in arrears by your Association and sick benefits are void for delinquents.

CLASS OF 1923—This is your Silver Anniversary.
CLASS OF 1925—This is your Tenth Anniversary.
CLASS OF 1942—This is your Fifth Anniversary.

Some pay their dues when due.
Some do before they're due.
Some do after they're due.

Some never do. How do you do WHEN YOUR DUES ARE DUE?

MARGARET CAREY, '27.

Assistant Head Nurses .................. 3
General Duty Nurses .................. 87
Student Nurses .................. 258

Total .................. 406

Non-professional personnel—
Volunteers .................. 80
Nurses' Aids .................. 24
Orders .................. 21
Ward Maids .................. 10

Total .................. 135

Grand Total—541

As you will note, the number of students in the School has decreased. This decrease reflects the general trend over the country. However, the increase in general duty nurses and in non-professional personnel is certainly a step in the right direction. It should mean that we can give more thought to the students' needs in the School of Nursing and yet be able to feel confident that patient needs can come first in the Nursing Service. We are all working toward these aims, a little painfully at times, but, I trust, with results that will pay off in the satisfaction and pride we can continue to feel in the outstanding reputation of the Nursing Service and School of Nursing here at Jefferson.

Many of the problems which confront us may sound like old stories in that they are repeated many times in many parts, not only of our own country, but throughout the world. The development of the school is inextricably involved with the service needs of the hospital, with hospital economics and the long established tradition of care of patients and better education of our students.

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March 20—Institutional Staff Nurses' Meeting, 311 S. Juniper Street, Philadelphia, Pa.,
April 2—District Number One Meeting, 311 S. Juniper Street, Philadelphia, Pa.,
May 17—May 20—ANA Biennial at Chicago.
June 26—38th General Hospital Reunion.

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The demands for the services of nurses in all fields exceeds the number who can or will work steadily and regularly. Restlessness within the service still persists and reflects the general social unrest. Personal interests are permitted to take preference over professional responsibilities. Critical is the situation may seem it offers a challenge to us all.

We are sure the faculty, staff and students here will respond to the challenge in true Jefferson spirit.

My very best wishes to you all.

Katherine Childs, A.B., R.N.,
Director, School of Nursing and Nursing Service.
Announcing . . .

ALUMNAE DAY
May 1st, 1948

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 1938

Return Luncheon Reservations by
April 23rd, 1948
to
MISS BETTY PIERSOL
1012 SPRUCE STREET, PHILADELPHIA 7, PA.

Please Help Make This a Success . . . Come and Join Us

REVIEW OF THE ALUMNAE ASSOCIATION MEETINGS

MARCH 21, 1947: 55 members present.
New members accepted: Laura Maurer, Elizabeth Gates.
The resignation of Mrs. Gehrhart Cook was accepted with regret.
Miss Carey reported that the Melville sisters donated $500.00 to the Clara
Melville Scholarship Fund.
Miss Kemmerer reported that the card party was well attended and a huge success.
The proceeds to date were $168.00.
Miss Riland reported that Alumnae Day would be held on Saturday, June 7th,
1947. Luncheon and dance at the Bellevue-Stratford Hotel.
The following resolution was accepted:
That we accept the graduate Nurses of the White Haven
Hospital into our Jefferson Nurses’ Alumnae Association
as members and that they should receive the same bene­
fits as our members according to our By-Laws.
Representatives from the Wyeth Brothers, Incorporated, presented to us a very
interesting film on the Inter-Gastric Drip Therapy for Duodenal Ulcer.

APRIL 18, 1947: 48 members present.
Miss Piersol reported the plans for Alumnae Day.
Miss Riland reported that the Nurses’ Association from White Haven Hospital
agreed to have their funds, which would amount to $700.00 placed in our Relief
Fund.
Also that commencement exercises would be Thursday, May 8th, 1947.
Baccalaureate services on Wednesday.

MAY 7th, 1947.
It was accepted that we have a definite day set aside for our Alumnae Day. The
day agreed upon was the first Saturday in May for our future Alumnae Day.
It was accepted that we have our September meeting in the Nurses’ Home and
serve refreshments.
An announcement was made concerning the death of Miss Lydia Cressman.
The program for the evening was the presentation of a movie in technicolor called
"Winged Horizon."

MAY 16, 1947: 52 members present.
New members accepted:
Margaret Mary Cook, Bella Suzanne Sorenson, Alice R. Caldwell, Shirley Isabelle
Kneebone, Laura Maurer, Evelyn White, Janet Hawke, Helen Black, Anita Fink,
Dorothy Harris Van Vranken, H. Maria Tuit, Anna K. Heichman, Betty Kimmel,
Helen Hasenfus Beale, Jeanne Mell, Jean Cresswell Zukawski, Margaret Mary
Cossman, Ruth Lee Garoley Gelb.
The resignations of Virginia McCrae Avitable, Jean Lockwood Wagner and
Marion D. Gabudza were accepted with regret.
It was accepted that we place the proceeds from the card party in the relief fund.
It was accepted that Miss Dorothy Edgar be sent as a delegate to the convention
in Chicago.
The program for the evening was a very interesting report and discussion on the
Structure Study, presented by Miss Dorothy Edgar.

SEPTEMBER 19, 1947: 82 members present.
New members accepted:
JEFFERSON NURSES' ALUMNAE BULLETIN


Miss Catherine Betz was appointed as chairman of the Membership Committee.

Miss Piersol announced that a Fall Dance would be given on Friday, November 14, 1947.

Mrs. Spruance, Miss Bonnenberger, Miss Ranck, Miss Edgar and Miss Piersol were selected as delegates to the P. S. N. Convention to be held on October 20, 21 and 22.

A reception for Miss Katherine Childs, which was very well attended and enjoyed by everyone, was given after our business meeting.

OCTOBER 17, 1947: 36 members present.

New members accepted:
Miss Mildred Klingerman, Miss Shirley Walters.

A thank-you note was received from Miss Katherine Childs.

The following recommendations were accepted:
1. That the Reader's Digest and Christmas greetings be sent to the several sick nurses.
2. That the books be audited and bills paid.
3. That Miss Katherine Childs be accepted into our Alumnae Association as an Honorary member.
4. That we contribute $25.00 for the Community Chest Fund.

Miss Dorothy Edgar gave us a report from the convention the subject of the Structure Study.

NOVEMBER 21, 1947: 52 members present.

New members accepted:
Anna Faust, Frances Avery Brown.

Committee reports were as follows:
Miss Piersol reported that there were 93 couples present at the Annual Fall Dance.
Miss Kemmerer reported that Xmas greetings are being sold.
Miss Keeval reported that she has made $75.00 on the sale of stockings.
Miss Katherine Childs reported that the student nurses have organized a basketball team.
Also that an Xmas concert was to be given by the combined voices of the Student Nurses and Medical Students.

The following recommendations were accepted:
1. That we send a card to the Patrick family telling them that we placed a sum of money in the Scholarship Fund in memoriam of their daughter, Henrietta Patrick.
2. That we send $100.00 to the Nursing School in Bordeaux, France, to aid in the rebuilding of the Nursing School that was ruined in the World War.

Reports from the Pennsylvania State Nurses' Convention were given by Mrs. Spruance, Misses Ranck, Bonnenberger, Edgar and Piersol.

JANUARY 16, 1948: 68 members present.

New members accepted:
Olga Christiansen and Ruth Phillips.

A recommendation was accepted that upon hearing of a death of an Alumnae member a bouquet of flowers be sent to the family of the deceased instead of a card.

Report of the Private Duty Section was as follows:
Chairman .......... Mary Bonnenberger

New officers for the year 1948:
President ........... Miss Dorothy Ranck
1st Vice-President .... Miss Ruth Spencer
2nd Vice-President ... Miss Ruth Riggio
Recording Secretary . Miss Betty Piersol
Secretary-Treasurer ... Miss Margaret Carey

Board of Directors:
Martha Riland, Adele Lewis, Henrietta Spruance, Hazel Oberdorf, Caroline Kemmerer.

FEBRUARY 20, 1948: 72 members present.

New members accepted:
Miss Eugene Parne, Arlean Miller, Helen Kopinachak, Sarah Newkirk, Lillian Cassaday, Gloria Wray, Jeanne Supplee, Jane Gilman, Betty Parsons, Joan Morton, Eleanor Cominsky, Virginia Spence, Helen Taylor, Althea Quaire, Betty Towsey, Betty Johns, Kathryn Hafer, Eleanor Fersko, Belliton Daubert, Ruth Fairweather, Catherine Prendergast, Audrey Foster, Joanne Hamm, Dorothy Stirey, Grace Bardo Ruapp, Evelyn Grim, Myrtle Frank and Hazel Trimmer.

The following recommendations were accepted:
1. That the Alumnae Association purchase one radio to be used for sick graduate Nurses. It is to be placed in the Nursing School Office. The nurse using the radio is responsible to return it to the Nursing School Office when she is discharged from the hospital.
2. That we send two delegates to the Biennial Convention which is being held in Chicago on May 31 to June 4, 1948. The delegates mentioned were Miss Ranck and Miss Bonnenberger. Alternates were Miss Piersol and Mary Roz Evans.
3. That the funds be given to Mr. Barringer for the respective established scholarship and relief fund.
4. That the Alumnae Association purchase uniforms for the student nurses' basketball team and to hold the check until an investigation be made concerning the hospital administration action on the matter.

Miss Ruth Spencer presented a very interesting report on Trends in Public Health Nursing.

DEAR ALUMNAE MEMBERS:

I am glad to have this opportunity to express my appreciation to the members of our Alumnae Association who make it possible for those of us who live on the fringe of the Nursing Profession to come in contact with the center of activity at least once a year.

The growth of the Bulletin is a source of pride in our small section of the profession and we hope there will continue to be those who are willing to find the time in their busy days to further the work which means so much to our scattered membership.

In the reports of the different funds sponsored by the Association there is evidence that our Alumnae is aware of the needs of a growing organization and congratulations are due those who have been so faithful in this task.

With best wishes to those I know and to those whom I have not met.

Very sincerely yours,

NORA E. SHOEMAKER.
INSTITUTIONAL STAFF NURSES' SECTION

This has been a very new section which has been organized and has been accepted into our Pennsylvania State Nurses' Association. The object of this section is to promote the interests of institutional staff nurses and to promote an opportunity for institutional nurses to consider problems of special interest to their group.

The term institutional staff nurse shall apply to supervisors and their assistants, head nurses and their assistants and general staff.

There will be a chairman of each district of the Institutional Staff Nurses' Section who will have a "Co-ordinator" from each hospital to help her. The "Co-ordinator" is a person elected from their own group to keep them informed and who will speak for them about the program. The chairman is the key person in each district and should be consulted whenever necessary.

The standards of this section are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Staff Nurse</td>
<td>$180.00 per month gross salary</td>
</tr>
<tr>
<td>Head Nurse</td>
<td>205.00 per month gross salary</td>
</tr>
<tr>
<td>Supervisor</td>
<td>230.00 per month gross salary</td>
</tr>
</tbody>
</table>

MEALS, ROOM AND LAUNDRY

It shall not be obligatory for the nurse to purchase such prerequisites as rooms, meals and laundry from the hospital; such arrangements may be made between the nurse and hospital management.

HOURS

A standard 44-hour week effective October 1, 1947, and a 40-hour week effective June 1, 1948.

SALARY INCREASES

A semi-annual increase of $5.00 per month up to three (3) years on the basis of acceptable service.

HOLIDAYS

Six (6) full days' paid holidays or their equivalent, as all of the nursing personnel cannot be granted time off at the same time. Those who have to work on the specified holidays will be granted a compensating day at the convenience of the nursing service and choice of the nurse. Holidays specified, New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving and Christmas.

VACATION

Not less than 21 days with full compensation for a year's service; for those who have not worked a full year, vacation time to be proportionate.

SICK LEAVE

Fourteen (14) days' paid sick leave per year for bona fide illness, cumulative to a total of six (6) weeks. Nurses are to be encouraged to provide for care during illness by hospitalization insurance plans.

These standards were set by the staff nurses themselves, working through committees and sections. Approval by the P. S. N. A. Board of Directors has made them official throughout the state. Although higher standards may be sought and observed, none lower shall be approved by the Pennsylvania State Nurses' Association.

All staff nurses are urged to attend their section meetings, which are held at 311 South Juniper Street, in Room 802, usually the third Thursday every two months. The program of the meeting is stated in your Official Bulletin and Pennsylvania Nurse. These meetings are held to discuss what we think are necessary revisions to achieve better working conditions for nurses in Pennsylvania.

It seems that Philadelphia is far behind other cities in Pennsylvania to accept these standards.

Jefferson Medical College Hospital is proud to report that we are working on these standards. We have not accepted the entire program of standards, but we hope to have them adopted in the very near future.

BETTY PIERSOL, Co-ordinator.

REPORT OF STAFF ACTIVITIES — 1947-1948

Early in September the staff nurses met with Miss Childs to elect officers and plan the activities for the coming year.

Miss Sarah Fritz, Supervisor of Surgical Floor, was elected President and Mrs. Bernice Sprecher, Clinical Instructor in Surgery, was elected Secretary-Treasurer. It was decided to increase the staff dues from $0.50 to $1.00 per year and to meet twice a month at 3 P.M. The first Monday of each month was to be a business meeting and a program meeting was to be arranged for the third Monday of each month.

Miss Fritz assumed her duties immediately by appointing the following committees: Program Committee, with Miss Josephine Krusselbrink chairman, to arrange the program meetings; Faculty Committee, to discuss student problems, under the direction of Miss Dorothy Edgar; Procedure Committee, Mrs. Elizabeth Farinella, chairman, to write new procedures and revise old ones; a Supply Committee, to investigate and make recommendations with regard to hospital supplies, under the chairmanship of Miss Edna Scott. An Entertainment Committee to plan social activities, with Miss Bettyann Auman, chairman. Miss Dorothy Ranck was appointed chairman of the Public Relations Committee and Mrs. Genevieve Kochmstedt chairman of the Committee on Ward Administration.

Miss Sprecher, with little or no delay, began collecting dues and with such efficiency that we find the cash on hand to be $130.50 as of December 1st.

The various committees have been very active during the year. The Program Committee provided several interesting speakers thus far. Dr. Harry Knowles spoke on the pre-and post-operative care of intestinal surgery. Mrs. Brunton, of the Social Service Department, discussed the work of the medical social service workers, stressing the importance of cooperation between the Social Service Department and the medical and nursing staffs. Dr. Carl Bucher spoke of the problems encountered by the clinical laboratories with reference to the diagnostic tests ordered for patients.

Social activities have been few but pleasant. The annual Christmas party which was held December 18th in the Spruce Street Nurses' Home, was enjoyed by everyone who was able to attend. Entertainment, refreshments and a visit from Santa proved to be just what was needed to give the holiday spirit to those who hadn't already had time for it. Santa distributed gifts to everyone and presented Miss Childs with a gift certificate from the staff to be used at the music store of H. Roger Smith & Co.

The other committees have been meeting regularly since they were appointed. The report to date of their work is as follows: The Procedure Committee reports it is working on a procedure for Lumbar Puncture and Thoracentesis, which should be.
ready for staff approval very shortly. Mrs. Koehnstedt reported that her committee was concerned with standardization of time slips and assignment sheets to be used throughout the hospital. Recommendations were made by the committee and, having been tried, are apparently proving satisfactory. The Committee on Public Relations at present is suggesting policies concerning visitors and visiting hours. A report of the discussions, conclusions, recommendations and action taken by the Supply Committee is as follows:

1. Shortage of linen on the floors.

A letter was sent to Mr. Gannister asking that a linen inventory be taken, also recommending that the result be compared with what would be normally allotted to an institution of this size. It was also recommended that a better method of collection and distribution be taken under consideration.

2. Shortage of Wangensteen suction apparatus.

A recommendation was made and a letter sent in to the effect that this suction apparatus be placed in a central unit under the supervision of one individual who would be responsible for its care and distribution.

3. Shortage of aspirating machines on the floors.

A recommendation was made and a letter sent in to the effect that more aspirating machines be placed into use on the floors, or that wall suction be installed in the operating rooms and the O. R. suction machines be released for floor use.


Questionnaires were sent out to the supervisors, head nurses, residents and interns concerning the condition and adequacy of supplies and sets. The results were compiled and sent to Miss Childs for further action.

5. A letter was sent to Miss Childs concerning the shortage of bed sides and shackles, with a recommendation that the matter be taken up with Dr. Hamerick for action.

It is gratifying to note the interest and cooperation which has been apparent among the staff nurses during this past year. Surely the work of the officers and various committees should serve as an inspiration for the year ahead.

PRIVATE DUTY SECTION

The Private Duty Section of Jefferson Hospital held four meetings during the year, preceding the regular Alumnae meetings. This section has approximately 145 active members.

On June 1st, 1947, the minimum standard fee became effective for the Private Duty Section. The nurse receiving $8.00 per hour day and $1.00 being paid to the hospital for nurse’s board.

The chairman of this section attended the Forty-third Annual Convention of the P. S. N. A. held at the Benjamin Franklin Hotel October 20, 21 and 22, 1947. She has also been elected to attend the A. N. A. Convention, which will be held in Chicago, May 31st to June 5th, 1948.

At the January meeting of the Private Duty Section, which was held in the Special Nurses’ Locker Rooms, the following officers were elected for the coming year: Chairman, Mary E. Bonenberger; 1st Vice-Chairman, Mrs. Mary R. Evans; Secretary, Mrs. Mildred McGee.

MARY BONENBERGER.
The Sun Dial, as the paper is called, contained items of interest to all. The renaming of the former men’s and women’s dormitory to the Barton Memorial Pavilion, in honor of the first nurse to be killed in action in World War II—and a member of the Class of 1924 of the White Haven Sanatorium School of Nursing—was an item of particular interest to the nurses.

The Sun Dial also covered the symposium on “chronic diseases resembling tuberculous” held in the Blum Auditorium on January 28, 1948, and very well tended by a group of 150 doctors from Luzerne County. After the lectures, the doctors were invited by their host, Dr. Burgess Gordon, to attend a buffet supper in the dining hall and to make a tour of the buildings. Of special interest to these anthracite region physicians was the Mine Workers’ Pavilion, which is now nearing completion, and which is expected to house anthracosilicotic cases—under the sponsorship of the United Mine Workers’ Welfare Fund now supplying the means making possible the care of these men.

The Directors and Board members have further plans for this division, and it is felt that interesting events will make 1948 another year to keep on the records.

Angela Cozza, Director of Nurses, White Haven.

WHITE HAVEN DIVISION NEWS ITEMS

**MARITAL EVENTS**

**MARRIAGE:**

Anna Di Sante, Class of 1940, to Ernest Fink, now residing in Philadelphia, on July 27, 1947.

**BIRTHS:**


Susan Jane Tucker, July, 1947, to Rose May Hampshire Tucker, class of 1940, in Florida.

Anna Mary Mattarella to Dr. and Mrs. Diego Mattarella, class of 1934, at Parma Heights, Ohio. Mrs. Mattarella is the former Loretta Musolf, class of 1934.

Salvatore Di Marco, Jr., to Mr. and Mrs. Salvatore Di Marco of Philadelphia, on January 12, 1947. Mrs. Di Marco is the former Marie Malinowski, class of 1942.

Blanche Schumeyer McGwigan—baby boy.

**DEATHS:**

Mrs. Mary Sauerhoff Handy, class of 1922, on March 15, 1947 at Grandview Hospital, La Crosse, Wisconsin. Mrs. Handy had been director of nurses at the White Haven Sanatorium from July 1925 to June 1926. She was superintendent of nurses at Lakeand Sanatorium, Grenloch, N. J. from 1926 to 1929.

From March 1940 until her death, she held the position of superintendent of Oak Forest Sanatorium, Onalaska, Wis. Mrs. Jane Minton Regalis, class of 1939, on August 17, 1947.

**ILLNESS:**

Mary Jensen, class of 1941, confined to the Summit Hill Park Sanatorium, Pomon, N. Y., for the past few years.

Florence Donovan, class of 1927, hospitalized at the White Haven Division during the entire year of 1947. At present she is convalescing.

**ITEMS OF INTEREST:**

Ruth M. Gardiner, class of 1941, first nurse killed in action in World War II, and for whom the Chicago Beach Front Hotel was named when it was converted into an Army Hospital during the war, is being remembered by having a building named for her at the White Haven Division.

Caroline Smith Leaf, class of 1929, wrote to Miss Estelle Doherty from the Philippine Islands relating her experience during a typhoon.

Ruth M. Gardiner, class of 1941, has made rapid progress. To our former staff has been added Dr. Frank F. Allbritton, Jr., who has been doing a great deal of successful chest surgery. We have been operating on a full five-day a week schedule, averaging about six operations a week. Dr. Allbritton has not only been doing excellent surgery, but his charming personality has been an asset to the general morale of the patients.

Our first floor, which is used mainly to house patients who are diagnostic problems, is usually filled to its capacity.

The bronchoscopic division has been really working overtime with Dr. J. O’Keefe as its head. This, in conjunction with the Surgical Department, has been keeping the operating room staff, consisting of two nurses and an aide, fairly busy.

The cardio-respiratory Department, under the able direction of Dr. Hurley L. Morley, with Drs. Lang and Theodos as assistants, are doing a splendid work in the research of silicosis and anthracosilicosis among miners. Dr. Morley’s laboratory for this section is open and affords an interesting subject for study. The entire Fitzwater corridor on the fourth floor, consisting of fifteen beds, has been set aside for this project. The patients are hospitalized, studied thoroughly, diagnosed and returned to their own respective physicians with suggested treatment. To date approximately 110 miners have been studied.

An addition to the nursing staff has been Miss Marcella Horne as the clinical instructress in the chest division. Under her direction we are hoping to establish Barton Memorial as a teaching center for diseases of the chest.

I might add that we are not entirely, or rather strictly, business. We have also opened a library under the guidance of visiting librarians, Miss Bertha Lawes in charge. This room is open to the patients two or three days a week. In it they can sit and read, or listen to the record players, a donation by the Woman’s Auxiliary.

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They, too, so generously have renovated the first floor of the nurses’ home. We now have a very attractive living room and “snack room” in the nurses’ home. If you don’t believe it, come and see it.

It is a privilege and an interesting experience to be associated with the staff at Barton Memorial and to watch its progress. I hope we shall be able to give you a more extensive report next year.
Student Nurses' Activities

STUDENT COUNCIL

The first and third Tuesday night of the month the Student Council meets in the Nurses' Home. The Student Council consists of the officers of the governing body who are elected by the student body each year and the panel members. The panel members are three girls from each class who are appointed to serve for one month. Their duties are to attend each meeting as a representative of their class, and enter any of the discussions. A new duty of the panel members is that they will be the Q. D.'s in the Nurses' Home. Q. D. means Quiet Downer, the girls who are to see that there is no unnecessary noise in the home after 10.30 P. M.

Some of the things accomplished by the Student Council this year are:

1. The nurses are entitled to four overnights and four late passes during each month. If the overnights are not used as such they may be used as late passes. The nurses may have two overnights in succession if they obtain permission from the nursing school office.

2. For the first time, senior student nurses were permitted to attend the Black and Blue Ball.

Some of the activities of the year were: an informal dance which was held in November; a Christmas party which was held in the Recreation Hall at which the nurses trimmed the Christmas tree, had entertainment, refreshments and received gifts from Santa Claus; and a semi-formal dance held in the Medical College. Other activities sponsored by the Council were the square dances, a decision to purchase additional tickets to the Philadelphia Forum at the Academy for the use of any nurse who desired them, the sponsoring with the Women's Home Committee of a Powers Course for the nurses who wished to take it. Another activity of the future will be the Graduation Semi-Formal, which will be held at graduation and which is also sponsored by the Women's Home Committee.

At each meeting the Council attempts to solve any problems which may arise concerning the student body, and it also sets the punishment for students who willfully break any rules.

The Council is a necessary body and an aid to each student, for through it problems which arise can be discussed and settled.

INTRA-CITY STUDENT COUNCIL

Throughout the various hospitals in the city of Philadelphia last year there was established the Intra-City Student Council. This council consists of several members from each school's Student Council. This body meets once a month at a different hospital each time.

The purpose of the Intra-City Student Council is to see just how the Council of each school functions, to discuss the problems of all the Councils together and to promote a better feeling among the nurses in the different hospitals throughout the city.

In December Jefferson played hostess to the meeting of the Council. Girls from all over the city gathered in the "Rec Room" to elect officers for next year and to discuss other activities of the group. After the meeting was adjourned refreshments of cocoa and cookies were served to the group.

Don't forget your relief fund—we are working for the $100,000 in order that you may be assured hospitalization in any State.

NURSES' CHRISTIAN GUILD

Every third Thursday night in the month the Christian Nurses' Guild meets. Our number is few, but God's presence has inspired us.

At each meeting different student nurses are asked to lead a short devotional period.

We have had several well known speakers at our meetings, among whom were: the Chaplain from the Norristown Hospital, Mrs. Joseph Lord, who gave us a brief digest of the alcohol anonymous group in Philadelphia, and several missionaries who presented the need for more workers for foreign service. "The harvest truly is great, but the laborers are few," Jesus told His disciples. That He would send forth laborers into His harvest.

From time to time different members have given brief messages from their own experiences in serving God. One nurse gave a very interesting survey of the Old and New Testament, including an appreciation of the Bible as a whole.

Each spring we gather together to have a picnic or wienie roast. Besides spiritual uplifting we emphasize Christian social fellowship. At Christmas time we have a Christmas party.

Along with our own local Guild we are privileged to attend each month the Christian Nurses' Fellowship of Philadelphia.

THE NEWMAN CLUB

The Newman Club is an organization of the Catholic Nurses that meets the last Tuesday of every month. The Chaplain is Father Collins, of St. John's Parish. The first Sunday of every month the girls go to Communion in a group.

The meetings are varied. One month there was a skating party at the Chinese Church Hall at Race and Ninth Streets. Before the skating began, Father Collins showed everyone through the school and the church and explained some of the Catholic principles, since non-Catholics as well are invited to attend. A group of Chinese students served Chinese tea and cookies after the skating was over. During the evening cocoa-cola was enjoyed by the skaters.

Moving pictures have been shown several times at club meetings. One evening movies of a tour to Lourdes, France, Ireland, Italy and Switzerland were shown, and taken by Father Collins and Father Marley, were shown. Other movies of a Catholic wedding and Mass were presented.

Father Collins has presented the Newman Club with a framed copy of the Papal Blessing he received as a member of the club from Pope Pius when he was in the Vatican City last summer.

NURSES' CHRISTIAN GUILD

Choral Club—Jefferson Hospital

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SWING YOUR PARTNER AND PROMENADE

Swing your Partner! Come on Through! Grab your Partner and Promenade! On the second and fourth Tuesday evening of each month music rings forth from the student nurses' "Rec Room." If you stop to wonder just what it is you will find that the girls are having their square dancing once again.

An enjoyable evening is always in store for the girls who go to the square dances every other week. Lessons are being taught by Miss J. Haddock, a well known dance teacher of the region. Miss J. Haddock has appeared in several dance exhibitions held at Convention Hall. The girls learn all the calls and steps in square dancing and before long are experts at it.

Miss Haddock also teaches other types of dancing to the nurses, including the polka, and Russian folk dancing. One dance, called the Italian cotillon is a great favorite with the girls and they like to do it over and over.

So when you hear the famous calls, "Swing your partner and promenade" ringing forth from the "Rec Room," come along in and join the fun.

JEFFERSON SCORES AGAIN

Something new has been added to Jefferson—a school spirit which keeps it alive in the hearts of all. It was started by a few, but has grown in all the students. What has caused this sudden outburst, you ask? The Student Council has had a lot to do with it, but something new and different has helped too. That is the basketball team. In the Spring of 1947 a few girls under the supervision of Miss Margaret Cowman went to the Y. W. C. A. and began what has come to be in March of 1948 the "Champion Nurses' Team of the City." The girls found the floor of the Y. W. C. A. too small, so in the Fall of that year they received permission to use the gymnasium of the Pennsylvania Hospital. Helen Baxter was asked to coach the team.

November 24th was the great night. The team, which included: Forwards, Gloria Lloyd, Captain; Ann Granger, Carolyn Eckold, Alleen Hanna and Jean Mease; Guards: Elinor Duke, Captain; Marie Mesa, Jean Beard, Marge Ball and Dorothy Diehl, together with a strong cheering section from the Nurses' Home assembled at the St. Joseph's Home for Homeless Boys, at 16th Street and Allegheny Avenue. Philadelphia General Hospital was the first rival and they were defeated by the close score of 18 to 13. The Jefferson team, dressed in their navy blue shorts and white blouses, went on to five more victories.

So continues the enthusiasm of the students for their first basketball team, which is the pride of Jefferson for the 1947-48 season. The girls, together with the coach, have practiced long and hard to make it a success so that the past and present students of Jefferson can well be proud of the honor they have won.

SCHEDULE

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<th>Month</th>
<th>Team 1</th>
<th>Score 1</th>
<th>Team 2</th>
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<td>Jefferson vs Abington</td>
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<td>Jefferson vs Woman's Hospital</td>
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<td>Jefferson vs Episcopal</td>
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<td>Jefferson vs Presbyterian</td>
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<tr>
<td>March 5</td>
<td>Jefferson vs Bryn Mawr P.S.</td>
<td>19</td>
<td>44</td>
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REMEMBER THE RELIEF FUND

Mail your contribution to the President, Miss Dorothy Ranck, Jefferson Hospital, or to Miss Margaret Carey, 459 Fairfax Road, Drexel Park, Penna.
INTERESTING ACTIVITIES OF THE NURSES' HOME COMMITTEE OF THE WOMEN'S BOARD

By Mrs. Edward L. Bauer, Chairman

Nothing gives us greater pleasure than to tell of the progress of our work. Our membership today comprises an active group of thirty senior and twenty-five junior members plus ninety sustaining members.

The sum of Four Thousand Dollars was realized as a result of the Fashion Show and Tea given in May, 1946, to establish a Student Nurses' Loan Fund. This amount was turned over to the Board of Trustees, who have made certain provisions for its administration, namely, that applicants be recommended by the Director of the School of Nursing and Service and that these be approved by the Medical Director and confirmed by the Board of Trustees; that the maximum amount of the loan shall not exceed Three Hundred Dollars for the entire course, to be repaid within a period of three years after the date of graduation, no interest charges being made during the period of the loan.

Because of the nature of our program our members are keenly interested in the conduct and deportment of our student nurses while living in Nurses' Home. To encourage a good attitude the committee is offering an annual Commencement prize as a memorial to Mrs. Bessie Dobson Altemus, who was President of the Women's Board for many years and who always held our Jefferson nurses in great affection and esteem.

The prize will be awarded as follows:

'The Bessie Dobson Altemus Memorial Prize of Twenty-five Dollars, presented by the Nurses' Home Committee of the Women's Board, to the student who, throughout her training has contributed the most to harmonious living in the Nurses' Home, the decision based on cooperation, courtesy, neatness, personal habits and spirit of service.'

The Prize Committee of the Nurses' Home Committee will select the recipient from a list of candidates, three each to be submitted by the Directress, the Housemother and Student Council respectively.

And yet again something new has been added. Upon the recommendation of our committee the Powers School Evening Course has been introduced as an extra curricular opportunity. Enrollment, already exceeding one hundred nurses, is optional and the cost is shared by the subscribers and our committee. Stress is placed upon beauty and charm in daily work and living and the six lectures elaborate upon courtesy and perfection in dress, particularly for the professional woman, et cetera.

Another pleasant innovation is an outing for the preclinical students. Last May this group, as guests of our committee, visited the historical encampment at Valley Forge and the Military Academy at Wayne, where, at the invitation of General Milton G. Baker, they viewed a colorful and thrilling dress parade. Last autumn another group of preclinicals enjoyed a delightful day at "Pennsburg," the home of William Penn on the Delaware near Bristol. Upon arrival a delicious picnic lunch was served outdoors, followed by a tour of the manor and gardens with time to spare for a lovely stroll along the river bank or just a quiet day dream on the shaded terrace.

To briefly list some general improvements in the buildings, our committee equipped the Recreation Room in "1018" with comfortable davenport and easy chairs, attractive floor and table lamps, well-built bridge and general game tables, table tennis, a piano of excellent tone and a radio-victrola plus several albums of dance records. The "1012" Reception Rooms were brought up to date with a stunning new set of slip covers. The "1014" entrance was completely remodeled and furnished in maple with tones of orange, rust and copper in cushions and lamps so that the entire effect is cozy and inviting.

A Fashion Show by Nan Duskin, followed by a Tea, will be given on May 19th at "Listopada," the lovely home of Mr. and Mrs. James Clement Butt, at Paoli, for the benefit of our newest project, the establishment of an Equipment Fund. In all we do we bear in mind always the comfort and happiness of our student nurses.

EXCLUSIVE FOR NURSES

We are pleased to advise that April 1, 1948, was set as the date for acceptance of applications for additional members who have not already applied for Sickness and Accident Insurance, available to members of our Alumnae Association, under the wholesale plan offered by the Massachusetts Bonding and Insurance Company, through the Dana G. Hall Agency, Inc., 123 William Street, New York City.

Complete data and applications are being mailed to all members again.

Protect your earning power while you can!

The plan offers the broadest protection at the lowest cost ever offered to graduate nurses.

Mr. Irwin L. Moll, the local representative, was at our meeting, March 19, 1948, and answered questions of the graduate nurses.

Please help locate the following nurses. Forward addresses to Nursing School Office at Jefferson Hospital, please:

- Lily Elizabeth Lindsey, Class of 1941
- Helen Schmug Daniels, Class of 1939
- Eva Medwil, Class of 1938
- Gertrude Brandy, Class of (?)
- Hope Fleck Halba, Class of 1934
- Mary Schaefter Ries, Class of 1935
- Anna Biddle Robertson, Class of 1935
- Katherine DeWitt Smith, Class of 1929
- Pauline Knapp Shallcross, Class of 1929
- Margaret Kipkash Petrone, Class of 1937
- Sara Harry Corsen, Class of 1923
- Millie Keating Smith, Class of 1936
- Helen Greenly Baker, Class of 1931
- Helen R. Dahler, Class of 1932
- Eva Nonnemacher, Class of 1923
- Katherine Graham Gillam, Class of 1903
- Sara Winslow Helma, Class of 1930
- Mary Weir, Class of 1902
- Emily Koser Henry, Class of 1902
- Bertha Carson Simpson, Class of 1910
- Louise Cooley Oliver, Class of 1902
- Martha Davis, Class of 1936
- Olive Good, Class of 1940
- Marie Kelly Klaus, Class of 1935
- Elizabeth Rogers, Class of 1900
- Josephine Smith Snyder, Class of 1937
- Esther Robertson, Class of 1944

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.

PRIZES — 1947

The Adaline Potter 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:

- MARY PAVOLAK

Honorable Mention to Marie Louise Bologa.

The William Porter Memorial Prize of twenty-five dollars to the member of the Graduating Class attaining the best general average during her senior final examinations to:

- HELEN MARY KOERNER

Honorable Mention to Wanda Elizabeth Edgell.

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, demonstrated the greatest versatility and co-operation in nursing situations to:

- JOSEPHINE FRANCES MESSA

Honorable Mention to Julia Stour.

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:

- HELEN MARY KOERNER

Honorable Mention to Wanda Elizabeth Edgell.
CHANGES IN THE MATERNITY DIVISION

Dr. Thaddeus L. Montgomery, Professor of Obstetrics and Gynecology

Upon the resignation of Dr. Norris Vaux in the spring of 1946 as Professor of Obstetrics, the departments of Obstetrics and Gynecology were combined at the Jefferson Medical College and Hospital. Dr. Lewis C. Sheffey, who had been Professor of Gynecology, was appointed Professor of Obstetrics and Gynecology; Director of the Division of Gynecology and Head of the Combined Department. Dr. Thaddeus L. Montgomery, who had been Professor of Obstetrics and Gynecology at the Temple University School of Medicine, returned as Professor of Obstetrics and Gynecology and Director of the Division of Obstetrics at Jefferson. This combination of the two departments has resulted in the formation of one large department which had to do with all forms of function and disease in the reproductive tract of women. Many adjustments and improvements have been made in administration, physical equipment, and in the curriculum of instruction of medical students and nurses.

One of the first steps taken was to construct a new suite of labor and delivery rooms on the 14th floor of the Jefferson Hospital Annex, the same floor that is occupied in part by a suite of operating rooms. This new labor and delivery room section included the two old delivery rooms which had been built when the annex was first constructed, and the space that was formerly utilized by interns and residents on the southern side of the 14th floor. The new suite includes three delivery rooms, two labor rooms with accommodations for four patients, sterilizing room, a patient lavatory and shower, a stock room, nurses' locker room and lavatory, a dormitory for four students, and a doctor's waiting room with sleeping accommodations for four physicians or interns and residents.

All of the deliveries are conducted on this floor by a special group of graduates and student nurses assigned to this duty. The labor rooms are used for private and semi-private patients who are well advanced in labor. In the instance of ward patients, the labor is conducted on the 3rd floor, ward maternity, and the patients are brought to the delivery room for the final act of delivery itself. Approximately 200 to 225 deliveries are performed each month in this suite of rooms.

Cesarean sections are performed when possible in the 14th floor operating room where the facilities for the care of the mother and the baby are close at hand. Appropriate equipment has been secured for the care of the newborn, and detailed and meticulous supervision is provided for the baby before it leaves the delivery room suite.

Comparatively few changes have been made in the 11th floor in its physical equipment. Quite satisfactory accommodations are here provided for approximately 10 private and 18 semi-private patients at a time. The ward patients are still housed on the 3rd floor of the annex, and 1—six-bedded room is set aside for low cost accommodations for semi-private patients. The total beds provided on this floor are approximately 38. All are now used for obstetrical purposes. The labor room on the 3rd floor is still used for the conduct of labor in ward patients and here the medical students and undergraduate nurses receive most of their instruction in the care of the patient in labor.

The two delivery rooms which were left vacant on the 3rd floor when the delivery room suite was moved to the 14th floor are now temporarily employed respectively as a formula room and as a premature nursery. The formula room is furnished with the equipment for aseptic preparation of formulas for all of the obstetric department—private and ward. The other delivery room is being used temporarily as a premature nursery and here a specially trained group of graduate and undergraduate nurses are in constant attendance day and night upon the premature babies. The number of these varies from time to time from 6 or 8 up to as high as 25 or even 30. While these special arrangements for the care of the premature have resulted in great improvement in saving of fetal life, yet larger space is necessary and is being planned.

The service room of the 3rd floor has been reconstructed and equipped with bedpan sterilizer for the floor. The Woman's Board has been very helpful in providing new equipment for the ward mothers and babies including clocks in each of these 6-bedded wards.

The nursery of the 3rd floor has recently been divided into one section for mature babies and a second section completely separated for the isolation of ill babies. The latter is divided into cubicles and will have its own supplies and separate nursing care. All of the mature ward babies are kept in specially equipped cribs at the mother's bedside.

Approximately 100 to 125 ward deliveries are performed each month, and there are many additional admissions for various prenatal complications. All deliveries are now conducted within the hospital, and it is only occasionally that students are sent out to deliver some patient who has precipitated in the home, or an occasional instance where a doctor is not available for emergency home delivery. The Wharton Street Dispensary has been closed, and the students are receiving all of their training in hospital delivery and the delivery room.

As a result of this change in policy the Obstetric Out-Patient Department has become a very busy part of the Division's activities and the work in the Out-Patient Department has been improved and systematized. Approximately 105 new patients are registered each month, and 600 to 650 return visits are made each month. The attendance at each day's clinic is approximately 40.

Four junior medical students live in the hospital at a time for approximately 3 to 6 days during which period they attend all of the ward patients and ward deliveries and assist at a few times with private deliveries. The senior students, instead of attending deliveries in the home, are sent to eight hospitals in the city who are associated with Jefferson in the obstetric teaching progress. These senior students spend approximately twelve days at one of these institutions for an obstetric service.

There are four interns who are assigned at a time to duty on the obstetric and gynecologic department. At the present their service is approximately two months, but when the return is made to a 2-year internship this period of service will be lengthened. There are also now six residents on obstetrics and gynecology participating in the work of the combined department and securing their postgraduate training in this specialty.

One of the most important contributions to the progress of the new division of obstetrics has been the excellent work that has been done by the nursing staff. Reorganization, replanning of the nurses' activities, and an increased number of graduate nurses on duty have vastly improved the grade of nursing care provided for mother and baby. I cannot speak too highly of the efficient work that is being done by Miss Pauline Shenk, supervising nurse of the Maternity Division, and her associates, nor of the excellent cooperation that has been given by Miss Jackson, the recent Directress of Nurses, and Miss Childs, the new Directress of Nurses.

This newly organized department is highly conscious of the fact that only by cooperation and coordination of the efforts of doctor and nurse can the highest standards of hospital care be provided.
The following are the graduate nurses who are on duty in the Obstetric Division:
Miss E. Pauline Shenk, Supervisor of Maternity.
Carolyn Greer, Clinical Instructor of Maternity and Gynecology.
Dorothy Groman, Night Supervisor of Maternity.

Delivery Room: 11th Floor—Private Maternity:
Ruth Greener, Head Nurse
Bernadine Chesnulovich
Mary Jane Wargo
Beatrice Christman

3rd Floor Maternity Ward:
Margaret Jones, Head Nurse
Georgianna Molitor
Irma Schultz

Nurseries—Marie Griffin, Head Nurse
11th Nursery
Margaret Feiler
Elizabeth Feiler

11th Nursery
Premature Nursery
Anna Conant
Geraldine Gordan

Ward Nursery
Lucy Banks
Barbara Bailey

GRAY LADY MUSICAL THERAPY SERVICE

In 1942 the Gray Ladies first brought Hospital Music to the ward patients at Jefferson Hospital. This service was an experiment permitted by the Red Cross, with Mrs. Walter S. Franklin as Director and Mrs. J. Malcolm Johnston as her assistant. Jefferson Hospital received the service so whole-heartedly and have always been so cooperative that it is considered a partner in this work. Music for the sick should be quite different than music for performance, and under the leadership of Mrs. Franklin new musicians are especially trained for this service. A new musician is first sent to Jefferson Hospital, because Mrs. Franklin knows the nurses and doctors, as well as the patients, will make her realize that she is wanted and needed. Mrs. R. Joseph Rich is the Gray Lady in charge of this service which comes to Jefferson Hospital.

Mrs. Melvin F. Jackson, Mrs. J. Malcolm Johnston, and Mrs. Franklin as Director and Mrs. J. Malcolm Johnston as her assistant.

During her term as president of its Women’s Board this group developed and expanded into an active working unit of one hundred and twenty-five members whose five sub-committees now number as many more additional members. No one anxious and willing to give of her talents was ever turned aside.

The problems of each department became Mrs. Altemus’ own problems. She studied them thoughtfully and not only gave good counsel, but actively helped to find a solution. She encouraged those working for the welfare of the mothers and their babies in the Maternity Department and at the same time was keenly aware of the difficult problems that daily beset the Social Service Group.

There is no part of the hospital proper that does not bear the imprint of her work and her personality. Whatever might add to the mental and the physical well being of the patient immediately became a “must” with Mrs. Altemus. She placed great emphasis upon comfort and beauty in surroundings and the Board members of today are following through in the trail she blazed. Her good taste can be seen in many of the attractive sitting rooms and corridors throughout the buildings and in the beautiful roof garden atop the private building. Some of the charmingly decorated reception rooms in the Nurses’ Home are further evidence of her handiwork.

Mrs. Altemus heartily endorsed all projects undertaken for the good of the Hospital by the Women’s Board or any of its several committees and many a distracted chairman was given fresh courage by her cheery, “Aren’t you wonderful! What would Jefferson ever do without you!” This was part of her great charm.

When the Chest Hospital Committee undertook to furnish its roof garden so that these patients could relax comfortably in pleasant surroundings and enjoy the fresh air and sunshine so necessary to their recovery, Mrs. Altemus threw herself heart and soul into the project. She not only contributed, but called upon her many friends to help, and in a very short time this dream became a reality. At that time this department was located at Third and Pine Streets. She was thrilled with the later well equipped Barton Memorial on South Broad Street and very proud of the committee’s work there.

During the last World War when Jefferson was developing its wonderful Grey Lady Unit, Mrs. Altemus cooperated by taking the course and qualifying as a member of this organization. And it was at her behest that each nurse enlisting in our Over-
The Blood-Transfusion-Plasma Unit of the Charlotte Drake Cardeza Foundation located at 124 Clifton Street (near the Sansom Street entrance of Jefferson Hospital) and she of silence in reverence to her memory, we could almost hear her say, as she did when at our committee meeting early in October, as we raised our heads after a few moments of her wide experience.

Don’t you worry about anything. Just get that visited you yesterday your daughter? You should be improved and is much more.

The Blood Transfusion-Plasma Unit while most of the Rh and Hr testing will be done at The Blood Donor Center.

Some of the funds for remodeling of the building and for the necessary additional equipment were contributed by patients of Dr. Harold W. Jones.

Dear Jefferson Alumni:

The Dietary Department of the ever-growing Jefferson Hospital sends you its greetings.

We feel that much has been added to our scope by the experience of the war years, when it was necessary to span many gaps by substituting food materials, transferring employees from one job to another, in order to follow as nearly as possible our routine and serve those who come to Jefferson for help.

We are thankful to tell you that we maintained our schedule in spite of all the obstacles that were encountered. We had much help from the Red Cross, volunteer workers and others, that did anything necessary to help. We know you will join us in our thanks for this service.

Now that things are going forward in a more normal way we are able to take up many of the problems that confront us, namely, better employee morale, uniforms for workers and, best of all, an eight-hour day schedule, which is helping to develop our service. We are endeavoring to teach employees the technic of their job, so that the loss to the hospital, from lack of employee interest, will be reduced. As you know, the attitude of the employee is of vital significance to the industry of the institution. We want to make friends by giving good courteous service.

Our trays have been attractively served on holidays with colored napkins, and tray covers suitable to the occasion. Our Christmas decorations were especially pretty this year.

There have been many changes among our staff and personnel, but we notice with satisfaction that this is declining. There are many applicants to choose from, so competition helps.

Our ward service, inaugurated 3 years ago, of which we sent you a message, has improved and is much more acceptable than our old form of service. We feel that as new equipment is added we shall be able to give you a much better report on this particular phase of our work.

We must now look to the future and begin to erase our deficiencies. We feel this will compensate for any of the difficult memories of the past few years. The outstanding memories are that we all worked together for one cause, namely, the winning of the war and Jefferson.

We look forward to seeing you on your visits to Philadelphia. You are welcome any time and we would be glad to show you any progress made.

Sincerely yours,

Miss Martha Walker, Chief Dietitian.
THE HOSPITAL PHARMACY

By HERBERT L. FLACK, B.Sc., M.Sc., Chief Pharmacist

Cooperation with the nursing staff and with the physicians of this Hospital is one of the most important functions of the Pharmacy. Mutual cooperation, however, is required in order to have some of the projected plans work smoothly. Let us take, for example, several new procedures that were introduced this past year, TO AID THE NURSING STAFF in the efficient discharge of their duties and see how well they worked.

STANDARDIZATION

The medicine cabinets on all floors in the Thompson Annex, with two exceptions, were arranged in a manner that would place the same type of drug on the same shelf on every floor. Medications were divided into groups, as (a) internal liquids, (b) tablets and capsules, (c) external liquids, (d) ointments, (e) ophthalmic preparations, etc. Each group of medications was then arranged alphabetically according to the active ingredient in the title of the preparation and not according to the class of medication, as tinctures, solutions, fluid extracts, etc. Thus Belladonna Tincture USP followed Ammonium Chloride Solution JH, and preceded Chloral Hydrate Solution JH. This set-up required the building of extra shelves for many of the floor's medicine cabinets.

This system was introduced to help nursing personnel rapidly locate a specific medication. It should be of special value to student and special duty nurses since the duties of these persons require them to work on the many different floors. It was thought that by use of standard alphabetical drug lay-outs for every floor the nurse would spend less time searching for medications and more time on professional care of the patient—her primary obligation. Cooperation of all nursing personnel is required if such alphabetical arrangement is to be maintained and is to be of value.

PHARMACY SERVICE

In an effort to better utilize valuable nursing time for nursing problems, rather than for duty as messengers, and to assist the Nursing Department in better organizing the activities of the nursing staff, a reorganization of Pharmacy service was instituted. The new procedures for obtaining all types of medications were outlined in a Nursing Staff Bulletin so that staff, student and private duty nurses would have the information available on every floor. Cooperation of the nursing service has been good, and with the new method of delivering drugs and picking up of the charge slips, it is felt that many hours of nursing time that were formerly utilized for messenger duties have been made available for nursing care of the patient. The ultimate aim of this reorganization of service is to keep the nursing staff away from the Pharmacy and allow them more time for their floor duties. It is hoped that in due time the nurse will be required to come to the Pharmacy only for the delivery and pick-up of narcotic medications.

TEACHING

An important function of good pharmaceutical service to a hospital is the teaching of pharmacology to student nurses. This past year the Chief Pharmacist was privileged to present this subject to the students in a series of thirty lectures. Emphasis was placed on the therapeutically effective drugs used in the Hospital and mention was made of new drugs that showed promise of a future place in medicine. In most instances, a sample of the medication as the nurse would use it was displayed during the lectures. This included the display of all floor drug and many charge drug medications.

MEDICAL COLLEGE NEWS

A portrait of Mr. Robert P. Hooper, President of the Board of Trustees, was presented to the college by the Alumni Association at the Annual Dinner on Thursday, May 22nd, 1947, at the Benjamin Franklin Hotel.

Dr. Warren B. Davis, nationally-known plastic surgeon and Clinical Professor of Plastic and Reconstructive Surgery at Jefferson Medical College since 1934, died July 7, 1947, after a long illness. He served as chief of the Plastic Surgery Service of the Veterans Hospital from 1917-1923, and was president of the Plastic Surgery Society from 1934-1936. He was a member of the American Medical Association, Alpha Omega Alpha, the American Society of Plastic and Reconstructive Surgeons, and the New England Surgical Society. He was also a member of the Pennsylvania Academy of Surgery and the American College of Surgeons.

At the Annual Dinner, which was held at the Bellevue-Stratford on February 26th, 1948, the Alumni Association presented the annual Alumni Medal to Dr. Warren B. Davis, who was also present. The medal was presented by Dr. J. Earl Thomas, Professor of Physiology and Director of the Barton Memorial Division of Jefferson Hospital. The guest speaker was Dr. Morton Opdenefelder, Professor of Physiology, Temple University, Philadelphia, who also paid tribute to Dr. Thomas. The meeting was attended by members of the Philadelphia County Medical Society and by many other guests who were present to honor Dr. Thomas on the occasion of his retirement after 40 years of service to the college.

REMEMBER THE RELIEF FUND

Mail your contribution to the President, Miss Dorothy Ranck, Jefferson Hospital, or to Miss Margaret Carey, 459 Fairfax Road, Drexel Park, Penna.
STREPTOMYCIN

DR. ALLISON PRICE

I. STREPTOMYCIN:

A. Definition: An antibiotic agent produced by Streptomyces Griseus, one of the actinomycetes.

B. Characteristics:

1. Active organic base:
   a. Forms salts with acids:
      (1) Streptomycin hydrochloride.
      (2) Streptomycin sulfate.
      (3) Streptomycin phosphate.
   b. Hygroscopic.
   c. Soluble in water.
   d. Insoluble in:
      (1) Alcohol.
      (2) Ether.
      (3) Chloroform.
      (4) Acetone.
   e. Chemical structure:
      (1) Streptidine (C_{17}H_{21}N_{2}O_{3}).
      (2) Streptobiosamine (C_{17}H_{21}N_{3}O_2).
      (3) Connected by glucoside linkage.

f. One mg. or more in the urine is capable of reducing Benedict's solution.
g. Thermostable at room temperature.

C. Units:

1. G. Unit: is equivalent to 1 gram of crystalline streptomycin base.
   It is now expressed in terms of crystalline streptomycin base:
   a. Therefore: 1 microgram = 1 S Unit.
   1 milligram = 1,000 S Units.
   1 gram = 1,000,000 S Units.

2. S Unit: The amount of streptomycin which will inhibit the growth of a standard strain of E. Coli in 1 ml. of nutrient broth or other suitable media. This unit corresponds to the original E. Coli Unit.

D. Mode of action:

1. The nature of the action of Streptomycin is apparently an effect on the metabolism of the bacteria:
   a. Susceptible bacteria:
      (1) Bacteriostatic in low dilutions.
      (2) Bactericidal in higher concentrations.
   b. Strain variants of a bacterial species vary widely in sensitivity to streptomycin.

E. Absorption, Distribution, and Excretion:

1. Administered:
   a. Orally:
      (1) Almost entirely excreted in the feces.
      (2) Small trace in the blood and urine.
   b. Intravenously, Intramuscularly, Subcutaneously:
      (Fig. II.)
      (1) 50 to 70% excreted in the urine.
      (2) Small trace in feces.
      (3) Spinal fluid levels are higher in patients with inflamed meninges.

F. Methods of Administration and Dosage:

1. Intramuscularly.
2. Subcutaneously.
3. Intravenously.
   a. Dissolve the drug in normal salt solution. (Fig. IV.)
   b. Amount of solvent kept small so bulk of each injection is small.
      (1) A 40% solution is satisfactory for most methods of administration.
c. Dose:
(1) Intramuscularly — Subcutaneously:
(a) 300 or 600 mg. every four hours
or
(b) 1 gram every eight hours.
(2) Intravenous administration is not advocated because of the histamine-like action of the streptomycin.
d. Sites for injections:
(1) Thigh.
(2) Gluteous muscles.
(3) Deltoid muscle.
4. Orally:
a. Dose:
(1) 6 to 8 grams in 180 cc. (6 ounces) of water.
(2) Administer 30 cc. (one fluid ounce) of the solution every four hours.
5. Inhalations:
a. Dose:
(1) In concentration of 50 mg. to 100 mg. per cubic centimeter of normal saline solution.
b. Method:
(1) Nebulization.
(2) Aerosol.
c. N. B. Value of this method is questionable.
6. Intrathecal Injection: If method is indicated:
a. Dose:
(1) 25 mg. to 100 mg. in 5 or 10 cc. of normal saline solution injected every 24 to 48 hours.
G. Indication for Streptomycin:
1. All patients with infections due to H. Influenzae:
a. Meningitis.
b. Laryngotracheitis.
c. Endocarditis.
d. Pulmonary infections.
2. All patients with tularemia.
3. All patients with Meningitis caused by:
a. H. Influenzae.
b. E. Coli.
c. B. Friedlander.
(d. B. Proteus.
e. B. Pyocyaneus.
f. B. Paratyphoid.
g. B. Lactis Aerogenes.
4. All patients with bacteremia caused by gram-negative organisms:
a. B. Coli.
b. B. Friedlander.
c. A. Aerogenes.
d. B. Pyocyaneus.
e. B. Proteus.
f. B. Paratyphoid.
5. All patients with urinary tract infections due to:
a. E. Coli.
b. Proteus.
c. A. Aerogenes.
d. B. Lacus Aerogenes.
e. B. Friedlander.
f. H. Influenzae.
g. B. Proteus.
6. Streptomycin may be helpful in treating patients with the following conditions:
a. B. Friedlander's pneumonia.
b. Peritonitis due to gram-negative bacteria.
c. Cholangitis due to gram-negative bacilli.
d. Empyema due to gram-negative bacteria.
e. Endocarditis due to gram-negative bacteria or gram-positive bacteria which fail to respond to penicillin.
f. Liver abscesses due to gram-negative bacteria.

g. Salmonella infections
h. Typhoid fever (still doubtful).
i. Brucellosis (still doubtful).
j. Tuberculosis.

Ch. Recommended:
a. Tuberculous meningitis:
- Intensive parental therapy is advised—remission are frequently induced by this treatment, relapses may occur. There are in most patients residual neurological disorders. Early diagnosis and treatment is most important. The need of intrathecal therapy is still in dispute.
b. Pulmonary tuberculosis:
- With our present knowledge it is apparent that all types of pulmonary tuberculosis should not be treated with streptomycin.
- Best results—Progressive and recent pulmonary lesions (diffuse and finely disseminated shadows on roentgenograms).

Changes in the Staff at Jefferson Hospital

Elizabeth Farinella, Graduate Central Islip Hospital—Nursing Arts Instructor.
Lois Dimock, Graduate Robert Packer Hospital—Assistant Nursing Arts Instructor.
BettyAnn Auman, Class of 1946—Instructor of Medicine and Surgery.
Bernice Wiegelsworth Sprecher, Class of 1940—Surgical Clinical Instructor.
Mrs. Louise Morton, Graduate of Graduate Hospital—Medical Clinical Instructor.
Mary Morton, Graduate of Philadelphia General Hospital—Science Instructor.
Thelma Shertley Fleming, Class of 1945—Assistant Director in charge of special nurses' register.
Catherine Gray Paine, Class of 1933—Sociology Instructor.
Caroline Greer, Graduate of Protestant Episcopal Hospital—Clinical Instructor of Obstetrics.
Marie Griffin, Graduate of Delaware Hospital—General Duty—Maternity.
Beatrice Christmass, Graduate of St. Joseph's Hospital—General Duty—Maternity.
Julia Albani, Graduate of Harrisburg Hospital—Head Nurse—14 Operating Room.

Alberta Justaris, Class of 1947—General Duty—Operating Room.
Mary C. Souders, Class of 1947—General Duty—Operating Room.
Betty Kimmel, Class of 1946—General Duty—Accident Ward.
Josephine Skoludzki, Class of 1947—General Duty—Operating Room.
Eleanor Lenkiwicz, Graduate of St. Agnes Hospital—General Duty—Operating Room.
Nellie Chillem, Class of 1946—Curtis Clinic.
Mildred Klingerman, Class of 1947—Head Nurse—3-11, 5th and 6th Floors.
Bernadine Chenslevich, Class of 1947—General Duty—Maternity.
Irma Scherry, Class of 1947—General Duty—Maternity.
Mary J. Wargo, Class of 1947—General Duty—Maternity.
Mrs. Geraldine Gordon, Graduate Lincoln School for Nurses—General Duty—Maternity.
Mary Pavulak, Class of 1947—General Duty—Maternity.

Continued on page 38
CARE OF THE THORACIC SURGICAL PATIENT

By Frank F. Allbritton, Jr., M.D., and John H. Gibbon, Jr., M.D.

In no phase of surgery is it more important for the hospital staff to have a common understanding of fundamentals than in thoracic surgery. The great amount of time and effort expended on the individual patient makes it impossible for the physician in charge to alone support the patient through the hospital stay. He is dependent upon the aid offered by his medical and nurse colleagues. The necessity of sharing the care of the patient places considerable and unusual responsibility for the welfare of that patient upon the nurse. Certain procedures have been developed in thoracic surgery that require special nursing knowledge and skills throughout the entire preoperative and postoperative course of the patient.

STUDY AND PREOPERATIVE PREPARATION OF PATIENTS

The routine preoperative studies are similar to those of any other patient undergoing a major operative procedure. A complete blood count, urine examination, serology and estimation of blood protein, and urea nitrogen are routine studies. In addition, all sputum must be collected, daily quantities measured and recorded on the chart. Three 24-hour specimens should be examined for the presence of acid fast bacilli, and if negative a 72-hour concentration test should be done. If these studies are neglected or the specimen lost through improper disposition or labeling, considerable delay in the rational planning of treatment may result. If a large quantity of sputum is raised postural drainage may be indicated. It is not enough merely to tell the patient to do postural drainage, he must be shown how to carry out the procedure properly and then be reminded of the procedure at the specified time intervals. Frequent bronchoscopic examinations and aspirations are unusual for a patient with abundant secretions. If the tracheo-bronchial tree can be kept adequately drained the inflammatory reaction rapidly subsides, less secretion is formed and the patient is in much less danger of aspirating infected secretions during operation. The chart of the amount and type of sputum raised daily is a fairly reliable guide as to the course of the inflammatory processes within the tracheo-bronchial tree.

Infection within the lung is extremely common either primarily or as a complication of some other lesion. For example, cancer within the lung substance not infrequently occludes a major bronchus, blocks the drainage from the bronchus, and infection occurs behind the blocked bronchus. Such infections can be extremely virulent and result in exaggerating the nutritional deficiency usually present. In such instances the diet assumes major importance. Usually such individuals have little desire to eat. Although an adequate diet may be served them, it is not unusual to see the tray leave the bedside with the major portion of the food untouched. Those patients need special trays and special encouragement to eat in order to correct their nutritional deficiency so that surgical treatment required can be done with the least possible risk. Anemia can be corrected by preoperative blood transfusions, but an adequate diet ingested by the patient, a condition that can be accomplished by extra attention, is the only means of repairing tissue deficits, and providing adequate materials to properly heal diseased tissue.

POSTOPERATIVE CARE OF PATIENTS

The completion of a well-executed operative procedure does not insure the recovery of the patient. The care following the actual procedure should be considered a part of the operation, an important part which of necessity must be shared by those working with the surgeon. There are certain aspects of the care that are common to all thoracic procedures and these will be considered first.

When the patient is returned from the operating room to his bed he is placed in an oxygen tent. (This should be anticipated and there should be no delay in waiting for the proper preparation of a tent.) The cool atmosphere of a properly regulated tent is pleasant and comfortable, the increased oxygen content of the air provided better oxygenation of the blood and thereby decreases any tendency to postoperative shock or intestinal distention.

The patient is placed flat in bed until he regains consciousness, but he should be turned from side to side every half hour to further aid in the drainage of secretions. When the patient regains consciousness the head of the bed is then elevated as breathing and coughing are both easier in a semi-erect position.

Constant surveillance is required until the patient has regained consciousness and is able voluntarily to protect himself to a certain extent. The pulse, respiration and blood pressure should be recorded every quarter hour for one hour, each half hour for three hours, and hourly thereafter for 24 hours.

An intravenous infusion is generally given during the operative procedure and is continued after operation. The fluid given depends upon the circumstances of the individual problem and are chosen by the physician with the purpose of keeping the blood and fluid of the patient as nearly normal as possible. The amount and kind of infusion must be selected carefully, as too much fluid may overload the circulation and cause pulmonary edema. Too little fluid will result in dilution of the output. A sufficient amount should be given to provide a minimum daily output of 1200 cubic centimeters of urine. Because of the difficulty of providing an adequate nutritional intake by intravenous infusions the patient should be encouraged to resume a normal diet on the first postoperative day or as soon thereafter as possible. If the gastro-intestinal tract has been operated upon through a thoracic approach it will be necessary to take this into consideration in the postoperative diet.

Pain following operations upon the thorax is usually of sufficient severity as to require opiates to provide relief. Morphine sulphate, 0.01 gm. (0.15 Gr.) every four hours, if needed, is generally sufficient to control pain. It has been noted that morphine is sometimes given reluctantly. This comes from the desire to promote cough and respiration. However, while it is true that involuntary cough and respiration are depressed by opiates, unrelied pain may result in a voluntary depression of cough and respiration of much greater magnitude. When pain is relieved voluntary cough and respiration are facilitated. One hour after each administration of morphine it is mandatory that the patient be placed in a sitting position, the area of the wound splinted by pressure from the physician's or nurse's hands, and that a vigorous voluntary cough be required.

An adequate amount of rest is necessary in the period following operation. Pain of sufficient severity to interfere with sleep requires morphine. A persistent ineffective cough due to retained secretions that cannot be raised voluntarily is one of the chief causes for restlessness and insomnia.

Insistence upon coughing postoperatively is of extreme importance in all operative procedures, but is particularly important in patients subjected to thoracic operations. Often the procedure is undertaken with infectious secretions present in the tracheo-bronchial tree. Accumulations of such material in previously uninvolved portions of the lungs may result in atelectasis and secondary lung infection. This loss of function of an additional portion of the lung may dangerously reduce respiratory function. Although vigorous attempts are made to induce voluntary cough, it often becomes necessary to resort to aspiration of the trachea.
The requirements of this are (1) a moderately stiff No. 16 or No. 18 whistle-tipped urethral catheter; (2) a suction apparatus with a collecting bottle, and (3) a rubber tube connecting suction apparatus and catheter. The catheter is passed into the tracheo-bronchial tree without anesthetization. The patient is placed in a semi-erect position with the neck slightly flexed. The tongue is grasped by the free, gauze-covered hand, in order to elevate the epiglottis and prevent swallowing. The catheter is then inserted through the nose deep into the pharynx. The patient is asked to inhale quickly and with inspiration the catheter is quickly passed through the larynx into the trachea. If the patient can be induced to cough while the tip of the catheter is deep in the pharynx it can usually be passed through the larynx with the first inhalation following coughing. When the catheter passes into the trachea vigorous coughing is usually induced. Passage of air through the catheter and huskiness of the voice when an attempt is made to speak are other evidences of the position of the catheter within the trachea. Suction can be used on the catheter while it is in the pharynx if secretions are present, but should be discontinued while the attempt is made to pass the catheter through the larynx. Once the larynx is passed suction should be resumed in order to cleanse the trachea as thoroughly as possible while secretions are forced into it through the vigorous cough induced. If the suction is continued for more than a few seconds, considerable cyanosis may occur. Therefore it is advisable to discontinue the suction after a few seconds, allow the patient to take a few breaths, then continue the procedure intermittently until the tracheo-bronchial tree is dry.

Following aspiration voluntary cough usually becomes much more effective. However, aspirations may be required. With the cuff of the catheter inflated, respiration which the patient is unable to clear up by coughing, is an indication for intaracheal suction. The procedure may be repeated as often as is required to keep the tracheo-bronchial tree dry. The improvement that follows aspiration is unusually impressive and we have adopted this as a routine procedure in the postoperative treatment. Following any intrapleural operation bloody serum will accumulate in the pleural cavity. Air will also be present if a lobe or a lung has been removed, as the space occupied by the pulmonary tissue removed contains air when the chest wall is closed. After the intrathoracic suction. The procedure may be repeated as often as is required to keep the pleural cavity dry. The improvement that follows aspiration is unusually impressive and we have adopted this as a routine procedure in the postoperative treatment.

The patient should be encouraged to cough while the tip of the catheter is deep in the pharynx; or if a catheter is not used, to inhale quickly and with inspiration the catheter is quickly passed through the nasopharynx. The patient is asked to inhale quickly and with inspiration the catheter is quickly passed through the larynx into the trachea. If the patient can be induced to cough while the tip of the catheter is deep in the pharynx it can usually be passed through the larynx with the first inhalation following coughing. When the catheter passes into the trachea vigorous coughing is usually induced. Passage of air through the catheter and huskiness of the voice when an attempt is made to speak are other evidences of the position of the catheter within the trachea. Suction can be used on the catheter while it is in the pharynx if secretions are present, but should be discontinued while the attempt is made to pass the catheter through the larynx. Once the larynx is passed suction should be resumed in order to cleanse the trachea as thoroughly as possible while secretions are forced into it through the vigorous cough induced. If the suction is continued for more than a few seconds, considerable cyanosis may occur. Therefore it is advisable to discontinue the suction after a few seconds, allow the patient to take a few breaths, then continue the procedure intermittently until the tracheo-bronchial tree is dry.

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Early ambulation of patients following operation upon the thorax is particularly important. In addition to providing the usual advantages of decreasing abdominal distention and decreasing the incidence of phlebitis it also provides increased respiratory stimulus. The patient should be encouraged to be ambulatory on the first postoperative day and to increase his activity daily thereafter. On first arising postoperatively, the patient may require the aid of the nurse, but should be encouraged to activity without aid early in the postoperative course.

SPECIAL CONSIDERATIONS

Intrapleural drainage: Some intrathoracic operative procedures require drainage of the pleural cavity postoperatively. This is done in order to drain or prevent an accumulation of fluid and air in the pleural space and to promote re-expansion of the lung or the part of the lung remaining. Such drainage is accomplished by inserting a soft rubber catheter through the chest wall into the pleural space. The patient is then connected to rubber tubing leading to a suction bottle or to an under-water drainage. If the latter is used, the end of the tube leading from the chest must be sealed by being kept just under the surface of the water in the drainage bottle. Air or pleural fluid may then easily escape, but no air will be sucked back into the pleural space. The height of the column of water within the tube will indicate the amount of negative pressure within the pleural cavity. Coughing or straining will force air from the pleural cavity which will bubble from the under-water tube. It is evident that it is possible for pressure only very slightly greater than atmospheric pressure to be built up within the pleural space with such an arrangement. This makes it particularly valuable as a simple treatment for spontaneous or traumatic pneumothorax.

When it is desired to decrease the intrapleural pressure greatly below that of the atmosphere the drainage tube must be connected with a continuous suction device. The employment of the Stedman pump has proven to be entirely satisfactory. It is particularly important that the materials needed to set up a drainage be immediately available postoperatively, as the need for such an apparatus is sometimes a matter of urgency.

Empyemas: The incidence of empyema has been greatly reduced since the advent of sulfonamides and the antibiotics. However, it does continue to occur. Recent treatment in early empyema largely depends upon repeated aspiration of the fluid with instillation of an antibiotic into the pleural cavity. However, the use of tube drainage, as previously discussed, is resorted to occasionally. In those cases in which infection has been present for a protracted period, the pleura overlying the lung becomes so thickened that the lung cannot expand and the space between the lung and chest wall will not be obliterated. An opening through the chest wall into the infected cavity is then usually made in order to provide adequate drainage. The infected cavity can usually be cleaned much faster if proper Dakinization is employed. However, before Dakinization is undertaken, one must search for any opening into the lung (broncho-pleural fistula). Usually this is revealed by the escape of air into the empyema space from the lung while straining or coughing. If fluid is placed in the cavity in the presence of a fistula it passes into the lung and violent spasms of coughing ensue. Dakin's solution is particularly irritating and it is advisable to precede Dakinization by first filling the empyema cavity with physiologic salt solution, in order to remove the presence of a fistula. To be effective, Dakinization must be done properly. The cavity is thoroughly washed with the cavity being at the most superior point, and the solution remains in place for twenty minutes. The cavity is again drained, the skin edges protected with
vaselinized gauze and a fresh dressing applied. The procedure is repeated every four hours. The most stubborn infection will clear under such a regimen. If the infection is cleared, obliteration of the cavity usually occurs. Considering the amount of protein lost in the prolonged drainage from such huge infected cavities, it is evident an adequate intake of food is very important. These patients are usually ill at some time during their period of convalescence and do not desire food. At such times, every encouragement to eat must be given; it must be insisted that all food on the tray brought to the patient be eaten.

The care of the tuberculous patient presents the additional problem of safeguarding the hospital personnel, as well as their patients, from the infection. However, the general aspects of preoperative and postoperative care are the same as those outlined above. Of course, the extent of postoperative activity in these patients is greatly reduced when compared to the non-tuberculous patient.

In summary, an attempt has been made to obtain the preoperative postoperative nursing considerations in the thoracic surgical patient. Adequate preoperative preparation brings the patient to the operative procedure in the best possible condition under existing circumstances. The postoperative care takes him from the procedure back to activity. The period of hospitalization represents continuous treatment of the patient from illness to health and can only be successful through the combined efforts of the nursing personnel, the house and visiting staff working with a common understanding and purpose.

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**MISCELLANEOUS ITEMS**

It is grand to welcome fourteen graduates of the White Haven School of Nursing into our association. Hope to meet you at the luncheon.

Mrs. Grace Walther Fenstermacher Kuhn, Class of 1947, Alumnae receipt returned to me, address incorrect. If anyone has her correct address please send to Treasurer. Also Mrs. Katherine E. Naugle. Her 1948 receipt has been returned.

Mrs. Norma Sickler Bond, Class of 1932, who had been living in Newton, Penna., is now residing in Melrose Park, Illinois.

Mrs. Nancy Habecker Maxwell, Class of 1942, is now residing in Webb City, Okla.

Mrs. Sarah Patton Saunders, Class of 1939, is now residing in Maryland.

Mrs. Idæ Mae Griffiths Vargo, Class of 1940, is now living in California. She would like to hear from the nurses in California and her classmates. Mrs. Vargo's address is as follows: 7700 Sancala Avenue, Roscoe, California.

Mrs. Kay Adams Lindemann, Class of 1937, is residing at 382 Smith Street, Providence 8, R.I.

Miss Miriam Dailey, Class of 1923, is now working for Professional Counseling and Placement Service, District No. 3, at the Kirby Health Center in Philadelphia, Penna.

Mrs. Charlotte Roeder Jacobs, Class of 1934, is now located at the Children's Rehabilitation Institute, in Cockeysville, Maryland.

Mrs. Ruth Gregory Dudley, Class of 1945, is back in the States after working in Honolulu. She is now living in Huntington Park, California.

The Misses Helen M. Wallace, Class of 1945, and Mary Anne Rickett, Class of 1943, who have been nursing in the Kapitolan Hospital, Honolulu, Hawaii, are once again in the United States.

Mrs. Ellen Remsen-Carlton, Class of 1940, has settled permanently at 2903 Wallack Avenue, Tampa, Florida. She would like very much to hear from classmates and any other who ever knew her. Also to extend a cordial invitation to any of the nurses vacating or working in Florida to stop by for a visit and chat about Alma Mater days.


Irene Nortwich, Class of 1948—General Duty—Surgical Floor.

Mrs. Eleanor Henry Porter, Class of 1935, who has been residing with her husband and children in Jerusalem, Palestine, is on her way to Philadelphia. Mr. William Porter, who is the United States Consul in Jerusalem, will continue his duties in Jerusalem.

Mrs. Carrie Cassel Coffman, Class of 1915, and her husband, Rev. Aubrey Coffman, are now living in LaVerne, California.

Mrs. Mary L. DeLancey Bouchelle, Class of 1912, is now working at the Kent General Hospital in Dover, Delaware. Mrs. Bouchelle is Supervisor of the Maternity Department.

Miss Joyce Franz, Class of 1929, is Associate Director, Community Health and Civic Association in Ardmore, Penna.


The Misses Miriam Brunner, Class of 1939, and Charlotte Davenport, Class of 1939, are now studying at Western Reserve University, Cleveland, Ohio.

Barbara G. Schutt, Class of 1939, Secretary of the State Nurses’ Association, has received her Master’s Degree recently from the University of Pennsylvania.

Geraldine Frances Ehleman, Class of 1946, of Tuckerston, N. J., has gone to Honolulu. She may be reached at Queenen Hospital, c/o Anesthesiology Department, Honolulu, T. H.

Miss Sylvia Cole, Class of 1932, is now Chief Anesthetist at Pennsylvania Hospital.

Rhea Moyer, Class of 1941, is working in the Anesthesiology Department at Wilkes-Barre, Pa.

Geraldine Schreffler, Class of 1943, has left Jefferson Hospital to work in anesthesia in Chicago, Ill.

Theresa Ludorf, Class of 1947, is a patient at White Haven. She would like to hear from her classmates.

Bernice Freudenberger, Class of 1927, Administrator at St. Johnland’s, Kings Park, Long Island, N. Y.

Mary Metzer, Class of 1930, accepted a new position as school nurse in the past year.

Dionysia Sweevey Ruhr, Class of 1946, is living in Berlin, Germany, where her husband is stationed with the U. S. Army.
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Marie Louise Baloga, Class of 1947, is Supervisor of Pediatrics at University of Pittsburgh Hospital and is attending classes at the University.

Ester Goldberg, Class of 1928, is completing her course in Cleveland, Ohio. She will finish June, 1948.

Eleanor Sayres, Class of 1939, is now working at White Haven Section of the Jefferson Hospital.

Jennie Orr Rowen, Class of 1938, has had two thoracoplasties at Barton Memorial Hospital during the past year. She is now back at Eaglesville Sanatorium in Eaglesville, Pa., living in one of the cottages. She would like to hear from her classmates.

Catherine Pendergraft, Class of 1947, finished her post graduate course at Pennsylvania Hospital for Mental and Nervous Diseases. She now is taking courses at Villa Nova.

Alice Caldwell, Class of 1947, is a patient at White Haven. She would like to hear from her classmates.

The regular monthly business meeting of the Jefferson Hospital Nurses' Alumni Association was held September 19, 1947, at the Nurses' Home, 1012 Spruce Street. Following the business meeting a reception was held to introduce Miss Kathryn Childs, Director of Nursing and Nursing Service, to the Alumnae and Staff Members. 160 members and friends attended the reception.

We are proud to announce the publication of "A Study Guide in Medical Nursing," by Janet Correll Reinhard, Class of 1943, formerly Clinical Instructor in Medicine at Jefferson. The book is published by F. A. Davis, Philadelphia, Pa.

MARRIAGES

Elizabeth Niessler, Class of 1946, to Mr. David Black.

Ann Flebig, Class of 1947, to Mr. Arthur Cloud.

Mary Nash, Class of 1944, to Mr. Loren Collins.

Florence Bell, Class of 1947, to Mr. James Deighan.

Madeline Hirst, Class of 1947, to Mr. Dennis.

Maude Sanders, Class of 1947, to Dr. John Schwab.

Ruth Painter, Class of 1945, to Mr. Raymond Greener.

Marilyn Morrison, Class of 1946, to Dr. Rudolph Hecksher.

Beatrice Raymond, Class of 1942, to Mr. Frank Snyder.

Mildred Fromsting, Class of 1942, to Mr. Robert DeKorte.

Rita Varetta, Class of 1946, to Mr. Lawrence Laborde.

Vivian Overdorff, Class of 1946, to Mr. Charles F. Wett.

Helen Conron, Class of 1954, to Mr. Smith.

Lois Longacre, Class of 1942, to Mr. Kelly.

Mildred Burd, Class of 1946, to Mr. Raymond Sterner.

Mary Shoup, Class of 1947, to Mr. Robert Dane.

Avis Pennell, Class of 1947, to Mr. Richard Fritts.

Lois Jacobs, Class of 1947, to Mr. James Goodin.

Ruth Gregory, Class of 1945, to Mr. Harold R. Dudley.

Muriel E. Lloyd, Class of 1942, to Mr. Weldon R. Peake.

Ida Mae Griffiths, Class of 1940, to Mr. George Varga, Jr.

Margaret Poor, Class of 1940, to Mr. Darrel G. Miller.

Ethel Sparks, Class of 1933, to Mr. C. G. Gares.

Dorothy Anne Harris, Class of 1947, to Dr. Bruce Van Rankin.

Helen M. Wintwerner, Class of 1935, to Mr. Ibaugh.

Catherine Williams, Class of 1939, to Mr. G. W. Stokes.

Jacqueline N. Dickinson, Class of 1945, to Mr. Harry I. Cook.

Muriel Tice, Class of 1947, to Mr. Rotherham.

Jeanette Wassilko, Class of 1924, to Mr. Cletus Phillips.

Jean Marie Herr, Class of 1946, to Mr. Harry M. Finkelrock.

Josephine Alexander, Class of 1946, to Mr. Joseph Januskievicz.

Mary K. Peck, Class of 1944, to Dr. Robert Brill.

Katherine Porcell, Class of 1921, to Mr. Smock.

Myrtle Winslow Lane to Captain Edwin J. Mathews.
Better Nurses Bulletin!

Katherine Wilson Campbell, Class of 1939-baby girl.
Leah Hummel Edwards, Class of 1941-baby girl.
Kay Adams Lindemann, Class of 1937-baby boy.
Kathleen Hock Martin, Class of 1939-baby girl.
Helen Thomas Reistle, Class of 1943-baby boy.

Ruth Rohr Sterner, Class of 1945-baby girl.
Vivian Frankenfield Gragg, Class of 1944-baby girl.
Julia Winstead Fetter, Class of 1939-baby girl.
Matilda Snare Finn; Class of 1938-baby girl.
Thelma Weaver Taylor, Class of 1940-baby girl.
Margaret Briggs Batts, Class of 1938-baby girl.
Juliet Umberger Light, Class of 1939-baby girl.
Margaret Foor Miller, Class of 1940-baby boy.
Leona Clouser Gerkes, Class of 1933-baby boy.
Emilee Gerfin Hewitt, Class of 1943-baby girl.
Jean Herr Finefrock, Class of 1946-baby boy.
Elaine Schappert Flood, Class of 1946-baby boy.
Lillian Utterbeck Herrick, Class of 1945-baby girl.
Jean Davis Wilkinson, Class of 1942-baby girl.
Vivian Williams Reinhard, Class of 1944-baby girl.
Anne Hare Inemer, Class of 1943-baby boy.
Marjorie Baldwin Dore, Class of 1944-baby boy.
Marjorie Fink Searing, Class of 1944-baby girl.
Ellen Coulbourne Slack, Class of 1933-baby girl.
Mary Holcomb Trautman, Class of 1945-baby boy.
Katherine Walker Jenkins, Class of 1944-baby boy.
Marie Keene Lawson, Class of 1934-baby boy.
Emma Heiss Iannuzi, Class of 1932-baby girl.
Betty Shultz Maier, Class of 1943-baby boy.
Grace Little Ackley, Class of 1943-twin boys.

DEATHS

Vivian Gilbert, Class of 1937, Director of Nurses at Fairmount General Hospital, W. Virginia. Died November, 1947.

Don't forget your relief fund—we are working for the $100,000 in order that you may be assured hospitalization in any State.

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 BERNICE W. SPRECHER, Nursing School Office, Jefferson Hospital, 10th and Sansom Streets, Philadelphia, 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.