

4-1954

## Nurses' Alumnae Association Bulletin, April 1954

Anna Kuba

Evelyn L. Dute

Mabel C. Prevost

John E. Deitrick

Marylee Stoutenburg

*See next page for additional authors*

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**Authors**

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# Nurses' Alumnae Association Bulletin

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School of Nursing of the Jefferson  
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April, 1954

MISSOURI STATE COLLEGE  
Nurses Alumnae Association  
Bulletin

**ALUMNAE DAY**

**IS**

**MAY 1, 1954**



JEFFERSON NURSES' ALUMNAE  
ASSOCIATION BULLETIN

PUBLISHED ANNUALLY

OFFICERS 1954

President ..... ANNA KUBA  
First Vice-President.....MARION RAMP  
Second Vice-President.....MARTHA RILAND  
Recording Secretary.....MARGARET SUMMERS  
Secretary-Treasurer.....ALMA S. MILLER

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Nurses' Home (Special)

JOSEPHINE MESSA, *Chairman*

Blue Book (Special)

ELSIE SKVIR, *Chairman*

FINANCIAL REPORT

December 31, 1953

Cash	
General Fund .....	\$ 4,527.36
Relief Fund .....	110.00
Scholarship Fund .....	1.00
Investments (at cost)	
Relief Fund .....	\$38,175.00
Scholarship Fund .....	16,500.00
Liabilities .....	None
Net Assets or Resources .....	\$59,548.36

TABLE OF CONTENTS

	PAGE
Advertisements .....	29
Alumnae Notes .....	9
Cardiac Arrhythmias .....	16
Committee Reports .....	6
Digest of Alumnae Meetings .....	4
Graduation Address—1953 .....	19
Graduation Awards—1953 .....	21
"Lost" Alumnae .....	10
Marriages .....	8
Necrology .....	9
New Arrivals .....	9
Perineal Prostatectomy .....	23
President's Report .....	3
Report from Director .....	14
Student Activities .....	22
The Best Medicine .....	27

# Nurses' Alumnae Association Bulletin

APRIL, 1954

DEAR ALUMNAE:

It is indeed a pleasure and a privilege to be able to send greetings and best wishes to you again and to give you a brief report of Alumnae activities. More complete reports will be found on succeeding pages.

In this past year several additional gifts for the Jefferson Medical Center Hospital Building Fund were received, bringing our total contribution to \$7,529.25. The new building has progressed far on the road to completion, and it is expected that it will be ready for occupancy during this year.

Our major effort this past year was directed toward the ANNUAL GIVING PROGRAM. It was just moderately successful—277 Alumnae contributed a total of \$2046.50. This sum was distributed among the Relief Fund, Scholarship Fund and Nurses Home Fund according to the wishes of the contributors. The contributions may be summarized as follows:

Class	Number of Contributors	Amount Contributed
1893-1909	6	\$ 65.00
1910-1919	30	\$257.00
1920-1929	66	\$565.00
1930-1939	47	\$448.00
1940-1949	96	\$494.00
1950-1952	24	\$111.50
White Haven	6	\$ 38.00
Others (Honorary member and a Friend of Assoc.)	2	\$ 68.00

This amounts to approximately 12½% participation. Won't you help to increase that number this year?

We have included a list of 400 graduates beginning on page 10 for whom we have no addresses. Take a few minutes to look over the list and send us the names and addresses of those you know.

As President of the Alumnae Association, I wish to take this opportunity to thank Miss Edna Scott who served so capably as Secretary-Treasurer of the Association for five years and all of you for your cooperation and faith.

Sincerely yours,

ANNA KUBA, *President*.



## DIGEST OF ALUMNAE ASSOCIATION MEETINGS

FEBRUARY 3, 1953

43 members present.

Accepted into the Association: Violet Smith Orland.

Resigned from Association: Doris L. Hyde.

Miss Catherine T. Betz, F'45, presented a series of excellent slides she took while stationed in Korea with ANC.

MARCH 3, 1953

38 members present.

Accepted into the Association: Mazie Groves Boyd and Jane Hawk Aires.

Resigned from Association: Helen Long Llewellyn.

The following recommendation of the Executive Committee was approved: To send the Misses Kuba and Prevost to the NLN convention at Cleveland, Ohio, and to provide each with a sum of \$150.00 for expenses.

"Advances in Pediatric Nursing" was the program for the meeting and was presented by two nurse speakers from Children's Hospital, Philadelphia.

APRIL 7, 1953

22 members present.

Accepted into the Association: Patricia Zarell, Grace Wheatley, Laura Bielon Tobia, Kathleen Adams, C. Louise Zug.

A contribution of \$55.25 to the Relief Fund from the sale of ball point pencils by Miss Isabelle Kevel was acknowledged.

The following recommendations were made and approved:

1. To have the portrait of Miss Clara Melville, which was presented by the Alumnae Association and hangs in the 1010 Spruce St. living room, cleaned and repaired.
2. To contribute \$100.00 to the 1953 NOSOKOMOS, the student nurse yearbook, for a full page ad.

Dr. Harold Goldburgh spoke on "The Effect of ACTH and Cortisone in the Treatment of Disease."

MAY 5, 1953

34 members present.

Accepted into the Association: Phyllis Gerhard and Emma Maus Smeck.

Resigned from Association: Mrs. F. Joseph Baker.

A contribution of \$125.56 to the Relief Fund by Miss Kevel from the Merchandise Club was acknowledged.

A social hour with refreshments followed the meeting.

SEPTEMBER 8, 1953

36 members present.

Accepted into the Association: Joan Morrison, Lorraine Jeitner, Marilyn Sparrow Marshall, Martha Hackett Santoro.

The following recommendations were approved:

1. To invest \$2000.00 in the Relief Fund and \$1000.00 in the Scholarship Fund.
2. To start a savings account for the Nurses Home Fund which will include the \$1000.00 donation by Mrs. Klein and the money contributed in the Annual Giving Program.
3. To award the Clara Melville Scholarship of \$300.00 to Bettyann Auman for the Fall semester at Columbia.
4. To send the Misses Dute, Betz and Ramp and two student nurses to the PSNA convention in Pittsburgh in October and to provide each with \$100.00 for expenses.

Interesting reports on the NLN convention at Cleveland in June were presented by Miss Kuba and Miss Prevost.

A social hour with refreshments followed the meeting.

OCTOBER 6, 1953

35 members present.

Accepted into the Association: none.

A contribution of \$100.00 to the Relief Fund from the sale of stockings by Miss Kevel was acknowledged.

An extremely interesting program was presented, centering around the laryngectomy patient. This included a talk by Dr. Putney from the Bronchoscope Department, a film, and a talk by Mr. Maxwell, who had a laryngectomy a number of years ago and is the president of the Philadelphia Chapter for New Voices.

NOVEMBER 3, 1953

34 members present.

Accepted into the Association: Ann Lois Davis Cabrey.

The following recommendations were accepted:

1. To send magazine subscriptions of READERS DIGEST or CORONET to incapacitated members.
2. To carry Helen M. Tritt '46 as a non-paying member of the Association without any benefits while she serves in Austria with the Brethren Service Committee.

Interesting reports on the PSNA convention were presented by the delegates: Miss Betz, Miss Dute, Miss Ramp and Miss Stoutenburg.

"Modern Advances in Medicine" was presented by Dr. Harold Goldburgh.



JANUARY 5, 1954

37 members present.

Accepted into the Association: none.

A contribution of \$40.00 to the Scholarship Fund from the proceeds of the locker-room "store" was acknowledged.

The annual election of officers for the Association and the Private Duty Section was conducted.

A film entitled "The Feeling of Rejection" was shown.

### WAYS AND MEANS COMMITTEE

In this past year another \$2000.00 was invested for the Relief Fund, bringing the total investment to \$38,175.00. During the year 1953 income of \$2,058.93 was received on the investment.

The major project for the year was the ANNUAL GIVING PROGRAM from which the Relief Fund received \$1191.25. Additional income was received from: donations—\$53.00; sale of stockings—\$200.00; merchandise club—\$125.56; and sale of ball-point pencils—\$55.25.

In 1953 a total of \$563.50 was paid out in sick benefits.

Remember this is YOUR fund. And it is through your loyal and steadfast determination and support that the ultimate goal will be reached!

### SCHOLARSHIP COMMITTEE

In 1953 this committee participated in the ANNUAL GIVING PROGRAM to raise money for the Clara Melville Scholarship Fund. A sum of \$402.65 was realized. In addition to this, a donation of \$2.00 was received. By transferring some money from the General Fund, it was possible to invest \$1000.00, bringing the total investment to \$16,500.00. The income received in 1953 was \$620.14.

During the past year, a scholarship was awarded to Bettyann Auman, F'45, who is a student at Columbia University Teachers College.

### MEMBERSHIP COMMITTEE

Although there have been over 2600 graduates from the School of Nursing since 1893, there are only about 1000 who belong to the Alumnae Association either as active or associate members.

One frequently hears the questions, "Why should I join? What will it do for me?" Some of the benefits from membership may be summarized as follows:

1. By working together in organizations (District, State, National and Alumnae) nurses are able to achieve benefits for themselves as well as protect the professional interest of all nurses.

2. Serving as an officer or on committees provides a method for developing qualities of leadership.

3. One of the objectives of the Association is to work for the promotion of the professional and educational advancement of the School of Nursing. You, as a member, have the privilege of sharing in this.

4. It gives you an opportunity for maintaining social relationships and friendships formed during your training period.

5. It entitles you to two (2) weeks care in a private room at Jefferson during a calendar year for any condition except pregnancy or its complications.

6. A scholarship is available for those members interested in acquiring advanced educational preparation.

7. Opportunity to participate in the formation of policies by which the association functions.

By maintaining a manifold program (which may be broadened if members so desire) the Association affords an opportunity for every individual to serve in a manner best suited to her own inclinations. If you cannot actively participate in the program, you can pay dues, so that you will assist the work financially. The cost of membership is nominal, being \$4 per year for those actively engaged in nursing (active membership) and \$2.50 per year for those not practicing nursing (associate membership).

Those of you who graduated before September, 1952, and would like to become members can obtain an application form by writing to Miss Catherine T. Betz, 1012 Spruce St., Philadelphia 7, Pa. Those of you who had been members but have been dropped for non-payment of dues may be reinstated by paying ten dollars (\$10) plus current year's dues. Those of you who had submitted a written resignation may be reinstated with the payment of current dues. Those who are not certain of their status are also invited to correspond with Miss Betz or the Secretary-Treasurer.

### ENTERTAINMENT COMMITTEE

The members of the Entertainment Committee wish to thank all of the Alumnae members for the support they gave us by attending the functions held during the past year.

On April 21st, a dinner for the Graduating Class of 1953 was held in the Franklin Room of the Benjamin Franklin Hotel.

Alumnae Day was Saturday, May 2, 1953. The Annual Alumnae Luncheon, held in the Ballroom of the Bellevue-Stratford Hotel, was highlighted by a Fashion Show presented by Snellenburg's of Philadelphia. The "Swinging into Spring" motif of the Fashion Show was carried out on the stage, and along the runway set-up in the gaily decorated Ballroom. During the Luncheon, soft organ music, carrying strains of old familiar tunes, added to the air of relaxed friendliness always felt when "friends get together once again."

For the first time in several years, the Spring Dance was held away from the center city area. As proof that it's nice to change once in a while, one hundred and five couples came out to dance to the music of Tom Darlington at Drexelbrook Inn in Drexel Hill. Everyone had a wonderful time.

The Annual Fall Dance was held in the Crystal Room of the LuLu Temple on Friday, November 20th. All who attended the affair had a most enjoyable time.



## NURSES' HOME COMMITTEE

In the past year the sum of \$452.60 was obtained from the Alumnae Annual Giving for the Nurses' Home Fund. This money, plus the \$1000.00 donated by a former patient, Mrs. William K. Klein, in 1945, has been put into a savings fund. The donation is to be used for betterment of facilities for the student nurses and may be allocated at the discretion of this committee, but the contributions are being accumulated to form the nucleus of the Alumnae gift toward a new nurses' home.

## BULLETIN COMMITTEE

The members of this committee have tried to bring you the news of the past year accurately and in an interesting manner. If there are any errors, we will gladly accept corrections, as we are not always able to verify items that are handed to us. Your suggestions for improving the BULLETIN will be welcomed and appreciated.

If you know of any Alumna who does not receive a BULLETIN, please notify the Association. It is probably due to the fact that we do not have her correct address. Please remember to notify us of any change in address and/or name.

## PRIVATE DUTY SECTION

In 1953 there were 110 nurses listed in the Private Duty Registry. Mrs. Alma Snyder Miller succeeded Miss Mabel Prevost as registrar on August 4, 1953.

There were no special meetings of this section during the year.

The chairman represented the section at the 1953 PSNA convention in Pittsburgh in October.

EVELYN L. DUTE,  
*Chairman*

## MARRIAGES

Kathryn M. West, '33	Walter F. Magin	Grace Lehr, '51	Graham Carleton
Elizabeth Cronlund, '38	Lt. Col. T. J. Kern	Rachael Donald, '51	Frank Catha
Audrey Ohler, '43	Joseph Zydel	Marilyn Sparrow, '51	Samuel Marshall
Elaine Keiser, '44	Robert Carroll, M.D.	Marilyn Jones, '52	Harry Beard
Marjorie Rhodes, S'45	William R. Weyant	Joan Sentner, '52	Mr. Maziarczyk
Margaret Nash, F'45	Emil Schulheisz	Elinor Macks, '52	Mr. Donahue
Ruth Fairweather, '46	Albert Nemeth	Jean McCoy, '52	Robert Paschelbel
Lois Varker, '46	Robert Benning	Joan Pettebone, '52	Richard Bucciarelli
Vivienne Rebert, '46	Joseph Hatton	Marilyn Plaisted, '52	Robert A. Havard
Evelyn Himes, '47	Mr. Lewis	Florence Rowinski, '52	Frank Fus
Teresa Ludrof, '47	Samuel Lewis, Jr.	Dorothy Thunn, '52	Raymond D. Earle
Eleanor Cominsky, '48	C. A. Dunkleman	Carolyn Troxell, '53	William H. Haas
Bette Mengel, '49	Eugene Borkey	Barbara Gieseke, '53	William E. Gullet
Theresa Bushek, '49	Edward Poli	Joyce Weidner, '53	Roy P. Mest
Doris Graver, '49	Jack Schuman	Lois Sivacek, '53	Oscar G. Hoerner, M.D.
Lois Dietrich, '49	John Vahey	P. J. Boerlin, '53	F. S. Kreps, Jr.
Lorraine Milewski, '49	Francis McCall	Marilyn Horton, '53	A. Henry Kofoet
Diane Palmer, '50	George DeHuff	Nellie Crandall, '53	Carroll Richards
Jean Opel, '50	Raymond C. Serena	Alma Sattazahn, '53	Alfred Jamison, M.D.
Ann Albert, '50	W. G. Lundgren	Louise Kapp, '53	Lester Hartman
Marion Barry, '50	William E. Koerner	Jane Reimer, '53	William M. Lemmon, M.D.
Geraldine Stemler, '50	Carl R. Strye	Donna Wayne, '53	Benson Curtis
Emily Nash, '50	Gerald Hollenbach	Barbara Boyd, '53	Paul D. Griesner
Colleen Hysmith, '51	Mr. Winship	Barbara Bowen, '53	Robert C. Lewis
Ethel DeWitt, '51	Charles Gerst	Dorothy Splett, '53	Lawrence C. Webb
Marion Thorp, '51	Arthur Williams	Florence Howerter, '53	Donald Milbrand
Barbara Selen, '51	Cary Paul	J. Bonita Eyster, '53	Edward Hartshorn
Phyllis Gerhard, '51	Edward McClure		

## NEW ARRIVALS

Evelyn Wilson Frazier, '34	boy	Flora Fanucci Simpson, '47	boy
Ellen Crawford Teague, '35	girl	Maude Sanders Schwab, '47	boy
Clara Sweeney McArthur, '36	boy	Helen Black Guerin, '47	boy
Juniata Manier Schettig, '36	boy	Gladys Curtis Weaver, '48	twin girls
Edna Garretson Eyer, '39	boy	Evelyn Widney McClellan, '48	boy
Judy Elliott Kesselring, '40	boy	Mildred Franks Himes, '48	boy
Anne Ferg Peer, '41	girl	Phyllis Russell Szewczak, '48	boy
Mildred Frontling DeKorte, '42	girl	Aileen Hickey Wapner, '48	girl
Jane Metzler Flack, '42	girl	Dorothy Weaver Heller, '48	boy
Madge Roberts Miller, '42	girl	Hazel Trimmer Barkdoll, '48	girl
Alice Hipple Hennell, '43	girl	Arlene Diehl Cohen, '48	girl
Jean McMullen Koutsouros, '44	boy	Priscilla Kresge Nicholson, '49	girl
Mary Thomas Dickerson, '44	boy	Margaret Hacherl Pontzer, '49	boy
Doris Heaps Parrish, S'45	boy	Grace Schersching Atkinson, '50	girl
Ruth Barr Siciliano, S'45	boy	Sally Young Konstanzer, '50	girl
Audrey Haleski Kahoun, F'45	girl	Harriet Hough Linnquist, '50	girl
Delphine Machamer Hale, F'45	boy	Marie Messa Wagner, '50	boy
Kathryn Glass Labate, F'45	girl	Eleanor Kowaleski Krestynick, '50	boy
Jean Fishel Carter, F'45	boy	Jane Bareuther Graf, '51	girl
Betty Heckler Fleming, F'45	girl	Nancy Kostenbauder Tibbens, '51	girl
Ruthe McAllonis Wainwright, F'45	girl	Alice Giesen Costello, '51	girl
Charlotte Cooper Phillips, F'45	girl	Janet Harrington Melvin, '51	girl
Catherine Hankee Shinton, F'45	boy	Ann Savage Stout, '52	boy
Phyllis Morrow Justis, '46	girl	Elinor Macks Donahue, '52	girl
Ruth Groves McCormick, '47	boy	Joyce Graves Leshner, '52	boy
Virginia Carico DelVecchio, '47	girl	Joan Rittenhouse Roberts, '52	boy
Georgianna Molitor Anderson, '47	boy	Helen Harris Sampsel, '52	boy
Bobbie Hill Davis, '47	girl	Dorothy Creek Howley, '52	girl
Eugenia Farne Kurchell, '47	girl		

## NECROLOGY

Signe Hammer	Class of 1899	December 31, 1952
Harriet Krause	Class of 1900	January 13, 1954
Cora Baker	Class of 1910	October 7, 1953
Elizabeth Shively Wilfong	Class of 1912	April 18, 1953
Effie Swank	Class of 1913	January, 1954
Anna Davis Barnhard	Class of 1914	October 12, 1953
Ruth Phillips	Class of 1922	March 11, 1954
Marjorie Miller Martin	Class of 1933	July 9, 1953
Dorothy Showers Hoffer	Class of 1944	June, 1953

## ALUMNAE NOTES

Barbara G. Schutt, '39, wrote an article entitled "The Local Unit—A Place for Strength and Growth" which appeared in the April 1953 issue of THE AMERICAN JOURNAL OF NURSING. Miss Schutt brought out effectively that it is in their local organizations such as staff nurses' groups that nurses with common interests and needs share their problems, think through solutions, make decisions, and learn the effectiveness of group action as they share in setting up policies which affect their welfare and the welfare of the agency which employs them.

Miss Schutt is the Associate Executive Secretary of PSNA and serves as editor of THE PENNSYLVANIA NURSE along with her other duties.

Harriet H. Werley, '41, wrote an article entitled "The ANC's Career Guidance Program" which appeared in the January 1954 issue of THE AMERICAN JOURNAL OF NURSING. Major Werley is career guidance officer for the ANC.

Sara Werstler, '40, was appointed Night Supervisor at Jefferson in February 1954. She received a B.S. in Nursing from the University of Pennsylvania at the February convocation.

Edna W. Scott, '28, was appointed Director of Nurses at Bryn Mawr Hospital in June 1953.

Frances Wildonger, '29, was appointed Educational Director of Bryn Mawr Hospital School of Nursing in June 1953.



Alice Boehret, '42, was appointed Nursing Arts Instructor of the School of Nursing of the Einstein Medical Center in Philadelphia.

Miss Katherine Childs resigned as Director, School of Nursing and Nursing Service at Jefferson in June 1953. She has been appointed Director of Nurses at Memorial Hospital in Easton, Md.

Miss Mabel Prevost, '29, was appointed Acting Director, School of Nursing and Nursing Service at Jefferson in July 1953.

We extend our deepest sympathy to Mary B. Mullin, '10; Anna F. Nissler, '19; Ethel L. Grove, '25; Nellie S. Barclay, '26; Isabel O. Widing, '30, and Mary R. Butler, '98, whose husbands have died in this past year; also to Betty Nissler Black, '46, and Mary Barclay Paxon, '51, on the deaths of their fathers.

Nellie Chillem, F'45, spent six weeks during September and October touring Europe.

Gladys Keiper, '42, has resigned as Assistant Director of Nurses at Jefferson. She had served in that capacity for ten years.

The officers and committee chairmen of the Association represent a variety of classes and nursing positions. Anna Kuba, F'45, is a current graduate student at the University of Pennsylvania and is also part-time Lecturer in its School of Nursing; Marion Ramp, '51, is Clinical Instructor in Special Surgery at Jefferson; Martha Riland, '27, is Head Nurse for Phila-

delphia Electric Company; Margaret Summers, '41, is Supervisor of fifth floor at Jefferson; Alma Snyder Miller, '35, is part-time Private Duty Registrar at Jefferson; Mary Bonenberger, '26, is a staff nurse at Philadelphia Electric Company; Blanche Ford, '31, is Director of Nurses at Friends Hospital in Philadelphia; Adele Lewis, '14, is Supervisor of sixth floor at Jefferson; Vivian Moyer, '43, is Medical-Surgical Instructor at Jefferson; Edna Scott, '28, is Director of Nurses at Bryn Mawr Hospital; Evelyn Dute, '36, is a Private Duty Nurse; Dorothy Edgar, '42, is Educational Director at Jefferson; Henrietta F. Spruance, '21, is a Private Duty Nurse; Catherine T. Betz, F'45, is a student at Temple University and part-time Night Supervisor at Jefferson; Mercedes Geil, '48, is Assistant Nursing Arts Instructor at Jefferson; Mary Ann Anderson, '52, is Night Supervisor of Thompson Annex; Clara G. Hardy, '27, is a Private Duty Nurse; Josephine Messa, '47, is Nursing Arts Instructor at Jefferson; and Elsie Skvir, '49, is Clinical Instructor in Surgery at Jefferson.

Lorraine Jeitner, '51, has joined the Air Force Nurse Corps and is presently stationed at Lackland Air Force Base in San Antonio, Texas.

Esther A. Moser, '11, was honored recently by the Board of Inner Missions of the Lutheran Church for rearing 40 children, most of whom were from broken homes. These children were referred to her through the Lutheran Children's Bureau.

## LOST

Please help us locate these graduates! If YOU have any knowledge about any one of the following, please send it to the Association.

CLASS OF 1894—Margaret Walker Logan

CLASS OF 1895—Margaret Harris  
Mary Lemmon Hammersty  
Coe Thompson  
Nellie Thompson Wiley

CLASS OF 1896-1897—Bessie Aikens  
Ada Egden  
Lottie Lane Thorne  
Mame Lester  
Maude Milburg  
Nellie Rothwell  
Mary Stiebler  
Menta Zook

CLASS OF 1898—Margaret Brown  
Catherine Clark  
Anna Nolan  
Laura Segsworth

CLASS OF 1899—Jessie Graham  
May Hildebrandt  
Jeanette Hurley Pierce  
Etta Mannon  
Catherine Scherf  
Evelyn Segsworth Brown  
Kate Zeisser

CLASS OF 1900—Anna Synnaron

CLASS OF 1901—Mary Mahoney  
Margaret Roe  
Katie Spangler

CLASS OF 1902—Emily Koser Henry  
Anna McCoombes Boyajian  
Edith McPherson  
Macie Peck  
Mary Weir

CLASS OF 1903—Violet Brown  
Catherine Graham Gillam  
Margaret MacMahon  
Emily Murphy O'Donnell  
Bertha Strohmaier Spencer  
Wilhelmina Stute

CLASS OF 1904—Virginia Allison Shipe  
Amanda Mollwnkoff Delaney

CLASS OF 1905—Laura Collette  
Susie Comstock  
Margaret Hicks  
Minna Nickel

CLASS OF 1906—Anna Gumpert Laughlin  
Leila Reisler Kirshbaum  
Anna Schindel  
Mary Williams Biddle

CLASS OF 1907—Mary Allen  
Olivia Doxrud  
Mary Prime

CLASS OF 1908—Pamela Dickinson  
Elizabeth Dougherty  
Alice Heater Morse

CLASS OF 1909—Florence Bruch  
Anna Patton Webster  
Charlotte Pearson Smith

CLASS OF 1910—Alvirda Antes  
Myrtle Baker Bendt  
Blanche Brenneman Fielding  
Mary Campbell Rogers  
Mayfair Dow Gillingham  
Bettie Fulford  
Emily Grimm Storey  
Rose Holdern Daft  
Irene Hough Lobb  
Elizabeth Morrill  
Eda Ohland  
Arline White Buckley

CLASS OF 1911—Gertrude Armstrong  
Nell Dickey Wilson  
Edna Jackson Noyes  
Margaret Jordan  
Elle Minnier Gift  
Marguerite Swentzel Evans

CLASS OF 1912—Helen Klink Pollack

CLASS OF 1913—Mary Bartley  
Helen Bateman  
Linda Delker

CLASS OF 1914—Martha Adams Stubblefield  
Mary Call Hilbish  
Jessie Love  
Marion Turriff  
Melanie Weisenburg  
Katherine Womer Harris

CLASS OF 1915—Nora Martin Charlton  
Margaret Yochim

CLASS OF 1916—Edna Campbell Boar  
Mildred Jackson Pillmore  
Effie Rowe Billingsley

CLASS OF 1917—Lillian E. Bowen  
Pearl Fordyce English  
Winifred Shea

CLASS OF 1918—Ada Craig Falkingham  
Verna Darone  
Lydia Goupp Gray  
Grace Huff MacDonald  
Gertrude Koons Blalock  
Naomi Moss  
Mary O'Neill Ellies  
Charlotte Piling Dotson  
Cora Shawfield

CLASS OF 1919—Mabel Hovis Grove

CLASS OF 1920—Dorothy Bennett Fitzgerald  
Helen Bohlin Price  
Margaret Cuthbert Laughlin  
Louise Graves  
Sara Griffin Turner  
Alice Neibert Fulmer  
Agnes Owl Madrano

CLASS OF 1921—Genevieve Henry  
Arlene Klippel Reed  
Ruth McGowen Davis  
Sue Osbaugh  
Anne Parsons Weaver  
Nancy Prophet Roche

CLASS OF 1922—Elizabeth Berlin Kidney

CLASS OF 1923—Esther Botdorf Sickler  
Elizabeth Doxtator  
Catherine McLaughlin  
Eva Nonnemacher  
Grace Wright

CLASS OF 1924—Lillian Clarke Weber  
Cecelia Dougherty Unkle  
G. Altha Edler  
Kathryn Greenwalt Wilson

CLASS OF 1925—Ethyle Carpenter  
Pauline Knapp Shallcross  
Margaret MacGregor Lehman  
Rowena Wetmore Vickerman

CLASS OF 1927—Carolyn Greathouse Miller

CLASS OF 1928—Margaret Wilson Kenerup

CLASS OF 1929—Mary Alston Hoenes  
Florence Badorf Williams  
Helen Burkhalter Andrews  
Dorothy Cooper Gilmore  
Catherine DeWitt Smith  
Elizabeth Steepe Lewis

CLASS OF 1930—Mary Alers Andrews  
Emaline Blanche  
Cecelia Bless  
Vernita Denny Folkedal  
Helen Duckworth Tiger  
Ruth Hancock Hughes  
Lillian Kline Ernst  
Clara Lewis Lyons  
Lucille Marquette Clow  
Marion Reeder  
Frances Stott Hayes  
Ada Umholtz Daley

CLASS OF 1931—Pearl Clegg Shellenberger  
Ruth English Whitley  
Olive MacFarlane  
Isabelle Martin Gehr  
Edith Meyers Hunter  
Lucille Petrikin  
Grace Rhyne Clay  
Annabelle Shaffer  
Harriet Ward  
Sue Williams



- CLASS OF 1932—Laura S. DeWitt  
Helen Dubler  
Florence Ney Singe  
Alice Pie Bonner  
Anne Ross  
Norma Sickler Bond
- CLASS OF 1933—Takouki Guillan Ishkania  
Margaret Lonsbery Chisholm  
Clara Minns Greenman  
Ethel Moody  
Muriel A. Rhoads
- CLASS OF 1934—Nellie Clapsaddle  
Helen Corson Smith  
Jessie Duff  
Elizabeth Jackson  
Pauline Kepner Leary  
Margaret Moore Moser  
Charlotte Roeder Jaecques  
Ann Sherman Bryan  
Louise Stahle Adams  
Grace Thomason Mitchell
- CLASS OF 1935—Ruth Baird  
Ruth Barrett  
Marion Battin Howe  
Anna Blacksmith  
Laura Burton McCabe  
Helene Hulgus  
Marie Kelly Klaus  
Irma Lee Harris  
Mildred Lyons Trout  
Ruth McCabe Thomas  
Helen McDaniel Kuhn  
Margaret Mackintosh  
Catherine Ross Sullivan  
Esther Waller  
LaVerne Weigand
- CLASS OF 1936—Geraldine Dieck Baker  
Virginia Ely Schneebury  
Ethel Jones Neiman  
Miriam Landis  
Martha Schaum Goodman  
Rebecca Thorton Ingling  
Anna Woodhouse Greene
- CLASS OF 1937—Dorothy Black  
Catherine Crotty  
Marjorie Fagan Gold  
Margaret Geesey  
Jessie Gregory Crum  
Sara Haines  
Alice Hall  
Jane Kiger Townsend  
Ida Martinson  
Martha Seury Stanton  
Helen Sheva  
Harriet Spatig Zeller  
Lois Vineyard Fisher  
Dorothy Wetzel
- CLASS OF 1938—Jeanette A. Bedford  
Wilma V. Benner  
Frances Gould  
Eva Medwid  
Jessie Morrison Dertle  
Kathleen Numan Lewis  
Mary Steven Close  
Marion Williams Binley

- CLASS OF 1939—Helen Byerly Coeny  
Marjorie Cooper Richter  
Lenore Goudie McPherson  
Harriet Harrison  
Lois Howard James  
Helen Nissler Richards  
Ruth Schlemme  
Marie Shearer Roche  
Angela Veet Toomey  
Irene Wentzel Anslow
- CLASS OF 1940—Dorothy Cohick Rosenberg  
Mary Martin McCoy  
Roberta Means Cronk  
Marion Novak Ryder  
Margaret Racik Meyers  
Sara Van-Tilburg Gotterhill
- CLASS OF 1941—Kathryn Duffy Quackenbush  
Esther Holt Martin  
Dorothy Llewellyn Ortasic  
Mary Recchiutti Capriotte  
Grace Simmons Peacock  
E. Virginia Smith Bowman  
Clara Mae Snyder  
Lavina Yoch
- CLASS OF 1942—Alice Beschert Phelan  
Sara Chronister Mendeno  
Angela Clark Abbott  
Margaret Dickinson Indrika  
Ruth Williams Alexis
- CLASS OF 1943—Lois Beans Williams  
Eleanor Burns Whelan  
Evelyn Claycomb Long  
Anna Mogck Whittaker  
Elizabeth Wittenmeyer Lewis
- CLASS OF 1944—Helen Campbell  
Ardeth Dress Weeks  
Mary Gilbert Helden  
Grace Little Achley  
Ann Lowe Hornstein  
Emily Robinson  
Geraldine Schreffler  
Thelma Wall Latz  
Vivian Williams Reinhart
- CLASS OF 1945—Jacqueline Dickinson Cook  
(SPRING)  
Mary Eisenbrown Bruno  
Margaret Hastings  
Pearl Jennings  
Mary Rickley Gardner  
Bette Wagoner Hudson
- CLASS OF 1945—Lois Roadarmel Rank  
(FALL)
- CLASS OF 1946—Jacqueline Baer Coffroth  
Jane Beer  
Jane Handy Ward
- CLASS OF 1947—Audrey Davis Kerber  
Wanda Edgell Clements  
Betty Hambright Wiley  
Ruth Miller Downey  
Judith Morrett Hess  
Elizabeth Pyle Miller  
Frances Saltzer Saunders

- CLASS OF 1948—Margaret Bortner Becker  
Phyllis Guerin Courtney  
Doris Haines Stevens  
Bette Hanning Berkley  
Dorothy Johnson Nelson  
Margaret Mitstifer Hamill  
Norma Wandell
- CLASS OF 1949—Alice Magnitzky Woodside  
Florence Servello McAlpin  
Marilyn Turner O'Brien
- CLASS OF 1950—Agnes Palichka Baker
- CLASS OF 1951—Nelda Gothie
- CLASS OF 1952—Audrey Heller  
Annette Otrosina
- 1919  
Gertrude Abernathy  
Helen Cross  
Susan Maguire  
Eleanor McDole York  
Julia Steinerman Tobin
- 1920  
Nora Downey  
Catherine La Velle  
Gertrude Ryder O'Dell
- 1921  
Catherine De Ville Hochderfer  
Jewel Johnson
- 1922  
Anna Hardy  
Sue N. Miller  
Alice Nelson  
S. Miriam Ott Farrell  
Henrietta Schulze
- 1923  
Catherine Nick
- 1924  
Beatrice Foote O'Hara  
Elizabeth McCann  
Alice Murphy  
Blanche Zellner Keller
- 1925  
Ida Gildemann Smith  
Edna Hawver McLaughlan  
Antoinette Laudano Romayne
- 1926  
Caroline Aschenbrenner MacCallum  
Edith Franklin Watterson  
Helen King Healy  
Rose Spear Berlant  
Mildred Thompson
- 1927  
Eliza Dalton  
Florence Donohue  
Margaret Hanlon  
Rudelle Hurd  
Clara Ischi
- 1928  
Betty Cooper  
H. Carl Erickson  
Rose Kava
- 1929  
Caroline Smith Lief
- 1930  
Roseanne Darmohray Torbick  
Thomas J. Dolan  
Margaret Hansis  
Anna Kelemonick Bebe  
Mary McHugh  
Frances Rydell Thatcher
- WHITE HAVEN
- 1910  
Elizabeth Campbell  
Hester Stuart
- 1911  
M. Agnes Earley  
S. Marie Earley  
Sara Pollock Bluitt
- 1912  
Ellida Dunker  
Lillian Harding Postell  
Edna Hottle  
Helen Martin Welch  
Gertrude McCarthy  
Catherine Neeley  
Margaret Sankey Wood  
Eve Stanberger
- 1913  
Bertha Bitzer  
Harriet Dean  
Anna Salmon Koerth  
Emma Treffeisen Thomas
- 1914  
Anna Doyle Clifford  
Carrie M. Hall  
Mary Mulranen
- 1915  
Josephine Quinn Field
- 1916  
Helen Goldsmith  
Mannie Jackson  
Mary Kelly Brennan  
Eva Nicholson Morrow  
Martha Phillips Strand  
Frances Prager
- 1917  
Augusta Gippert Sklener  
Rose E. Munch
- 1918  
Ruth Dixon Griffith  
Ida Ernst Teplitz  
Hedwig Lyons Wrobley  
Anna McCarthy Schernerhorn  
Brigid Potoski Lebow



- 1931  
Bertha Flood  
S. Mary Longobardi  
Frances Maiorano Cielo  
Kathryne McNevin  
Katherine Roos  
Lucille Stenbronner Wilcox
- 1932  
Beatrice Altman  
Margaret Brinkheide Crane  
Betty Kirk  
Elizabeth Kirkpatrick  
Daisy Naylor  
Mary Sieminski Robertson
- 1933  
Mary Alexander Bain  
Olga Chomeszak Weiss  
Emily Corta Doyle  
Margaret Cunningham  
Elizabeth Donolavage Croshaw  
Justyne Shaffer
- 1934  
Eva Chomeszak Matys  
Helen Coltre Mitchell  
Margaret Healy Ruane  
Hermine Hoeller Flynn  
Pauline Minner  
Elizabeth Zajac Sedway
- 1935  
Helen Dill Maddock  
Marjorie Ferguson  
Helen Fulk Campbell  
Elinor Hancock  
Mary Hancock Dierman  
Mary McGeehan Fripp  
Rose Richman  
Gretchen Stoutenberry
- 1936  
Josephine Dipolene  
Laura Hurd Johnson  
Wilma Milkun  
Ann Moteyunas  
Alvina Prohaski  
Mary Wilson Cancellarini
- 1937  
Helen Cermak McGuire  
Frances Hemmar  
Emma Jeske  
Amylia MacKenice Plucker  
Johanna Von Beek
- 1938  
Mildred Melin  
Marie Peat Ten Eyck
- 1939  
Helen Boder Hvidas  
Eleanor Conaghan Waiver  
Anna Novak Dutko  
Mildred O'Connell Hessler  
Elizabeth O'Neill
- 1940  
John Gerista  
Rosa Hampshire Tucker  
Julian MacKewice  
Helen Novak  
Anna DiSante Fink
- 1941  
Elsie Gebauer  
Edna Hopkins Dobbs  
Mary Jensen  
Anne Kacala Bednash  
Marie Malinowski DiMarco
- 1942  
Julia Grohowski

GREETINGS TO FELLOW MEMBERS OF THE JEFFERSON NURSES'  
ALUMNAE ASSOCIATION:

Another year has passed, and those of you who visit Philadelphia to celebrate Alumnae Day will see many changes.

The new building has progressed rapidly, and plans are to have it ready for occupancy, in part at least, by August of this year. The addition of a three hundred-bed unit to the organization naturally brings up the question of nursing service for this unit. In evaluating the situation, the solution to the problem does not seem to be confined merely to the addition of more nursing personnel but to the better utilization of nursing personnel as well.

Many nursing hours are wasted in the transportation of patients to the various departments of the hospital, as X-ray, clinics, etc. A central transportation service is planned for the very near future. A central dispatch office will receive all calls for aides or porters to transport patients to and from the nursing units and other departments. This arrangement will help to keep nursing personnel on the units to give more hours of bedside care. Another responsibility which takes the professional and the non-professional persons away from the patients in the securing Central Dressing Room supplies, drugs, linens, etc. A courier system is now running smoothly between

the Pharmacy and the patient units, and plans are in the making to extend this type of service to other departments.

Since the nursing shortage exists throughout the country, it is certain that enough nurses to give adequate care will not be available. Therefore, other avenues of assistance must be explored.

1. A Red Cross Nurses' Aide program such as was organized and was so successful during the war years will begin on March 15, 1954, at Jefferson. This will begin with classes in basic nursing taught by one of the Nursing Arts Instructors. Supervised practice on the wards will follow the formal teaching program. A new regulation stipulates that Aides trained in this manner must give a specified number of hours to the hospital which supplied the teaching program.

2. Accelerated recruitment for the School of Nursing is needed to interest more girls in the nursing program at Jefferson. Some Faculty members have been visiting high schools in an effort to stimulate such interest. The Jefferson Medical College Alumni Association has given the School of Nursing space in its Bulletin to appeal to its members to help in the recruitment of qualified applicants.

3. Raises in salary, in differential salaries for the afternoon and night tours of duty, financial assistance for those full-time employees who wish to engage in advanced professional study, and the planned physical improvements in nursing service areas show the interest and effort of the Hospital Administration to make graduate nurse employment at Jefferson more attractive.

Recruitment of graduate nurses for staff duty is imperative.

The endowment fund which was mentioned in the last BULLETIN has been approved by the Board of Trustees. The sum of ten thousand dollars obtained from the Charity Ball by the Nurses' Home Committee is to be used as a nucleus for the establishment of this Fund. This will furnish scholarships for one or more promising graduates of the Jefferson Hospital School of Nursing for graduate study in Nursing Education or Nursing Service.

Renovation in the Nurses' Residence is progressing and soon all of the rooms will be freshly papered and painted. One building was completely redecorated before the arrival of the new class in September and as quickly as possible other rooms are receiving a "face-lifting" operation. New plumbing has replaced the old, worn-out pipes in one building, and new bathroom fixtures replacing the old chain-pulling devices do much to make the quarters more habitable.

In spite of the many improvements in the Residences during the past years, however, the living quarters for student nurses leave much to be desired. There are many disadvantages to the crowding of four and five students in one room even though the rooms are large. Closet and desk space are inadequate in some areas. Under these conditions, it is difficult to satisfy the individual needs of the students in reference to study, recreation, or rest. In addition, the location of the Residence causes much concern to parents as well as to Faculty members.

If we are to meet the demands upon Nursing Service imposed by the hospital expansion program, we must have a larger school, and a larger graduate staff. Without an attractive, modern Nurses' Residence, recruitment for desirable applicants in both areas will be more difficult.

Any effort expended by the Nurses' Alumnae Association in behalf of a new Residence will be in the best interest of both the School of Nursing and the Hospital. Perhaps by pooling our thoughts, efforts, and energy we may some day accomplish this objective.

My very best wishes to you all.

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



## CARDIAC ARRHYTHMIAS

The unfailing activity of the heart as it ceaselessly pumps blood through the circulatory system is one of those everyday miracles which we often accept all too casually. Day in and day out, year after year, this small organ continues to contract and relax on an average of seventy to eighty times each minute. It takes no vacations—when the heart stops, life ends. Small wonder then that hearts often tire, that they do not always beat with smooth, efficient regularity, and that disorders in rhythm sometimes arise.

Some of these disorders may occur in an otherwise normal heart and have little practical significance; others may arise as the result of certain noncardiac conditions such as pneumonia, diphtheria, hyperthyroidism, during anesthesia, or following excessive use of tobacco or alcohol. Organic heart disease may cause arrhythmias by upsetting the "machinery" responsible for the initiation and maintenance of the cardiac beat.

While studying anatomy and physiology, we learned that cardiac muscle has, in addition to the properties common to all types of muscle, the property of inherent rhythmicity. Hearts which have been severed from all nervous connections or removed completely from the body will continue to beat for some time if cared for properly. The hearts of cold-blooded animals continue to beat for relatively long periods of time with little or no attention; they serve well for studies of the properties of the heart.

The turtle heart, which is structurally different from the mammalian heart, has a sinus venosus, two atria and a single ventricle. If these three parts are divided into two parts by cutting between the sinus and atria, both portions will begin to beat after a short period. The sinus will beat first, and then after a short period the atria and ventricle will start. The sinus beats at a faster rate than the lower portions of the heart. If a second cut is made between the atria and the ventricle, the atria continue to beat and usually the ventricle recovers its rhythmic contractions, but at a slower rate than that of the atria. From this experiment it may be seen that the property of inherent rhythmicity is common to all chambers of the heart, but that the rate of contraction is highest for the sinus, slower for the atria and slowest for the ventricle. In the intact turtle heart the sinus is called the pacemaker of the heart, since, because it shows the most rapid rhythm, it sets the pace for the atria and ventricle.

In the mammalian heart there is a small mass of specialized tissue, the sinoatrial (S-A) node, located in the right atrium near the superior vena cava; this area serves as the pacemaker under normal conditions. The same gradient of rhythmicity between pacemaker, atria and ventricles is evident in the mammalian heart. The mechanism underlying rhythmicity is still obscure, but it is well established that the heart beat originates at or in the immediate vicinity of the sinoatrial node.

The wave of excitation spreads from the S-A node in a fanlike manner throughout the atria, causing the contraction of these chambers, until it reaches the atrioventricular (A-V) node, a second mass of specialized tissue on the lower part of the inner wall of the right atrium. Continuing from the A-V node, a bundle of conducting fibers, the bundle of His, passes down to the upper border of the interventricular septum, where it divides into a right and left branch. Each of these divisions passes to the corresponding ventricle, giving off numerous branches which form an interlacing network beneath the endocardium and ending in the papillary muscles and the ventricular tissue generally. The A-V node acts as a relay station which picks up the impulses that pass from the region of the S-A node, and after a very brief delay transmits them to the ventricles through the bundle of His. Impulses reach both ventricles at approximately the same time and cause them to contract.

The rate of discharge of the pacemaker which determines heart rate is regulated in part by various nerve reflexes produced by changes in blood pressure, respiration and blood chemistry. Therefore, disorders in rhythm result from a disturbance in the normal pacemaker, in the formation of impulses, or in the conduction of impulses.

Sometimes the S-A node sets an abnormally rapid rate (tachycardia) or an abnormally slow one (bradycardia). These conditions are rarely of importance in and of themselves, although sinus tachycardia may be concomitant with such disturbances as anxiety states, acute infections or shock. Patients may complain of palpitation or breathlessness. Usually, sedation is sufficient treatment. In any case, the condition tends to be self-limiting.

Occasionally, an impulse may be formed by an area of the heart muscle which is usually quiescent. Known as ectopic impulses, these impulses may become strong enough to cause premature contractions, which break in upon the normal rhythm of the heart. These premature contractions are often upsetting to the patient who does not know what to make of the extra flip which his heart takes every now and then. They may occur in healthy hearts or they may accompany noncardiac or organic cardiac disease. Sometimes these premature beats are the forerunners of a more serious arrhythmia—especially if the impulses originate in the ventricle.

Not infrequently, the A-V node or the atrial muscle may give rise to impulses so rapid that they overwhelm those of the sinus node; the heart then beats in conformity with its new pacemaker at a rate which, although rapid, is regular. Usually these tachycardias are paroxysmal, and, in time, the sinus node regains its ascendancy.

The atrial muscle may, under certain conditions, behave in such an erratic manner that it actually seems to have gone berserk. There is no semblance of rhythm—only a generalized quivering and excitation of the muscle fibers. The atria do not contract effectively. Known as auricular fibrillation, this arrhythmia occurs most commonly in rheumatic and arteriosclerotic heart disease and in hyperthyroidism which is not adequately treated. Auricular flutter is a condition much like auricular fibrillation except that the impulses occur with much more regularity.

The danger in auricular fibrillation lies in the fact that the ventricles are bombarded by an excessive number of impulses from the atria. In response to some of these impulses, the ventricles may begin to beat very rapidly. This means that the ventricles will not have sufficient time to refill during their period of relaxation and the amount of blood pumped by the heart is thereby lessened. Since all the contractions of the ventricles are not strong enough to be transmitted to the radial pulse, the heart beat is usually more rapid than the pulse indicates. For this reason, nurses are often asked to take the apical pulse beat by means of a stethoscope so that the rate of the ventricular beats may be determined. If the ventricular rate is not accelerated, auricular fibrillation is usually not an overly serious matter.

There are two ways of treating auricular fibrillation: either the fibrillation itself may be attacked or an attempt may be made to slow the ventricular rate. There are, however, certain dangers encountered when the fibrillating atrium returns to its normal rhythm. While the atrium was fibrillating, the blood within the auricular appendages was unable to circulate very actively and it therefore afforded an environment conducive to the formation of thrombi. When the atrium contracts once again, these thrombi shoot out into the general circulation and, as emboli, may cause the death of the patient if they happen to lodge within a vital organ.

Ventricular tachycardia due to ectopic impulses originating within the ventricle itself is regarded with much more consternation than are tachycardias arising from auricular disorders. This condition, which is often recognized only by the help of an



electrocardiogram, is a not uncommon complication of acute myocardial infarction, and the added strain on the already impaired heart may actually cause the patient's death. Prompt treatment is necessary if the patient is to survive, for the heart beat becomes so weak and ineffective that circulation is seriously impaired.

Certain disturbances of cardiac rhythm are due to a blockage in the conduction of impulses from the atria to the ventricles. If it takes over 0.2 second from the impulse to pass from the sinus node to the A-V node, partial heart block is said to exist. This may be entirely asymptomatic, however. Sometimes only one of the two main branches of the bundle of His is affected. Known as bundle-branch block, this condition is harmless and does not require any special treatment.

When no impulse can travel from the atrium to the ventricle, complete heart block exists. When this happens, the ventricles must develop their own heart beat apart from that of the atria. It is this beat of the ventricles which constitutes the new heart beat, although the atria will also be contracting but at a rate and rhythm which is in no way synchronized with the ventricular beat.

Since the usual rate of impulse formation in the ventricles is slower than in other portions of the heart, the ventricle beat will undoubtedly be below 50. In cases of complete heart block, the apical or ventricular rate is considered more reliable than the radial pulse because the pulse rate is usually even slower than the ventricular rate.

Periods of unconsciousness known as Adams-Stokes episodes may occur when the ventricular rate drops to 30 or below or when short periods of ventricular fibrillation develop. In paroxysmal heart block, there may be a period of giddiness when the sinus node relinquishes its role as pacemaker and the ventricle takes over. Before the ventricle can function, it must, of necessity, have a rest period, and during this rest period, pulse, blood pressure, and circulation are at a standstill. Not only giddiness but unconsciousness and convulsions may occur if the rest periods last more than a few seconds. Fortunately, the ventricle eventually establishes its own beat and the patient recovers. Sympathomimetic drugs such as ephedrine are usually given to speed up the slow heart.

The importance of accurate observations regarding the pulse rate and the rhythm and intensity of the heart beat cannot be over-estimated. Since arrhythmias often occur in paroxysms which may be of only a few minutes' duration, the nurse may be the only one in a position to describe the episode. Although diagnoses depend, in many instances, upon the electrocardiograph, the nurse may, through her observations, supply the doctor with a clue to the nature of the arrhythmia or an indication of the patient's progress toward recovery. If a patient with a serious cardiac condition suddenly exhibits a rapid heart beat, the nurse should know that ventricular tachycardia may have developed and that the doctor must be reached at once. In the successful treatment of the cardiac patient, the nurse and doctor form a partnership in which each has an extremely important role to perform.

## GRADUATION ADDRESS — 1953

JOHN E. DEITRICK, M.D.

It is a time honored custom at a commencement to congratulate the graduating class. Speaking as a faculty member of the Jefferson Medical College and Hospital, as a physician, and as a citizen, I would like to congratulate your fathers and mothers, the faculty of the School of Nursing and especially the members of the class. It is an honor to welcome you as very important members of the present day health team. Your nursing education and training has been made possible by the team work of the majority of those present this evening and the service that you will render in the future as nurses will be as part of a team helping to prevent and cure human illness.

Team work is difficult, especially so, when the team is a large one such as is found in the modern hospital. The type of team work required today is relatively new. Little more than one hundred years ago the medical care team was composed of the doctor and the patient's relatives and friends. The doctor's wife might be included since she tolerated his irregular hours, raised the children often single handed and at times helped in his office which was a part of their home. The vast bulk of illness was treated in the home. Very few babies were delivered in hospitals. Of the hospitals that existed few had highly trained personnel to help care for patients.

The entrance of the trained nurse into the picture of medical care marked one of the greatest advances in medical service. In 1900, there were 12,000 active graduate nurses. For the first time the doctor had available a really well-trained and reliable helper. What is more, the helper was a woman, as seems entirely logical. The two became a highly effective team. The doctor with the help of the nurse was able to apply his knowledge and skill much more effectively to a larger number of patients. The two worked closely together both in the home and in the hospitals. One must remember that hospitals were relatively simple in their organization until shortly before the turn of the century, and private patients, as known today, constituted the smaller fraction of their patients. The hospital nurse made rounds with the physician and discussed the patients and their treatment with him. She usually recorded daily notes on the patient's condition, describing his appearance, appetite, emotional state and new signs or symptoms.

Today we have advanced greatly in medical knowledge and technical skills. Specialization has become necessary both on the part of the doctor and the nurse. Many new members have been added to the team including technicians, social workers, physiotherapists, attendants and others. It seems to me that less time is available for personal contact between doctor and nurse. The doctor cannot talk to all the individuals every day who aid in the care of the patient. He receives their reports in written form or through telephone conversations. His professional life has become extremely complex. The nurse, as I see her, has become involved with administration, supervision of attendants and orderlies, the daily ward routine of bed making, food trays, bed pans, urine collections, chart work, drug administration, and carrying out of special diagnostic and therapeutic procedures. All of these are essential tasks, but I have often asked myself if attendants and a good ward secretary could not perform many of these tasks, freeing the nurse so that she could devote more of her time to those aspects of patient care for which she is especially qualified. The secretary might care for much of the chart work, laboratory and consultation requests and reports. The attendants would make beds, carry trays, transport patients, do errands, empty bed pans, etc.

The nurse would take the responsibility for drug administration, the carrying out of therapeutic and diagnostic techniques requiring special knowledge, making



careful observations of the patients and more closely working with the doctor when he is on the floor.

The gap that has grown between doctor and nurse was brought home to me recently when I was being shown through a hospital by one of the chief physicians who had worked there more than twenty years. The office and examining rooms on each floor for the use of the doctor were spacious and well equipped, but I noted that the space allotted for the work of the nurses was small and poorly equipped. The doctor seemed startled when the fact was brought to his attention. He admitted that it was true and said the staff had paid little attention to the working conditions of the nurses. The attitude was that the problem was up to the nurses and it was their misfortune if they could not solve it.

We, the doctor and the nurse, are under criticism today. There is still reason for us to help one another. We are said to lack appreciation of and sympathy for the patient as an individual. We are accused of being indifferent to many of his personal needs and mental and emotional reactions; perhaps the doctor receives more criticism than the nurse. I do not believe we are hard-hearted, but both of us are facing such a complex and complicated system of medical care that much of our energy and thought are required just to keep the organization running and little remains to be expended upon the individual patient.

I do not advocate returning to the good old days but would be highly in favor of any change in the organization of our work which would allow us to deal more intimately with patients and to work more closely together.

The second point I would like to discuss briefly is the relation between the present shortage of nurses and the program of nursing education and training. In spite of the fact that many new members have been added to the health team who should have relieved the nurse of some of her duties, the great majority of hospitals find it difficult if not impossible to obtain an adequate number of nurses. We are all aware that many new private and governmental hospitals have been constructed within the last 10 years. We also know that there is a general social and economic trend toward shorter hours of work and higher pay. The nurse, naturally, also desires to work an 8-hour day and a 40-hour week. This means that more nurses must be employed if patients are to receive care 24 hours a day and 7 days a week. In addition to these simple and easily understood facts there is also a very fundamental biological phenomenon involved in nursing education and in the production of an adequate number of nurses. This is love and marriage. Although there are more than 800,000 graduate nurses in the United States, only 365,000 are active to some degree in the field of nursing. Within the first ten years after graduation 60% of nurses become inactive. This means that the schools of nursing must graduate two or more girls for every one who remains active in the profession. This is a very expensive method unless the student nurse is used to provide considerable patient care while in training. Such a practice is considered exploitation and is condemned by most nursing schools.

The question I wish to raise is whether the design of nursing education, with continuing attempts to improve standards by raising the requirements for admission to schools of nursing and by prolonging the periods of education and training have considered fully this biological phenomenon.

It is inevitable that the large majority of you will marry and have children. Many doctors, with their natural conceit, believe that you enter nursing school just to catch and marry them. For their own good, I hope you succeed. However, the bearing and raising of children to school age requires 10 to 15 years. In this period you will have little time to devote to nursing. This is a hard fact which many of the leaders in

nursing education fail to accept. I listened to them testify in Washington before the President's Commission on the Nation's Health and this fact was barely mentioned. Subsidies for schools of nursing, scholarships, elevation of standards, recruiting programs and the need to increase the output of nurses received all their time and attention.

Knowing relatively little about the details of nursing education and training, it is easy for me to make suggestions. Realizing that marriage is almost inevitable, could not a course for junior nurses be devised of shorter duration which would accept the fact that less than half of the girls would practice nursing? Such a course should do more than simply turn out so-called practical nurses. We would also need a second course which would allow the girls who so wished to go on and receive a degree and qualify themselves for the more responsible nursing positions. We would also need later a third course. This should be designed for those of you who marry and have children and who are sincerely interested in helping sick people. It should be open to you when you have reached the age of 35 or 40 and your children are in school. Its purpose would be to bring you up to date and to prepare you for a half-time position in a hospital, a public health service, school nursing or industrial nursing. In such a way you could be helped to continue in your profession and in turn you could aid in the financial support of your family. Certainly the trend is for more married women to hold positions. The number of married nurses active in the profession is definitely increasing.

Some of you in the future will certainly contribute new ideas to nursing. We need you in medicine as well as in the home. I hope you have the greatest success and happiness in both of these fields.

## GRADUATION AWARDS — 1953

The William Potter Memorial Prize of twenty-five dollars to a member of the graduating class for outstanding scholastic performance to:

RUTH SHONK

LOUISE KAPP—honorable mention

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

MARGARET UMBOWER

CAROLYN TROXELL  
honorable mention

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

CLAIRE MAURER

JOAN MOWREY—honorable mention

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

HELEN RUTLEDGE

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

JOAN YANCOSKI

MILDRED HUGHES—honorable mention



## STUDENT ACTIVITIES

MARYLEE STOUTENBURG, '54

It seems appropriate to begin this article with a discussion of the Student Government Association, for it is through this organization that many of the varied activities are brought about.

The student Council consists of a group of students elected semi-annually by the student body to represent and govern them. These include a president, a president-elect, a secretary, a treasurer, standing committee chairmen, and ten panel members, two representing each class. This group meets once a month for the purposes of aiding in discipline, promoting support and loyalty to the school, discussion with members of the faculty of problems affecting the welfare of the students, and encouraging individual responsibility and general participation in academic and social life.

Membership in the SGA is automatic with the payment of three dollars dues upon entering the school. This entitles each student to the privileges set up in the HANDBOOK and makes her totally responsible for observing the regulations stated therein.

Also along this line is the organization of the separate classes. The main goal for each class is to raise the funds necessary for publishing the NOSOKOMOS in their senior year.

As you can well imagine, this project involves much diligent effort, and so each year the senior class is busy with raffles, bake sales, dinners, dances and similar events besides operating the Dutch Kitchen, the snack bar in the Nurses' Home.

Bows are in order at this point for the NOSOKOMOS staff, for without their faithful work and efforts the yearbook would not come into being.

Now, for some of the daily pastimes, recreation and relaxations in which the students take part. The Television Room is always a much used place for friendly gatherings. In the adjoining room can be found a radio-phonograph with an up-to-date collection of popular and classical records, novels and a good selection of current magazines. This provides abundant facilities for reading and listening to music. Facilities for playing darts and ping pong can be found in the "rec" room along with an automatic 100-selection juke box.

For those desiring more strenuous activity, there is basketball and/or swimming.

Everyone looks forward to the summer months when we have weekly swimming parties brought about through the efforts of the Junior Nurses Home Committee. These parties, held at delightful places in the suburban areas, have been a great success. A special thank you to those who have shown us hospitality on these occasions.

Still another form of activity is provided by the baby-sitting service. This diversion permits us to earn some pin money as well.

Last, but not least in any respect, are the Social Activities. Each student has pleasant memories of all the picnics, informal dances, teas, and parties made possible for us. Again many thanks go to the Nurses' Home Committee for our two formal dances which highlight each year. They are looked forward to by each student and their thrill and excitement is shared by all.

## PERINEAL PROSTATECTOMY

NORMA NACE, '55

There was nothing outstanding about this stocky little colored man to draw special attention the day I first entered Urology Ward except something about the way he sat so quietly on a chair, his head resting rather wearily on his bed, a blanket draped over his shoulders. Indeed, until the operation that presents itself as the subject of discussion, W.A. was just one of those patients we so hurriedly dub "routine." But more of that later. Perhaps it is better that I introduce you now to W.A.

Mr. W.A. is an eighty-two-year-old colored male, reserved by nature and laconic by choice—"A wise mouth is a silent one," he has often said. His general physical appearance fails to give a clue to his age, for he appears younger than his stated eighty-two years. Mr. A. has never been married, and all members of his family are deceased. His income is only that granted by the State and his standard of living is only as high as that small allotment allows; he was admitted to Jefferson Hospital as a charity patient. But visiting days never saw him lacking in visitors. His religion is that of a Protestant and each Tuesday, Thursday, and Saturday saw members of his faith making their way toward his bed. Mr. A. apparently has had no formal education, as had none of the other members of his family.

W.A. first presented himself to Jefferson Medical College Hospital on April 1, 1953 through Urology Clinic. His complaint at that time was "blood in my urine" or hematuria which had apparently begun two or three weeks earlier. In the meantime the patient noticed increased frequency in voiding (six or seven times a day) as well as nocturia (four times per night). Mr. A. also complained of pain and burning on urination, stating that the urinary stream started well without hesitancy and without dribbling afterwards, but there was a gradual decrease in the size of the stream. Upon examination in the clinic several bleeding points were discovered. A number eighteen Foley bag catheter was then inserted. This is a special type retention catheter which has on the one end a small bag which may be inflated with either air or fluid to insure its remaining in place once inserted, eliminating the necessity of frequent catheterization which in some cases may cause a great deal of pain and discomfort. In addition it facilitates accurate measurement of urinary output and relieves retention. His provisional diagnosis at this time was benign prostatic hypertrophy. This indicates an increased size of the prostate gland due to some benign cause, possibly a benign adenomatous tumor. This condition, fairly common in older men, involves pain because the prostate gland surrounds the urethra and upon enlarging makes urination unnatural and difficult, perhaps painful, with bleeding.

From the outpatient department Mr. A. was sent to Urology Ward as an emergency admission. Upon admission at 1:30 P.M. on April first, Mr. A.'s blood pressure was 140/80, his temperature normal, his pulse 82, and respirations 20. All these cardinal symptoms seem rather normal and not alarming in an emergency admission. From then on his blood pressure fluctuated, going its lowest post-operatively when it reached 90/62. His temperature from then on was often elevated reaching 104 degrees on May 16th when he suffered a chill.

Mr. A.'s first hospitalization took place some thirty years ago in Harrisburg, Pa., for "arthritis." No surgery was performed. There has since been no history of any significant illness. Upon admission to Jefferson, Mr. A.'s general health was found to be good. However, there appeared to be some arthritic involvement, for the shoulders and knees when prone became painful. Mr. A. had no particular habits except an extremely moderate alcohol intake.



On Mr. A.'s first day in the hospital a complete blood count was ordered. This is a microscopic examination of a small blood sample taken from the patient's fingertip with a small calibrated pipette. The number of erythrocytes and leukocytes and the percentage of hemoglobin are determined. Mr. A.'s blood showed a decreased amount of red blood cells—2,780,000 against the normal of 5,000,000 per cubic millimeter, and an increased number of leukocytes—10,300 against a norm of 5-8000 per cubic millimeter of blood. Usually an increase in the number of white blood cells is an indication of infection since these defenders increase in number at such time to protect the body. We might then infer that infection was present in Mr. A.'s body. Significantly, Mr. A.'s hemoglobin in grams per 100 c.c. was also lower than normal—9 grams rather than 15 grams. We can easily understand why this should be so when we remember that his red blood cell count was below normal, and it is these red cells which carry the hemoglobin. For this procedure no nursing care is needed other than an explanation to the patient of what is going to happen.

Next a routine urinalysis was ordered. This is simply a collection of a urine specimen by the nurse for examination by the laboratory and does not involve a sterile procedure. Mr. A.'s urinalysis yielded this information: color—very light red; specific gravity—1.017; albumin—++; sugar—negative; alkaline. Further examination revealed triple phosphate crystals, pus, many leukocytes, many erythrocytes. Now let us compare this with the normal: color—light yellow or straw-colored; specific gravity—1.015 to 1.030; albumin—negative; sugar—negative; acid; microscopic—negative.

We would expect in hematuria an increased number of red blood cells. The fact that there were white blood cells present leads us further to suspect infection. The specific gravity was normal despite the fact that crystals and albumin were present, both of which suggest to us impaired kidney function as well as might the alkaline condition of the urine.

It is the nurse's responsibility in a routine analysis to collect the specimen in a clean specimen bottle, fill out the proper form, send it promptly to the proper laboratory.

An S.U.S. and culture was ordered too. Since Mr. A. already had a retention catheter this presented no problem. The specimen was collected, examined microscopically, and the following findings were obtained: many leukocytes and erythrocytes, gram-positive streptococci and staphylococci, and gram-negative rods. These findings suggest still further infection and confirm hematuria. The type organisms found to be present gives a clue to the antibiotics which may be used to inhibit them. Subsequently, there was ordered a sensitivity to antibiotics test. Essentially this consists of growing, in the laboratory, these organisms and testing them against the various antibiotics to determine which will have the most lethal effect on the organism without harming the patient. In Mr. A.'s case, dihydrostreptomycin was found to be most effective. Therefore, it was ordered, 0.5 gram together with 300,000 units of penicillin G sodium, twice a day at twelve-hour intervals to maintain a constant protective blood level. These drugs, due to their viscosity and quantity, are given intramuscularly with a number twenty-three needle to insure better absorption with a minimum of pain and discomfort to the patient. It is interesting to note that there were later blood counts in which, although the number of red cells remained the same, the number of white cells decreased. We might assume then that the antibiotics were accomplishing their work of diminishing infection already present as well as helping Mr. A. resist further infection.

Next a blood urea nitrogen test was performed. For this test Mr. A.'s breakfast was withheld until the blood specimen had been obtained with an explanation to him as to why he could not have his breakfast that morning. The test showed that there

was 25 milligrams of urea per 100 c.c. of blood against a norm of 12-15 milligrams per 100 c.c. A second blood urea nitrogen test was performed three days later and the result was the same. However, subsequent blood studies showed the urea level to have dropped to 8.8 milligrams where it remained. It is when kidney function is impaired that the amount of urea in the blood increases, for then there is interference with the kidney's ability to excrete urea. Frequent blood urea nitrogen tests were done on Mr. A. to see that the level remained low. The fact that Mr. A.'s did not remain high seems to have special diagnostic importance in that the kidney might be ruled out as a source of Mr. A.'s trouble.

Another kidney function test which was performed was the PSP test. Before the dye is injected, the patient is asked to drink two or three glasses of water to ensure voiding. The exact time of injection is noted, and the time it takes to appear in the urine and the percentage indicate the functioning capacity of the kidneys. The appearance of the dye is indicated by a pink color of the urine as it comes into contact with a small amount of sodium bicarbonate. In Mr. A.'s case it was fairly easy to note the time the dye first appeared because he had a catheter and the sodium bicarbonate could be placed in the drainage bottle. Within thirty minutes Mr. A. had voided 50 c.c. with a dye concentration of 20% which is comparatively normal. This then would seem to indicate a normally functioning kidney. However, this is opposite to the first two blood urea tests which were elevated. Therefore, the tests were repeated, and, as previously mentioned, the blood urea level dropped and the PSP test yielded the same result as the earlier one.

It was also necessary to determine the amount of carbon dioxide in Mr. A.'s blood. It was found that in his venous blood there was 42.4% and in the arterial blood there was 19.3%. Normally there is about 56% in venous blood and 2-9% in arterial blood. Although there is a rather wide margin of deviation, the ratio is quite similar, and we must remember the low red cell count and hemoglobin content.

A Wassermann and a Kahn test for syphilis were performed and found to be negative.

A chest x-ray showed no evidence of recent infiltration or consolidation of the lungs, although there was a prominence of the left ventricle with an uncoiled and tortuous aorta. Because of these cardiovascular findings and the patient's age, an EKG or electrocardiogram was ordered. This is a recording of a series of heart beats by an apparatus called an electrocardiograph. The EKG revealed positive myocardial change possibly on the basis of coronary artery disease. However, there seemed to be nothing to contraindicate surgery providing his oxygen intake and blood pressure were watched throughout the procedure.

On April 24th a cystogram was done. This is an x-ray taken of the bladder after it is filled with an opaque substance to make the outline of the bladder and lower portions of the ureters visible. The findings were comparatively normal. Therefore, an IV Urogram was performed to rule out the remainder of the urinary system as the source of difficulty. It is the nurse's responsibility to see that the patient is prepared mentally for this procedure, administer the laxative as ordered the night before, hold fluids throughout the night, and hold breakfast. It is also necessary that the patient receive an enema before the test is performed.

The final diagnostic procedure before the surgery was performed was a prostatic biopsy. The specimen obtained was examined histologically and revealed large scattered areas of fibrotic tissue which were circumscribed. The histologic diagnosis was leiomyoma of the prostate gland. This is a generally benign tumor containing muscle tissue.



With all this information at hand, it was decided to perform a perineal prostatectomy.

Up to this point, Mr. A. was receiving several medications in addition to the antibiotics mentioned previously. He received mineral oil to encourage intestinal elimination; terramycin, an antibiotic effective against a wide range of gram-positive and gram negative microbes; sodium chloride which causes diuresis by increasing the osmotic pressure in the blood, promoting greater glomerular filtration, and decreasing tubular reabsorption; ammonium chloride to increase the acidity of the urine by lowering the alkali reserve of the plasma; and acetylsalicylic acid (aspirin) for its antipyretic action.

Preoperatively, Mr. A. needed no specialized nursing care. He was not in a true sense ambulatory, but he was capable of taking care of his few personal needs. Of course, since he had an indwelling catheter, it was necessary to empty and measure the contents of his drainage bottle and to see that the tubes did not become kinked. He needed to be encouraged to eat as his appetite was poor.

The perineal prostatectomy was performed on May first. The evening before, the perineum and adjacent areas were shaved. At bedtime a laxative was administered, and in the morning a soap solution enema was given. The preoperative medication consisted of morphine sulfate grains  $\frac{1}{8}$  and atropine sulfate grains  $\frac{1}{150}$  by hypodermic. Morphine was given to promote a relaxed state favorable to the induction of anesthesia. Since morphine is a respiratory depressant, atropine, a respiratory stimulant, was given to counteract this effect as well as to check secretions. He received ether as an anesthetic. After the prostate was removed, a Smith perineal bag was inserted. This has a hemostatic effect after it is inflated. In addition a gauze pack was inserted.

After returning to the ward from the operating room, Mr. A. was checked at once and then every fifteen minutes for one hour, every half hour, for two hours, every hour for two hours and every third hour thereafter. He received an infusion of 5% glucose in distilled water. The principle involved now was that he receive NOTHING BY RECTUM. Urine specimens were collected every two hours to check for bleeding. It was also essential to check his dressings for bleeding.

On the following day mineral oil was ordered to be given twice a day until the patient had a bowel movement. The packing was removed and 5 c.c. of fluid dripped from the hemostatic bag. The Smith perineal bag was removed on the second post-operative day. This was followed by profuse drainage through the perineal wound. Mr. A. required complete nursing care at this time. Back care was especially important because of the drainage. Since the patient's bowels did not move, a bottle of magnesium sulfate was given seven days post-operatively. On the evening of the following day, Mr. A. expelled much feces, blood, and large clots. The interne was informed and came down to examine the patient. The Foley bag catheter was seen at the perineal wound. This was removed and replaced with a Coude catheter which was allowed to remain in place for two days. Several days later another Foley bag catheter was inserted. As the perineal wound healed, the drainage decreased and finally stopped.

Mr. A.'s prognosis urologically is excellent, but there is his age to consider with the usual degenerative changes as well as the cardiovascular involvement.

Oddly enough, it was necessary for us to teach Mr. A. to call us when he needed us—a bit too meek, a bit too considerate, we had to explain that his own welfare depended on our knowing his needs and caring for them. We had to explain to him the reasons for drinking large quantities of water. As a whole, Mr. A. has been a fine patient and a most cooperative one. As of yet there has been no indication of when he would be discharged.

## THE BEST MEDICINE

### THE "STAPH" OF LIFE

I'm *Staphylococcus albus*, and although I'm big and stout  
And do my share of dirty work, I'm really quite put out.  
I get no good publicity; I can't work up a rep;  
The fame goes to those stringy guys whose family name is Strep.

Now I'm just as good a coccus as any in the clan.  
What's more I do a perfect job: I cover all of man;  
And when I've done a good day's work to build up tissue debit,  
Friend Strep comes in a-tonsilling and grabs off all the credit.

I swear that something must be done;  
I'll get my share of spoils—  
These people who think Streps are smart—  
I'll make 'em sit on boils!!—ANON.

A commuter shared his seat with an elderly looking Scot. At the first stop his companion from the coach ran down the platform, then rushed back, panting. After this happened at three stops, the commuter, his curiosity aroused, asked the reason.

"Well," said the Scot, "I went to New York to see a specialist about my heart. He said it was very bad, and if I'm not careful I might drop dead, so I buy tickets from station to station!"

"Doctor, I've got trouble with my t'roat—here."

"Go in the other room and disrobe," said the doctor. "I'll be there in a minute."

"But Doctor, my t'roat."

"Get in the other room and disrobe and I'll examine you."

So the man went in and disrobed. As he was sitting there in his shorts, he looked around. Next to him was another guy sitting there, disrobed, and with a big package in his hands.

"Can you imagine that doctor! I've got trouble with my t'roat and he tells me to disrobe."

"What are you complaining about? I only came here to deliver a package!"

"Mr. MacPherson," said the doctor, "you must either stop drinking whiskey or you'll go blind. Choose between the two right now!"

"Weel, Doc, I'm gittin' to be an old mon, and I'm thinkin' I hae seen aboot everything I care tae."

Poor Pop, tired from a hard day, was being pestered by a stream of questions from little Willie.

"Whatcha do down at the office, Pop?" Willie asked.

"Nothing!" shouted Pop, about at the end of his rope.

After a thoughtful pause, Willie then asked, "Howja know when yer through, Pop?"

Mike: "Say, Pat. What's this I'm hearing about ye joining up with them Communists? Be ye daft, man?"

Pat: "It's the God's truth, Mike. I signed up last week. Ye see the doctor told me I had but ten days to live, and 'tis better one of them Communists die than a good Irishman."

Two teen-age girls were discussing their families.

"Why does your grandmother read the Bible so much?" asked one.

"I think," replied the other, "that she is cramming for her finals."

Mother: "Now, children, don't quarrel. What's the matter?"

Harold: "We're playing shipwreck, an' Susie won't go to the bathroom an' drown herself."

A telephone service girl received a call from an elderly lady: "My telephone cord," said she, "is too long. Would you please pull it back at your end?"



## THE FRESHMAN'S PRAYER

A woman is my teacher, I shall not pass;  
 She maketh me sit in a classroom  
 She leaeth me to the blackboard;  
 She handeth me the chalk;  
 She guideth me in a straight path,  
 For my grade's sake.  
 Yea, though I walk through the valley of  
 knowledge  
 I learneth not, for I am dumb;  
 My notebook and pencil, they accompany me;  
 She maketh me show my ignorance before my  
 fellow students;  
 She has anointed my head with examples,  
 Surely Anatomy and Pharmacology shall follow  
 me all the days of my life  
 And I shall be a Freshman forever.

One day an old lady's cow got loose, visited a  
 neighbor's still and ate so much whiskey mash  
 that it died. The old lady presented a claim to  
 the neighbor for the cost of the cow. "I'll never  
 pay it," said the neighbor. "My whiskey mash  
 never killed your cow. The cow gave an egg nog  
 and your old man milked the poor thing to  
 death."

She was filling out an application blank and  
 having some difficulty over the question, "Are  
 you a natural born citizen of the United  
 States?"

After chewing her pencil a while she finally  
 wrote:

"No . . . Caesarean."

Patient: "Is the doctor in?"

Maid: "No, sir."

Patient: "Have you any idea when he'll be  
 back?"

Maid: "I don't know, sir. He went out on an  
 eternity case."

All the animals had left the ark except two  
 snakes lying over in a corner.

"Why don't you go forth and multiply?"

"We can't," answered one, "we're adders."

"Mother," cried Mary, as she rushed into  
 the house. "Henry wants the Listerine. He's  
 just caught the cutest little black and white  
 animal, but he thinks it's got halitosis."

NOTICE TO ALL WHOM IT MAY  
CONCERN:

When I die, bury me deep.  
 Place my Nutrition at my feet.  
 Place my Micro at my side,  
 Tell Miss Kuba that I tried.  
 Place my Psychology on my chest  
 And tell Dr. Morgan that I did my best.

If in glory they fill out my charts,  
 It will only remind me of Nursing Arts.  
 If instead I do submerge,  
 I'll always think of dear Med.-Surg.  
 Place my Pharmacology on my head,  
 And tell Mr. Flack that's why I'm dead!

(Courtesy of Some Student Nurses who  
 prefer to remain anonymous.)

A girl bought a ticket in a big Christmas lot-  
 tery, and insisted on having the ticket number  
 51. It turned out to be the winning number,  
 and she received \$15,000.

A reporter called upon her and asked: "Why  
 did you especially want ticket 51?"

"Well," she said, "for seven nights I  
 dreamed of number seven and seven sevens are  
 51, so I bought the ticket!"

"How old are you?" asked the officious office  
 manager of an applicant for a job.

"Twenty-seven," answered the young man.

"Well, what do you expect to be in three  
 years?"

"Thirty," the young man replied without  
 hesitation.

A little girl was sent to the drug store for  
 something to stop palpitation. Since it was a  
 long walk to the store, and the girl had a  
 short memory, here's what she said to the drug-  
 gist: "Mother said she wanted something that  
 will stop population."

This is a fact  
 That isn't so funny:  
 When there is too much month  
 At the end of the money.

## 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

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

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USE YOUR MAILED NAME IN ALL CORRESPONDENCE. If you have changed your name since you graduated, please use your full name in all correspondence. If you are married, please use your married name. If you are divorced, please use your maiden name.

Example: Mrs. John Doe, 123 Main St., Philadelphia, Pa.

Mr. William Smith, 456 Elm St., Philadelphia, Pa.

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**JOIN  
YOUR  
ALUMNAE ASSOCIATION**

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Cut out and send to ALUMNAE ASSOCIATION, 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 .....

New address (Street and No.) .....

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

Class.....







