Jefferson.

Thomas Jefferson University
Jefferson Digital Commons

Nursing Alumni Bulletins

Jefferson Nursing

4-1951

Nurses' Alumnae Association Bulletin - Volume 16 Number 1

Dorothy Edgar

Henrietta F. Spruance

Dorothy Ranck

Elsie B. Cantwell

Paul F. Rake

See next page for additional authors

Let us know how access to this document benefits you

Follow this and additional works at: http://jdc.jefferson.edu/nursing_alumni_bulletin

Part of the Nursing Commons

Recommended Citation

Edgar, Dorothy; Spruance, Henrietta F.; Ranck, Dorothy; Cantwell, Elsie B.; Rake, Paul F.; Cozza, Angela R.; Whitney, Helen M.; Eberhard, Theodore P.; Hahn, George A.; Templeton, John Y.; Gibbon, John H.; Kuba, Anna; Skvir, Elsie; Garber, Joanne; and Pencavage, Dolores, "Nurses' Alumnae Association Bulletin - Volume 16 Number 1" (1951). *Nursing Alumni Bulletins.* Paper 23.
http://jdc.jefferson.edu/nursing_alumni_bulletin/23

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Nursing Alumni Bulletins by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

Authors
Dorothy Edgar, Henrietta F. Spruance, Dorothy Ranck, Elsie B. Cantwell, Paul F. Rake, Angela R. Cozza, Helen M. Whitney, Theodore P. Eberhard, George A. Hahn, John Y. Templeton, John H. Gibbon, Anna Kuba, Elsie Skvir, Joanne Garber, and Dolores Pencavage

This news article is available at Jefferson Digital Commons: http://jdc.jefferson.edu/nursing_alumni_bulletin/23

Nurses' Alumnae Association Bulletin

1891 1951

School of Nursing of the Jefferson Medical College Hospital

Volume 16 April, 1951 Number 1

ALUMNAE DAY
May 5th, 1951

Luncheon - - - at 12.00 in Ball Room

BELLEVUE-STRATFORD HOTEL

BROAD AND WALNUT STREETS

Return Luncheon Reservations by

April 27th, 1951

to

MISS BETTY PIERSOL

1012 SPRUCE STREET, PHILADELPHIA 7, PA.

NOTICE – Tickets on sale at door only, day of the luncheon. (Correct change appreciated)

DANCE

ADELPHIA HOTEL

13th and CHESTNUT STREETS

Dance - 9 P. M. 'til 1 A. M. – Roof Garden

Music by Tom Darlington
and his 'Music of the Years'

NOTICE – Admission by invitation only!

SEE YOU THERE??!!

JEFFERSON NURSES' ALUMNAE ASSOCIATION BULLETIN

PUBLISHED ANNUALLY

OFFICERS 1951

President .... Miss Dorothy Edgar
First Vice-President .... Miss Anna Kuba
Second Vice-President
Miss Marjorie Whiteleather
Recording Secretary .... Miss Jean Beard
Secretary-Treasurer .... Miss Edna Scott

BOARD OF DIRECTORS

Miss Martha Riland
Miss Adele Lewis
Mrs. Clara Hardy
Miss Janet Edwards
Miss Bettyann Auman

STANDING COMMITTEES

Ways and Means
Miss Isabel Kevel, *Chairman*
Miss Elsie Skvir
Miss Gladys Keiper
Miss Marie Messa
Miss Hazel Oberdorf
Miss Carolyn Kemmerer

Entertainment
Miss Betty Piersol, *Chairman*
Miss Grace Ronco
Miss Mary Bonenberger
Miss Margaret Summers
Miss Janet Edwards

Bulletin
Miss Anna Kuba, *Chairman*
Mrs. Mildred Fromtling DeKorte
Miss Elsie Skvir
Miss Grace Ronco
Miss Janet Edwards
Miss Evelyn Dute

Scholarship
Mrs. Henrietta F. Spruance, *Chairman*
Miss Evelyn Dute
Miss Bettyann Auman
Miss Anna Kuba

Sick and Welfare
Miss Dorothy Ranck, *Chairman*

Membership
Miss Helen Sheriff

Program
Miss Gladys Keiper

Nominating
Miss Mary Bonenberger, *Chairman*

Nurses' Home
Mrs. Clara Hardy, *Chairman*

Private Duty Section
Mrs. Henrietta F. Spruance, *Chairman*
Miss Margaret Bush, *Vice-Chairman*
Mrs. Kathryn Labate, *Secretary*

FINANCIAL REPORT

December 31, 1950

Cash on Hand	
General Fund	$ 2,601.90
Relief Fund	243.14
Scholarship Fund	37.90
Investments	
Relief Fund	$30,675.00
Scholarship Fund	13,000.00
Liabilities	None
Net Assets or Resources	$46,705.44

TABLE OF CONTENTS

	Page
Alumnae Notes	13
ANA Biennial Convention	7
Cancer of the Cervix, Uterus and Ovaries Dr. G. A. Hahn	20
Committee Reports	5-7
Digest of Alumnae Association Meetings	3
Greetings from Miss Childs	14
Greetings from the President	3
Graduation Awards—1950	34
Isotopes and the Nurse—Dr. T. P. Eberhard	18
Marriages	12
Necrology	13
New Arrivals	13
Nursing Care in Heart Disease with Pulmonary Infarction	29
Nursing Care of a Mitral Commissurotomy	26
Physical Advances at Jefferson—1950	16
Policies of the Private Duty Nurses' Registry	32
Staff Activities, 1950-1951	15
Students' Corner	28
The Department of Surgical Research—Drs. Templeton and Gibbon	24
White Haven and Barton Memorial Divisions	17

NURSES' ALUMNAE ASSOCIATION BULLETIN

Volume 16 — April, 1951 — Number 1

Dear Alumnae Members:

It is a great pleasure for me to greet you in this way, as the new President of the Association.

I think we owe a special vote of appreciation to the officers and committee chairmen of the past year who have so unselfishly given their time and energy for the betterment of our organization.

Those of us who are still at Jefferson hope that we may have the pleasure of seeing and greeting you at the Annual Alumnae luncheon. We also hope you will be interested in and proud of the advances the institution has made during the past year. Some of these advances are reported to you in the pages of the Bulletin.

It is the sincere hope of the new officers that you will continue to give your support and cooperation to the Alumnae Association so that 1951 will be a prosperous and successful year.

Sincerely yours,

Dorothy Edgar, *President.*

DIGEST OF ALUMNAE ASSOCIATION MEETINGS

March 17, 1950

62 members present.

New members accepted: Betty Moyer Vance, Carolyn Louise Sprenkle, Alberta Jusaitis, Helen Martin Norstedt, Marilyn Turner O'Brien.

The Program Committee arranged to have Dr. Reese give a fascinating explanation of the "Derma-Tape." The mechanism of this precision instrument was demonstrated, and a movie and slides were shown to prove its value.

The following recommendation was accepted:

To contribute $5.00 to the Y.W.C.A. Building Fund.

April 21, 1950

41 members present.

New members accepted: Margaret Scull, Evelyn Geovanelle, Victoria Matig, Melba Watkins Snyder, Florence Servello, Elizabeth Tratch, Neta Fleming, Ruth von Franzke.

The following contributions were acknowledged:

1. $100.00 for the Relief Fund from Mrs. Kathryn Rutt Coombs.
2. $100.00 for the Clara Melville Scholarship Fund from the Misses Melville on March 27, 1950.

Mr. Steininger, one of the staff anesthetists, gave a most interesting talk on anesthesia and its post-operative complications.

Mr. Mark Emerson of Friends' Central School spoke on the proposed United World Federalization. A movie entitled "One World or None" was presented to substantiate his statements.

MAY 19, 1950

27 members present.

New members accepted: Anna K. Barner, Marie Messa, Winifred J. Messick, Helen B. Michalski.

Several recommendations were accepted:

1. To place the $175 profit from the Spring Dance in the General Fund.
2. To pay $14.15 for the cleaning of the student nurses' basketball unforms.
3. To contribute $25.00 to Salvation Army.
4. To give the Board of Directors authority to handle all emergency business during summer months.

A Parcel Post Sale and Strawberry Festival followed the meeting.

SEPTEMBER 15, 1950

49 members present.

New member accepted: Anna Catherine Read.

Several recommendations were accepted:

1. To contribute $10.00 to District No. 1 to help defray the expenses of the Cancer Forum.
2. To send seven delegates to the P.S.N.A. convention at the Benjamin Franklin Hotel in Philadelphia.
3. To transfer $700 from the General Fund to Relief Fund, and $300 from the General Fund to the Scholarship Fund, making a total of $3500 for investment.

The Association acknowledged a $100.00 contribution to the Relief Fund from Mrs. Belle Thrasher Carr.

Miss Kevel turned in $100.00 profit from sale of stockings.

Miss Ranck and Miss Edgar gave detailed and interesting reports on the ANA Biennial Convention in San Francisco in May, 1950.

OCTOBER 20, 1950

36 members present.

The following proposals were made and accepted:

To allow $35.00 expense per delegate to the P.S.N.A. Convention.

To send *Reader's Digest* to the chronically ill nurses.

Miss Whitney, supervisor of nurses at Barton Memorial, gave an interesting and enlightening talk of the treatment of silicosis by use of intermittent positive pressure and vaporizer.

NOVEMBER 17, 1950

35 members present.

New members accepted: Marjorie Whiteleather, Joyce Walters, Barbara Fisher, Joan Shaver, Nancy Stevens, Lois Kleintob, Eleanor Lingle, Diane Palmer, Mary Mosteller, Eunice Harper, Lillian Mertz.

Several recommendations were accepted:

1. To extend hospitalization benefits to Miss Ethel Hunt for an additional two weeks because of her long illness.
2. To extend hospitalization benefits in the by-laws according to the Welfare Committee's decision.

3. To contribute $5.00 to Lankenau Hospital Cancer Research Department for dues as a contributing member.
4. To contribute $50.00 to the United Fund Campaign.

Mr. Fitzsimmons from the Social Security Board gave a talk on the new social security amendment and how it affects nurses.

Reports on the P.S.N.A. Convention were presented by the delegates.

JANUARY 19, 1951

85 members present.

New members accepted: Irene Ottoson, Jean Hohe, Joan Yocum, Geraldine Stemler, Marian Barry, Sara Louise Young, Martha Lundfelt, Nancy Dunkle, Ruth Swinehart, Elizabeth Laskowski, Margretta Twaddell, Margaret Henry, Eleanor Kowaleski Krestynick, A. Pauline Albert, Helen E. Myers, Joyce Moore, Grace Schersching Atkinson, Mary Ann Pearson, Shirley Mackley, Wealthy Morrow, Jean Opel, Janet Hindson, Joan Christman, Jeanette Bauschard.

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

Miss Edgar read the revised by-laws which were then discussed, voted upon and accepted.

FEBRUARY 16, 1951

38 members present.

New member accepted: Ethel Heller Todaro.

The following recommendation was accepted:

That the Entertainment Committee proceed with arrangements for Alumnae Day.

Dr. J. Parsons Shaffer, Professor Emeritus of Anatomy of the Jefferson Medical College, spoke on pending legislation on animal experimentation. He urged the members of the Association to write to their representatives to the General Assembly at Harrisburg.

The latest film put out by the Cancer Society, "Breast Self-Examination" was shown. Dr. Hahn then gave a brief talk on Cancer and the Nurses' role in Cancer education of the public. "A Cancer Source Book for Nurses" was given to each member present.

Miss Skvir and Miss Kuba reported on the meetings and the luncheon of the Women's Educational Division of the Community Chest at the Bellevue Stratford Hotel on February 5, 1951.

THE RELIEF FUND

During 1950, a total of $1,085.00 was paid for hospitalization and nursing service of sick members at Jefferson Hospital.

Added to the Relief Fund this past year was $159.50 from play held in June; $100 from the sale of Christmas cards; $64.25 from the Hallowe'en card party; $370.00 from the sale of stockings by Miss Kevel; and $599.50 from donations—a total of $1293.25.

The principle of the Relief Fund now invested is $30,675.00.

THE CLARA MELVILLE SCHOLARSHIP FUND

The activities to increase the Scholarship Fund started with a Travelogue in January. This was followed by a drawing for a $100 Easter Outfit in March and a Parcel

Post Sale in May. From these projects and gifts, the sum of $710.36 was realized. The Association added $289.64 from the General Fund, bringing the amount to $1000. This money was turned over to the Board of Trustees of Jefferson Hospital for investment.

The Scholarship Fund has now reached the grand total of $13,000. The interest received from the invested amount in 1950 was $402.74.

There had been one application for a scholarship in 1950 but it was later withdrawn, so none was awarded. No one, as yet, has applied in 1951.

THE BULLETIN COMMITTEE

The members of this committee have tried to bring you the news of the past year accurately. If there are any mistakes, we will gladly accept corrections since we are not able to verify items that are handed to us. Constructive criticism or any suggestions you have to offer will be welcomed and appreciated.

Every Alumna can help us put out a better Nurses' Bulletin by sending us news and information about herself or another graduate. If you know of any graduate who does not receive a BULLETIN, please notify Anna Kuba, Educational Department, Jefferson Hospital, Philadelphia, Pa. It's probably due to the fact that we do not have the correct address. Please let us know when you move!

PRIVATE DUTY SECTION

HENRIETTA F. SPRUANCE, *Chairman*

The past year has been a momentous one for the private duty nurses in Pennsylvania. Legislation of great importance has been discussed and in some instances recommended and passed. The 46th annual state convention was held in Philadelphia in the Fall of 1950. Jefferson was well represented even though the business meetings were closed to all except delegates.

At the joint business meeting of the private duty section of the PSNA, it was voted to retain the name of Private Duty Nurse. (The proposed name had been Nurses in Private Practice).

The following recommendations were accepted:

1. Group nursing should be limited to two patients and then only on an emergency basis.
2. A distinguishing uniform should be adopted by the practical nurse and that their nursing be limited to the subacute, convalescent and chronic patients.
3. When studies of nursing facilities are made, the field of Private Duty be included.
4. The minimum standard wage be raised from $8.00 to $10.00 per tour of duty.

A special committee to prepare policies relating to nursing care and services met at State Headquarters in July, 1950. This committee felt that, generally, new graduates knew little about private duty and its responsibilities. A set of policies, relating to care and service, would act as a guide for these new private duty nurses. The proposed code was discussed at length and finally adopted. It will be published in "The Pennsylvania Nurse" and reprints will be sent to all PSNA private duty members.

Social Security for nurses doing private duty is now a certainty! All private duty nurses making at least $400 per year must pay 2¼% of their earnings into social

security. The tax year began on January 1, 1951, and the tax itself is payable with the income tax next year before March 15, 1952.

Of extreme interest was the tentative directive presented by Miss Childs that on and after January 1, 1951, Jefferson would no longer maintain its own registry. The members of the register were instructed to join District No. 1. A meeting of the private duty nurses was held in the amphitheater to discuss the feasibility and advisability of such a move. A committee was selected to study the plan. After due consideration and investigation, the committee found that the nurses were very much opposed to the transfer. They made two suggestions: either maintain a registry at their own direction or leave the register in the Nursing School Office and have each private duty nurse who wants to stay on the register pay a fee for the privilege. This latter suggestion was accepted by the Hospital Administration Board. The register will remain in the Nursing School Office and each private duty nurse who wants to belong to this group must be a member in good standing of the Alumnae Association and District No. 1 of the PSNA and pay a fee of $25.00 per year.

THE ANA BIENNIAL CONVENTION

DOROTHY RANCK

On May 6, 1950, Miss Edgar and I flew to San Francisco to attend the ANA Biennial Convention. The theme of this 16th convention was "Health, A Unifying World Influence." There were 8000 nurses assembled at this convention, including 1395 registered delegates, who represented every state in the Union and Hawaii.

Pearl McIver, the President of the ANA, in her opening address reminded the nurses of their role in "nursing the shattered body of the world back to health." She also reported on the major accomplishments of the ANA in the past two years. These included: participation in a commission for the improvement of patient care which has brought about a united front on the issue of licensure for practical nurses; participation with doctors and members of other health professions in the interassociation committee on health; progress in implementing the admission of Negro nurses to the ANA; gains in greater economic security for nurses; completion of a nation-wide inventory of registered nurses which provided basic data for planning of nursing programs and of national defense; organization of a national accrediting service for nursing schools; and medical prepayment plans. Lastly, Miss McIver spoke of the gratifying accomplishments in the interest of world health: the recognition of the I. C. N. by the World Health Organization, and the granting of observer status to the executive secretary of the ANA by the U.N.

The following platform was adopted by the House of Delegates at the opening business session:

1. Full participation of Negro nurse groups in the activities was reaffirmed.

   The Committee reported that:

   a. All but four State Nurses' Associations now admit Negro professional nurses into their ranks on an equal footing with white nurses. Since 1946, 8 Southern states have voted to admit negroes.

   b. A total of 206 negro nurses were admitted to membership in the ANA on an individual basis since the adoption of the Individual Membership Program in Chicago in 1948. Some of the 206 have since been absorbed by their state organizations.

2. Promotion of the inclusion of nursing service in prepaid health and medical care plans.

3. Active participation with allied groups to meet the general health and nursing care needs in the United States.
4. Establishment of a national organizational structure for more effective action in nursing.
5. Accreditation of programs in nursing education by the profession for the protection of the nursing student and the public.
6. Promotion of licensure of all who nurse for hire.
7. Alleviation of the shortage of nurses by improved educational programs, professional counseling and placement, and improved recruitment practices.

The proposed revision of the By-laws were read and accepted. The revisions were mainly concerned with active and associate membership. For the first time in 54 years of existence the ANA voted to admit associate members. This membership is limited to nurses who are not employed in nursing for more than thirty days during the year preceding their application and who do not anticipate employment in nursing in excess of thirty days during the current calendar year. Dues for this membership would be 75 cents. This amendment is expected to encourage inactive nurses to retain their interest and to help nursing attain its present professional and economic objectives.

At the second business session Sister Berenice Beck gave the report of the Committee on Ethical Standards. Professional nurses have always had an unwritten code, but never had anyone bothered to put it down in black and white. However, the Ethical Standards Committee did this and the code was adopted by the ANA. There are seventeen points in the code:

1. The fundamental responsibility of the nurse is to conserve life and to promote health.
2. The professional nurse must not only be adequately prepared to practice but can maintain professional status only by continued reading, study, observation, and investigation.
3. When a patient requires continuous nursing service, the nurse must remain with the patient until assured that adequate relief is available.
4. The religious beliefs of a patient must be respected.
5. Professional nurses hold in confidence all personal information entrusted to them.
6. A nurse recommends or gives medical treatment without medical orders only in emergencies and reports such action to a physician at the earliest possible moment.
7. The nurse is obligated to carry out the physician's orders intelligently, to avoid misunderstanding or inaccuracies by verifying orders and to refuse to participate in unethical practices.
8. The nurse sustains confidence in the physician and other members of the health team. Incompetency or unethical conduct of associates in the health professions should be exposed, but only to the proper authority.
9. The nurse is entitled to just remuneration for services rendered and has a corresponding obligation to make a conscientious return in service.
10. A nurse accepts only such compensation as the contract, actual or implied, provides. A professional worker does not accept tips or bribes.
11. Professional nurses do not permit their names to be used in connection with the testimonials in the advertisement of products.
12. The Golden Rule should guide the nurse in relationships with members of other professions and with nursing associates.

13. The nurse in private life adheres to standards of personal ethics which reflect credit upon the profession.
14. In personal conduct, the nurses should not knowingly disregard the accepted patterns of behavior of the community in which they live and work.
15. The nurse as a citizen understands and upholds the laws and as a professional worker is especially concerned with those laws which affect the practice of medicine and nursing.
16. A nurse should participate and share responsibility with other citizens and health professions in promoting efforts to meet the health needs of the public, local, state, national, and international.
17. A nurse recognizes and performs the duties of citizenship, such as voting and holding office when eligible. These duties include an appreciation of the social, economic, and political factors which develop a desirable pattern of living together in community.

Shirley Titus, executive chairman of the California State Nurses Association, and Chairman of the ANA Committee on Employment Conditions of Registered Nurses gave the report of that Committee. The report pointed out a program of conduct for nurses employed at institutions which become involved in strikes. The ANA has endorsed a No Strike policy for the conduct of the economic security programs by the different State Associations.

The ANA believes that the best relations among management, nurses, other employees and the public recognize that nurses by virtue of their professional obligations occupy a neutral position in management-labor disputes solely in fulfillment of their professional duties to the patient.

The next report was on the Florence Nightingale International Foundation. Pennsylvania, New York and Ohio have not completed their financial obligation to this Foundation. However, Pennsylvania has reduced its quota by one-half during the past year. A report of the committee of the American Nurses Memorial Florence Nightingale School of Nursing in Bordeaux, France was given next. After this report, a collection was taken which amounted to $1392.50. This represents a substantial beginning toward the $10,000 needed to complete the work of restoring the School which was completely destroyed during World War II.

A telegram from the A.M.A. was read urging the American Nurses Association to adopt a resolution opposing compulsory health insurance. There was no action taken, as it was felt by many to be too much of a political issue.

William E. Scott, legal counsel for the ANA, declared that three insurance companies had offered to make professional liability insurance (also known as malpractice insurance) available to members of the ANA on a national scale. The insurance would be offered to nurses on a voluntary basis and would include the cost of legal defense for nurses involved in damage claims as well as payment of the claims. The delegates voted to accept the report and empowered the Board of Directors to proceed in considering a specific insurance plan under the advice of the legal counsel.

At the 4th business session voting on the Structure Study was done. The chairman of the Private Duty Section and General Staff Section read a resolution that no change be made in structure at this time. However, the delegates voted to consolidate the 6 National Nursing Organizations into two organizations for the new structure pattern. Under this new structure the ANA remains; the names of the two organizations to be the ANA and the Nursing League of America. The ANA is to be a group for professional registered nurses and the Nursing League of America is to include both professional and lay members, the latter to be primarily concerned with education

and service relating to nursing. Only nurses would have voting privileges in the ANA while nurses, lay members, agencies and schools would have voting privileges in the Nursing League of America. It will take two years to effect complete reorganization. The subject of moving ANA headquarters was discussed, but it was voted to keep it in New York.

The delegates indicated the need to promote inclusion of nursing care in all prepaid medical care and health plans by adopting a resolution asking the A.M.A. to work with the ANA for inclusion of adequate nursing care in voluntary plans.

A proposed Study of Nursing Functions was presented by the ANA Board of Directors to the House of Delegates for consideration. Purposes of the study are:

1. To determine what should be the functions and relationship of the institutional nursing personnel of all types in order to improve nursing care and to utilize nursing personnel most economically and effectively.
2. To determine what proportion of nursing time should be provided by each group in various situations.

The motion was adopted that a study be done by the ANA during the next five years and that the membership finance the project by contributions.

Two resolutions from the Men Nurses' Section were presented and accepted. These were that they receive theory in Obstetrics with spectator experience and secondly, that a Men Nurses' Section be formed on a state level.

Officers of the American Nurses Association elected were:

President .... Mrs. Elizabeth Porter
Secretary .... Miss Agnes Ohlson
Treasurer .... Miss Lucy Germain

Following the Convention, we motored back over the Southern route passing through southern California, Nevada, New Mexico, Arizona and Colorado. We visited Yosemite National Park. The waterfalls and rock formations are a wonderful sight. We were impressed by the grandeur and magnitude of the redwoods in the Sequoia National Park.

While in Los Angeles, we toured the suburbs, including Hollywood. We stayed overnight at the Mission Inn in Riverside, California. It was here that Carrie Jacob Bond wrote "The End of a Perfect Day," and at 9:00 P. M. the carillon played her song. Charles Boyer was staying at the hotel while making his picture "The First Legion." We were fortunate to see parts of the film being made.

California has many missions. We enjoyed a tour of the San Fernando Mission which has retained its originality. Our guide was an elderly Padre.

In Arizona we motored to Boulder City and enjoyed a most interesting tour of the Hoover Dam. Truly, it is one of man's finest projects.

The El Tovar Inn was our stopping place on the southern rim of the Grand Canyon. We arrived in time to see the sun set on the Canyon. For those of you who have seen it, I need not describe the grandeur. It is really one of Nature's most beautiful gifts to the tourist. We also visited the Painted Desert and the Petrified Forest.

In Colorado we saw the original cave houses of the cliff dwellers in the Mesa Verde National Park. We drove to the top of Pike's Peak, an altitude of 14,110 feet. The Garden of the Gods, the Cave of the Winds and the Will Rogers Shrine on Cheyenne Mountain were toured also.

It was a wonderful trip seeing all the beautiful sights of the West, and I wish to thank the Jefferson Nurses' Alumnae Association for sending us as delegates to the Convention.

I wish also to thank the officers and the members for their staunch support during the three years I was President. It was a privilege to serve as your President.

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

ELSIE B. CANTWELL, *Executive Secretary*

District No. 1, Pennsylvania State Nurses' Association

The criteria for determining whether a group is professional in character varies with those who set the criteria, but on a whole most of these persons are agreed on the following: That each member of the group (a) must possess a body of scientific knowledge (b) have skills necessary to practice the art of the profession (c) must use the knowledge and skills he or she possesses for the good of mankind as a whole and not for personal gain (d) must adhere to an ethical code of behavior and (e) have a tendency toward organization with other members of the same group.

When measuring nursing against these criteria, it may or may not be a profession. However, if we expect to achieve truly professional status, it is necessary that we organize in groups, for it is only in this way that our aims or goals will be achieved. We have such a professional organization, known as the American Nurses' Association. Nurses may speak and act as one body through this medium.

One frequently hears these questions. Why should I join the American Nurses' Association? What has it ever done for me? One joins a professional organization for two reasons. First, for the benefit it brings to the nurse herself, and second, for the benefits it will bring to the profession as a whole, both for today and for the future. The two reasons are interwoven, so that they can scarcely be separated. One nurse alone is unable to bring about professional changes. Her voice is too feeble to be heard. She may be able, through a dynamic personality and strong leadership, to bring about changes in a local area, but they are not usually very far reaching and are not heard outside her own sphere. However, if she affiliates herself with an organization of 180,000 members, that group can speak with authority. Its voice can be heard and its power felt. Good examples of this would be the leadership set by American nurses in the field of nursing and health. We have the largest membership in the International Council of Nurses, which organization is the official spokesman for nursing in the World Health Organization. American nurses have a great opportunity to serve the world in these fields. We have set a pattern of nursing education which other nations have followed.

These plans cannot be accomplished without members. Nurses are needed to contribute their abilities and skills. Money from dues is needed to carry out programs, which the organization has planned and will plan in the future. You, as a nurse will directly or indirectly benefit from all these influences and improvements. The advancement of the profession advances your prestige. It is not fair that a few carry the torch, while all nurses reap the benefit. If you cannot actively participate in the program, you can pay dues, so that you will assist the work financially.

What each of us found when we entered the school of nursing for our basic preparation will differ according to the time and place, but for each of us there was a foundation already laid by someone in nursing. Our pioneers worked hard, giving of themselves unstintingly to lay the corner stones, the fruits of which we shared and whose benefits we reaped. They created organizations, brought into being laws, which regulated the practice of nursing (thus protecting the nurse and the public), brought nursing into colleges and universities and did many other things for the profession without hope or thought of reward. They were devoted to a cause and sacrificed time and physical comfort in order to accomplish these results. They did it because they believed in and loved nursing. Ours is a rich heritage and we must do something to be worthy of that heritage. If we build nothing, there will be nothing to pass on to those who follow us. I hope when the nursing history of this period is written, it will be found worthy to pass on to other generations of nurses. The greatest contribution

we can make to nursing is to join the American Nurses' Association and work with other nurses to make the profession bigger and better than when we found it.

The American Nurses' Association is made up of state associations. The October 1950 issue of the PENNSYLVANIA NURSE carried an article, entitled "Some Highlights On A Year's Work," by Mathilda Scheuer, President, and Katharine Miller, Executive Secretary. Read it and see what your Pennsylvania State Nurses' Association did for you.

To be eligible for active membership you need to be a registered nurse in Pennsylvania and be endorsed by two current members of District No. 1. Please apply to the District Headquarters, 311 S. Juniper Street, Philadelphia for membership cards. The total dues are $15.00. Of this amount $4.00 is retained by District No. 1, $8.00 is sent to the Pennsylvania State Nurses' Association and $3.00 to the American Nurses' Association. Thus you become a member of all three associations when you join District No. 1.

There is an associate membership for those who practice nursing for thirty days or less during the year. Dues are $3.75. These members may not hold office, act as delegates or vote in business meetings. Full membership, which offers these privileges is available to any Pennsylvania nurse whether active or inactive in nursing.

We want you, we need you. If you are not a member please think seriously about this matter and ask yourself if you are truly contributing to the growth of your own profession.

MARRIAGES

Name	Married to
Laura Dietrich, '26	John Gross
Urieta M. Keim, '27	Michael Coakley, Sr.
Anna Welsko, '28	Mr. Billie
Lucille Marquette, '30	Howard Clow
Margaret Healey, '34, White Haven	Ambrose Ruane
Elizabeth Zajac, '34, White Haven	Mr. Sedway
Mildred Lyons, '35	Mr. Trout
Alma Snyder, '35	Henry Miller
Ruth Hughes, '38	Robert Fratini
Kathryn Tomasso, '42	Walter Beitel
Mildred Snyder, '43	Zed Francis
Catherine Boyle, '43	Raymond Knapp
Marjorie Leigh, '44	Richard Butler
Sarah Fritz, '44	Donald Munroe, M.D.
Lenore Brady, '45, Spring	S. J. Strigari
Regina Chudzinski, '45, Spring	A. Craig White
Ruth McAllonis, '45, Fall	Frank Wainwright
Ida Jean Fluck, '45, Fall	Walter Bertram
Marilyn Eshelman, '45, Fall	Kenneth Engel
Geraldine Eshelman, '45, Fall	S. L. Meryweather
Kathryn Glass, '45, Fall	Angelo Lebate
Ruth Leauber, '45, Fall	E. C. Vivian
Miriam Kowalesky, '46	Wendall Purcel
Suzanne Shoemaker, '46	William Crain
Jean Gilbert, '46	Mr. Metzler
Geraldine Hart, '46	Paul Rockel
Helen Walk, '47	Charles Roth
Ruth Groves, '47	John McCormick, M.D.
Jane Gilman, '47	Mr. Collins
Irma Scheutz, '47	Donald Heller
Barbara Hendershot, '47	Gerald Marks, M.D.
Marie Vlahos, '47	George E. Menninger
Sheila Sweyer, '47	Mr. Bachman
Lorena Forrest, '47	Mr. Hester
Emmabelle Gleichert, '47	Dr. Beyer
Georgianna Molitor, '47	James Anderson
Constance Robison, '47	Thomas Forker, M.D.
Dorothy Getch, '48	Robert Ryder
Helen Gustas, '48	Frank D. Hauber, M.D.
Jean Pritchard, '48	James Monaghan, M.D.
Phyllis Maurer, '48	Robert Matanick
Faye Deiter, '48	Benjamin Groff
Hazel Trimmer, '48	Stanley Barkdoll
Margaret Basler, '48	Richard Blaine
Mary Ann Koval, '48	Frank Buzydlowski
Jane Norstedt, '49	Robert Johnson, M.D.
Lucille Flavell, '49	Henry Henkelmann, Jr.
E. Priscilla Kresge, '49	S. N. Nicholson
Carolyn Sprenkle, '49	Daniel Marchione
Ursula Koulik, '49	Thomas Hurley
Jean Reeves, '49	Edward Wolfe
Jean Searfoss, '49	Willard H. Lamson
Helen Daugherty, '49	Lewis Barrett
Ruth Lange, '49	John F. Wettig, III
Mary Jo Scian, '49	Alex Miller, Jr.
Dorothy Lamson, '49	Lt. Allan M. Sheets
Harriet Hough, '50	Bruce Linnquist
Martha Lundfelt, '50	Walter Peter, Jr.
Twila Anderson, '50	William Sanborn
Josephine Trettis, '50	Robert Kern
Mary Lou Moore, '50	Mr. Brumbaugh
Isabelle Gunsallus, '50	Hayden Lutterloh
Shirley Leidy, '50	Arthur Edwards
Jane Heffelfinger, '50	William D. Thomas
Ellen F. Gardner, '50	Mr. Spuhler
Grace Schersching, '50	Howard Atkinson
Eleanor Kowaleski, '50	Michael Krestynick
Agnes Goff, '50	Donald J. Anderson

NEW ARRIVALS

Name	Baby
Mildred Garmon McGee, '32	Boy
Marion Hoffman Miller, '34	Girl
Loretta Muskoff Matarella, '34 White Haven	Girl
Mary Rotz Evans, '35	Boy
Alice Henry Beyer, '35	Twin Girls
Margaret Rakestraw Schmitt, '35	Boy
Margaret Briggs Batts, '38	Girl
Dorothy Null Drennen, '38	Girl
Margaret McCullough Thomas, '38	Boy
Kathryn Nolte Lilley, '39	Boy
Blanche Hill Wilson, '39	Girl
Marie Sherin Maurano, '40	Boy
Stella Jedrziewski Warwrynovic, '40	Boy
Shirley Baker Herring, '42	Boy
Ellen McCurley Steward, '42	Boy
Molly Terrell Radcliffe, '42	Boy
Anna Tenari Reganis, '42	Girl
Carolyn Selby Gebel, '42	Boy
Irene Lauver Polner, '42	Girl
Nellie Schirmer Warshaw, '43	Boy
Esther Milewski Kahn, '43	Boy
Ruth Fisher Dougherty, '43	Girl
Jean Farrell Kehm, '43	Boy
Virginia Hershey Donahey, '43	Boy
Ruth Painter Greener, '43	Girl
Arlene Dorn Shaw, '44	Boy
Florence Carlson Harley, '45, Spring	Boy
Ina Ebert Bonde, '45, Spring	Girl
Mary Eisenbrown Bruno, '45, Spring	Girl
Helen Moore Raphelson, '45, Spring	Boy
Audrey Haleski Kahoun, '45, Fall	Boy
Catherine Hankee Shinton, '45, Fall	Boy
Hanna VanDyke Reynolds, '45, Fall	Girl
Helen Dick Anderson, '45, Fall	Girl
Caroline Roberts King, '45, Fall	Girl
Jane Bellis Mack, '45, Fall	Boy
Dorothy Ace Roberts, '45, Fall	Boy
Evelyn Swartzlander Riggin, '46	Boy
June Jarrett Fox, '46	Boy
Mary Holzman McQuown, '46	Boy
Madge Trambley Abet, '47	Boy
Mary Pavulak Swan, '47	Boy
Wanda Edgell Clements, '47	Boy
Doris Pfromm Cavanaugh, '47	Boy
Mildred Klingerman Ertwine, '47	Boy
Audrey Foster Hargreaves, '47	Boy
Margaret Reed Piekenbrock, '47	Girl
Virginia Carico Del Vecchio, '47	Boy
Beryl Miller Bashore, '47	Boy
Jayne Kratz Derringer, '47	Boy
Margaret Feiler Cygan, '47	Boy
Ann Glover Gloser, '47	Girl
Mary Alexander Nida, '47	Boy
Frances Saltzer Saunders, '47	Boy
Anna Painter Chalupa, '48	Girl
Ruth Bullock Garret, '48	Girl
Marion Sturgeon Hartman, '48	Boy
Doris Burke Hano, '48	Girl
Barbara Scott Schueler, '48	Girl
Phyllis Guerin Courtney, '48	Boy
Joan Morton Hoffman, '48	Girl
Mary Nye Woodwell, '49	Boy
Helen Martin Norstedt, '49	Girl
Marie Kautz Larsen, '49	Boy
Faye Johnson Pepperman, '49	Boy

NECROLOGY

Name	Date
Mary A. Small, '14, White Haven	on June 13, 1950
Nellie Denvers Fitzgerald, '18, White Haven	on June 18, 1950
Hannah Davidson, '33, White Haven	on December 12, 1950
Ruth Myers Peterson, '34	on January 10, 1951
Jane Gilman Collins, '47	on February 13, 1951
Olga Christensen, '13	on March 7, 1951

ALUMNAE NOTES

Alice Boehret, '42, graduated from Women's College of University of North Carolina in February, 1950. She is now Assistant Nursing Arts Instructor at Mt. Sinai Hospital in Philadelphia.

C. T. Betz, '45 fall, Evelyn Geovanelle, '47, Florence Servello, '49, Mary T. Flannery, '50 and Anita Fink, '46 have joined the Army Nurse Corps.

Margaret Taylor, '37 and Kay Bastian, '38, are once again members of the Army Nurse Corps.

Audrey Ohler, '43, has returned to the Navy Nurse Corps, being stationed at present at Mare Island, California.

Wahnette Taylor, '47, is with the Army Nurse Corps in Korea.

Ruth Von Franzke, '48, and Phyllis Russell, '48, have joined the Navy Nurse Corps.

Florence Kauffman, '23, received her degree from the University of Pennsylvania and is now Assistant Director of Nurses and Nursing Service at Allegheny Hospital in Pittsburgh, Pa.

Dorothy J. Edgar who graduated in 1942 and is Educational Director at Jefferson is the new president of the Alumnae Association. The first vice president, Anna Kuba, graduated in fall, 1945 and is Science Instructor at Jefferson. The second vice president, Marjorie Whiteleather, graduated in 1950 and is doing Private Duty. The recording secretary, Jean Beard, graduated in 1949 and is suture nurse for Dr. Lemmon. The secretary-treasurer,

Edna Scott, '28, is Educational Director at Bryn Mawr Hospital.

Our deepest heartfelt sympathy goes out to Mrs. Florence Strouse Speigelmire, '20, on the death of her husband on September 30, 1950, and to Isabel Fowler Diezel, '26, on the death of her husband in July, 1950.

Marie Louise Baloga, '47, received her B.S. in Nursing Education from the University of Pittsburgh in February, 1950. She worked with the Visiting Nurse Association of Allegheny County until she received an appointment to the Indian Service in January, 1951. She is now with the Wind River Agency in Fort Washakie, Wyoming.

Dorothy Fessler, '46, has been working in the P.T.C. Dispensary at 69th Street since April, 1950.

Shirley Leidy Edwards, '50 is working as a civilian nurse in Fitzsimmons General Hospital, Denver, Colorado.

Laurelle Dutton, '48, is working at the Veterans' Hospital in Coral Gables, Florida.

Dorothy Mertz Sturr, '47, has accompanied her husband, Dr. Robert Sturr, Jr., to Germany.

Ensign Sophia Gormish, '48, was transferred from Pensacola, Florida to the U. S. Naval Hospital, Corpus Christi, Texas.

Viola Comsick, '26, White Haven, has retired from her position as Director of Nurses in Uncas—on Thames, Norwich, Conn. She is living in Norwich at present.

Mary Jensen, '41, White Haven, is still a patient at Summit Park Sanatorium, Pomona, N. Y.

Florence Donahue, '27, White Haven, is a patient at the White Haven Division of Jefferson. Estelle Doherty, '26, White Haven, is also a patient there.

Laura Mauer Pollack, '46, and her husband have gone to Germany to study medicine in one of the renowned medical schools.

This is the 25th anniversary for the Class of 1926. Mrs. Frieda Grundkovski Wood and Miss Marjorie Workinger have been contacting all members of their class. If you haven't heard from either one, please write to Mrs. Arthur Wood, 528 E. Cheltenham Avenue, Philadelphia, Pa., or to Miss Marjorie Workinger, 122 West Broadway, Red Lion, Pa.

Dear Members of the Jefferson Nurses' Alumnae Association:

With Alumnae Day so near at hand, we here at the hospital are looking forward to seeing many of you who get in to see us only once a year. Greetings go to those who will not be with us and a hope that you can drop in to visit sometime.

I would like to review some of the things which have been accomplished in the past few years in the School of Nursing and the Nursing Service:

1. An increase in the graduate nurse and non-professional personnel in an attempt to stabilize the nursing service.
2. An increase in the number of clinical supervisors to help integrate for the student the classroom teaching with the ward experience.
3. The appointment of a supervisor for the non-professional personnel in the nursing department.
4. Provision of more office space for the faculty.
5. The appointment of a counselor to the School of Nursing faculty, who also helps plan the extracurricular activities for the students.
6. The setting up of a testing program for all prospective students to the school under the direction of the hospital psychologists.
7. The establishment, by the Nurses' Home Committee of the Women's Board, of nine scholarships for students; this in addition to the loan fund set up by the same group.
8. The continuing effort on the part of the faculty to improve the integration of the curriculum.
9. The approval by the hospital administration of a plan for further improvements in the Nurses' Home as funds are available.
10. The acquisition of a television set for the student nurses through the efforts of the Junior Committee of the Nurses' Home Committee.
11. Establishment of a program whereby students help in the students' library and earn additional money.

12. The setting up of a Baby Sitting Service whereby students may earn extra money to help pay the expenses of their nursing course. Here again we are indebted to the Nurses' Home Committee.
13. The establishment of a schedule for increases in salary for members of the graduate staff.
14. The establishment of the 44 hour week for graduate staff and students.
15. More satisfactory results noted in State Board Examinations.
16. Liberalization of the privileges for students in the Home in an endeavor to produce mature, self directing young women able to bear independent responsibility.
17. The acquisition of closed bedside tables and additional bedside equipment for all ward beds; this through the efforts of the Wards Committee of the Women's Board.

All of these things and many more were possible because of the cooperation of all those interested in the continuing improvement of the School of Nursing and Nursing Service at Jefferson Hospital.

Much remains to be done if we are to continue to meet our responsibilities as a professional group. This calls for (1) A constant reevaluation of our educational program in the light of present day concepts and needs. Robert Hutchins says of education, "It must be remembered that the purpose of education is not to fill the minds of students with facts; it is not to reform them, or to amuse them, or make them expert technicians in any field. It is to teach them to think, if that is possible, and to think always for themselves." (2) A constant awareness of our responsibilities to the young women in the school that we may send them out adequately prepared to meet the tremendous demands made on nursing today. (3) An awareness of our responsibilities to the graduates in the profession that we may develop mature, self-directing young women able to bear independent responsibility.

In closing may I quote from a noted educator, "to be a profession, nursing must give its members a broad cultural knowledge, it must maintain a high standard for its specific scientific teaching, including the knowledge of how to use the forces of human emotional interchange. It must produce people capable of using general and specific knowledge for independent action and original thinking. Finally, the sense of responsibility for and to individuals in the profession and being educated to join it must be such that it does not restrict the development of persons able to think and live as free and mature human beings."

With very best wishes to you all,

Sincerely,

Katherine Childs,
Director, School of Nursing and Nursing Service.

STAFF ACTIVITIES — 1950-1951

The last monthly staff meeting before summer vacations was held in May. At this time Miss Josephine Pispecky, Head Nurse on Ninth Annex, was elected President and Miss Suzanne Shoemaker, Head Nurse on Star Floor, was elected Secretary-Treasurer for the coming year.

In September the main discussion was a 44 hour week. It was voted to give this reduced working week a trial during October and to continue it if feasible. So far, it has been working out fairly well.

At the October meeting, a revised and up to date policy book for each department

was discussed. Also at this time, Mr. Flack, the Chief Pharmacist, explained the formulary which is published by the pharmacy.

In November, Miss Shoemaker resigned as Secretary-Treasurer, and Miss Summers, Supervisor of fifth floor, was elected to fill the vacancy. Miss Ranck and Miss Piersol gave interesting reports on the P.S.N.A. Convention. Miss Childs' recommendation that all barbiturates should be charted just like narcotics was accepted.

At the December meeting, it was voted to give a gift of money for food baskets instead of having a Christmas Party. The needy were chosen with the help of the Social Service Department of the hospital. Also at this meeting, social security for nurses was discussed. It has since been accepted by all hospital employees.

In January, the new policies concerning the do's and don'ts of nurses and interns were discussed under the leadership of Miss Grace Ronco, Clinical Instructor on the Private Floors.

The February Meeting included a regular business meeting and a talk by Mr. John Davis, the oxygen therapist. He discussed the iceless oxygen tent, oxygen mask therapy and other forms of oxygen therapy.

A real effort has been made throughout this year to unite the staff and to keep them informed of changes occurring in the hospital as well as those outside which pertain to nursing.

PHYSICAL ADVANCES AT JEFFERSON HOSPITAL — 1950

PAUL F. RAKE, *Director of Development*

While 1950 did not see any broad physical construction at Jefferson as had been true the previous years, there were numerous improvements carried out in buildings and properties in an effort to keep up with the very heavy demands on this institution.

Nurses returning to the hospital after an absence of a year or two would be struck most by the clearing away of small low buildings which flanked Jefferson on the west and southwest. Having cleared a large lot acquired on the southeast corner of Eleventh and Walnut the year before, and in 1950 clearing about half of the block between Walnut and Sansom and Eleventh on the west side of the college and hospital, there is now a much clearer view from the west of the large Jefferson buildings. Parking lots now occupy this area, held by the institution for future growth. The business offices and the Cardeza Foundation still occupy their respective buildings in this block, but the three buildings to the south (occupied until recently by resident physicians) were demolished.

In the General Hospital Building the installation of a new general utility elevator large enough for stretchers is nearing completion. The old freight elevator shaft adjoining the rear of one of the present elevators has had construction changes at a cost of approximately $75,000. It will house the new stainless steel elevator cab and will help relieve by April the excessive load on other elevators.

Another very noticeable change has been in the complete conversion of The Alcove. This familiar spot was vacated temporarily last summer while construction crews expanded, re-equipped and modernized this popular shop and fountain. An adjoining office formerly occupied as a social service office was cleared, repainted, floored and equipped with a plastic covered counter and eight stools before the fountain. Three modern metal tables with chairs were installed for luncheon and snacks; the store section in its former location was enlarged and reequipped and another adjoining room was redone as a vending machine room. Some eight machines vending all sorts of comestibles are kept busy at this location.

The nine large wards on the 2nd, 3rd and 4th floors have been completely repainted, with hospital beds repainted in contrasting colors. Committees of the Women's Board have participated in color selections. New asphalt tile has also been installed in all these wards and adjoining corridors.

The Third Floor Annex Maternity wards have also been completely refurbished in paint of a light pastel shade, with the nursery and delivery room getting the same treatment.

The Main Office and Lobby at the Tenth Street entrance have been repainted in light green with modern metal valances and panelled drapes.

Reflecting the pressure for space in relation to heavy demands are two physical changes in the x-ray departments.

In the Main Lobby of the Curtis Clinic a special x-ray unit with a very rare camera has been installed to carry through a pilot study for mass x-ray detection of stomach cancer. This project of Professor Paul C. Swenson is aimed to demonstrate the validity of mass x-ray techniques (similar to those now used for tuberculosis) for early detection of stomach cancer in asymptomatic individuals over the age of 40. Ten thousand film studies of individuals will be completed in the project. In another Curtis Clinic x-ray installation, a large single room for G.U. studies has been subdivided into two G.U. rooms with the addition of a new Franklin x-ray machine. An additional chest x-ray machine for mass survey of the chest has been established conveniently in a room adjacent to the accident ward.

In the medical college, among other improvements have been the redecorating and refurnishing of the Student Lounge; new fluorescent lighting in the Library; and painting and covering of duct work in McClellan Hall.

All of the construction work described here has been carried out by the institution's own construction force under the direction of Robert T. Connors, Supervisor of Maintenance and General Construction.

With occupancy of the hospital still at the practical maximum and a long waiting list for admission, space and new facilities continue to be needs of the hospital. Recent work described has ameliorated this situation but has not solved the fundamental need.

WHITE HAVEN AND BARTON MEMORIAL

ANGELA R. COZZA, R.N. AND HELEN M. WHITNEY, R.N.

During 1950 the White Haven Division of Jefferson did not see many changes. The Men's Infirmary was remodeled and now has a sitting room at the end of the ward and a dining room opposite the serving kitchen. This building will be used to house the additional non-tuberculous anthracosilicotic cases who are overflowing from their own building on the hill. The Administrative and Business Offices have been moved to the cottage formerly known as Flick Cottage and now called the Dr. Frank A. Craig Administration Building. The former offices are being converted into rooms and wards for tuberculosis patients. The additional tuberculosis beds are needed urgently to care for the influx of patients from the Philadelphia area. The Medical and Nurses' Offices have been moved to the ground floor of the Main Building into what were formerly the surgical recovery rooms.

Toward the end of last summer, Dr. Charles J. Koerth, who was in charge of the medical students' program, returned to his home in Texas. Dr. George Mandler is currently teaching the students.

The Staff at White Haven has inaugurated a social program for the patients and personnel. Under the sponsorship of Dr. and Mrs. Edward A. Favis, a Hallowe'en

Party and a Christmas Program were a great success. The staff provided the entertainment for the Christmas Party in the form of a short play, recitations, dancing and singing. The finale for the year was candlelight carol singing by the nurses.

This past year brought just a few changes and additions to the Barton Memorial Division. In October, the first and second floors of the hospital were turned over for use by negative patients with silicosis and those who have had chest surgery. The third and fourth floors were retained for the care and treatment of the tuberculosis patients.

In February, 1951, the student nurse's term of training in tuberculosis was increased to six weeks in order that she may receive some sanatorium experience in the care of these patients. The student now spends four weeks at Barton and two weeks at White Haven.

The major change in the medical personnel has been the employment of practical nurses to help carry the heavy nursing load.

Thus 1950 has proved to be generally a year of steadiness at both Barton and White Haven despite the increased patient census and the shortage of help.

ISOTOPES AND THE NURSE

Theodore P. Eberhard, M.D.

Within the next few months, a new telephone extension will be added to the switchboard at Jefferson, and there will be a new place for elusive doctors to get lost—the Radiation Physics Laboratory. This impressive sounding name does not signify anything really new, for x-rays, radium, and radioactive isotopes have been in use at the hospital for a long time. What it does mean is that the scope of this work has been increased, more research will be done, and there will be a central headquarters which will control the physical aspects of the work. With this increased activity will come added responsibilities for the nurse, some of them of a nature unfamiliar to most. An understanding of these special nursing problems requires some knowledge of the nature and uses of the radioisotopes which in turn necessitates a touch of rudimentary atomic physics.

An atom may be looked upon in some ways as similar to a tiny solar system. A central mass called the nucleus takes the place of the sun and one or more electrons revolve about the nucleus as the planets move about the sun. One major difference is that, except for the simplest element, hydrogen, the nucleus of an atom is itself a complicated structure containing structures called protons and neutrons. The neutron is an electron and a proton very tightly bound together. A great deal of energy is required to hold these parts of an atom together in their proper relationships and when the atom is a very heavy structure with dozens and even hundreds of particles in the nucleus, pieces sometimes fly off. In the readjustment, quantities of pure energy are also released. This situation exists in nature with most of the elements heavier than lead, such as radium, thorium, and uranium. It is also possible to upset the balance of things by shooting protons or neutrons into the nuclei of stable elements. The first class of elements is called the natural radioactive elements and the second class, artificially radioactive elements.

When there are two atoms which behave exactly the same chemically but which differ in their weights, they are called isotopes of each other. Ordinary stable phosphorus has an atomic weight of 31. Another form of phosphorus weighing 32 can be made and this is radioactive. Ordinary carbon weighs 12. An isotope exists weighing 13 which is stable. Another weighing 14 also exists and can be made in considerable quantities. This one is radioactive. Thirty years ago, we knew of 92 elements with perhaps 20 or 30 additional isotopes. Today over 500 isotopes have been made of those 92 elements and six new elements heavier than uranium have been created.

A radioactive atom looks and acts just like its stable isotopic brother until the instant it disintegrates or "decays." Afterward, it is no longer the same element. What happens? A re-arrangement of the nuclear particles takes place with the ejection of one or more of them. Most commonly, an electron is emitted and this is called a "beta ray" or "beta particle." Along with this particle, there may be some pure energy similar to x-ray energy but more powerful, and this is called gamma radiation. Almost as often as beta decay, alpha particle emission occurs. An alpha particle is a cluster of two protons and two neutrons. No one knows, of course, when this will happen to any one unstable atom. With some isotopes, the occurrence is frequent and any ordinary small amount of the material will have decayed in a short time. Other elements decay very slowly. Luckily, this rate is fixed for every isotope and nothing can change it. Also fortunately, no matter how big or how small the number of atoms in the dish, half of them will decay in a time which is fixed and characteristic of the atom. This time is called the "half life" of the element.

Occasionally, under special conditions, some of the very heavy atoms such as Uranium-235 or Plutonium-239 can be split into two more or less equal parts. This is called "fission" rather than decay or disintegration. When it happens, some of the neutrons escape, both of the fragments are in themselves radioactive, and a great deal of energy in the form of heat, light, and gamma radiation is given off. It is this phenomenon which occurs in an atomic bomb explosion or in the "pile" at Oak Ridge, Tennessee where the artificial radioisotopes are made. It does not happen ordinarily and does not concern us in every day handling of radioactive material on the ward or in the laboratory.

Curiously, all of these rays and particles do the same things in the body as x-rays. They cause various chemical and physical reactions which result in biological changes. The only difference in behavior is their ability to penetrate the tissues. Alpha particles are stopped by a piece of paper. They will not penetrate the skin, but if absorbed through the lungs or intestinal tract they will affect one or two cells. Beta particles are more penetrating. They will go several millimeters through the skin and if absorbed will affect cells over a radius of the same distance. Glass bottle walls or thin layers of aluminum will stop even the most powerful beta rays. Gamma rays, like x-rays, will pass through thick layers of lead and through the whole body. Just plain distance from the source reduces their strength enormously and, except with quantities which will never be met outside of one small corner of the Radiation Lab, a distance of a few feet gives adequate protection. This small corner, incidentally, will be heavily protected with lead and concrete.

Some of these substances, notably radioiodine, radiophosphorus, and radiogold are used therapeutically. They have been found useful in controlling some forms of cancer, leukemia, and hyperthyroidism. Radioiodine, I^{131}, is useful for differentiating between hyperthyroidism and other conditions which simulate it. Most of their uses, however, are found in research. As was stated earlier in this article, these radioactive isotopes behave chemically exactly as do their stable brethren. Hence, one can make table salt, for example NaCl, with Na^{24} as well as with Na^{22} which is the ordinary stable isotope of sodium. One can then give a known amount of this "tagged" salt and study exactly where the sodium part of the molecule goes during digestion and metabolism. The detection instruments are so sensitive that the amounts one needs to give are entirely harmless. Many things can be learned about physiology, biochemistry, pathology, and other fields of medical science which could not be discovered before. Other things which could be studied with great difficulty before, now become matters of relative simplicity. Before the advent of the radioisotopes, no one studying metab-

olism or pharmacology, for example, could know whether the iron which he collected in the feces was the iron which he gave, or whether what he gave had stayed in the body to replace that which was excreted. It has been known for years that complex substances such as sugars are broken down but nobody knew which portion of the sugar went where. Now one carbon atom can be C^{13} and another one C^{14}, and those two can be traced through the entire metabolic cycle. In another experiment, other carbon atoms can be "tagged" and followed, etc.

The function of the Radiation Physicist is four fold. He will (1) control the use of radioactive substances so that no health hazards are allowed to develop in the hospital or the college, (2) assist any department using radioisotopes in any physical problems arising in their work, (3) assist the x-ray and radiotherapy departments in the calibration of their instruments and the control of their dosage, and (4) carry on a research program in the field of radiation physics.

In general, the responsibilities of the nurse are less with the use of these isotopes than with radium because there is not the danger of loss which exists with that element. These are "expendable" substances. Rarely will the quantities used even remotely approximate the quantities of radium which have been used routinely for years. With the guidance of the Radiation Physicist, no health hazard should exist at any time either for patients or nurses. At times, more than usually scrupulous accuracy in the collection and handling of specimens may be necessary if the value of the research is not to be vitiated.

Another stride forward in the march of science has been taken by Jefferson, with the nursing staff, as usual, playing an important part in the work.

CANCER OF THE CERVIX, UTERUS, AND OVARIES

George A. Hahn, M.D., F.A.C.S.
Philadelphia, Pa.

In former years cancer of the breast was the most common cause of death among women. Last year cancer of the cervix, uterus and ovaries caused more deaths among women than any other type of cancer. However, the outlook for the patient with pelvic carcinoma is more hopeful than it has ever been before. A few decades ago a patient having cancer of the uterus was regarded as a hopeless invalid. Today, medical knowledge and the physician's training have improved to such an extent that there is usually little excuse for delay in discovering the condition and instituting proper treatment if the woman with the suggestive symptoms seeks advice promptly. It is the duty of the medical profession, in cooperation with intelligent groups, to disseminate knowledge that will enable women and the public at large to understand the significance of these symptoms which denote abnormal conditions, and to emphasize as well, the vital importance of periodic internal examinations.

I shall try to explain as clearly as possible these facts relating to pelvic disease with which every woman should be familiar.

All women know, or should know that menstruation, to be normal, should occur in a rather regular fashion, except when pregnancy exists. Some women tend to menstruate more often or more heavily than others. Usually a small amount of vaginal moisture is present. However, if a definite change takes place in the menstrual habit or a noticeable vaginal discharge becomes evident it is time for the woman to seek an explanation for the change from the person qualified to investigate the abnormality and to recommend proper advice and treatment, the alert family physician or the gynecologist.

Ordinarily these abnormalities are not due to cancer, but one must accept realities and seek medical advice. Otherwise ill-health may be deliberately invited.

Frequently abnormal bleeding from the uterus is the result of a glandular disturbance, that may be corrected more or less readily. Of course, hormone or other injections should never be given until a thorough careful pelvic examination has been performed. Occasionally a non-cancerous little growth called a polyp may be the cause. Sometimes a tear caused by childbirth has become irritated or inflamed and may be the cause. Most often the symptoms may be due to the so-called fibroid tumors of the uterus which may cause serious bleeding and discomfort. This type of growth may be treated successfully by surgery or irradiation depending upon the characteristics of the case. Unusual vaginal discharge may accompany any of the conditions just mentioned or it may be the result of simple irritation or infection that may be cured by suitable advice and treatment.

If one pays attention to abnormal bleeding or discharge, trouble will be avoided!

Cancer is the cause of these symptoms only in a small proportion of cases, but on the other hand abnormal bleeding and vaginal discharge MAY be due to cancer, and if symptoms such as I have mentioned are disregarded, a truly serious but none the less curable condition may be carelessly overlooked at a stage when eradication is not only possible but probable.

Unfortunately pain does not begin until cancer has advanced extensively; if it occurred as soon as the tiny cancer growth begins, we would be more inclined to find out promptly what is causing the trouble. Pain is much more likely to be caused by less serious pelvic disorders.

Cancer of the uterus begins in one of the two situations—First (the most common) in the cervix, usually known as the mouth of the womb or as the neck of the uterus. Ninety percent of the time it occurs among women who have had children. Thirty percent of the women who develop this variety of cancer are forty years of age or younger, but it is more likely to develop about the time of the menopause, or change of life; or soon thereafter during the age decade between forty-five and fifty-five. This latter fact brings up an important fact that I would like to emphasize—the common belief that irregular or profuse bleeding is an occurrence that is to be expected and accepted at this time of life as part of a woman's lot in life. No assumption is more ill-founded or dangerous.

This popular misconception too often has created a false sense of security which has led to unfortunate results. Abnormal bleeding in the middle-aged woman must always be thoroughly and properly investigated. If not due to cancer, some other cause will invariably be discovered.

Second, in importance and frequency, cancer may begin in the body or fundus of the uterus, usually known as the cavity or interior of the womb. Its presence in this location is much more likely to occur among women who are relatively older than those who develop cancer of the cervix. It is extremely rare before forty years of age, only two cases have been seen in their thirties at Jefferson Hospital during the past twenty years; eighty percent of the patients affected with this form of disease have passed the age of fifty. Here again abnormal uterine bleeding and unusual discharge are the suggestive symptoms and although a non-cancerous condition may be at fault, a thorough investigation is imperative. What was said a moment ago about abnormal bleeding at the time of menopause is particularly applicable to this type of uterine cancer and is worthy of repetition—any tendency toward irregular, frequent and profuse bleeding at the time when the menstrual function should cease, ought to be thoroughly studied. An equally important fact is the appearance of uterine bleeding months or years after the change of life has occured. Bleeding then is very significant

because three out of four women who develop cancer of the cavity of the uterus have already had the menopause. Unfortunately, the laity too often regard such an occurrence as a return of youth and valuable time may be lost thereby.

How is it possible to discover cancer of the uterus? This may be easily done if the symptoms just described are promptly investigated. Medical advice should be sought and internal examinations demanded if it is not urged, for the physician who is casual about the occurrence of abnormal bleeding or discharge, is equally at fault with the patient who has ignored the symptoms and delayed seeking medical advice. The internal examination must of course include the careful inspection of the uterine cervix in a good light. This is easily accomplished by utilizing a vaginal speculum which is an instrument especially designed for such a purpose. Whether or not cancer is present may be determined by removing a small piece of tissue from any suspicious area at the mouth of the womb and examining it under the microscope. A similar examination may be done by examining material removed from the inside of the uterus by scraping or curetting. Such operations may be done by the family physician if he is equipped to do these things or may be done by a physician especially trained in such procedures. The staining of vaginal secretions by a special technic, originally described by Papanicolaou and Traut in New York, and further developed in exactitude by other workers gives great promise in the early diagnosis of uterine cancer. By this method trained workers are able to recognize the unusual cells which may be present in cases of pelvic malignancy, even in the absence of positive physical findings. The chief advantage to the test is that it may draw attention to possible uterine malignancy even when no symptoms are present and when the examining physician is unable to feel or see anything suspicious of malignancy in the course of pelvic examination. In the presence of a positive test, the diagnosis is made by biopsy or curettage.

When the diagnosis of cancer of the uterine cervix or body of the uterus has been made what chance is there then that the patient so affected will be comfortable and survive? In order to answer this question one must know how far the disease has advanced before adequate treatment is begun. At Jefferson Hospital during the past twenty years, about six hundred cases of cancer of the cervix have been treated. Of this number about 23% are living and well, five years after treatment was begun. About 38% of patients treated in 1945 are living and well. The most significant factor in the survival rates of the patients treated is whether the disease is far advanced or not when the individual is first seen. Those patients in whom the cancer is considered to be relatively early have a sixty to eighty percent chance of being well five years after the treatment, those in whom the disease is moderately advanced have a lessened chance of survival, possibly thirty-five percent and in those patients when the disease is far advanced there is less than a five percent opportunity for life. The greatest obstacle that the cancer specialist has to overcome in treating the cancer case is the delay that takes place after the onset of symtoms, before the patient seeks competent medical advice. It is this delay that takes the early cancer of the cervix out of the relatively curable group and places it in the group where the opportunity for five year survival is almost nil. The Committee for the Study of Pelvic Cancer in Philadelphia, in a study that is being done at the present time, have found that of the cases that have been investigated, unreasonable delay by the patient before asking for medical care is present in over one third of the cases.

The outlook for the patient with cancer of the body of the uterus is considerably better than that of the patient with cancer of the cervix. Here we may expect to find three out of four living and well five years after the diagnosis has been made. As a matter of fact over ninety percent of the patients treated at Jefferson Hospital in recent years, employing our newer knowledge of therapy, are living. We are hopeful that the survival rate will continue to improve as scientific advances are made. As with cervical cancer, the ultimate outcome of the case varies directly with the amount of disease present when the patient is first seen.

Unfortunately, it is occasionally true that cancer of the cervix or body of the uterus may develop so insidiously that none of the symptoms mentioned may be produced. For this reason it would be ideal if every woman who has borne a child or who is past the age of thirty would have an internal examination once a year or preferably twice a year. In this, minor abnormalities could be discovered and treated before they become serious, for it is chronic irritation that predisposes to cancerous conditions. This is especially true of tears at the mouth of the womb that oftentimes occur with childbirth. These conditions should always be corrected; if not at the time of the delivery when it is sometimes not feasible, then certainly some months after the birth of the baby. Ordinarily local measures are sufficient, such as cauterization of the cervix which may be performed as an office procedure. Such treatments are prophylactic, curing conditions before they are allowed to become serious, and prevention is certainly the best form of treatment. During 1950, of about 3,400 women who were examined at the Cancer Prevention Health Maintenance Clinics sponsored by the American Cancer Society in Philadelphia, 537 women were found to have conditions of the uterine cervix for which treatment was recommended.

Pelvic cancer can only be successfully treated by means of radium, X-ray or surgery, either separately or in combination. Claims that uterine cancer can be cured by local applications of salves, special medicines taken by mouth or injections into the body are without scientific foundation or proof. It must be understood that X-ray may also be successfully employed in treating certain benign uterine conditions that are not cancerous in origin. At the present time, it is generally conceded, although radical surgery may have a place, that the best results in the treatment of cancer of the uterine cervix, are obtained by a judicial combination of local radium and deep X-ray treatment. On the other hand, the best results in the treatment of cancer of the body of the uterus are obtained by a combination of irradiation and surgery. In this instance the patient first receives radium or deep X-ray treatments and then after an interval of a few weeks an operation is performed whereby the complete uterus and both ovaries and tubes are removed.

The close association of fibroid tumor with cancer of the body of the uterus should be emphasized. In upwards of twenty-five percent of cases with cancer of the body of the uterus, fibroid tumors are also present. The dangers inherent in treatment are obvious. If the bleeding symptoms are attributed entirely to the fibroids, inadequate treatment, either surgical or by means of irradiation, may be carried out with the result that the cancerous growth will be allowed to grow without appropriate measures to check the advance of the disease. This is especially apt to happen with the woman of forty to fifty, who has not ceased menstruating, and has an obvious fibroid tumor. The patient must be investigated thoroughly to rule out the presence of cancer before it is wise to attribute all symptoms to the presence of the benign fibroid growth. In order that adequate study be done a curettage or scraping of the uterus must be done before the removal of the fibroid tumors.

Ovarian carcinoma is much less common than cancer of the uterus and is much more difficult to diagnose. In this type of case, symptoms are too often minimal or completely absent and the presumptive diagnosis must be made on pelvic examination. When present, the patient may complain of discomfort in the lower abdomen, increasing size of the abdomen and occasionally abnormal bleeding may be of significance, although this is not nearly as prominent a symptom with ovarian cancer as it is with cancer of the uterus. With this type of case, diagnosis may be suggested by the history and physical findings, but the diagnosis can only be confirmed by abdominal operation at which time the growth may positively be identified. When the cancer arises in

the ovaries, the best results are obtained by operative management in which the pelvic organs are completely removed. When the patient has recovered from the operative procedure, deep X-ray treatment is directed toward the operative field. The intraperitoneal injection of irradiated colloidal gold shows promise in certain cases. Since symptoms are usually rather late in developing and abdominal operation must be resorted to in order to confirm the diagnosis, our results in treating ovarian cardinoma are poorer than in treatment of uterine cancer.

A warning must be sounded against the endocrine or hormonal treatment of abnormal bleeding, especially in the menopausal age. Endocrine therapy has little or no place in the management of patients with untoward bleeding. The best treatment for bleeding at this age, whether due to malignant or benign causes will be surgery or irradiation; in all instances, a thorough pelvic examination must be performed with clear investigation of the cervix and, when indicated, biopsy of the cervix or curettage of the uterus must be done.

As physicians, it is not only the cure of cancer that interests us, for we know that it is curable by accepted methods when treatment is begun early. It is the cause that is still a mystery to workers everywhere. Chronic irritation is not alone responsible for the renegade growth of cells that we call cancer, but early diagnosis leads to early treatment, and early treatment offers the best chance of cure.

Upwards of 17,000 women die each year from pelvic cancer. Most of the deaths are needless since they represent examples of delay that could have been avoided by early diagnosis combined with prompt and suitable treatment.

If the incident of deaths from pelvic cancer is to be lowered, there must be a far greater number of seemingly healthy women who are willing to have semi-annual internal examinations done by interested physicians. Irregular or otherwise abnormal vaginal bleeding at any age, especially bleeding that follows douching or sexual intercourse, merits prompt medical consultation which must include a thorough pelvic examination, and when indicated, biopsy of any suspicious areas and curettage of the uterine cavity. When this has been done, then, and only then, may appropriate treatment be carried out. It is only by the means just mentioned that the pelvic cancer death rate may be lowered.

THE DEPARTMENT OF SURGICAL RESEARCH

JOHN Y. TEMPLETON, III, M.D.

AND

JOHN H. GIBBON, JR., M.D.

Although the activities of the Department of Surgical Research center about the laboratories on the eighth floor of the College Building at 1025 Walnut Street, they are directed toward affording better care for the patients in the hospital a hundred yards away.

At present the major effort of the laboratory is devoted to further development of the oxygenator—an apparatus for oxygenating blood outside the body. Dr. Gibbon has himself been working upon this problem for almost 20 years and countless experiments have been performed, each one furthering progress to the ultimate goal. This goal, to establish an extracorporeal means of oxygenating venous blood and returning it to the arteries in order that a patient may be kept alive while no blood is flowing through his heart and lungs, will eventually be realized. It will then be possible for the surgeon, unhampered by the necessity of maintaining constant heart action and blood flow, to perform complicated elective reparative operations within the heart and great vessels under direct vision without undue haste. Many types of heart disease at present not amenable to surgical therapy may then be operated upon and the management of those types of heart disease now treated surgically may well be improved. This very complex problem is being attacked by Dr. Miller and a group of four technicians. Dr. Miller's knowledge of electronics is of great value in working out some of the problems of control which arise when attempts are made to duplicate the work of such marvelous mechanisms as the mammalian heart and lungs.

Working with the group on this problem are engineers from the International Business Machines Co., Endicott, New York and from the DuPont Co. of Wilmington, Delaware. In fact, the present oxygenating apparatus was built in the laboratories of International Business Machines Co. at Endicott and presented to the College through the generosity of Mr. T. J. Watson, Chairman of the Board of I. B. M. It has served for almost four years as an invaluable research tool and a new apparatus embodying many improvements suggested by this and earlier experience is now being built. With the present apparatus, it has been possible to completely stop the flow of blood through the heart and lungs of a dog for as long as one hour and fourteen minutes with complete recovery of the animal.

The apparatus has not yet been used in human patients. Although the final purpose of the machine is to completely take over the circulation of the individual so that intracardiac surgery may be performed, it is thought that the apparatus may also be valuable in certain types of cardiac failure, particularly when pulmonary edema is present. It is in such a patient that the first use in human beings will undoubtedly be made.

Because of the interest of members of the department in thoracic surgery, considerable attention has been paid to problems in respiratory physiology. Prior to thoracic operations, an attempt is made to evaluate respiratory function of all patients by means of vital capacity and maximal breathing capacity tests, the results of which are helpful in determining the patient's ability to undergo surgery.

Of more importance is a series of studies of respiratory efficiency of patients during operation with an open thorax. These studies were recently reported by Drs. Gibbon, Allbritten, Stayman, and Judd. The investigation showed the importance of maintaining adequate ventilation of the lungs during intrathoracic operations, particularly as concerns the elimination of carbon dioxide and the prevention of respiratory acidosis. This machine administering the anesthetic mixture under intermittent positive pressure so that an adequate volume of oxygen is pumped into and out of the lungs while the chest is open. An apparatus designed by Mautz has also been in use at Jefferson for several years. Last summer, Dr. Willauer constructed an apparatus similar to that designed by Mautz but embodying many improvements. This machine is also in use at Jefferson. Finally a new type of anesthetic apparatus recently built to Dr. Gibbon's specifications is currently being tested clinically. It is planned to study the efficiency of this machine and at the same time test a new infra-red gas analyzer for early detection of the onset of respiratory acidosis.

Other investigations on patients undergoing thoracic surgery are being carried out by Drs. Templeton and Finley. For the past few years in other institutions, many studies have been made of the changes in concentration, distribution, and excretion of electrolytes after operation. These studies have been made almost exclusively in patients subjected to major abdominal operations. The investigation being carried out here is similar except that these patients have had major intrathoracic operations, and for this reason might be expected to differ from others. At this time, determination of serum levels and urinary excretion of sodium, potassium and chloride ions are being made. Plasma volume is determined with the T1824 dye dilution technic and extracellular fluid volume with sodium thiocyanate. These studies are being continued and

plans are being made to expand their scope in an effort to provide better understanding of the many changes in electrolytes and fluid distribution that occurs after operation, particularly as regards the shift of body fluids between the intra- and extracellular fluid compartments. As in other investigations undertaken in the department, the immediate clinical application of knowledge obtained is stressed so that the results of operative therapy may be improved.

NURSING CARE OF A MITRAL COMMISSUROTOMY

ANNA KUBA AND ELSIE SKVIR

A Mitral Commissurotomy is an operation performed to prolong the life of a patient with mitral stenosis, a heart condition characterized by a narrowing in the opening of the mitral valve and which is nearly always due to rheumatic infection. As a result of the decrease of the aperture, a greater force is required to drive the blood through the valve into the left ventricle, and a compensatory hypertrophy of the left atrium results. The atrium is comparatively thin-walled and does not possess great power of compensation, so back pressure into the pulmonary circulation soon follows. Because of the increased pressure in the pulmonary circulation, the right ventricle later hypertrophies. Patients with mitral valve disease are weak because of decreased cardiac output and dyspneic because of the chronic congestion in their lungs. Frequently they have slight cyanosis and clubbing of the fingers.

Of the direct surgical attacks upon the mitral valve, the "commissurotomy" has been the most successful. In the operation, as performed by Dr. Gibbon at Jefferson, the incision is made in the left third interspace. The costal cartilages are cut and the ribs pulled back to expose the pericardial sac. A small incision is made into the pericardium and 100 c.c. of 5% procaine is introduced. A purse string suture of heavy black silk or nylon is passed about the auricular appendage before it is incised to control bleeding and later tie off the appendage. This opening permits the surgeon to insert his finger into the heart and examine the valve without excessive bleeding. In order not to disrupt the cardiac cycle to any great extent, the doctor does not keep his finger in the valve for more than three beats. Dr. Gibbon then puts on a second glove (on his operative hand) which has two openings, one at the palmer surface and the other at the tip of the index finger. The commissurotomy knife, a specially curved knife with two blades, is inserted along the index finger between the two gloves, and the finger is again inserted into the heart. The mitral valve is then incised blindly; the cutting being directed by palpation. Not more than a few cubic centimeters of blood are lost during this procedure. When the knife and finger are withdrawn, the purse string suture is tied and the cut edges of the appendages sewed together. The pericardial sac is left completely open and the chest wall is then closed. The entire blood loss is determined by the increase in weight of the sponges used during the operation and is replaced by transfusion.

Preoperative Nursing Care

The preoperative studies are similar to those of any patient undergoing a major operative procedure. A complete blood count, urine examination, serology, and urea nitrogen determination are the routine studies. In addition, electro-cardiograms, sound tracings (graphic records of the variations in heart sounds) chest x-rays and fluoroscopy with barium swallow are done. Very important are the pulmonary function tests such as determining the vital capacity and the maximum breathing capacity.

Any irregularity of pulse rate is reported to the physician because it may be a symptom of auricular fibrillation which often occurs in these patients and which must be controlled before operation.

These patients must have their entire chests (front and back) upper abdomen, axillae and both ankles prepared for surgery.

In addition to the usual preoperative medication, an intravenous infusion of 0 2% procaine is started to help maintain normal cardiac rhythm during surgery by decreasing the sensitivity of nerves in and about the heart.

Postoperative Nursing Care

The patient is returned from the operating room with an intermittent positive pressure apparatus, so that oxygen is pumped in and out of the lungs until he is capable of breathing normally. Then the patient is either placed in an oxygen tent or nasal oxygen is administered. The patient is kept flat in bed until he regains consciousness, after which the head of the bed is elevated to facilitate breathing and coughing.

Constant surveillance is required until the patient is able to protect himself to a certain extent. The blood pressure, pulse and respiration are checked and recorded every fifteen minutes until stable. The blood pressure is considered stable when there have been four readings corresponding to the patient's preoperative blood pressure. Then it is checked every half hour for three hours, every hour for eight hours, and every third hour thereafter.

The amount of fluid given to the patient is chosen by the physician and depends upon the individual patient. Too much fluid may overload the circulatory system and cause pulmonary edema, whereas too little fluid may result in dehydration. Vitamins B complex and C are added to the fluids; also a sterile solution of 95% alcohol for its caloric content. Thus it is extremely important to maintain an accurate Intake-Output record on the patient in the succeeding days postoperatively.

An electrocardiogram is done postoperatively to note heart action. Cedilanid or Lanatoside C, a form of digitalis, is kept on hand to be used if rapid digitalization is necessary.

Insistence upon coughing is of extreme importance in all operative procedures, but it is particularly important in patients who have had thoracic operations. Accumulation of mucus in the lungs may result in atelectasis and lung infection. The loss of function of a portion of the lung may dangerously reduce respiratory function. Vigorous attempts must be made to induce deep, voluntary coughing, and often it becomes necessary to resort to tracheal aspirations. Voluntary coughing may be facilitated by giving morphine sulfate to control the pain. Involuntary coughing and respiration are depressed by opiates, however, unrelieved pain may result in a greater voluntary depression of cough and respiration. One hour after the administration of morphine, the patient should be placed in a sitting position and, with pressure of the hands on the area of the wound, a vigorous voluntary coughing should be done.

For tracheal aspirations, the necessary articles are a moderately stiff No. 14 or No. 16 urethral catheter, a suction machine, and an asepto basin with water to flush out the tubing. The tracheal aspirations are done by the doctor when there is wheezing, bubbling or labored respiration which the patient cannot clear up by coughing.

The other usual postoperative nursing procedures are carried out, such as checking the dressings for bleeding, keeping the patient warm and dry, and watching out for the possibility of aspiration during vomiting.

Penicillin and streptomycin are given as a preventive measure against infection.

The patient is given fluids by mouth on the first postoperative day; gradually the diet is increased to soft and then to house trays which are supplemented with protein foods. These patients have a poor appetite generally, and should be encouraged to eat.

Early ambulation is permitted and is desirable unless contraindicated by a postoperative complication.

STUDENTS' CORNER

JOANNE GARBER, '51

Student activities at Jefferson this past year have been both numerous and enthusiastically received.

The first Tuesday night of each month is set aside for the regular meetings of the Student Council. Feeling that the students should govern themselves as much as possible, the Faculty has permitted the Council to be independent in their actions. The setting up of regulations and meeting with offenders to dole out penalties is under the control of the Judicial Council, a smaller group of the main organization.

The System of Privileges has been revamped and now consists of:

1. An over-nite or late pass until one o'clock A. M., each Saturday night for the Pre-clinicals.
2. Unlimited over-nite passes for all capped students who do not have to be on duty before nine o'clock the following morning.
3. Eight late passes, to midnight on week nights and one o'clock A. M. on Saturday night, for all capped students each month.
4. Unlimited late passes for Seniors in their last six months.

The Student Council and the Faculty have the right to withdraw these privileges on one or all of the students if they feel a situation warrants such control.

The Student Council was also active socially. It had sponsored an "Open House" early in the year, purchased swimming tickets for the Y.M.C.A. pool, and conducted pep rallies before basketball games.

The Nurses' Home Committee of the Women's Board is our Santa Claus. At Christmas time, they gave us a wonderful new stove for the Tea Room. The Seniors, who have charge of the Tea Room, immediately went to work with paint brushes and transformed it into the "Dutch Kitchen."

During the year, Mrs. James L. Kauffman, a member of the Nurses' Home Committee, organized a baby-sitting service. The service has grown beyond all expectations, and the students can be seen trotting all over the city to care for their little charges. It does provide an opportunity for those students who are interested and able to work part time to earn some pin money. The Library Committee of the Faculty has continued the practice of student help in the library.

For spiritual and more abundant living, two organizations, the Nurses' Christian Guild and the Newmann Club, are functioning and flourishing. The Christian Guild meets every third Thursday night with Pastor Wein of the Lutheran Inner Mission, and from time to time has a guest speaker to follow the devotional meeting. A social period with light refreshments follows every meeting. The Newmann Club meets the last Tuesday of the month with Father Kelly of St. John's Parish. Their meetings are varied by Communion Breakfasts, skating parties, and dances at the Chinese Church at Ninth and Race Streets.

During the past year the students have had some wonderful times at dances, hayrides, teas, and parties. The Junior Committee sponsored the Fall and Spring Formals. These were really elegant. The Nurses' Home Committee again had swimming parties and picnics at their homes or clubs during the hot summer months. Many older students joined with the Faculty to give a picnic for the September Pre-clinicals during Orientation Week. Others joined in welcoming the February Pre-clinicals at dinners in the Nurses' Home. "Big-sister" parties, a "Bunny Hop," a "Poverty Party," and dances after the basketball games have made the Nurses' Home a gay and Charming place.

Music has retained its place in the limelight. The Pre-clinical Chorus meets with Mr. Howard Haines, the new musical director, in the "Pit" each week. During the Christmas Season, the chorus joined with the Medical Students' Chorus to present special music at the Annual Carol Sing in the Medical College. The singing was inspired! The chorus also had the opportunity to sing in many churches this past Fall, and, of course, "Capping" wouldn't be the same without their singing.

The 100-record juke box in the Recreation Room of the Nurses' Home is still maintained on free play by a ten cent weekly contribution from each student. An L.P. attachment for the radio-phonograph in the 1012 lounge was a gift of the Nurses' Home Committee plus several albums for the record library. This splendid committee also donated tickets for the theatre, operas, ballets, and musicals.

A new sport is being organized this year—volleyball. The details have not been disclosed yet, but from all rumors, it sounds like a terrific set-up.

Basketball remains as the all important sport. The Nurses' Home Committee added to the uniforms the Alumnae had donated. There is a new coach this year, Miss Anne List who practices with the girls at the Stanfield Settlement House at Front and Lombard Streets and is among the loudest of our rooters at the games. Although we have not the Champion Team of the Helen Fairchild Student Nurses' Basketball League, we have the spirit and the sportmanship of a top team and have been in the fighting for the cup.

NURSING CARE IN HEART DISEASE WITH PULMONARY INFARCTION

DOLORES PENCAVAGE, '52

It was noon on the day of December 10, 1950, that word was received from Accident Ward concerning an emergency admission—a patient in "acute congestive failure" was on his way up. A bed was quickly prepared and an oxygen tent ordered immediately. A few minutes later Mr. S. made his initial appearance on Center Ward. Certainly he didn't present an impressive picture—a rather unkempt, shabbily dressed elderly man, slumped in a wheel chair and in obvious respiratory distress. Yet there was something about this man that drew my sympathy and understanding during his

stay in the hospital. Although he tried to act very independent and self-sufficient, he seemed so lost and lonely. It was the challenge he presented to the nursing care of both his physical and mental state that prompted me to choose him for my care study.

The information obtained concerning Mr. S's social background was scanty and incomplete. That his parents died from an "unknown cause" when he was quite young was one reason for the patient's lack of formal education. Upon their death he left grade school and went to work as a laborer. In time he married a widow who already had one son. Three sons were born of this marriage, but all three died of "causes unknown." His wife suffered from some edematous condition which greatly handicapped her in the home. They were not of sufficient financial means to provide adequate care for her, and Mr. S. was deeply hurt by the attitude of their friends and neighbors. Apparently, no one was interested enough to lend a helping hand in their hour of need. Mrs. S. had passed away on Thanksgiving Day, and it seems that nobody even attended her funeral. Mr. S. could never speak of this incident without getting overwrought and almost hysterical.

Before the development of his present condition, Mr. S. seemed to have enjoyed good health. He denied any childhood or previous diseases at all. However, in October he noticed such symptoms as dyspnea which became extreme on exertion and ankle edema. These symptoms increased until he became orthopneic and developed dyspnea even at rest. At this time he was admitted to Jefferson Hospital and treated with oxygen, digitoxin, and mercurial diuretics. He was discharged two weeks later with instructions to continue taking the digitoxin and to report to cardiac out-patient department. Because of the fore-mentioned situation in his home, he did not continue to take the digitoxin, nor did he report to clinic. Upon his admission this time, he was severely reprimanded by the interne. At this, he became so emotionally upset that tears streamed down his cheeks as he insisted he couldn't leave his wife alone to go to the clinic.

The physical examination revealed a cyanotic white male in obvious respiratory distress. His temperature was 98, pulse 88 and irregular, respirations 40, and blood pressure 110/80. Auscultation of the chest showed that the heart was enlarged to the left with auricular fibrillation and systolic mitral murmurs.

Auricular fibrillation indicates that the sinu-atrial node, the pacemaker of the heart, has lost control of the heart rhythm. Ordinarily, the contraction of the heart begins in the SA node, passes over both atria, causing them to contract simultaneously. The impulse is picked up by the AV node, passed down the Bundle of His to both both ventricles, causing them to contract simultaneously. In auricular fibrillation the atria undergo irregular twitching movements; consequently, the ventricular contractions are also irregular. Some of the ventricular contractions are so weak, that although they may be heard at the heart, they are not transmitted through the arteries and so cannot be felt at pulse. Thus the heart rate may be greater than the pulse rate; a difference referred to as the pulse deficit.

The systolic mitral murmur indicated that during the contraction of the ventricles, the mitral valve, on the left side of the heart, did not close properly, causing a regurgitation of blood into the left atrium.

The physical examination also revealed a "pitting edema" of the lower extremities, particularly of the ankle. The rest of the examination was comparatively non-informative and irrelevant to the present condition. After due consideration, the doctor listed his impression as "Arteriosclerotis heart disease with congestive cardiac decompensation."

Many blood studies and kidney function tests were performed. These were generally within normal limits. The kidney function tests were repeated several times

since arteriosclerosis is known to affect the kidneys, but the results remained negative. Apparently, the arteriosclerosis had not yet involved the kidneys to any great extent.

The immediate therapy for this patient was complete bed rest, so that there would be no exertion placed on an already overburdened heart, and continuous oxygen with the flow of oxygen between 10-12 liters at a temperature of 68°F. The bed was elevated and several pillows were placed behind the patient's arms and shoulders for comfort and to facilitate breathing. Mr. S. was then given a dose of salyrgan intravenously. This is a synthetic mercurial preparation which depresses the cells of the renal tubules, thus preventing re-absorption of water. Therefore the urinary output is increased and, consequently, the edema relieved. This necessitates an accurate recording of the intake and output and a daily weight determination to demonstrate the amount of fluid being retained by the tissues. The patient had to be taken in and out of bed with great care in order to put as little as possible strain on his heart. It was interesting to note the gradual but steady decrease in the patient's weight.

Attention was previously drawn to the pulse deficit. In order to record the difference it is necessary to take both an apical rate and the radial pulse rate. Normally both rates coincide, but in Mr. S. the pulse deficit ranged from 42 to 54 during the first few days of his hospitalization.

Very important in this initial therapy on Mr. S. was the digitalization. Digitoxin, .4 milligram, was given every eight hours for three doses and then continued at daily doses of .1 milligram. The primary action of this drug is to stimulate the heart muscle, causing a more forceful contraction. This in turn brings about an improved circulation to all organs, and the cyanosis gradually disappears. The administration of this drug involves special concern on the part of the nurse, for it is necessary to check the pulse rate before giving the drug. If the rate is below 60, the digitoxin is withheld and the doctor informed. Other signs of toxicity include irregularity in the rate and rhythm of the pulse, nausea and vomiting, diarrhea and abdominal pain, headache, malaise, drowsiness, hallucinations and blurred vision.

Two days after his admission, Mr. S. had a sudden onset of hemoptysis accompanied by chest pain. His temperature at that time was 102° rectally, his pulse rapid, and his respiration 52 and shallow. Auscultation indicated fluid over the right lung base, and a diagnosis of pulmonary infarction with right pleural effusion was made.

Pulmonary infarction follows the closure of a pulmonary artery by a blood clot. Closure of a medium sized vessel in previously normal persons need not necessarily cause any ill-effects; but in cases of congestion, there develops an infarcted area which quickly becomes infiltrated.

To remove the fluid, a thoracentesis was performed and 1800 c.c. of amber-colored fluid was removed from the right pleural space. During this procedure, it is the nurses' duty to see that the patient is well supported, to assure the patient, and to assist the physician. Following the treatment, the nurse must observe the patient closely for any signs of collapse.

The patient was then given heparin 50 mgm. intravenously every six hours for forty-eight hours. Heparin is a purified liver extract which prolongs the coagulation time of the blood by preventing the formation of thrombin from prothrombin. During this time, the nurse must watch the patient carefully for any signs of bleeding as a hemorrhage may be fatal. Since heparin has an almost immediate effect, it was used in the initial therapy to prevent the possibility of more emboli forming. Dicumarol was then ordered. This is also an anti-coagulant, but it is much cheaper, may be administered orally and has a more prolonged action. This drug is administered in daily doses ranging from 50-200 mgms. depending upon the phothrombin time.

When the danger of addition emboli was past, as far as the doctor could determine, the drug was discontinued.

Frequent electrocardiograms were taken on Mr. S. The one taken on admission showed an arrhythmia produced by the auricular fibrillation of 130-140 beats per minute. Subsequent examinations after the administration of digitoxin showed a reduction to 80-90 beats per minute. Nevertheless, it was necessary for Mr. S. to continue taking daily doses of digitoxin even after his discharge from the hospital.

Much of the nursing care that this patient required has already been mentioned. However, there were many things which might seem incidental and routine that aided in his recovery. Each day Mr. S. received a complete bed bath. Had he been allowed to do this himself, the physical activity would have increased the irregularity of the fibrillating heart. In spite of the back care given to Mr. S., his skin, which was extremely sensitive because of the prolonged bed rest and undernourished because of the cardiac condition, ulcerated at the end of his spine. His back care was then increased to every three hours and, in addition, a preparation of streptomycin and egg white was applied to the affected area. The streptomycin was used because of its bacteriostatic action; the egg white to supply, in some degree, the missing protein. This treatment was effective since the pressure area healed in time. Meanwhile, an air ring was used to relieve the pressure, and the patient's position was changed frequently.

Since the patient was in an orthopneic position, the bottom sheet would become rumpled and wrinkled frequently. To increase the comfort of the patient, the sheet was pulled as tightly as possible and changed often. The pillows were fastened to the top of the mattress to keep them from sliding down, and the knee gatch was raised so that the upright position was more comfortable.

Finally on December 22nd, Mr. S. was allowed to get out of bed for a short period of time. Gradually the time was increased so that by the time of his discharge, he was ambulatory.

Just as important as the physical care Mr. S. received was the mental or psychological care. He had entered the hospital with apprehension. A harsh reprimand from the interne upset him further. Therefore it was necessary to quiet and to console him. Special attention was given to him to make him feel "wanted" again along with sympathetic understanding when he revealed his personal problems and sorrows. Because of a tendency toward self-pity, his problems were never referred to purposely or directly. Instead, an attempt was made to divert his thoughts. What a rich reward when the patient smiled for what must have been the first time in many weeks! Once again he seemed to be regaining his faith in mankind.

Mr. S. was discharged from the hospital on January 10th with instructions to continue taking the digitoxin, to avoid any exertion, and to report to Cardiac Clinic in two weeks. He left the hospital determined to take the precautions his condition necessitated.

POLICIES OF THE PRIVATE DUTY NURSES REGISTRY OF JEFFERSON HOSPITAL

REGISTRAR: MISS BETTY ANN AUMAN, *Assistant Director of Nursing*

The following policies have been formulated with the hope that they will be helpful to the members of the registry:

1. All registrants must be members in good standing of the Jefferson Nurses' Alumnae Association.

2. All registrants must be members of the American Nurses' Association. This membership to be renewed each year by March 1st, (this year the date is April 15th), if the registrant is to be kept on the active list of the registry.
3. A fee of $25.00 per year must be paid to the registry by March 1st of each year (this year April 1st) if the registrant is to be kept on the active list of the registry.
4. Nurses on one (1) day cases will not lose their place on the registry.
5. Nurses must accept all three shifts (day, evening and night) for the first five (5) years. After five years on the registry a registrant may choose two (2) tours of duty. After twenty (20) years she has the privilege of choosing which tour of duty she prefers. Special problems in regard to this must be reported to the registrar in writing. She will present them to the Advisory Committee for decision. The decision will be sent to the registrant in writing.
6. Nurses must accept all types of cases unless special arrangements are made, in writing, with the registrar. These will be referred to the Advisory Committee as the registrar deems necessary.
7. All arrangements in regard to relief must be made through the registrar after the patient has been notified of such plans.
8. All arrangements in regard to accepting cases, transferring from one case to another or accepting two patients must be made with the registrar; i.e., when asked by a doctor or patient to take a particular case. This is important in order to avoid duplication.
9. If cases are refused except for reasonable cause the registrant's name will be placed at the end of the waiting list.
10. Nurses leaving cases without explanation will be taken off the registry for one week. In case of a second offense the registrant will be taken off the registry for 3 weeks. If there are further offenses the registrant will be suspended from the registry for a period of time to be specified by the Advisory Committee.
11. Because of the reduction in the number of residents and internes, all night calls to doctors, except emergencies, are to go through the night supervisor of the department in which you are working.
12. Problems of members of the registry are to be taken up with the registrar who will present them to the Advisory Committee as necessary.
13. Nurses are to be prompt in reporting on duty. It is wise to make a practice of being on duty five (5) minutes before the time due in order to get the report from the nurse you are relieving, whether this be another private duty nurse or the floor nurse.
14. Complete uniform is to be worn at all times when on duty. (This includes cap, white shoes and stockings). See that your uniform is clean and tidy.
15. Technics and procedures are to be carried out as outlined in the Jefferson Hospital Procedure Books. These are available in all departments. Refer to them if in doubt.
16. Orders for supplies and drugs are to be given to the head nurse on the floor who will be responsible for ordering these for private duty nurses.
17. Nurses desiring regular 3-11 or 11-7 duty may make these arrangements with the registrar.

The Advisory Committee consists of: Miss Childs, chairman, Miss Auman, Mrs. Spruance, Mrs. Godfrey, Miss Kevel, and Miss Loftus.

GRADUATION AWARDS — 1950

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 year course to:

HELEN SHERIFF

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

HELEN SHERIFF

The Adaline 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:

MARJORIE WHITELEATHER

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:

MARIE MESSA

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 co-operation in nursing situations to:

ANNA TWADDELL

NURSES' WHITE OXFORDS

SPECIAL PRICES—$11.85, $9.00 and $8.00

REGULAR PRICES—$14.25, $10.00 and $9.00

Martin's Walk Easy Shoe Shop, Inc.

815 CHESTNUT STREET

Philadelphia 7, Penna.

LO 3-1367

ATTENTION

Admission to the dance on Alumnae Day will be by invitation only! The invitations can be secured from the following people: Misses Piersol, Bonenberger, Summers, Ronco and Edwards. Please contact one of them before the dance if you are planning to attend because the invitation must be shown at the door.

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.

Thank you.

STOCKINGS! STOCKINGS! STOCKINGS!

Miss Keval continues to sell nylons—both dress and white. The proceeds from these are turned to the Relief Fund. If you are away from the hospital and interested —Address your correspondence to Miss Isabelle Keval, c/o The Nursing School Office.

Cut out and send to ANNA KUBA, 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................................

Morgan Printing Company

2323 NORTH SEVENTH STREET
PHILADELPHIA 33, PA.

You're sure to *Look Your Very Best* in a

WILLIAMS'

REGULATION JEFFERSON GRADUATE UNIFORM

cut and made to *your* measurements

WRITE TODAY for
- Samples
- Prices
- Convenient Order Blank

C. D. WILLIAMS & CO.

Authorized Makers of Official Jefferson Caps

246 South 11th Street **Philadelphia 7, Pa.**

Air-Conditioned

WALNUT GRILLE

BAR & RESTAURANT

Club Breakfast — Special Luncheons
Full Course Dinners

N. E. Cor. 10th and SANSOM STREETS

KI. 5-2428 **KI. 5-9811**

High Fashion
at **YOUR** *Price*

Be SMART ! !
Look SMART ! !
Feel SMART ! !

1008 CHESTNUT STREET

BUY CHARLES DAVID

We **LOVE** our neighbors and we want them to be the smartest dressed girls in town!! So we're inviting you all into the ever-growing family of **CHARLES DAVID CHARGE CUSTOMERS.** Just clip the coupon, fill out and mail, and your **CHARGE COIN** will arrive promptly!!

Dear Sirs:

Of course I want a CHARLES DAVID Charge Account. Please send my Charge Coin ! !

SIGNATURE..........

ADDRESS..........

TELEPHONE NO..........

EMPLOYMENT..........