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Nurses' Alumnae Association Bulletin - Volume 18 Number 1

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Nurses' Alumnae Association Bulletin

1891



1953

School of Nursing of the Jefferson
Medical College Hospital

Volume 18

April, 1953

Number 1

ALUMNAE DAY

May 2, 1953

LUNCHEON

12 Noon

BELLEVUE-STRATFORD HOTEL

BALLROOM

(TICKETS \$2.90)

DANCE

DREXELBROOK INN

DREXELBROOK DRIVE AND VALLEY ROAD

DREXEL HILL, PA.

Dancing - 9 P. M. - 1 A. M.

Music by Johnny McGee and His Orchestra

Admission by Invitation Only

JEFFERSON NURSES' ALUMNAE
ASSOCIATION BULLETIN

FINANCIAL REPORT

December 31, 1952

PUBLISHED ANNUALLY

OFFICERS 1953

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Cash on Hand	
General Fund	\$ 4,125.65
Relief Fund	485.65
Scholarship Fund	31.00
Investments	
Relief Fund	\$36,175.00
Scholarship Fund	15,500.00
Liabilities	None
Net Assets or Resources	\$56,577.30

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NURSES' ALUMNAE ASSOCIATION BULLETIN

VOLUME 18

APRIL, 1953

NUMBER 1

DEAR ALUMNAE:

It is again my privilege to send a brief word of greeting and my best wishes to you.

To those who work with the Alumnae, each year seems to be one of unusual activity. In this past year, our efforts were directed toward the building project of Jefferson Hospital. A total of \$7,364.25 was realized from individual pledges and Alumnae activities.

As in the past, the BULLETIN brings you news of changes, medical advancements and the activities of the student nurses at Jefferson. I know that you will enjoy reading these interesting articles.

I would like to take this opportunity to thank the officers and the committee chairmen for their wonderful cooperation, and the Alumnae for their faith in me.

Sincerely yours,

ANNA KUBA, *President.*

THE CLARA MELVILLE SCHOLARSHIP FUND

The amount of \$1,000.00 was invested for the Clara Melville Scholarship Fund in 1952—bringing the total to \$15,500. As of October 8, 1952, this had a total market value of \$17,361.80

Since 1948 five graduates from our nursing school have been given scholarships to help further their nursing education. They are:

Ruth Spencer, '33—in 1948, now Director of Nurses at Ohio Valley General Hospital, Wheeling, W. Va.

Anna Kuba, '45—in 1949, now Science Instructor at Jefferson Hospital School of Nursing.

Florence Kauffman, '23—in 1950, now Assistant Director of Nurses at Allegheny General Hospital, Pittsburgh, Pa.

Dorothy B. Ranck, '39—in 1951, now Director of Nurses at Osteopathic Hospital, Philadelphia, Pa.

Dorothy J. Edgar, '42—in 1952, now Instructor on the faculty of the University of Pennsylvania School of Nursing.

HENRIETTA FITZGERALD SPRUANCE,
Chairman, Scholarship Fund.

NURSES' HOME COMMITTEE

In the year 1945 the sum of \$1,000.00 was donated to the Alumnae Association by a former patient, Mrs. William K. Klein. This donation is to be used as needed in the Nurses' Home for the betterment of facilities for the student nurses. The fund may be allotted at the discretion of the Nurses' Home Committee.

CLARA HARDY,
Chairman, Nurses' Home Committee.

THE RELIEF FUND

In past years the financial endeavors of the Ways and Means Committee have been concerned primarily with the promotion of the Scholarship and Relief Funds. In the year 1952 however, the Jefferson Nurses' Alumnae wished to make a contribution to the Jefferson Building Fund; therefore the Ways and Means Committee was delegated to make its major project for the year a fund-raising campaign for this cause. Through the sale of chances, the committee was able to realize the sum of \$1,686.25 for this purpose. The money will be turned over to the Building Fund as a gift from your Alumnae.

Through the tireless efforts of Miss Isabelle Keval, the relief fund was enriched by \$236.40 from the following projects:

Sale of stockings	\$200.00
Auction sale	36.40

An additional sum of \$381.50 was obtained for the Relief Fund from volunteer contributions from individual alumnae members.

The Ways and Means Committee would like to take this opportunity to thank the members of the Jefferson Nurses' Alumnae Association for their cooperation in making their campaigns a success.

MARIE CANNON,
Chairman, Ways and Means Committee.

ENTERTAINMENT COMMITTEE

The Entertainment Committee is very happy to report that all the functions and programs during the past year were very well attended.

A dinner for the graduating class of 1952 was held in the Ivy Room of the Warburton Hotel. There was 100% attendance of the class which is very encouraging to the committee.

The most outstanding event of 1952 was the Alumnae Day Program. The annual luncheon was held at the Bellevue-Stratford Hotel. There were four hundred and eight nurses attending the luncheon. This was the largest attendance we have ever had over the previous years. Everyone had a most enjoyable time.

The Spring Dance was held on May 3, 1952, in the Junior Ball Room of the Ritz-Carlton Hotel. There were eighty-five couples present at the dance.

Arrangements were made for the Fall Dance which was held at the Adelphia Roof Garden on November 8, 1952. There were sixty-four couples attending the dance.

Looking back over the past year of activities of the Entertainment Committee, I wish to thank everyone for the response and support they gave the committee.

The admission to the dance this year will be by invitation only. The invitations can be secured from any member of the committee and also from the Nursing School Office. Please contact one of the committee members if you are planning to attend the dance. The invitation must be presented at the door the evening of the dance.

Let us make this dance more enjoyable by your presence.

ELIZABETH PIERSOL,
Chairman, Entertainment Committee.

PRIVATE DUTY

In the year 1952 there were 132 nurses listed in the Jefferson Nurses' Private Duty Registry who were actively engaged in nursing. Throughout the year, the registry was under the capable direction of Miss Bettyann Auman. Miss Auman left her position at Jefferson to work in New York City and to continue her education there.

Miss Mabel Prevost succeeded Miss Auman and assumed her duties January 5th, 1953.

The private duty section was represented by its private duty chairman, Miss Marie Cannon, at the 1952 Biennial Nurses' Convention at Atlantic City from June 16th to the 20th, and at the Pennsylvania State Nurses' 48th Annual Convention from November 5th to the 8th, inclusive.

There were no special meetings of the private duty nurses section during the year 1952, but the group was well represented at the monthly alumnae meetings.

MARIE CANNON,
Chairman, Private Duty Section.

BULLETIN COMMITTEE

The members of this committee have tried to bring to you the news of the past year accurately and in an interesting manner. If there are any errors, we will gladly accept corrections, as we are not always able to verify items that are handed to us. Any suggestions 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 other graduates. If any graduate does not receive a BULLETIN, please notify Marion J. Ramp, Educational Department, Jefferson Hospital, Philadelphia 7, Pa. It is probably due to the fact that we do not have the correct address.

Please notify us of any change of address.

MARION J. RAMP,
Chairman, Bulletin Committee.

GREETINGS TO THE MEMBERS OF THE JEFFERSON NURSES'
ALUMNAE ASSOCIATION

The year has passed so swiftly, it is hard to realize it is almost time for the 1953 Alumnae Luncheon. Those of you who come for the luncheon will see a number of changes. The framework of the new building is going up rapidly; remodeling has already begun on some of the wards in the old building of the hospital; the appointment of Dr. Reynolds Griffith as health officer for the nurses which has made a much more effective health service; three of the nurses' residences have been painted and papered; new furniture has been purchased for one nurses' residence and we are expecting some renovation of the old furniture in other residences; the painting and redecorating by the Nurses' Home Committee of the recreation and television rooms with most attractive drapes and furniture; the Board of Trustees has appropriated the money to replace the old plumbing in one residence, although the work has not started on this; last but not least, the Nurses' Home Committee of the Women's Board is planning to start an Endowment Fund for the School of Nursing. A fund of over \$10,000 is available for this as soon as the Board of Trustees approve its use for the beginning of such a fund. Interest from this would be used toward helping promising young graduates of the school get additional university work.

The professional nurse, in the face of the demands on her today must be a person with the knowledge, vision and understanding which fit her to meet the total needs of her patient as an individual member of a complex society. She must be able to see him as a part of the environment from which he comes; as an individual who needs her undivided attention in the immediate situation in which she finds him; as a person to be sent back, adjusted in so far as possible to meet his responsibilities in the family and community to which he returns; all of this she should be able to do unharassed by the many responsibilities which take her away from the patient and leave her restless and unsatisfied because she is not able to fulfill her responsibility in the nurse-patient relationship.

What are some of the responsibilities which take her away from the patient?

1. More patients in for diagnostic tests and X-ray work with added clerical work and record keeping brought on by advances in medical science.
2. Earlier ambulation of patients following operation or delivery, which means a more rapid turnover, making more acutely ill patients for whom to care; thus giving her a greater number of patients than she can hope to care for adequately.
3. Ward housekeeping duties which have been increased and complicated by the added patient load and more rapid turnover of patients.

The nurse who is to be a success today must be able to see her patient in his daily environment, to see the problems which arise from his attempt to adjust to the environment and the contributing factors, in this situation, to his physical condition. This calls for much more time with each patient than she can possibly give in the face of the load to be carried today.

Why does she seem to be failing to meet the demands on her as a nurse? Hospitals are the centers for training nurse personnel. Ninety-one per cent of our 1285 schools of nursing are hospital controlled. Therefore, schools of nursing are part of an organization whose primary aim is service. The service demands do not allow time for adequate study and preparation of educational material; neither do they permit time for adequately putting into practice the knowledge gained. The nurse, in the pressure of service responsibilities, treats the disease and tends to

the more urgent physical needs of her patient. She does not have time to see and study her patient as a total person; to learn to understand him. It is this failure of the nurse to understand her patient as an individual in his own right that is calling forth the greatest criticism from the public.

We must be more concerned with the basic education and experience which the nurse is getting, as on the success or failure of this program depends her ability to meet the demands that will be made upon her as a professional nurse. The present system of education is not attracting sufficient young women of the calibre needed and, for the most part, is not giving them the quality of training which fits them to practice on a professional level. Service demands are increasing, yet the number of new students and of graduates active in service are far too few to provide the needed service. Some of these nurses will realize their lack and go on to further study in universities or take post-graduate courses in certain fields of nursing.

A "School Study" has been undertaken by the nursing organizations in an endeavor to re-evaluate our educational system in the light of present day needs in our complex society. Some of the reasons for undertaking this as presented by those responsible are: "social and economic changes beginning before the war and intensified by it; widespread and insistent demand by the public for nursing service; new responsibilities assigned by medical, hospital and public health practitioners for which too few nurses are equipped; dissatisfaction of nurses with the present system; tremendous increase in hospital facilities; growth of newer concepts of health and education." This re-evaluation to be productive, cannot be done by nursing alone. It will take the concerted action of nurses, doctors, hospital administrators and the public.

KATHERINE CHILDS, *Director,*
School of Nursing and Nursing Service.

STAFF ACTIVITIES

Since our last Bulletin went to press in the Spring, the staff activities have been going on as usual, our aim always, to give better nursing care.

Last Spring several of our members attended the workshop at the Mills Institute and brought back interesting reports.

At one of our program meetings Dr. Daly spoke on Infectious Hepatitis and the use of the new antibiotics which proved most interesting.

In the fall Mr. Drum from the Public Relations Department met with our group to discuss some of the problems we were having. One problem was that of visiting and visiting hours. In the wards the visiting hours have been changed from the former 3 P. M. to 5 P. M. to 2 P. M. to 4 P. M. on Tuesday, Thursday and Saturday. This new arrangement has proved satisfactory.

It was also decided that there should be not more than two visitors at the bedside in the private and semi-private rooms.

Another item Mr. Drum stressed was the returning of patients' records to the record room on the day of discharge or the following morning.

A more efficient system for the discharging of patients has been devised whereby

the yellow departure notice is sent to the cashier with the patient at the time of discharge or if the bill has been paid in advance the departure notice is to be sent to the cashier as soon as possible after the patient is discharged.

At the present time there are 167 registered nurses on the staff including the faculty and administration.

MARGARET SUMMERS,
Secretary, Nursing Staff.

PHYSICAL ADVANCES AT JEFFERSON HOSPITAL, 1953

PAUL RAKE, *Personnel Director*

Jefferson is in an important period of growth and advancement at the present time and this progress is especially noticeable in the physical facilities of the hospital.

During the past year construction has been carried ahead on the New Hospital Pavilion, another nearby building has been purchased for hospital use, and numerous improvements have been made to existing facilities.

The plans for the New Pavilion were reported last year in detail to the Nurses' Alumnae in an article by Dr. Hayward R. Hamrick, Vice-President and Medical Director. Construction on the new 300-bed addition is progressing at good rate now after a 110-day delay last summer caused by a city-wide strike in the building trades. The structural steel is now at the 10th floor with this phase of construction scheduled for completion in mid-March. It is hoped the building will be ready for occupancy by mid-1954. Its completion will provide a very great forward stride for Jefferson.

Jefferson has recently purchased the building of the Blakiston Company, publishers, at 1012 Walnut Street and will convert it to use by the hospital and college.

The three and a half story brick structure, located directly across from the entrance of the College, will be renovated and be occupied this spring. The Blakiston Building will house the Employment Offices, several of the bookkeeping offices, the purchasing department, and Blue Cross records will be located here. There will not be provision of space in the New Hospital for these functions.

A Health Clinic for personnel of Jefferson will also be consolidated and established in the newly acquired building. Jefferson employees, medical students and nurses will have use of the medical consulting services in this clinic, to be staffed by a full time secretary and nurse.

At present it is also planned to provide a group of patient consultation offices for members of the medical staff, which will be available on a temporary basis to individual physicians on the staff.

A large artist's studio now on the fourth floor of the Blakiston Building will provide a central location for several medical artists who have been working on medical illustrations for members of the staff.

Improvements have also been carried out at the Nurses' Home. 1012 Spruce Street has had complete interior painting. The new February class of nurses is established in this building.

The hospital has purchased 32 bedroom sets of furniture which have been renovated and placed in 1012 Spruce Street house. The hallway in 1016 has been painted. The Women's Board is planning on buying an additional new washing machine to install in the rear of 1020.

At the main hospital there has been renovation in the Children's Ward on the Eighth Floor in accordance with plans worked out with Dr. Charles F. McKhann, the new professor of pediatrics. A new conference and teaching room was established in the process of developing a new laboratory to be used by the medical students. Also, a new isolation room in the ward has been provided with a small treatment room.

On the Third Floor of the main hospital the College is establishing a plaster, teaching and conference room for the orthopedic surgery department in the space formerly occupied by quiet rooms 303 and 305. The hospital is planning also to build a similar conference and teaching room for surgery and urology department use on the Fourth Floor.

Plans are being made by the architect to build new dining rooms, kitchens, etc. on the seventh floor of the main hospital to accommodate and serve our present staff together with the expanded staff and patients who will be occupying the New Hospital Pavilion. Plans are also under way for building a new telephone exchange on the sixteenth floor of the Annex to house the facilities which will be needed for the expanding over all hospital and college.

All of Jefferson Hospital's alumnae may take pride in the growth of the hospital whose importance to the community, the state and the nation has been steadily increasing.

MODERN TRENDS IN ORTHOPAEDIC SURGERY

ANTHONY F. DEPALMA, M.D., *Professor of Orthopaedic Surgery*

Within the past few decades, great strides have been made in orthopaedic surgery. It is unfortunate that these strides followed such events as World War I and II which provided the stimulus for renewed interest in traumatic surgery implicating soft tissue and bone. The stimulated interest that followed is reflected in the number of men that are now engaged in doing orthopaedic surgery and the number of men who have expressed an interest in this field by taking long periods of training in the form of residencies and fellowships. Orthopaedic surgery has changed from one of management of existing deformities by means of buckles and braces to a specialty interested in prevention of deformities, investigations in biochemistry and physics as these subjects relate to the skeletal muscular system and metabolism of bone and joint fluids and connective tissue. In addition, great research problems are being conducted continually in an effort to determine the causative agents responsible for congenital deformities. It becomes apparent that progressive departments in orthopaedic surgery are designed to meet these challenges. The Department of Orthopaedic Surgery at Jefferson is so conceived and it is expanding rapidly to carry out the aims designated above. It is impossible to enumerate all of the various phases of orthopaedic surgery, old and new, that have forged ahead in the past two or three decades. However, there are certain features which I think should be emphasized because they have changed in a way the entire prospect of modern orthopaedic surgery.

Let us first consider the problem of bone banks. For many, many years surgeons have been interested in finding some form of material to substitute for bone. All sorts of materials have been used including beef bone, cow's horns and human bone. Although human bone has been used for many years, there has never been an adequate method of preservation which could make it possible to keep this material in stock for whenever the time came for its use. However, with the bone bank this disadvantage has been overcome. Much bone can now be obtained from the thoracic cage, from amputated traumatic limbs and other sources. This bone can be preserved in many ways. The manner in which it is preserved at Jefferson is as follows. It is cut into small blocks of bone and it is preserved in merthiolate solution which in turn is placed in a deep freeze and left there until it is ready for use. The advantages of this bone bank have made it possible to fill in large bone cavities, to supplement weak bones with added bone structure and has avoided second incisions on the same patient when they were in need of bone for one or another reason. The future of the bone bank is still brighter. It is apparent that now bone in the near future will be preserved in dry form and it can be transported without refrigeration in this manner from one part of the world to another. The only thing that it will need when it is ready for use is replacement of the fluids that had been previously removed. It becomes apparent that this added feature will make bone available to our military service in far and distant points wherever they may be engaged.

The second feature that I would like to discuss is the problem of intramedullary fixation. By intramedullary fixation we mean the insertion of metallic nails or pins in the medullary canal to hold fragments in normal position. When this is done, the patient need not wear any external fixation such as plaster casts nor does the patient need such cumbersome apparatuses as traction through the medium of pins inserted distal to the fracture. This has been a great achievement in the field of orthopaedic surgery. Although intramedullary nailing has been used for many decades at some time or other, it did not gain much favor until the last war when the Germans began to use it as a routine measure. From then on, it became very popular. For example, if a patient has a fractured femur and the femur is reduced and fixed with an intramedullary nail, it means that the patient is able to get up and walk about within a period of 10 days to three weeks without a cast and without fear of losing motion in the knee of the affected limb. Many of these patients are able to carry on their work if it is not too strenuous and does not demand long hours of standing or walking. This is certainly a great advantage over the previous forms of treatment of a fractured femur. The same principles can be applied to all fractures of the long bones. Intramedullary nailing has facilitated the management of shaft fractures to a great degree.

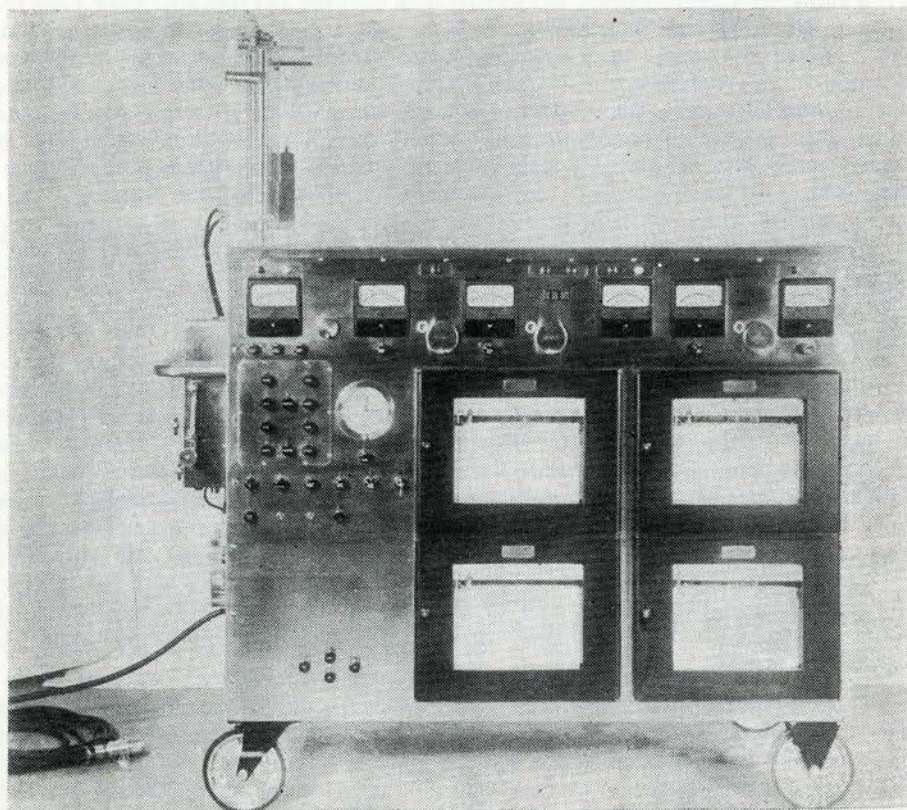
Another important step in the advancement of orthopaedic surgery is the recent observation that prostheses made either of nylon or some form of metal, preferably stainless steel or vitallium, can now be replaced for defective heads of the femur. This means that many of the patients who formerly were relegated to bed for the rest of their lives or to a wheelchair can now have a new femoral neck and head replaced by one of these prostheses and the patient should be able to get up and around on her own power within a period of two to three weeks. It also means shorter periods of hospitalization following fractures of the neck of the femur. Prostheses are not used for all fractures of the neck of the femur. They are only used for certain fractures and in those instances in which there has been a total destruction of the head and neck or instances in which union has failed to occur. Prostheses have been used in many other joints including the upper end of the humerus, the distal end of the femur and even the elbow joint.

I think we ought to point out at this time also the changes that have occurred in the treatment of infectious diseases of bone, primarily pyogenic infections such as osteomyelitis. In former years an osteomyelitis of one of the bones in a child was considered a grave disease and carried a very high morbidity. However, with our new antibiotics, this has all been changed. Osteomyelitis is seen less and less and those cases which are encountered may respond in most instances very readily to our new antibiotics. It means that the incidence of bone infection has been decreased appreciably.

Also, it might be interesting to point out that as a result of our antibiotics and the use of these antibiotics in open wounds, we are now able to do considerably more surgery without fear of bone infection. The possibility of bone infection at one time deterred many courageous surgeons from performing needy operative procedures. Today that barrier has been completely overcome.

Finally I would like to point out in the treatment of tuberculosis, with the use of isonicotonic acid and streptomycin, the picture has been completely changed. Whereas in past years we were of the opinion that all joint tuberculosis had to be fused, that is obliterate the joint in order to allow the disease process to subside. It is becoming obvious from day to day that the simple use of our antibiotics named above in many instances will effect a cure without loss of the articulation. It is a great handicap for a patient to go throughout life with a stiff hip, a stiff knee or a stiff elbow joint. At the present time, although we can not say for sure but it looks very promising, it may well be that in the future such joints will not have to be sacrificed because of the new advances made in the field of antibiotics relative to its use in bone surgery.

From this brief discussion it becomes apparent that the entire field of orthopaedic surgery is undergoing constant change. This means that an organized department must be fully equipped to meet the constant flow of new ideas. Also a department must comprise such men that are not only able to carry out new ideas but are also ready to formulate and propound original ideas. For this reason, in our department we have started many research problems. The Jefferson Orthopaedic Department now has a laboratory of research which is being completed and will be in operation within the next few months. This also means the training of many new residents and also the training of nurses particularly fitted to carry out the work of orthopaedic surgery in the operating room and on the wards.



THE ARTIFICIAL HEART LUNG MACHINE

VICTOR F. GRECO, M.D.

Recently much attention has been focused upon intracardiac surgery and upon machines that will perform the work of the heart and lungs of a human for short periods of time. We have read and heard about them via the newspapers, popular magazines and other means of communications, but how many of us realize what role Jefferson has had in advancing these projects?

The pioneer work on such extracorporeal circulation devices was done by Dr. John H. Gibbon, Jr., Professor of Surgery and Director of Surgical Research at Jefferson Medical College. He first began to work on an extracorporeal circulation about 18 years ago and has continued his investigation and work along these lines until the present time. The present "heart-lung" apparatus currently in use in the surgical research laboratories at Jefferson is recognized as the safest and best in the world. It represents the culmination of the combined efforts of a large group of doctors working in the laboratory aided by engineers from two large industrial corporations of this country.

One may ask, "What is the 'heart-lung' machine?" It is a mechanical apparatus designed to safely perform the functions, either partially or completely, of the heart and lungs for varying lengths of time. The next logical question would be, "What useful purpose does this apparatus perform and in what way will it enable medical science to make further progress?" Its purpose is basically two-fold; one is to temporarily take over or assist the function of the heart and lungs of an individual who is suffering from an acute failure of either or both of these important organs.

You, as nurses, have undoubtedly seen many patients who have died from severe pulmonary edema which would not respond to medical treatment no matter how vigorous. In such cases as this, bypassing a portion of the blood from the patient's lungs to the mechanical lung, should immediately aid the patient and allow nature's recuperative powers or the doctor's skill a chance to rectify the basic derangement causing the pulmonary edema, if there is any possibility that it could be done.

Acute "heart failure" is oftentimes seen when the heart can no longer perform its pumping action due to decreased blood supply or failure resulting from valvular incompetence. The mechanical heart can then temporarily take over the pumping action of the human heart and thus relieve it of most of the strain. This reprieve should allow the human heart to sufficiently recover so that it can once again perform its normal function.

The second purpose of the heart-lung machine is to enable the surgeon to work within the open chambers of the heart in a relatively bloodless field and thereby repair intracardiac abnormalities which heretofore have not been amenable to surgical treatment under direct unrestricted vision while the functions of the heart and lungs are being performed by this machine. Specifically, such conditions are septal defects, valvular defects, transposition of the great vessels, pulmonary stenosis and possibly in some future time when other great problems and difficulties are worked out, transplantation of the heart or lungs. Some acquired valvular diseases can be adequately cared for by indirect approach, such as digital or instrumental fractures of stenotic valves.

The next question would then be, "How does this machine work and how is it constructed?" Before delving into this let us briefly review the basic anatomy and physiology of the heart and lungs.

All living tissue depends upon oxygen for its life and we know that hemoglobin which is carried in the red blood cells has a great affinity for oxygen. Also, when tissue takes on oxygen it gives off its waste products in exchange, namely carbon dioxide. It is the function of the lung, among other things, to continually replenish the blood with oxygen and remove carbon dioxide from it. The venous blood is rich in carbon dioxide and poor in oxygen. This blood goes to the lungs where it is spread in a thin film through capillaries which surround the alveolae of the lungs and here the gaseous exchange takes place. The hemoglobin of red blood cells loses carbon dioxide and combines with oxygen, thus the body is constantly insured of a fresh supply of oxygen and can give up its waste carbon dioxide as long as the lungs are functioning properly.

The heart is a four chambered organ, but is basically two separate pumps in one organ. The left side of the heart receives via the four pulmonary veins, oxygenated blood from the lungs. The blood in turn is pumped to the other organ systems of the body. The right side of the heart receives all the venous or deoxygenated blood from the body via the superior and inferior venae cavae and also from the coronary sinus, which is venous blood returning from the heart muscle itself. This blood is then

sent to the lungs to be aerated, thus renewing the cycle. This cycle is normally repeated 72 to 80 times per minute.

Basically the machine consists of two venous pumps which take care of all the blood returning to the heart via the superior and inferior venae cavae and also the blood returning via the coronary sinus. This blood is then pumped to the artificial lung which consists of six screens suspended below narrow slits and placed between stainless steel bars. The entire assembly is enclosed with a plastic case. As blood cells tumble down over these screens, they form a thin film. The blood is then collected at the bottom of the case and returned by means of another pump to the subject's body via a systemic artery. From this point, oxygenated blood is distributed to all the organ systems of the body. This explanation is over simplified but gives the basic arrangement of the apparatus. As can be seen by this brief description, the subject's heart and lungs are entirely bypassed and their function taken over by the extracorporeal circulation apparatus.

There were a number of basic problems that had to be solved. The pumps had to be fashioned so that they did not destroy the fragile blood cells. The blood must not clot during the perfusion but must be able to clot once again when the perfusion is finished. The mechanical lung must provide adequate surface for oxygenation yet for practical purposes it should be as compact as possible. The pH of the blood must remain constant. The blood volume of the subject must not change. These were just a few of the many problems that had to be solved in the development of the machine.

Having a basic concept of the heart-lung machine, we will now describe it in a little more detail. During actual perfusion of an animal, the chest is entered, and the animal's respiratory function is maintained by means of an endotracheal tube and an artificial respirator. The superior vena cava is then cannulated via the azygos vein and the inferior vena cava is cannulated via the right auricular appendage. This accounts for all the systemic venous return from the animal's body except the blood returning from the coronary sinus, the Thebesian system and the anterior cardiac veins. This cardiac venous blood is aspirated from the open right atrium by means of a separate small cannula, through which gentle suction is applied. Now all the venous return of the body is taken from the animal and propelled toward the oxygenator or artificial lung. This corresponds to the action of the right side of the heart as described above. The blood from these pumps then forms a common stream which passes to a third pump, called a recirculation pump. This pump sends the blood to the top of the oxygenator or mechanical lung. Oxygen is blown through the mechanical lung at a rate of 15 liters per minute. The venous blood as it falls down the screens in a thin film, takes on oxygen and gives off carbon dioxide. The carbon dioxide is then blown off to the atmosphere via exhaust vents on top of the oxygenator.

The oxygenated blood then collects at the bottom of the plastic case from which it is returned to the subject by means of the arterial pump. The level on the bottom of the oxygenator is maintained constant by means of a level control designed by Dr. B. J. Miller, with the rate of the arterial pump depending upon the amount of blood in the oxygenator. This insures a constant volume of blood in the subject as well as in the extracorporeal circuit.

On the way back to the subject, the arterial blood passes through various devices which constantly record the pH and temperature of the blood, both of which can be automatically controlled and maintained at a predetermined level. The blood also passes through a filter and air trap which prevents any air or clots, if present, from entering the subject's general circulation.

The blood is then returned to the subject via a cannula placed within a systemic artery. Thus the entire circulation has been completed and the heart and lungs completely and safely bypassed. All the tissues of the body, including the heart and brain, have been supplied with the required amount of highly oxygenated blood.

The above description gives you a general idea of the workings of the extracorporeal circulation. The description merely scratches the surface, but it is enough for our purposes at present to briefly describe the why, wherefore and how of this important subject.

In the Surgical Research Laboratory at Jefferson all four chambers of the heart have been opened successfully in living animals with prolonged survival of these animals in a healthy condition. Also, interatrial septal defects have been created and repaired and the use of the machine on pulmonary edema is being evaluated. It indeed makes us feel proud to know that Jefferson is the leader in this field of endeavor and that work is continuing along these lines.

CENTRAL DRESSING ROOM THE ROOT OF SERVICE

The role which the central dressing room at Jefferson Hospital plays is highly important because it functions more or less as a lend-lease system. The hospital has its roots in central dressing room and each floor is a branch.

The head nurses are instructed to order the day's supplies, anticipating as much as possible their needs for the day. This however, does not mean that "Stat" orders are not filled, for orders come in at any time of day or night and are promptly filled.

Departments order their supplies on form #223 which is revised from time to time to suit the changing demands on central dressing room.

The department occupies four rooms of the hospital. The location is on the first floor just off the courtyard. One is a work room which contains large work tables equipped with bins in front of each work space for small items placed on trays. The other a kitchen where every article returned to central dressing room, used or unused is washed and cleaned thoroughly. Another is the receiving and dispensing room which is lined with closed cabinets containing the sterile supplies. The fourth room is the sterilizing room in which there are four autoclaves. These are run under rigid rules to insure the sterility of all our supplies.

All equipment is processed and assembled to precise instructions and under supervision of my assistants. The people who work in the department have in their possession a note book in which are listed the items placed on each tray. These lists are referred to at all times. Although our people are lay, I have found that the amount of errors in preparation is less than one (1%) percent. This seems to me a near miracle considering the number and different types supplies prepared in central dressing room.

Experience has shown in my short time as supervisor of these people that we have had success in working as a team. We have a warm, almost family-like atmosphere in the department and it certainly pays off.

The department is growing by leaps and bounds and we will indeed be grateful to our new department in the rapidly growing skyscraper annex.

By keeping careful records, we have been able to analyze costs and review procedures, thereby making our department a testing and proving ground for new ideas. Following are a few items on which studies were made and in all cases a routine was changed because the newer method was proved to be either more efficient, as to labor saving both on the part of our personnel and also nursing staff, and also more economical procedures.

1. Type of needle tubes changed.
2. Placing of catheters in cellophane tubing.
3. Syringes assembled in paper envelopes.
4. All supplies secured with string.
5. Most trays wrapped in double thickness wrappers.
6. Partial elimination of fluffs, using more absorbent 4 x 4 and commercially made, more absorbent cotton pads.
7. Issuing of adhesive tape.
8. Issuing of Foley catheters.
9. Acriflavine and Bichloride of Mercury in unbreakable Polyethelene bottles.

I want to take this opportunity to thank the department heads and other people with whom I have had contact for their cooperation with central dressing room. This department and myself stand ready at any time to help you in your needs and problems.

WILLIAM P. HILL, JR.,
Supply Manager.

STUDENT ACTIVITIES

In attempting to present an accurate and all-inclusive description of the varied activities in which we students participate, it seems appropriate to begin at the nurses' residence where so many of the activities originate and take place.

Let us first consider the simple but very necessary pastimes which afford daily relaxation. The television room, always a dependable source of quiet recreation, enjoys great popularity and is the scene of regular nightly gathering. In an adjoining room we find an up-to-date collection of popular and classical novels. This, coupled with a wide selection of current magazines, provides abundant reading material for all.

Another spot dear to our hearts is the recreation room, which, by the way has recently undergone a 'face-lifting' in the form of new, extremely modern furniture. Here, by means of an automatic 100 selection juke box, we can indulge to the fullest in popular or semi-classical music and dancing.

Sports . . . we have those too, although the field is somewhat limited, due primarily to our location and the subsequent lack of facilities. Basketball, our one organized sport is a perennial favorite and is open to the entire student body, offering keenly competitive play on a friendly sportsman-like basis. A weekly practice session keeps the girls in trim for the several league games scheduled by the Helen Fairchild Post of the American Legion. Under this sponsorship we compete with the various other

hospital teams and experience with each game, the thrill of donning the blue and black uniform and taking to the court as a coordinated unit, hearts set on achieving top honors for "Jeff."

Swimming holds universal appeal and arrangements for this sport are such that it can be pursued at almost any time and by any number. Students wishing to avail themselves of this opportunity have merely to purchase one of the ten cent tickets which are handled from the nurses' home office. These tickets, funds for which are supplied by the Student Council, will admit students to the YMCA pool and provide them with shower and locker facilities.

The summer months bring with them an added enjoyment for enthusiasts of the aquatic sport. I refer of course to the weekly swimming parties, a recent development brought about through the efforts of the Junior Nurses' Home Committee. The parties, held at several equally picturesque homes and estates in the suburban area have proved a great success and those of us who have attended them are most appreciative of the hospitality shown us on these occasions.

We now reach the sphere of organized activities which encompasses all student organizations. The largest of these is the Student Government Association. Membership is automatic with payment of a three-dollar fee at the time of matriculation and entitles the student to the privileges as set forth in the Student Government Association Handbook and places upon her the responsibility of observing the regulations therein.

The Student Council is the body elected semi-annually by the Association to both represent and govern them. It is comprised of a President, President-elect, Secretary, and Treasurer, standing committee chairmen, and ten panel members; two representing each class. It is the purpose of this group to aid in discipline, to promote support of and loyalty to the school, to discuss with members of the faculty, questions affecting the welfare of the students and to encourage individual responsibility and general participation in academic and social life.

Next in line are the separate class organizations. Each class from the moment it enters the school, has a goal toward which it must work and work hard. That goal is the "Nosokomos," the yearbook which will perpetuate for them the story of their three student years. It is, therefore, vitally important that they elect officers capable of channeling their efforts in this direction.

One should have good reason to expect that difficulties would arise when not one but three classes face this financial problem. However there are very few conflicting situations. The senior class is given priority on all money-raising projects since time is short for them. Consequently there is an annual flurry of raffles, bake sales, dinners and similar events, the proceeds from which help immensely in meeting the deadline that approaches with startling speed as the weeks and months slip by.

The "Nosokomos" staff must not be overlooked for without their diligent and faithful efforts the yearbook would probably not see publication.

Of recent origin is the Student-Faculty Committee, a most effective group that meets monthly to discuss problems common to both factions. Its past success is sufficient assurance of its future continuation.

It seems as though I have unconsciously adhered to an old adage in saving the best—Social Functions—until last. What pleasant memories those words bring to mind! Informal teas, picnics, hay rides, dances, the senior banquet . . . we enjoy every one of them. The two formal dances are especially highlighted on the student

calendar and enjoy unfailing success and popularity. Our thanks go again to the Nurses' Home Committee who, by their able planning and willing work, make these affairs possible.

These then, are the recreational opportunities throughout our training period—amusing, absorbing, and constructive pastimes designed to amply fill our leisure hours. Their true value, however, is found in the spontaneous and well-rounded lives of the students.

HELEN RUTLEDGE,
Student Nurse.

DIGEST OF ALUMNAE ASSOCIATION MEETINGS

JANUARY 18, 1952

40 members present.

New members accepted: Ruth N. Young, Audrey Roberts, Virginia Rozell, Marion Ramp, Jeanne Holzbauer, Jean LaLiberte, Mary Kate Weber, Nancy Kostenbauder, Donna Fleck Gearhart, Olive E. Thomas.

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

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

FEBRUARY 15, 1952

49 members present.

The recommendation that the Alumnae Association donate \$5,000 to the Building Fund was approved.

New members accepted: Mildred Kroupe, Pearl Jean Binns, Alice Giesen, Ethel DeWitt, Anne Doubet.

New committee chairmen were appointed as follows:

Ways and Means	Miss Cannon
Entertainment	Miss Piersol
Scholarship	Mrs. Spruance
Sick and Welfare	Miss Keiper
Bulletin	Miss Skvir
Program	Miss Auman
Membership	Miss Arlene Miller
Nurses' Home	Mrs. Hardy
Nominating	Mrs. Paine
Prepaid Health Insurance	Miss Riland

Dr. Childs from the Jefferson Radiation Physics Laboratory gave a very interesting talk on "Nursing Aspects of Radio Activity."

MARCH 21, 1952

58 members present.

New members accepted: Lorraine Milewski, Bette Jean Mengel, Patricia J. Shoemaker, Virginia L. Wesley, Kathleen McGeary, Nancy E. Thompson, Shirley K. Alderfer, Elearnor H. Macks, Nelda Gothie, Mary Osborne Foy, Alice Mankus, Isabel J. Smith, Dorothy Dewees LoSasso, Anne J. Troxell.

A donation to the Red Cross Association of \$25.00 was approved. Dr. Dunnington spoke to the group on "Nursing Aspects in Case of Atomic Disaster."

APRIL 18, 1952

48 members present.

New members accepted: Catherine Bolton, Helen King Healy, Barbara Duckworth, Miriam Schorn, Mary Lou Hess.

Both Dr. Manges and Mr. Rake spoke to the members concerning the campaign for the Hospital Building Fund. Mr. Rake explained in detail the departments that are to be in the new building which is to cost \$6,000,000.

MAY 16, 1952

The following recommendations made at the executive meetings were approved:

To transfer enough money into the Scholarship Fund from the General Fund to total \$1,000.00 to be invested and to transfer \$2,500.00 from the Relief Fund into the Hospital Fund for investment.

To change the night of the regular Alumnae meeting from Friday to the first Tuesday of the month beginning in September and the time to be changed from 7:30 P. M. to 8:00 P. M. That all members of the graduating class shall be admitted as Alumnae members and they shall not be billed for dues until January following their graduation.

New members accepted: Jean Mumper Seibert, Beatrice Hoyle Young, Janet Malvin, Evelyn Bohland.

SEPTEMBER 2, 1952

New members accepted: Elizabeth Louise Shirk, Nancy Katherman, Marian Varklet.

Misses Kuba and Orr and Mrs. Davison gave the Alumnae the report on the Biennial Convention held in June at which they served as delegates.

OCTOBER 7, 1952

45 members present.

Miss Harriet Guignon, a volunteer speaker for the Community Chest of Philadelphia and vicinity spoke to the group on the importance of supporting the Community Chest Program in 1953. Following this Dr. James Daly spoke on the Modern Management of Infectious Diseases.

NOVEMBER 4, 1953

40 members present.

New members: Norma Jones, Grace M. Lehr.

Misses Skvir and Auman, who were sent as delegates, reported on the Cancer Forum Luncheon on October 27, 1952.

JANUARY 6, 1953

42 members present.

The results of the annual voting for the election of officers which took place is as follows:

President	Anna Kuba
Vice-president	Julia Gaskill
Second Vice-president	Elinore Satterfield
Recording Secretary	Marion Ramp
Secretary-treasurer	Edna Scott

Board of Directors	Jean Davison
	Martha Riland
	Mary Bonenberger
	Adele Lewis
	Isabelle Keeval

Private Duty Section

Chairman	Evelyn Dute
Vice-chairman	Elizabeth Prisnock
Recording Secretary	Constance Forker

The recommendation of the executive meeting that monthly notices of meetings be discontinued was approved. Notices will be sent out for the Annual Meeting and for special meetings.

New members: Joanne Garber, Jeanne Mease, Rita Krestynick Bolinsky, Rose Glaudel Mulligan.

MARRIAGES

Teresa Balavage, '30	Mr. Sweeney	Mildred Franks, '48	Mr. Hines
Evelyn Wilson, '34	Earl Frazier	Mary Albright, '48	Stanley Olinyk
Lois Stein, '36	C. Warren Caswell	Arlene Diehl, '48	Dr. Herbert Cohen
Violet Garret, '40	Richard Hymen	Aileen Hickey, '48	Mr. Wapner
Delphine Machamer, F., '45	Boyd Hale	Ruth von Franzke, '48	James Cassidy
Mary M. Smith, '46	Charles Moorhead	Phyllis Russell, '48	Albert Szewczak
Mildred Herman, '47	Mr. Noll	Elizabeth Furtaw, '48	John Logan
Barbara Deckard, '47	Mr. Zigler	Anne Olivia, '48	Dr. José Carballo
Lois A. Craft, '47	David Dunlap	Neta Fleming, '48	William Glennan
Elizabeth Feiler, '47	Benedict McNulty	Donna Dawson, '49	Walter Lewis
Ann Barner, '47	Arthur Wright	Nancy Gerber, '49	Hummel Fager
Norma Grundon, '48	George Bicking	Allene Hanna, '49	Mr. Gallagher

Annie J. Hansen, '49	Mr. Rozyanko	Joanne Garber, '51	Dr. Sincindiver
Ann Balogh, '49	John Horne	Jane Hawk, '51	Ramon Aires
Josephine Gockley, '49	Roy Shriver	Pearl Binns, '51	James Henry
Mary Bechtold, '49	Joseph French	Alice Giesen, '51	John Costello
Jacqueline Diehl, '49	Mr. Ellenberger	Ada Miller, '52	Tracey Matthews
Margaret Henry, '50	Donald Jones	Jean Sweisford, '52	Harry Tornetta
Nancy Hummel, '50	Mr. Orsini	Nancy Stewart, '52	Donald Stoicovy
Germaine Ross, '50	Ronald Nadler	Ann Savage, '52	Ben Stout, M.D.
Marilyn Buxton, '50	Allen Gould	Alice Mankus, '52	Mr. Bush-Brown
Marie Messa, '50	Robert Wagner, M.D.	Joan Hardish, '52	Mr. Reid
Ellen Kundrat, '50	William Clarke, M.D.	Joan Rittenhouse, '52	Mr. Roberts
Rose Glaudel, '50	Robert Mulligan	Lois Powell, '52	Lee Glasgow
Barbara Fisher, '50	Eugene Ackerman	Alice Delamater, '52	Grafton Chase
Audrey Koch, '50	Melvin Wolfberg	Catherine Matthews, '52	Randall Naden
Joan Christman, '50	Thomas Clauss	Helen Harris, '52	Mr. Sampsel
Nina Davis, '51	Thomas Weller	Dorothy Creek, '52	Thomas Howley
Ruth Young, '51	Harry Roth	Anne Oberholtzer, '52	Nevin Brugger
Nancy Kostenbauder, '51	George Tibbens, M.D.	Phyllis Haney, '52	Paul Heim
Virginia Wesley, '51	Franklin Dorman	Barbara Wilhelm, '52	Mr. Tischian
Isabel Smith, '51	John Shaw, M.D.	Joyce Mangle, '52	Russell Simpkins
Martha Hackett, '51	John Santoro	Janice Beck, '52	Gene Pisano
Elizabeth Hastings, '51	John Donald	Christine Roberta, '52	Mr. Germano
		Belle Sorensen, F'45	Antonio Martinez, M.D.

NEW ARRIVALS

Ruth Hughes Fratini, '38	boy	Alice Caldwell Hornickel, '46	boy
Kathryn May Silver, '39	boy	Jeanne Null Colvecchio, '46	boy
Gladys Hoffman Brundage, '40	girl	Ruth Groves McCormick, '47	girl
Rhoda Burg Weisz, '42	boy	Margaret Feiler Cygan, '47	girl
Georgiana Wonder Green, '42	boy	Elizabeth Jackson Watkins, '47	boy
Sally McHugh Luscombe, '42	girl	Elizabeth O'Conner Hamm, '47	boy
Beatrice Raymond Snyder, '42	girl	Rachel Irvine Herbert, '48	girl
Mary Jo Strong Lake, '43	girl	Margaret Bortner Becker, '48	girl
Betty Calhoun Suttles, '43	girl	Ruth Bullock Garrett, '48	girl
Jean Farrell Kehm, '43	girl	Dorothy Diehl Dickie, '48	girl
Ann Trostle Miller, '43	boy	Inez Cornelius Miranda, '48	boy
Anne Morgan Rowan, '44	girl	Sally Newkirk Boswell, '48	boy
Sarah Fritz Munroe, '44	boy	Pauline Prebula Ronco, '49	boy
Doris Heaps Parrish, S'45	girl	LaVerne Augustine Lang, '49	boy
Lenore Brady Strigari, S'45	girl	Alice Gerngross Perkins, '49	girl
Eleanor Shaeff Horner, S'45	girl	Ruth Swinehart Meiroth, '50	boy
Thelma Shetzley Fleming, S'45	boy	Helen Trettis Kern, '50	boy
Dorothy Dusman Mower, F'45	boy	Nancy Hummel Orsini, '50	boy
Charlotte Dinse Fretz, F'45	girl	Isabelle Gunsallus Lutterloh, '50	girl
Florence Schmick Howanitz, F'45	girl	Janet Stauffer Mayo, '50	girl
Jeanne Ruble Visalle, F'45	boy	Margaret Henry Jones, '50	boy
Caroline Roberts King, F'45	boy	Shirley St. Clair Pontius, '51	girl
Lorraine Grant Lubka, F'45	boy	Catherine Matthews Naden, '52	girl
Marilyn Dinklocker Hodge, '46	girl	Alice Mankus Bush-Brown, '52	boy
Suzanne Shoemaker Crain, '46	boy		

NECROLOGY

Jennie M. Rich, '06	November 20, 1951
Mary Lou Hess, '51	August 6, 1952
LaVere Fehr Phillips, '35	August 28, 1952
June Bewley Wall, '42	August, 1952
Susan Witmer, '00	September 13, 1952
Bertha Werner Koons, '19	October 20, 1952
Elizabeth P. Smith, '18	October 29, 1952
Hazel Mc Nerney, '19	November 19, 1952
Mary Reamy, '22	November 28, 1952
Priscilla Van Nauker Danforth, '21	January 25, 1953
Emily Kelly, '23	February 9, 1953

ALUMNAE NOTES

At the Alumnae Luncheon in 1952, there were 402 graduates present. This is the largest number ever to attend! The class of 1927 contributed \$135 to the Relief Fund in honor of their 25th anniversary, and the class of 1942 donated \$160 to the Relief Fund in honor of their 10th anniversary.

An orchid was presented to Katherine Rogers of the class of 1899, the oldest class represented. The class of 1932 presented an orchid to Mrs. Addie Roth Miller, the first member of their class to become a grandmother.

Helen M. Tritt, '46, is doing volunteer service work in Germany and Austria.

Beatrice Hoyle Young, S'45, is superintendent of the Laurel Hospital and Clinic at Wilkes-Barre, Pa.

Rose Kershbaumer, '48, received the grey habit of the Medical Mission Sisters and the white veil of a novice in February, 1952. She has taken the name Sister M. DeMontfort. The Medical Mission Sisters operate hospitals, dispensaries, training schools for native nurses, maternity and child welfare centers on five continents.

We extend our deepest sympathy to Minnie Oburn Adams, '11, on the death of her husband, William Adams, on July 16, 1952.

Ethel DeWitt, Ann Troxell and Barbara Duckworth of the class of 1951 are working at the Veterans' Hospital in Long Beach, California.

Mrs. Hazel Trimmer Barkdoll, '48, is the assistant superintendent of nurses at Bethany Hospital in Chicago.

Mrs. Dagmar Steinheil Bolton, '26, and her husband attended the Olympics in Finland this past year. They also visited Paris and London, taking a month for their European holiday.

Clara M. Brunner, '23, received the Helene Fuld Health Foundation Award for 1952 for Conspicuous Service to the Health of Student Nurses. Miss Brunner, Director of Nursing at Middlesex General Hospital in New Brunswick, N. J., had succeeded in effecting a 74 per cent improvement during the year in illness incidence among the student nurses in her hospital.

Dorothy J. Edgar, '42, received a Master's degree from Columbia in June, 1952. She

was appointed an instructor at the University of Pennsylvania in September, 1952.

Dorothy B. Ranck, '39, received her degree from the University of Pennsylvania. She was appointed Director of Nurses and Nursing Service at Osteopathic Hospital, Philadelphia.

C. T. Betz, F'45, has been discharged from the Army Nurse Corps. She spent 13 months in the Far East, 10 of them in Korea and the other 3 in Japan. Miss Betz has returned to her former position of night supervisor of Jefferson while she continues with her studies at Temple University.

Bettyann Auman, F'45, resigned as Assistant Director of Nurses in charge of the Private Duty Register at Jefferson to attend Columbia University. Miss Mabel Prevost, '29, is now in charge of the Register.

A most interesting letter was received from Mrs. Anne Oberholtzer Brugger, '52, about nursing in Anchorage, Alaska. Anchorage has one hospital of about 90 beds operated by the Sisters of Charity. The minimum pay for general duty nurses is \$350 per month with \$10 increases every six months for 3 years. (There were no openings on the staff in January, 1953!) Two other hospitals, an Air Force and an Army Hospital, do not hire civilian nurses.

Public Health Nurses are in demand! The private duty register has 16 nurses, and the cases are few and far between. The private duty nurse averages from 10-12 days of work per month. Their rates are \$16 per 8 hours or \$20 if the patient is an alcoholic, mentally ill, or has a communicable disease.

Mrs. Brugger also pointed out that the cost of living is very high. For example, a house without inside plumbing and almost a shack rents for about \$80 a month; bread is 35c a loaf, and milk is 46c a quart.

Grace Ronco, '37, became the supervisor of the Barton Memorial division of Jefferson on October 1, 1952. She had been Clinical Instructor on the private floors previously.

Marjorie Wilson, S'45 and Alta Kressler, S'45 have rejoined the Army Nurse Corps. They are both captains and stationed at Fitzsimons General in Denver, Colorado.

Arlean Miller, '47, and Jean LaLiberte, '51, have joined the Army Nurse Corps. They are presently stationed at Camp Carson, Colorado.

GRADUATION AWARDS — 1952

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

MARGARET FAUST

MARY L. BIVANS—honorable mention

The William Potter Memorial Prize of twenty-five dollars to the member of the graduating class in the February section who attains the highest average during the three-year course to:

EVELYN BOHLAND

ELEANOR MACKS—honorable mention

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:

MARY L. BIVANS

ANNE OBERHOLTZER
honorable mention

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

MARILYN PLAISTED

JOAN RITTENHOUSE—honorable mention

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

DOLORES PENCAVAGE

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 in which 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 Kevel continues to sell nylons—both dress and white. The proceeds from these are turned into the Relief Fund. If you are away from the hospital and interested, address your correspondence to:

Miss Isabelle Kevel

c/o The Nursing School Office

.....

Cut out and send to ALUMNAE ASSOCIATION, Nursing School Office, Jefferson Hospital, 10th and Sansom Streets, Philadelphia, Pa.

PLEASE CHANGE MY ADDRESS

Name as when graduated.....

If married—husband's name in full.....

Former address (Street and No.).....

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

New Address (Street and No.).....

Class.....

